

Approved May 5, 1991 Date

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS

The meeting was called to order by Representative Kathleen Sebelius at  
Chairperson

1:30 ~~xxx~~ p.m. on Monday, March 25, 1991 in room 526-S of the Capitol.

All members were present except:

Representative Arthur Douville - Excused

Committee staff present:

Lynne Holt - Kansas Legislative Research Department  
Mary Galligan - Kansas Legislative Research Department  
Mary Torrence - Office of the Revisor  
Connie Craig - Secretary to the Committee

Conferees appearing before the committee:

PROPONENTS - HB 2531

Representative Sandy Praeger  
Michael Brown, Topeka, Kansas  
Melissa Ness, Kansas Children's Service League  
Maxine Elmore, District Director, Kansas Children's Service League  
Dr. Azzie Young, Bureau of Family Health, KDHE  
Aletha Cushinberry, Washburn University, Topeka, Kansas  
Stan Lantis, School Counselor, Williamsburg, Kansas  
Melinda Steward, Williamsburg, Kansas  
Sabetha Evans, Williamsburg, Kansas  
Margot Breckbill, Wichita, Kansas  
Heather Davis, Baldwin City, Kansas  
Marian Shapiro, Planned Parenthood, Olathe, Kansas  
Katie Mallon, Kansas Action For Children  
Paul Getto, Kansas Association of School Boards  
Kelly Kultala, National Organization for Women  
Reverend David Tait, Episcopal Diocese of Kansas  
Carol Ramirez, Topeka-Shawnee County Health Department  
Terri Roberts, Kansas State Nurses' Association  
Peggy Jarman, Pro Choice Action League  
Barbara Reinert, Kansas League of Women Voters  
Beth Powers, The Kansas Choice Alliance  
Darlene Stearns, Religious Coalition for Abortion Rights in Kansas  
Carolyn Risley Hill, Youth & Adult Services, S.R.S.  
Patricia Holloman, Topeka, Kansas  
Reverend James Kirtdoll, New Mount Zion Baptist Church, Topeka, KS  
Elizabeth Taylor, Kansas Association of Local Health Departments  
Doug Bowman, Children and Youth Advisory Committee

OPPONENTS - HB 2531

Pat Goodson, Right To Life of Kansas  
Kenda Bartlett, Concerned Women For America of Kansas  
Cleta Renyer, Right To Life of Kansas  
Chair Sebelius called the meeting to order.

Representative Grotewiel requested that the Committee introduce legislation for a solid waste management act.

Representative Graeber moved to introduce the solid waste management act legislation.  
Representative Charlton made a second to the motion, which passed on a voice vote.

Representative McKechnie requested the Committee to introduce legislation on an act relating to public streets, avenues, and alleys.

Representative Cates moved to introduce legislation relating to public streets, avenues, and alleys. Representative Lawrence made a second to the motion, which passed on a voice vote.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS,  
room 526-S, Statehouse, at 1:30 ~~am~~/p.m. on Monday, March 25, 1991.

Representative Neufeld requested the Committee to introduce legislation relating to a Ford County cemetery which adjoins a Dodge City cemetery which was given to Dodge City by the Attorney General.

Representative Baker moved that the legislation giving the Ford County cemetery to Dodge City as approved by the Attorney General be introduced. Representative Cates made a second to the motion, which passed on a voice vote.

Representative Graeber moved that legislation requested by Public Health and Welfare, that corrects some inconsistencies that now exist between Kansas and Federal statute. Representative Lawrence made a second to the motion, which passed on a voice vote.

Representative Lawrence moved to approve minutes of February 21, 1991. Representative Lane made a second to the motion, which passed on a voice vote.

Chair Sebelius welcomed to Committee the Kansas Senior Girl Scouts on Legislative Day.

HB 2531

Representative Sandy Praeger came as a proponent of HB 2531 and read from her testimony in support of the bill, Attachment #1.

Michael Brown, a registered nurse testified in support of the Teen Pregnancy Program, HB 2531. He read from his written testimony, Attachment #2. Included with his written testimony is a letter from Senator Nancy Landon Kassebaum supporting the legislation aimed at reducing teen pregnancy.

Melissa Ness came before the Committee to ask support for HB 2531. She told the Committee that according to the Center on Population Options, for the first time in twenty years the teen birth rate is rising, and with it the cost of government assistance. In 1989, taxpayers spent \$21.55 billion dollars assisting families that began with a birth to a teenager, and that includes money in AFDC, food stamps, and medicaid payments to an estimated 9 million adults and children. Ms. Ness then introduced Maxine Elmore, District Director in Kansas City for the Kansas Children's Service League.

Maxine Elmore asked the Committee to support HB 2531 and gave information on one of the services provided by the Kansas City office of the Kansas Children's Service League, Attachment #3.

Dr. Azzie Young gave information on the problem of teen pregnancy, KDHE programs, planning considerations in this area, and public costs. She stated that the Kansas Department of Health and Environment supports the concept of teen pregnancy prevention. She included in her written testimony, Attachment #4, are statistics on teen pregnancy in Kansas by county.

Aletha Cushinberry testified in support of HB 2531, and encouraged Kansas legislators to assist in changing the school-age pregnancies that are occurring in our state, Attachment #5.

Stan Lantis came before the Committee as a proponent of HB 2531. He read from his written testimony in support of the bill, Attachment #6, and added that HB 2531 can address the issues significant to empowering the youth of Kansas in making wise choices and responsible behavior that will lead to a reduction in the number of so called "teen pregnancies".

Melinda Steward, a Williamsburg High School student, read from written testimony urging the Committee to vote yes for HB 2531, Attachment #7.

Sabetha Evans, a student from Williamsburg High School, came before the Committee as a proponent of HB 2531, and read from her written testimony, Attachment #8.

Margot Breckbill, testified on behalf of HB 2531, and read from her written testimony, Attachment #9, that included 3 pamphlets from different organizations on the problem of teen pregnancy.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS,  
room %@%\_SStatehouse, at 1:30 ~~xxx~~/p.m. on Monday, March 25, 19<sup>91</sup>.

Heather Davis, a Peer Educator with the Teen Speakers Bureau, came before the Committee as a proponent of HB 2531. She read about her personal experience as teen mother from her written testimony, Attachment #10.

Marian Shapiro gave testimony and statistics to the Committee in support of HB 2531. She shared with the Committee her personal experiences gained by doing Parent/Son and Parent/Daughter programs through several churches in Hays for the past ten years, Attachment #11.

Katie Mallon, on behalf of the Kansas Action for Children, testified on behalf of HB 2531, which she read from her written testimony, Attachment #12.

Paul Getto, a proponent for HB 2531, testified in behalf of the Kansas Association of School Boards. He read from his written testimony, Attachment #13, asking the Committee to report the bill favorably.

Kelly Kultala testified as a proponent for HB 2531, and urged the Committee to support the bill, Attachment #14.

Reverend David Tait read from his written testimony in support of HB 2531, Attachment #15.

Carol Ramirez came before the Committee as a proponent of HB 2531, and read from her written testimony in support of the bill, Attachment #16.

Terri Roberts, Kansas State Nurses' Association, gave testimony in support of HB 2531. She read from her written testimony urging the Committee to support the bill, and included an article entitled "The Public Cost of Adolescent Pregnancy in Kansas", Attachment #17.

Peggy Jarman, ProChoice Action League, submitted written testimony in support of HB 2531, Attachment #18, and passed her time to the next conferee.

Barbara Reinert, Kansas League of Women Voters of Kansas, a proponent of HB 2531, submitted written testimony, Attachment #19, and passed her time to the next conferee.

Beth Powers, The Kansas Choice Alliance, submitted written testimony, Attachment #20, in support of HB 2531, and passed her time to the next conferee.

Darlene Stearns, Religious Coalition for Abortion Rights in Kansas, submitted written testimony, Attachment #21, in support of HB 2531, and passed her time to the next conferee.

Carolyn Hill stood before the Committee as a proponent of HB 2531, submitted written testimony, Attachment #22, and passed her time to the next conferee.

Patricia Hollomon gave testimony in support of HB 2531, and shared with the Committee her personal experience, Attachment #23.

Reverend James Kirtdoll came before the Committee to ask them to vote for HB 2531, and read from his written testimony, Attachment #24.

Chair Sebelius then moved to the opponents so as to make sure there would be enough time for their testimony.

Pat Goodson, Right To Life, presented a packet of materials to each Committee member in opposition to HB 2531, stating that it is a compilation of some of the programs and plans that are virtually identical duplication. She added that she was puzzled as to the need for this bill, and felt that no had explained why there is a need for another program that is duplication of those already in existence. Her packet, being more than 100 pages, is not attached, but rather, is on file in the office of the House Committee on Federal and State Affairs.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS,

room 526-S, Statehouse, at 1:30 ~~xxx~~ p.m. on Monday, March 25, 1991.

Kenda Bartlett, Concerned Women For America of Kansas, came before the Committee as an opponent of HB 2531. She read from her testimony, Attachment #25, saying that her organization supports the intent of this bill, but that the problem with this bill is the educational objective.

Cleta Renyer, Right To Life, came before the Committee in opposition to HB 2531. She read from her written testimony, Attachment #26, saying that the State does not need to spend more on a new program, but rather should clean up the old ones.

Chair Sebelius then recognized the last two proponents.

Doug Bowman, Children and Youth Advisory Committee, came before the Committee as a proponent of HB 2531. He read from his written testimony, Attachment #27, saying that the Children and Youth Advisory Committee will gladly assist the Department of Health and Environment in the administration of this program.

Elizabeth Taylor, Kansas Association of Local Health Departments, passed out a summary, Attachment #28, entitled "Preventing Low Birthweight". She explained the family planning is not just birth control, but also basic public health service. She added that her organization is pleased with the bill, and urged the Committee to focus this bill through the local health department. She stated that her organization does support this bill.

Chair Sebelius adjourned the meeting.



STATE OF KANSAS

SANDY PRAEGER  
REPRESENTATIVE, 44TH DISTRICT  
3601 QUAIL CREEK COURT  
LAWRENCE, KANSAS 66047  
(913) 841-3554



COMMITTEE ASSIGNMENTS  
MEMBER: EDUCATION  
ELECTIONS  
PUBLIC HEALTH & WELFARE

TOPEKA

HOUSE OF  
REPRESENTATIVES

March 25, 1991

MEMO TO: House Federal and State Affairs Committee  
Kathleen Sebelius, Chair

FROM: Representative Sandy Praeger

SUBJECT: HB 2531

Thank you for allowing this opportunity for testimony on HB 2531. I requested that this bill be introduced as a committee bill in Public Health and Welfare because I believe that community-based pregnancy prevention programs can produce significant reductions in teen pregnancies. A similar bill has been introduced in the Senate by Senators Petty and Winter. Both bills are fashioned after a very successful program in South Carolina which was established in 1982. You will hear testimony today about this program.

You will also hear testimony today about the costs of teen pregnancies. In 1985 Kansas taxpayers spent \$144 million on Aid to Families and Dependent Children, food stamps and Medicaid for families begun when the mother was 19 years of age or younger. The Kansas Department of Social and Rehabilitative Services reports that the state still spends millions of dollars annually on pregnancy and delivery, health care, and related expenses for these teen pregnancies if the mother and child become a part of the welfare system or were already a part of the welfare system when they

HOUSE FEDERAL AND STATE AFFAIRS  
March 25, 1991  
Attachment #1 - Page 1

became pregnant.

I encourage your support of HB 2531 because I feel it provides us with a viable approach for reducing teen pregnancies. I have provided additional information with my testimony. Let me point out one item which is a letter of support from Senator Kassebaum. She points out that federal money is available for such programs through the Office of Adolescent Pregnancy Programs. South Carolina's program received funding from OAPP. Thank you again for your interest in this program. I would be happy to answer questions after the other conferees have presented their testimony.

N/ ANDON KASSEBAUM  
KANSAS

COMMITTEES:  
BANKING, HOUSING, AND URBAN AFFAIRS  
FOREIGN RELATIONS  
LABOR AND HUMAN RESOURCES

# United States Senate

WASHINGTON, DC 20510-1602

March 18, 1991

The Honorable Sandy Praeger  
Kansas House of Representatives  
State Capitol  
Topeka, Kansas 66612

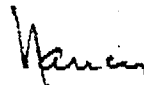
Dear Sandy:

It has come to my attention you have introduced legislation in the Kansas House which is aimed at reducing teen pregnancy. I am impressed by South Carolina's model program of intensive community/school intervention, and I heartily support your efforts to bring the same success to Kansas.

As you plan this initiative, I encourage the secretary of health and environment to apply for additional funding from the Office of Adolescent Pregnancy Programs (OAPP), U.S. Public Health Service, U.S. Department of Health and Human Services, as well as other Kansas and out-of-state public and/or private sources. I gladly offer the assistance of my staff to ensure that applications made to federal agencies are followed closely through the review process.

Best of luck with your efforts to reduce the tragic number of teen pregnancies through what promises to be balanced and effective means. Please do not hesitate to contact Peggy O'Brien of my staff at (202) 224-4774 if I can be of further assistance.

Warmest regards,



Nancy Landon Kassebaum  
United States Senator

NLK:mmo



STATE OF KANSAS  
HOUSE OF REPRESENTATIVES

SANDY PRAEGER  
REPRESENTATIVE, 44TH DISTRICT

HOUSE FEDERAL AND STATE AFFAIRS

March 25, 1991

Attachment #1 - Page 3



# LAWRENCE-DOUGLAS COUNTY HEALTH DEPARTMENT

336 Missouri, Suite 201  
Lawrence, Kansas 66044-1389  
913-843-0721

STATE OF KANSAS  
HOUSE OF REPRESENTATIVES



SANDY PRAEGER  
REPRESENTATIVE, 44TH DISTRICT

February 20, 1991

ROOM 171-W, CAPITOL BLDG.  
TOPEKA, KANSAS 66612-1504

3601 QUAIL CREEK COURT  
LAWRENCE, KANSAS 66047  
(913) 841-3554

Douglas County Board  
of County Commissioners  
Courthouse  
Lawrence, Kansas 66044

Dear Commissioners:

The Lawrence-Douglas County Health Department supports Senate Bill No. 170 which establishes community-based teenage pregnancy reduction programs.

Teenage pregnancy is a public health problem with complex social and economic consequences.

- \* Nationally, over 1.2 million teenage pregnancies occur every year. About 1 in 10 girls, age 15-19 becomes pregnant each year.
- \* Children born to unmarried teenagers are four times more likely to be poor, and are more likely to remain poor.
- \* Nearly 1/2 of Aid to Families With Dependent Children (\$4.65 billion annually) goes to households of women who bore their first child while they were teenagers.
- \* Pregnant and parenting teens are unlikely to complete high school and lack other job training.
- \* Two-thirds of all marriages of school-age women end in divorce.

In 1989 the Kansas Department of Health and Environment reported a total of 178 pregnancies in the 10-19 age group for Douglas County: 82 live births and 96 abortions. (These pregnancies are recorded by county of residence regardless of where delivery or termination of pregnancy took place.) It is important to note that young men were also involved and affected by these pregnancies.

HOUSE FEDERAL AND STATE AFFAIRS  
March 25, 1991  
Attachment #1 - Page 4

Board of Douglas County Commissioners  
February 20, 1991  
Page 2

A broad community-based educational program aimed at preventing teen pregnancy would be beneficial to Douglas County. Although sexuality education programs are currently offered by the Health Department and Lawrence Memorial Hospital, those programs are limited in the number of teens reached.

The primary strengths of the program proposed in SB 170 are: 1) the intent to involve a broad cross-section of the community in developing a local program; and 2) the broad goal of training as many community members as possible to assist young people to develop the knowledge and attitudes which can prevent teen pregnancy. A similar model program implemented in South Carolina reported a significant decrease in the teen pregnancy rate over a three year intervention period.

If you would like additional information please contact me.

Sincerely,



W. Kay Kent, R.N., M.S.  
Administrator/Health Officer

WKK/gg

ADOLESCENT PREGNANCY IN KANSAS

3601 QUAIL CREEK COURT  
 LAWRENCE, KANSAS 66047  
 (913) 841-3554

LIVE BIRTHS BY SELECTED AGE GROUP OF MOTHER

ROOM 171-W, CAPITOL BLDG.  
 TOPEKA, KANSAS 66612-1504

Year	Live Births	Age 17 & Under		Age 19 & Under	
		No.	%	No.	%
1982	40,757	1,654	4.1	5,451	13.4
1984	39,954	1,429	3.6	4,710	11.9
1986	39,177	1,546	4.0	4,490	11.5
1988	38,718	1,466	3.8	4,387	11.3
1989	38,648	1,488	3.9	4,576	11.8

SELECTED STATISTICS FOR MOTHERS UNDER 20

Vital Event	1982	1984	1986	1988	1989
Live Births	5,451	4,710	4,490	4,387	4,576
Stillbirths	50	35	41	30	40
Total Pregnancies *	7,507	6,343	5,776	5,903	5,873
Out of Wedlock Births	2,146	2,083	2,413	2,550	2,788

\* Totals do not include the number of spontaneous terminations or unreported induced terminations of pregnancy.

KANSAS TRENDS IN 1989

- o 9.3% of births to mothers under 18 were of low birth weight (less than 5.5 lbs.) as compared to the state percent of 6.1.
- o 16.7% of all fetal deaths (stillbirths) occurred to mothers 14-19 years of age yet only 11.8% of total live births were delivered by this age group.
- o 19.2% of mothers under 18, who delivered a liveborn infant, had a previous pregnancy.
- o 36.6% of the out-of-wedlock live births were to mothers under 20 years of age.

Source: Bureau of Family Health  
 Kansas Department of Health and Environment  
 8/90

SUMMARY & HB #2531'S PROPOSED FIRST YEAR FUNDING AMOUNT  
SUMMARY

Our LARGE school-age pregnancy problem is COSTLY  
FOR KANSA\$ TAXPAYERS\$. Teen AND PRETEEN girl AND BOY  
parents plus THEIR CHILDREN and families OFTEN HAVE  
LIFELONG HARDSHIPS. OTHER pregnancy outcomes CAN HURT.

That's the BAD news we have described. HOWEVER,  
the GOOD NEWS we have presented is that THERE IS A  
SUCCESSFUL MODEL PROGRAM for preventing school-age  
pregnancies that should SAVE KANSA\$ TAXPAYERS\$ MUCH MORE  
OF THEIR PUBLIC FUNDS THAN IT WOULD COST THEM to  
implement such programs throughout the state.

TWO recent studies examined TAXPAYER\$' SAVINGS\$ DUE  
TO PUBLICLY FUNDED CONTRACEPTION SERVICES.<sup>1,2</sup> Their  
results showed that EVERY DOLLAR TAXPAYER\$ SPEND ON  
CONTRACEPTION SAVES TAXPAYER\$ ABOUT \$4.40 OR \$7.70 on  
Aid to Families with Dependent Children, Food Stamps,  
the WIC nutrition program, and medical care during just  
the first TWO YEARS after a birth!!!

PROPOSED FUNDING (IN LIGHT OF THE STATE BUDGET CRISIS)

I suggest that the amount allocated to implement  
HB #2531 for the fiscal year ending June 30, 1982 be  
\$49,000. I also propose that the \$49,000 be granted to  
one site serving about 20,000 people of all ages.

HB \$2531 requires that \$49,000 to be matched by

HOUSE FEDERAL AND STATE AFFAIRS  
March 25, 1991

\$21,000 in local funds. Dr. Murray Vincent, the administrator of the Denmark, South Carolina program, wrote me that they served approximately 20,000 persons of all ages since 1982 for an average \$75,000 yearly.

I further suggest that the Kansas site apply for additional private and/or public Kansas and/or out-of-state funds to help them SAVE TAXPAYER\$ MORE COST\$.

For instance, the Denmark, Teen-Aid, and Sex Respect programs have obtained funds from the federal Office of Adolescent Pregnancy Programs (OAPP). Next federal fiscal year, based on enclosed figures in a Denmark program successful OAPP application, the Kansas site could apply for about \$70,000 from that agency.

The OAPP funds 50-or-so demonstration projects yearly. LIKE assistance the DENMARK program got, U.S. SENATOR NANCY KASSEBAUM WILL HELP (see enclosures).

HB #2531 requires a 70%/30% state-to-local funding match. The bill contains no other funding limitations.

REFERENCES

1. Forrest, J. D. & Singh, S. (1990). Public-sector savings resulting from expenditures for contraceptive services. Family Planning Perspectives, 22, 6-15.
2. Forrest, J. D. & Singh, S. (1990). The impact of public-sector expenditures for contraceptive services in California. Family Planning Perspectives, 22, 161-168.

Please, help us help Kansas youth AND KAN\$A\$ TAXPAYER\$,

Michael D. Brown Michael D. Brown, RN, MS--3/25/91

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE  
PUBLIC HEALTH SERVICE

APPLICATION FOR FEDERAL ASSISTANCE (NONCONSTRUCTION PROGRAMS)

OMB Approval No.

PART I		2. APPLICANT'S APPLICATION	3. STATE APPLICATION IDENTIFIER	4. NUMBER	5. NUMBER
1. TYPE OF ACTION <input type="checkbox"/> PREAPPLICATION <input checked="" type="checkbox"/> APPLICATION <small>(Mark appropriate box)</small> <input type="checkbox"/> NOTIFICATION OF INTENT (Opt.) <input type="checkbox"/> REPORT OF FEDERAL ACTION		Leave Blank	19 85 month 7 day 1	Year month day	Year month day
4. LEGAL APPLICANT/RECIPIENT			5. FEDERAL EMPLOYER IDENTIFICATION NO.		
a. Applicant Name : University of South Carolina b. Organization Unit : Dept. of Health Education c. Street/P.O. Box : School of Public Health, U.S.C. d. City : Columbia, County : Richland e. State : South Carolina g. ZIP Code: 29208 f. Contact Person (Name & telephone No.) : Dr. Murray Vincent : (803) 777-5152			576001153		
7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT			6. PROGRAM (From Federal Catalog)		
"School-Community Sexual Risk Reduction Program for Teens" [Prevention]  Competing Description in Renewal narrative report			a. NUMBER 13.995 b. TITLE Adolescent Family Life Demonstration Programs		
10. AREA OF PROJECT IMPACT (Names of cities, counties, States, etc.)			8. TYPE OF APPLICANT/RECIPIENT		
Bamberg County, S. C.			A-State H-Community Action Agency B-Interstate I-Higher Educational Institution C-Substate J-Indian Tribe D-City K-Other (Specify): E-City F-School District G-Special Purpose District Enter appropriate letter <input checked="" type="checkbox"/> I		
11. ESTIMATED NUMBER OF PERSONS BENEFITING			9. TYPE OF ASSISTANCE		
20,000			A-Basic Grant D-Insurance B-Supplemental Grant E-Other C-Loss Enter appropriate letter(s) <input checked="" type="checkbox"/> A		
12. TYPE OF APPLICATION			15. TYPE OF CHANGE (For 12a or 12b)		
A-New C-Revision E-Augmentation B-Renewal D-Continuation Enter appropriate letter <input checked="" type="checkbox"/> D			A-Increase Dollars F-Other (Specify): B-Decrease Dollars C-Increase Duration D-Decrease Duration E-Cancellation Enter appropriate letter(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
13. PROPOSED FUNDING			16. PROJECT START DATE		
a. FEDERAL \$ 66961 .00 b. APPLICANT 38919 .00 c. STATE .00 d. LOCAL 28028 .00 e. OTHER .00 f. TOTAL \$ 133908 .00			17. PROJECT DURATION 24 Months 19 85 month 10 day 1		
14. CONGRESSIONAL DISTRICTS OF:			18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY		
a. APPLICANT Second b. PROJECT Second			1985 7 5		
20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code)			19. EXISTING FEDERAL IDENTIFICATION NUMBER		
OAPP, Washington, D. C. 20201			576001153		
21. REMARKS ADDED			22. THE APPLICANT CERTIFIES THAT		
<input type="checkbox"/> Yes <input type="checkbox"/> No			a. To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved. b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions therein, to appropriate clearinghouses and all responses are attached: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Response attached <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
23. CERTIFYING REPRESENTATIVE			24. AGENCY NAME		
a. TYPED NAME AND TITLE Francis T. Borkowski Executive V.P. and Provost			b. SIGNATURE <i>Francis Borkowski</i>		
25. ORGANIZATIONAL UNIT			c. DATE SIGNED 1985 7 5		
26. ADDRESS			27. ADMINISTRATIVE OFFICE		
28. FEDERAL AGENCY A-95 ACTION			29. FEDERAL APPLICATION IDENTIFICATION		
a. AWARDED b. REJECTED c. RETURNED FOR AMENDMENT d. DEFERRED e. WITHDRAWN			30. FEDERAL GRANT IDENTIFICATION		
31. ACTION TAKEN			32. FUNDING		
33. ACTION DATE 19			34. STARTING DATE 19		
35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)			36. ENDING DATE 19		
37. REMARKS ADDED <input type="checkbox"/> Yes <input type="checkbox"/> No			38. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)		

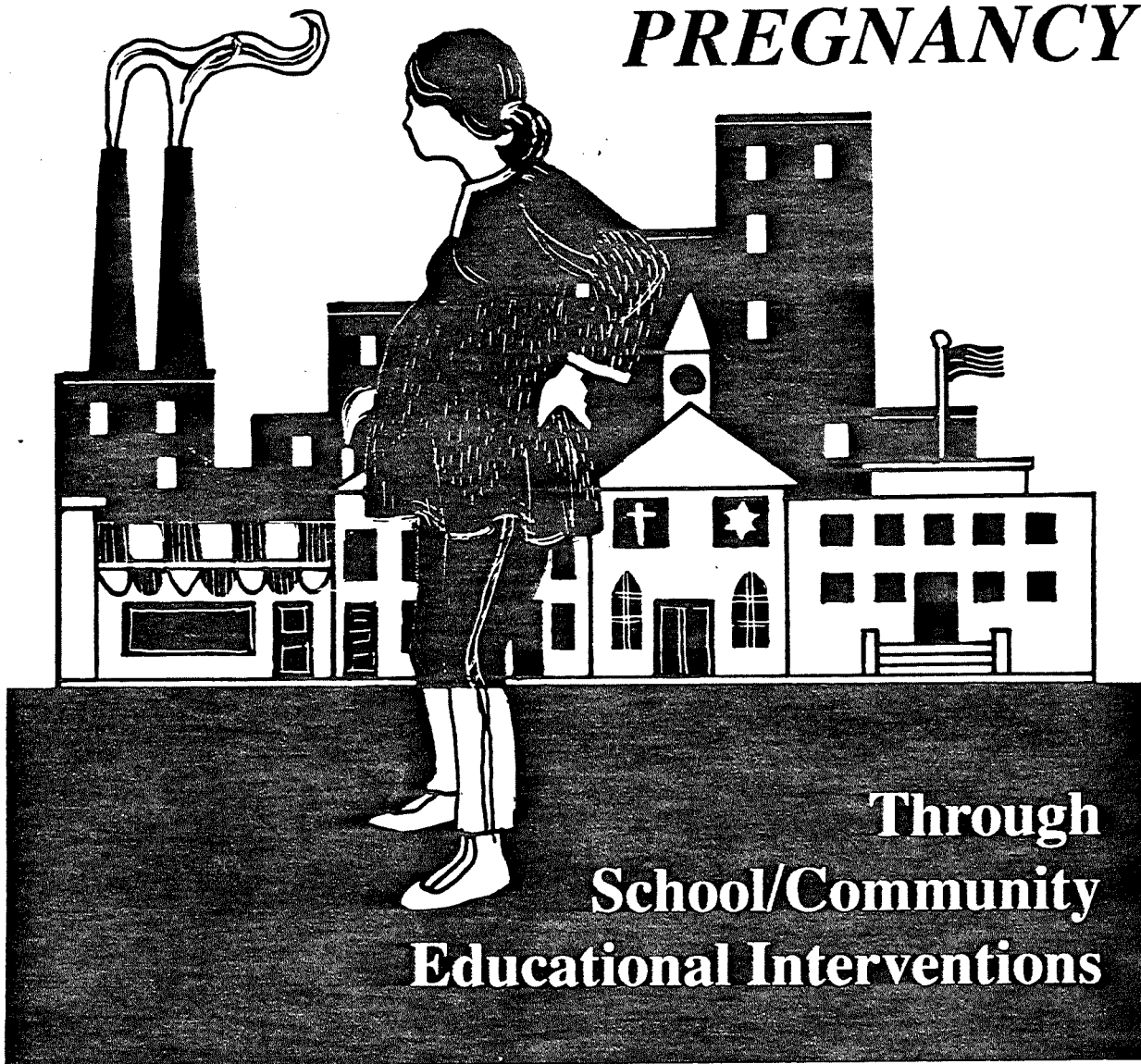
PHS-5161-1 (PAGE 1) Form Approved (Rev. 3-79) OMB No. 68-R1379

STANDARD FORM 424 PAGE 1 (10-75) Prescribed by OMB Circular No. A-102

HOUSE FEDERAL AND STATE AFFAIRS  
March 25, 1991

Attachment #2 Page 3

# ***REDUCING UNINTENDED ADOLESCENT PREGNANCY***

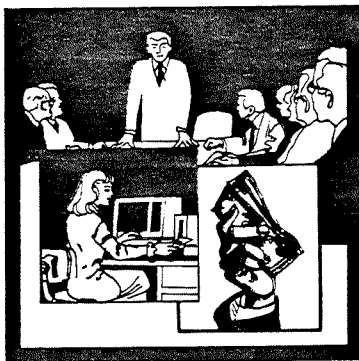


**Through  
School/Community  
Educational Interventions**

**A South Carolina Case Study**

# METHODS

This section reviews the four methodological steps used in carrying out the school/community intervention: (1) organizational planning, (2) data use and evaluation, (3) intervention implementation, and (4) intervention maintenance. Each step is divided into three segments: *Key Points*, *How We Did It*, and *Lessons Learned*.



## STEP 1: ORGANIZATIONAL PLANNING

- FIVE KEY POINTS:**
- Funding Support
  - Selecting a Receptive Community
  - Selecting Staff
  - Getting School and Community Leaders Involved
  - Resolving Turf Issues

**Key Point 1—Funding Support.** Adequate and continuous financial support is necessary to ensure program continuity and to provide resources and personnel for full implementation, fine-tuning, and evaluation. Without adequate and continuous financial support, the intervention risks fragmentation and failure. Securing funding is usually the most difficult task.

### • How We Did It

The major source of funding was a five-year, competitively renewable grant from the Office of Adolescent Pregnancy Programs (OAPP), Public Health Service, U.S. Department of Health and Human Services. The principal investigator had the primary responsibility for preparing the grant proposal. The grant was designed to highlight our intention to influence very specific and measurable endpoints. During the grant proposal preparation process, a U.S. Senator from South Carolina was contacted by mail and requested to provide assistance by ensuring that the grant proposal went through proper channels.

In-kind support was provided by the University of South Carolina (USC) as required by the stipulations of the grant award. The public school district in the intervention community contributed additional resources. The total funding support provided for one full-time on-site intervention coordinator, tuition for teacher training, and supplies and expenses.

**Key Point 2—Selecting a Receptive Community.** The chances for intervention success are significantly increased when an appropriate and receptive target audience is selected. The audience should demonstrate a need for the program and exhibit a receptive attitude toward participation.



NANCY LANDON KASSEBAUM  
KANSASCOMMITTEE  
BUSINESS, FOREIGN, AND URBAN AFFAIRS  
FOREIGN RELATIONS  
LABOR AND HUMAN RESOURCES

## United States Senate

WASHINGTON, DC 20510-1802

March 8, 1991

The Honorable Wint Winter, Jr.  
Room 120-S  
State Capitol  
Topeka, Kansas 66612

Dear Wint:

It has come to my attention you have introduced legislation in the Kansas Senate which is aimed at reducing teen pregnancy. I am impressed by South Carolina's model program of intensive community/school intervention, and I heartily support your efforts to bring the same success to Kansas.

As you plan this initiative, I encourage the secretary of health and environment to apply for additional funding from the Office of Adolescent Pregnancy Programs (OAPP), U.S. Public Health Service, U.S. Department of Health and Human Services, as well as other Kansas and out-of-state public and/or private sources. I gladly offer the assistance of my staff to ensure that applications made to federal agencies are followed closely through the review process.

Best of luck with your efforts to reduce the tragic number of teen pregnancies through what promise to be balanced and effective means. Please do not hesitate to contact Peggy O'Brien of my staff at (202) 224-4774 if I can be of further assistance.

Warmest regards,



Nancy Landon Kassebaum  
United States Senator

MK: [redacted]



OUTLINE OF TESTIMONY ON BEHALF  
OF HOUSE BILL 2531

by

Maxine Elmore, LMSW, ACSW

District Director

Kansas Children's Service League

March 25, 1991

I. BACKGROUND

I am Maxine Elmore, District Director of the Kansas City Office of Kansas Children's Service League. I will be discussing one of the services provided by the Kansas City office, the **Black Family Preservation Project**, a teenage pregnancy project.

II. PROGRAM INFORMATION

A. Need for Program

1. High incidence of teenage pregnancy in Wyandotte County and state of Kansas.
2. Consequences of Early childbearing.
  - a. Health consequences include premature birth babies, low birth weight, increased chances of birth injuries, birth defects and pregnancy complications.
  - b. Social consequences include diminished or interrupted education, lack of marketable skills, unemployment, public assistance or low paying jobs.
3. Early childbearing affects not only the teen parent and child but also the family and community in which they reside.

B. Implementation

1. The Black Family Preservation Project was initiated by the agency in the fall of 1984 with funding from the Kansas Department of Health and Environment.
2. In 1985 a community outreach to Black youth was developed and implemented.
3. Implementation of program at Northwest Middle School in 1986:
  - a. Development of profile of students by school planning committee prior to implementation:
    - majority low income/poverty level homes
    - appeared to have low self esteem and few successful Black role models
    - minimal parental involvement with the school
    - high risk for sexual activities because of few after school activities and too much free time.

HOUSE FEDERAL AND STATE AFFAIRS

March 25, 1991

Attachment #3 - Page 1

- b. Faculty Leadership Team
  - plan program activities
  - provide feedback on activities and impact.

C. Goals of the Program

- 1. To preserve and strengthen Black families by decreasing the incidence of pregnancy.
- 2. Implement a program that promotes adolescent, parent and family awareness of responsible sexuality and parenting.

D. Description of Program

- 1. Provide information on the consequences of early child-bearing and how to develop alternatives to early sexual activity. Approaches used include: Labs, Mini-Labs and Self Concept groups.
- 2. Community Networking.

E. Clients Served

- 1. All students at Northwest Middle School and their parents are invited to participate.
- 2. 972 persons were served in 1990.
- 3. 1991 Spring - 2 labs will be presented at West Middle School targeting Black males.
- 4. Services are not limited to Black students only. Service recipients include Caucasian and Hispanic students at Northwest and West Middle School.

F. Program Statistics

-No pregnancies in 1989 and 1990 at Northwest Middle School.

G. Staffing

- 1. Project Director
- 2. Project Coordinator
- 3. Volunteer Coordinator
- 4. Secretary

H. Funding

- 1. Kansas Department of Health and Environment
- 2. United Way of Wyandotte County
- 3. Contributions

**III. CLOSING REMARKS**

- 1. The decision to delay early sexual activity by stressing abstinence as the method to prevent teenage pregnancy is programmatic reflecting the prevailing community values and

2. Community's acceptance of program - increased volunteer involvement.
3. Teen pregnancy continues to be a social problem in Kansas and KCSL remains committed to find innovative ways to try to solve the problem.
4. Our agency has proven on a small scale that teen pregnancy prevention can work.
5. Kansas Children's Service League strongly encourages the legislature support in the development of programs in this area to reduce the rate of children having children in the State of Kansas.



# State of Kansas

Joan Finney, Governor

Department of Health and Environment  
Division of Health

Stanley C. Grant, Ph.D.,  
Acting Secretary

Landon State Office Bldg., Topeka, KS 66612-1290

FAX (913) 296-6231

Testimony Presented to  
Federal and State Affairs Committee

By

Kansas Department of Health and Environment

H.B. 2531

The Problem of Teen Pregnancy High adolescent birthrates and pregnancy rates in the U.S. relative to those of other developed countries have well-documented serious and adverse consequences for the teenagers themselves, for their children and for society. Among these adverse consequences are: medical, educational, social, and vocational risks to adolescents; medical and developmental risks to infants and children; developmental risks to young parents; risks to the community; and public costs for supportive programs.

The reasons for teenage pregnancy are many and complex and are only partly understood. These include among others: the media; peer influence; religion; the family; proclivity of this age group toward risk-taking behaviors; and access to prevention and intervention services. All these effect adolescent decision-making or nondecision-making regarding their reproductive health needs.

As professionals we believe that since very few pregnant teenagers report that they wanted to get pregnant, it should not be difficult to develop interventions to prevent adolescent pregnancy. Nevertheless, despite considerable public attention given to the problem and despite the development of numerous programs designed to deal with it, adolescent pregnancies continue each year. Teens and their children become statistics of concern to those hard pressed to find cost-effective means of delivering services with limited resources.

In 1989 in Kansas, there were 4,576 births to adolescent mothers with 78 to minors under age 15. Teenagers accounted for 12% or 1/8 of live births in the state. More than one in four adolescent births represented a repeat birth during the teenage years.

HOUSE FEDERAL AND STATE AFFAIRS  
March 25, 1991  
Attachment #4 - Page 1

Charles Konigsberg, Jr., M.D., M.P.H.  
Director of Health  
(913) 296-1343

Ronald Hammerschmidt, Ph.D.,  
Acting Director of Environment  
(913) 296-1535

Lorne Phillips, Ph.D.,  
Director of Information  
Systems  
(913) 296-1415

Roger Carlson, Ph.D.,  
Director of the Kansas Health  
and Environmental Laboratory  
(913) 296-1619

KDHE Programs In Kansas as in other states, professionals have long since discarded the idea of a "magic bullet" program to cure adolescent pregnancy. Rather, a variety of health, education and social services programs address the complex needs of adolescents, their parents and communities. Many of these approaches are interdependent both at the state and local levels as, for instance, when KDHE collaborates with KSDE in developing adolescent educational curricula, or when local health departments provide educational programs to community groups or when, within communities, groups concerned about the number of pregnancies in the high school convene to develop community strategies.

In Kansas, the Legislature has, since 1988, clearly demonstrated support for adolescent health by allocating funding specifically for demonstration projects.

Specific adolescent health projects funded by KDHE in SFY 91, all of which are comprehensive approaches requiring collaboration/integration of multiple community providers, include:

- Adolescent Primary Health Care - Projects in Geary, Johnson and Sedgwick counties provide a full range of medical and educational services to adolescents in clinic settings in the communities.
- Adolescent Health Risk Appraisal - Projects in Shawnee and Wyandotte counties provide health risk appraisals, counseling and followup to adolescents in schools regarding lifestyle and behavioral risks.
- Adolescent Community-Based Education - Projects in Wyandotte and Sedgwick counties provide health education programs to African American adolescents and their families focusing on teen pregnancy prevention, responsible parenting and consequences of too early childbearing.
- Adolescent Repeat Pregnancy Prevention, Maternity Centers - Projects in Douglas and Sedgwick counties provide repeat pregnancy prevention education with community linkages to assure prenatal services and continuing education.

Planning Considerations These and other adolescent pregnancy prevention efforts will require long-term, multi-generation investment in services. Services need to be sensitive to community needs with community acknowledgement of the problem and willingness to intervene on behalf of their adolescents. Resources should be targeted for communities with consistently high demonstrated need and priority should be given to evaluation of the effectiveness of approaches. Approaches should include, at a minimum, encouragement of responsible decision-making including postponement of early sexual activity, education about the consequences of unintended pregnancy, and not exclude contraceptive education and medical services when these may be needed. Programs should strive for maximum parental and adolescent involvement in design, implementation and ongoing evaluation of services.

Public Costs It is estimated that the public will pay an average of \$13,902 over the next 20 years for the family begun by each first birth to a teenager. It is further estimated that if U.S. teenage births were delayed until the mother was at least 20 years old, the potential public savings over 20 years would be \$5,560 for each birth delayed. Based on these estimates, if each of the 4,576 teen births in Kansas in 1989 had been postponed, the potential public savings can be estimated at \$25 million over 20 years. Another study provides the estimate that for every \$1 investment in services to help avoid unintended pregnancies, about \$4.40 is saved.

#### RECOMMENDATION

Kansas Department of Health and Environment supports the concept of teen pregnancy prevention. This initiative was not included in the Governor's FY92 budget.

Testimony presented by: Azzie Young, Ph.D.  
Director, Bureau of Family Health  
Kansas Department of Health and Environment  
March 25, 1991

#### Appendices

1. Reported Teenage Pregnancies by Age-Group and Component, Kansas, 1989  
Source: Kansas Department of Health and Environment
2. Teen Pregnancy Rates by Age-Group by County of Residence, Kansas 1985-89  
Source: Kansas Department of Health and Environment

Teen Pregnancy Rates\* by Age-Group  
By County of Residence, Kansas 1985-1989

County of Residence	Year											
	1985		1986		1987		1988		1989		5-year Rate*	
	Age-Group		Age-Group		Age-Group		Age-Group		Age-Group		Age-Group	
	10-14	15-19	10-14	15-19	10-14	15-19	10-14	15-19	10-14	15-19	10-14	15-19
ALLEN	-	85.7	1.9	63.9	-	51.0	-	55.4	-	73.8	0.4	66.1
ANDERSON	-	52.6	-	54.2	-	63.4	-	50.9	-	47.3	-	53.7
ATCHISON	1.6	64.2	-	51.8	3.1	60.1	1.6	66.1	1.6	51.3	1.6	58.7
BARBER	-	96.0	-	89.3	-	90.4	-	52.4	-	31.4	-	71.9
BARTON	-	75.3	-	64.6	-	45.5	-	52.6	-	57.7	-	59.1
BOURBON	3.8	64.0	1.9	71.3	-	63.0	-	68.8	-	88.8	1.1	71.2
BROWN	-	97.0	-	51.9	2.4	76.9	2.4	65.8	-	74.0	1.0	73.1
BUTLER	0.6	45.3	-	53.7	-	46.2	-	37.8	0.5	48.1	0.2	46.2
CHASE	-	78.7	-	24.7	-	51.3	-	92.1	-	13.2	-	52.0
CHAUTAUQUA	-	46.4	-	98.6	-	34.2	-	72.8	-	33.1	-	57.0
CHEROKEE	-	65.6	-	105.4	1.2	83.1	1.2	82.5	-	83.9	0.5	84.1
CHEYENNE	10.3	51.7	-	67.3	-	-	-	62.5	-	31.3	2.1	42.6
CLARK	-	74.6	-	113.2	-	37.7	-	18.2	-	72.7	-	63.3
CLAY	-	74.2	-	55.7	-	58.2	-	59.8	-	36.5	-	56.9
CLOUD	3.1	33.2	-	55.2	-	48.6	-	51.9	3.1	43.2	1.2	46.4
COFFEY	-	57.5	3.1	42.7	-	49.5	-	34.6	-	37.7	0.6	44.4
COMANCHE	-	21.7	-	-	-	62.5	-	12.3	-	49.4	-	29.2
COWLEY	-	70.3	0.8	80.9	-	68.3	-	92.2	-	87.2	0.2	79.8
CRAWFORD	0.9	44.8	1.0	67.1	-	59.7	1.0	52.5	2.1	52.5	1.0	55.3
DECATUR	-	41.7	-	39.2	-	30.9	-	31.9	-	31.9	-	35.1
DICKINSON	1.5	45.5	1.5	42.9	-	51.4	-	48.3	-	45.1	0.6	46.6
DONIPHAN	2.7	89.8	-	44.5	-	51.1	-	29.9	-	41.8	0.5	51.4
DOUGLAS	2.2	37.1	1.7	36.3	0.6	35.9	0.5	41.6	1.6	41.4	1.3	38.5
EDWARDS	8.8	70.8	-	52.6	-	53.8	-	108.7	-	32.6	1.8	63.7
ELK	-	47.6	-	79.2	-	50.5	-	61.9	-	72.2	-	62.3
ELLIS	-	16.7	-	20.3	-	23.7	-	25.2	-	22.3	-	21.6
ELLSWORTH	-	37.4	-	62.1	-	33.9	-	67.0	-	27.9	-	45.7
FINNEY	0.9	116.4	2.5	120.9	2.4	86.6	6.3	106.2	-	118.4	2.4	109.7
FORD	1.2	107.4	1.2	97.8	-	120.6	-	99.0	-	126.3	0.5	110.2
FRANKLIN	5.2	77.6	-	64.4	-	74.6	3.9	77.5	1.3	77.5	2.1	74.3
GEARY	2.3	122.3	4.5	95.6	2.3	103.4	2.3	121.6	1.2	106.7	2.5	109.9
GOVE	-	53.8	-	24.6	-	-	-	8.8	-	26.3	-	22.7
GRAHAM	-	55.0	-	63.2	-	22.0	-	44.4	-	22.2	-	41.4
GRANT	-	66.9	-	95.1	-	65.6	-	58.4	3.4	66.1	-	70.4
GRAY	-	38.0	-	60.8	-	79.5	-	12.7	4.3	69.6	-	52.1
GREELEY	-	92.6	-	22.2	-	88.9	-	65.2	-	43.5	-	62.5
GREENWOOD	-	80.5	-	69.2	-	50.6	-	50.6	-	62.3	-	62.6



Teen Pregnancy Rates\* by Age-Group  
By County of Residence, Kansas 1985-1989

County of Residence	Year											
	1985		1986		1987		1988		1989		5-year Rate*	
	Age-Group		Age-Group		Age-Group		Age-Group		Age-Group		Age-Group	
	10-14	15-19	10-14	15-19	10-14	15-19	10-14	15-19	10-14	15-19	10-14	15-19
HAMILTON	-	58.8	-	39.2	-	39.2	-	48.5	-	48.5	-	46.8
HARPER	-	101.5	-	81.9	-	11.7	-	96.6	4.0	45.5	-	67.4
HARVEY	1.1	52.2	-	41.8	-	44.7	-	46.6	1.0	44.6	0.4	46.0
HASKELL	-	75.8	-	37.3	-	141.8	-	73.5	-	29.4	-	71.6
HODGEMAN	-	25.3	-	49.4	-	64.9	-	27.8	-	83.3	-	50.1
JACKSON	4.8	42.3	-	60.1	-	66.1	-	68.7	-	76.9	1.0	62.8
JEFFERSON	-	40.4	-	64.4	-	38.1	-	52.9	-	52.9	-	49.7
JEWELL	-	19.9	-	20.3	-	6.9	-	21.3	-	14.2	-	16.5
JOHNSON	1.1	43.6	1.1	50.0	-	52.4	0.7	54.3	0.7	53.5	0.7	50.8
KEARNY	14.6	61.7	-	93.8	-	64.1	-	73.3	-	86.7	2.9	75.9
KINGMAN	-	38.3	-	46.3	-	24.8	-	45.1	-	27.8	-	36.5
KIOWA	-	8.5	-	52.6	-	26.5	-	26.3	-	52.6	-	33.3
LABETTE	1.1	70.9	-	43.2	-	63.7	2.2	73.0	1.1	96.2	0.9	69.4
LANE	-	41.7	-	35.3	-	36.1	-	24.7	-	24.7	-	32.5
LEAVENWORTH	0.5	61.5	0.5	62.3	-	63.6	0.9	70.9	3.0	79.4	1.0	67.5
LINCOLN	-	-	-	13.0	-	12.0	-	10.8	-	53.8	-	17.9
LINN	-	63.6	6.9	72.0	-	52.8	6.6	56.0	-	74.6	2.7	63.8
LOGAN	-	48.5	-	11.1	-	-	-	44.9	-	-	-	20.9
LYON	1.7	42.6	0.8	50.1	3.2	44.3	1.6	46.9	-	36.2	1.5	44.0
MARION	-	39.4	-	36.3	-	34.6	-	29.6	-	29.6	-	33.9
MARSHALL	-	67.7	-	81.2	-	69.4	-	79.8	-	79.8	-	75.6
MCPHERSON	-	25.7	-	23.2	-	28.3	-	39.2	-	33.8	-	30.0
MEADE	-	81.1	-	36.0	-	37.7	-	38.5	-	38.5	-	46.4
MIAMI	1.2	53.7	1.1	65.1	-	79.1	-	54.3	1.0	73.2	0.7	65.1
MITCHELL	-	30.3	-	26.6	-	19.8	-	36.9	-	16.4	-	26.0
MONTGOMERY	1.4	87.5	1.4	87.0	-	92.4	-	81.1	1.5	81.9	0.9	86.0
MORRIS	-	35.7	-	46.3	-	60.2	-	41.3	-	73.4	-	51.4
MORTON	-	26.5	-	69.6	-	33.6	-	40.0	6.7	24.0	-	38.7
NEMAHA	-	55.2	-	23.3	-	23.8	-	42.0	-	21.0	-	33.1
NEOSHO	-	66.1	1.4	58.5	-	63.2	-	55.6	-	50.8	0.3	58.8
NESS	-	42.0	8.1	49.2	-	25.9	-	18.2	-	18.2	1.6	30.7
NORTON	-	24.2	-	22.0	-	44.4	-	5.5	-	38.7	-	27.0
OSAGE	-	51.2	-	50.8	-	39.4	-	57.6	-	64.6	-	52.7
OSBORNE	-	40.8	-	42.0	-	58.0	-	52.2	-	67.2	-	52.0
OTTAWA	-	48.1	-	66.7	-	5.7	-	52.9	-	35.3	-	41.7
PAWNEE	-	47.4	-	50.5	-	18.7	4.5	39.1	-	43.0	0.9	39.7
PHILLIPS	4.8	43.3	-	43.0	-	60.8	-	44.7	9.0	44.7	2.8	47.3

HF 3 SA 3/25/9 #4 - #5

Teen Pregnancy Rates\* by Age-Group  
By County of Residence, Kansas 1985-1989

County of Residence	Year											
	1985		1986		1987		1988		1989		5-year Rate*	
	Age-Group		Age-Group		Age-Group		Age-Group		Age-Group		Age-Group	
	10-14	15-19	10-14	15-19	10-14	15-19	10-14	15-19	10-14	15-19	10-14	15-19
POTTAWATOMIE	1.8	51.2	3.4	86.9	-	60.0	-	48.2	-	38.5	1.0	57.0
PRATT	3.2	78.5	3.3	66.9	-	31.8	-	30.0	-	36.0	1.3	48.6
RAWLINS	-	39.7	-	50.8	-	25.2	-	24.8	-	41.3	-	36.4
RENO	1.4	65.7	1.9	58.0	1.4	57.0	1.4	65.3	0.0	54.3	1.4	60.1
REPUBLIC	-	27.2	-	58.8	-	30.9	-	12.8	-	18.2	-	29.8
RICE	2.8	58.3	-	48.1	-	49.0	-	68.7	-	54.9	0.6	55.8
RILEY	0.7	40.3	1.4	32.2	1.4	39.2	1.4	43.8	0.7	46.9	1.1	40.5
ROOKS	-	98.4	-	69.4	-	58.5	-	57.8	-	46.2	-	66.1
RUSH	8.9	11.6	-	14.7	-	44.8	-	58.0	-	58.0	1.8	37.4
RUSSELL	-	71.1	-	55.3	-	40.8	-	50.8	-	10.2	-	45.6
SALINE	1.2	64.3	1.9	52.8	1.3	51.0	0.6	72.2	1.9	60.6	1.4	60.2
SCOTT	-	44.4	-	52.3	-	41.7	-	29.9	-	53.9	-	44.4
SEDGWICK	1.5	78.6	1.0	79.3	1.2	81.0	1.2	85.5	2.0	80.6	1.4	81.0
SEWARD	1.4	128.0	2.8	109.8	-	117.8	-	137.8	2.7	105.6	1.4	119.8
SHAWNEE	2.1	77.7	2.1	78.0	1.1	71.9	1.9	78.4	2.7	87.7	2.0	78.7
SHERIDAN	-	8.8	-	19.4	-	29.4	-	0.7	-	38.8	-	21.2
SHERMAN	4.0	55.2	-	43.6	-	59.2	-	61.4	-	50.5	0.8	54.0
SMITH	-	49.3	-	39.1	-	31.5	-	47.2	-	47.2	-	42.9
STAFFORD	-	53.3	-	43.8	-	51.0	-	25.6	-	51.3	-	45.0
STANTON	-	34.5	-	21.1	-	43.0	-	33.0	-	65.9	-	39.5
STEVENS	10.4	58.2	-	62.2	-	51.3	-	97.4	-	35.9	2.1	61.0
SUMNER	2.2	58.9	1.1	65.2	-	56.5	-	59.6	2.2	62.0	1.1	60.4
THOMAS	3.2	33.5	-	54.8	-	45.9	-	35.5	-	41.9	0.6	42.3
TREGO	-	73.4	-	50.0	-	10.4	-	31.9	-	21.3	-	37.4
WABAUNSEE	4.0	61.5	-	46.0	-	37.7	-	41.7	-	33.3	0.8	44.0
WALLACE	-	13.7	-	92.3	-	59.7	-	56.3	-	70.4	-	58.5
WASHINGTON	-	17.2	-	53.9	-	20.0	-	24.9	-	34.8	-	30.2
WICHITA	9.7	95.2	-	20.2	-	41.2	-	21.1	-	42.1	1.9	44.0
WILSON	2.5	50.9	-	48.7	-	63.6	-	56.4	-	51.5	0.5	54.2
WOODSON	-	129.0	-	31.7	-	67.8	-	27.0	-	27.0	-	56.5
WYANDOTTE	3.7	109.1	4.1	114.5	3.3	115.5	3.6	123.1	4.7	122.0	3.9	116.8
KANSAS	1.5	64.2	1.2	64.8	1.0	63.5	1.1	67.6	1.4	67.0	1.2	65.4

\* Rates per 1,000 a ge-group population

\*\* The 1984 age-group population estimates were provided by the U.S. Census Bureau. Estimates for 1985 and 1990 were provided by the Kansas University Institute for Public Policy and Business Research. 1986, 1987 and 1988 estimates were derived by KDHE staff from the previously mentioned estimates.

Source: Kansas Department of Health and Environment

HF 3 SA  
3/25/91  
#4 - #6

**Reported Teenage Pregnancies by Age-Group\* and Component  
Kansas, 1989**

County of Residence	Live Births		Stillbirths		Abortions		Total Pregnancies		Teenage Pregnancy Rates**		Teenage Preg. Rates**
	Age-Group		Age-Group		Age-Group		Age-Group		Age-Group		Age-Group
	10-14	15-19	10-14	15-19	10-14	15-19	10-14	15-19	10-14	15-19	10-19
ALLEN	-	32	-	3	-	5	-	40	-	73.8	38.0
ANDERSON	-	11	-	-	-	2	-	13	-	47.3	21.5
ATCHISON	-	30	-	-	1	8	1	38	1.6	51.3	28.5
BARBER	-	6	-	-	-	-	-	6	-	31.4	13.0
BARTON	-	49	-	-	-	8	-	57	-	57.7	28.0
BOURBON	-	41	-	-	-	8	-	49	-	88.8	45.5
BROWN	-	21	-	-	-	6	-	27	-	74.0	34.2
BUTLER	-	75	-	3	1	6	1	84	0.5	48.1	23.1
CHASE	-	1	-	-	-	-	-	1	-	13.2	6.5
CHAUTAQUA	-	5	-	-	-	-	-	5	-	33.1	16.0
CHEROKEE	-	53	-	-	-	9	-	62	-	83.9	39.9
CHEYENNE	-	2	-	-	-	1	-	3	-	31.3	14.7
CLARK	-	3	-	-	-	1	-	4	-	72.7	23.5
CLAY	-	10	-	-	-	1	-	11	-	36.5	16.9
CLOUD	1	13	-	-	-	2	1	15	3.1	43.2	23.9
COFFEY	-	12	-	-	-	-	-	12	-	37.7	18.9
COMANCHE	-	3	-	-	-	1	-	4	-	49.4	25.6
COWLEY	-	92	-	-	-	12	-	104	-	87.2	42.7
CRAWFORD	-	59	-	-	2	16	2	75	2.1	52.5	32.2
DECATUR	-	3	-	-	-	-	-	3	-	31.9	13.3
DICKINSON	-	23	-	2	-	3	-	28	-	45.1	21.7
DONIPHAN	-	12	-	-	-	2	-	14	-	41.8	20.3
DOUGLAS	1	81	-	-	2	94	3	175	1.6	41.4	29.3
EDWARDS	-	2	-	1	-	-	-	3	-	32.6	12.9
ELK	-	7	-	-	-	-	-	7	-	72.2	33.0
ELLIS	-	23	-	-	-	7	-	30	-	22.3	13.0
ELLSWORTH	-	4	-	-	-	1	-	5	-	27.9	12.5
FINNEY	-	120	-	-	-	16	-	136	-	118.4	56.0
FORD	-	85	-	-	-	12	-	97	-	126.3	58.5
FRANKLIN	1	46	-	-	-	12	1	58	1.3	77.5	38.9
GEARY	1	161	-	-	-	4	1	165	1.2	106.7	69.2
GOVE	-	3	-	-	-	-	-	3	-	26.3	11.8
GRAHAM	-	2	-	-	-	-	-	2	-	22.2	9.8
GRANT	1	16	-	-	-	1	1	17	3.4	66.1	32.6
GRAY	1	9	-	-	-	2	1	11	4.3	69.6	30.6
GREELEY	-	2	-	-	-	-	-	2	-	43.5	14.8
GREENWOOD	-	13	-	-	-	3	-	16	-	62.3	28.4

HF 3 SA  
3/25/91  
#4 - #7

**Reported Teenage Pregnancies by Age-Group\* and Component  
Kansas, 1989**

County of Residence	Live Births		Stillbirths		Abortions		Total Pregnancies		Teenage Pregnancy Rates**		Teenage Preg. Rates**
	Age-Group		Age-Group		Age-Group		Age-Group		Age-Group		Age-Group
	10-14	15-19	10-14	15-19	10-14	15-19	10-14	15-19	10-14	15-19	10-19
HAMILTON	-	4	-	-	-	1	-	5	-	48.5	25.1
HARPER	1	8	-	-	-	-	1	8	4.0	45.5	21.2
HARVEY	1	41	-	-	-	3	1	44	1.0	44.6	22.7
HASKELL	-	4	-	-	-	-	-	4	-	29.4	13.0
HODGEMAN	-	6	-	-	-	-	-	6	-	83.3	46.9
JACKSON	-	22	-	-	-	6	-	28	-	76.9	35.1
JEFFERSON	-	20	-	-	-	8	-	28	-	52.9	24.6
JEWELL	-	2	-	-	-	-	-	2	-	14.2	6.4
JOHNSON	3	270	-	3	5	292	8	565	0.7	53.5	25.4
KEARNY	-	11	-	-	-	2	-	13	-	86.7	38.0
KINGMAN	-	8	-	-	-	-	-	8	-	27.8	12.2
KIOWA	-	6	-	-	-	-	-	6	-	52.6	22.1
LABETTE	1	79	-	2	-	6	1	87	1.1	96.2	48.6
LANE	-	1	-	-	-	1	-	2	-	24.7	10.6
LEAVENWORTH	1	109	-	-	6	49	7	158	3.0	79.4	38.2
LINCOLN	-	3	-	-	-	2	-	5	-	53.8	22.0
LINN	-	16	-	-	-	4	-	20	-	74.6	35.1
LOGAN	-	-	-	-	-	-	-	-	-	-	-
LYON	-	52	-	-	-	16	-	68	-	36.2	21.6
MARION	-	11	-	-	-	-	-	11	-	29.6	14.3
MARSHALL	-	10	-	-	-	5	-	15	-	79.8	25.1
MCPHERSON	-	29	-	-	-	8	-	37	-	33.8	19.6
MEADE	-	4	-	-	-	-	-	4	-	38.5	15.3
MIAMI	-	41	-	-	1	17	1	58	1.0	73.2	33.8
MITCHELL	-	3	-	-	-	1	-	4	-	16.4	8.1
MONTGOMERY	2	108	-	-	-	4	2	112	1.5	81.9	41.5
MORRIS	-	13	-	-	-	3	-	16	-	73.4	35.2
MORTON	1	2	-	-	-	1	1	3	6.7	24.0	14.6
NEMAHA	-	7	-	-	-	-	-	7	-	21.0	9.3
NEOSHO	-	25	-	-	-	7	-	32	-	50.8	24.5
NESS	-	2	-	-	-	-	-	2	-	18.2	8.1
NORTON	-	7	-	-	-	-	-	7	-	38.7	19.0
OSAGE	-	25	-	-	-	12	-	37	-	64.6	31.1
OSBORNE	-	8	-	-	-	1	-	9	-	67.2	28.1
OTTAWA	-	5	-	1	-	-	-	6	-	35.3	17.4
PAWNEE	-	11	-	-	-	-	-	11	-	43.0	22.9
PHILLIPS	2	8	-	-	-	-	2	8	9.0	44.7	24.9

HF 35A  
3/25/91  
#4 - #8

**Reported Teenage Pregnancies by Age-Group\* and Component  
Kansas, 1989**

County of Residence	Live Births		Stillbirths		Abortions		Total Pregnancies		Teenage Pregnancy Rates**		Teenage Preg. Rates**
	Age-Group		Age-Group		Age-Group		Age-Group		Age-Group		Age-Group
	10-14	15-19	10-14	15-19	10-14	15-19	10-14	15-19	10-14	15-19	10-19
POTTAWATOMIE	-	19	-	-	-	1	-	20	-	38.5	17.8
PRATT	-	10	-	-	-	2	-	12	-	36.0	17.9
RAWLINS	-	5	-	-	-	-	-	5	-	41.3	18.1
RENO	2	92	-	-	-	26	2	118	0.9	54.3	27.6
REPUBLIC	-	3	-	-	-	-	-	3	-	19.2	8.4
RICE	-	20	-	-	-	-	-	20	-	54.9	28.6
RILEY	-	101	-	2	1	66	1	169	0.7	46.9	33.6
ROOKS	-	8	-	-	-	-	-	8	-	46.2	17.9
RUSH	-	4	-	-	-	-	-	4	-	58.0	21.9
RUSSELL	-	1	-	1	-	-	-	2	-	10.2	4.2
SALINE	1	82	-	2	2	10	3	94	1.9	60.6	31.0
SCOTT	-	9	-	-	-	-	-	9	-	53.9	24.3
SEDGWICK	22	929	1	6	5	109	28	1044	2.0	80.6	39.9
SEWARD	2	66	-	-	-	6	2	72	2.7	105.6	52.1
SHAWNEE	11	312	-	2	3	149	14	463	2.7	87.7	45.4
SHERIDAN	-	3	-	-	-	1	-	4	-	38.8	16.3
SHERMAN	-	14	-	-	-	-	-	14	-	50.5	27.8
SMITH	-	5	-	-	-	1	-	6	-	47.2	21.1
STAFFORD	-	8	-	-	-	-	-	8	-	51.3	23.2
STANTON	-	5	-	-	-	1	-	6	-	65.9	32.6
STEVENS	-	6	-	-	-	1	-	7	-	35.9	16.6
SUMNER	1	44	-	-	1	6	2	50	2.2	62.0	30.0
THOMAS	-	12	-	-	-	1	-	13	-	41.9	19.4
TREGO	-	1	-	-	-	1	-	2	-	21.3	7.8
WABAUNSEE	-	5	-	-	-	3	-	8	-	33.3	16.3
WALLACE	-	5	-	-	-	-	-	5	-	70.4	33.3
WASHINGTON	-	7	-	-	-	-	-	7	-	34.8	14.0
WICHITA	-	2	-	1	-	1	-	4	-	42.1	20.5
WILSON	-	20	-	-	-	1	-	21	-	51.5	25.9
WOODSON	-	3	-	-	-	-	-	3	-	27.0	14.4
WYANDOTTE	21	586	-	10	8	140	29	736	4.7	122.0	63.0
<b>KANSAS</b>	<b>78</b>	<b>4,498</b>	<b>1</b>	<b>39</b>	<b>38</b>	<b>1,219</b>	<b>117</b>	<b>5,756</b>	<b>1.4</b>	<b>67.0</b>	<del>33.3</del> <b>33.4</b>

\*Rates per 1,000 a ge-group population

\*\*The 1984 age-gr oup population estimates were provided by the U.S. Census Bureau. Estimates for 1985 and 1990 were pr ovided by the Kansas University Institute for Public Policy and Business Research. 1986, 1987 and 1 988 estimates were derived by KDHE staff from the previously mentioned estimates.

\*\*\*County of residence for one abortion unknown.

Source: Kansas De partment of Health and Environment

HOUSE FEDERAL AND STATE AFFAIRS

March 25, 1991

Attachment #4 - Page 9

I speak in favor of House Bill No. 2531, to establish the community-based teenage pregnancy reduction program for the state of Kansas. The pregnancy outcomes of Kansas girls 17 or younger for 1989 is indicative of the problem in our State.

Kansas minor girls had 1,488 babies and 1,128 of these girls were not married. One new mother was only 10 years of age. For one new school-age mother, her baby's father was 14 or younger. In addition, 192 teens had second, third, or fourth babies. Teen girls, 14 years or younger, had 5 second babies.

Single minors who become mothers have helped the percentage of all Kansas births, occurring in a year that were out of wedlock, rise to an average of over one-half percent per year for 30 years in a row to 19.7 percent, 7,624 of 38,648 births in 1989. This rise in out of wedlock births is costly to the state Kansas. For example, for most of these births the state is responsible for the cost of the pregnancy, the birth, and the life of the child.

During 1989, Kansas minor girls has 488 abortions, including 38 second or third abortions. One girl 12 years old had had a previous abortion. One girl, age 14, had two prior abortions. Of the total number of abortions, 10 girls, ages 14 - 17, secured abortions after after the twenty-fourth week of their pregnancies.

*Kansas minor girls had 12 stillbirths. Therefore, while adjusting to early expectant parenthood, girls as young as 14 had to try to cope with a late fetal death.*

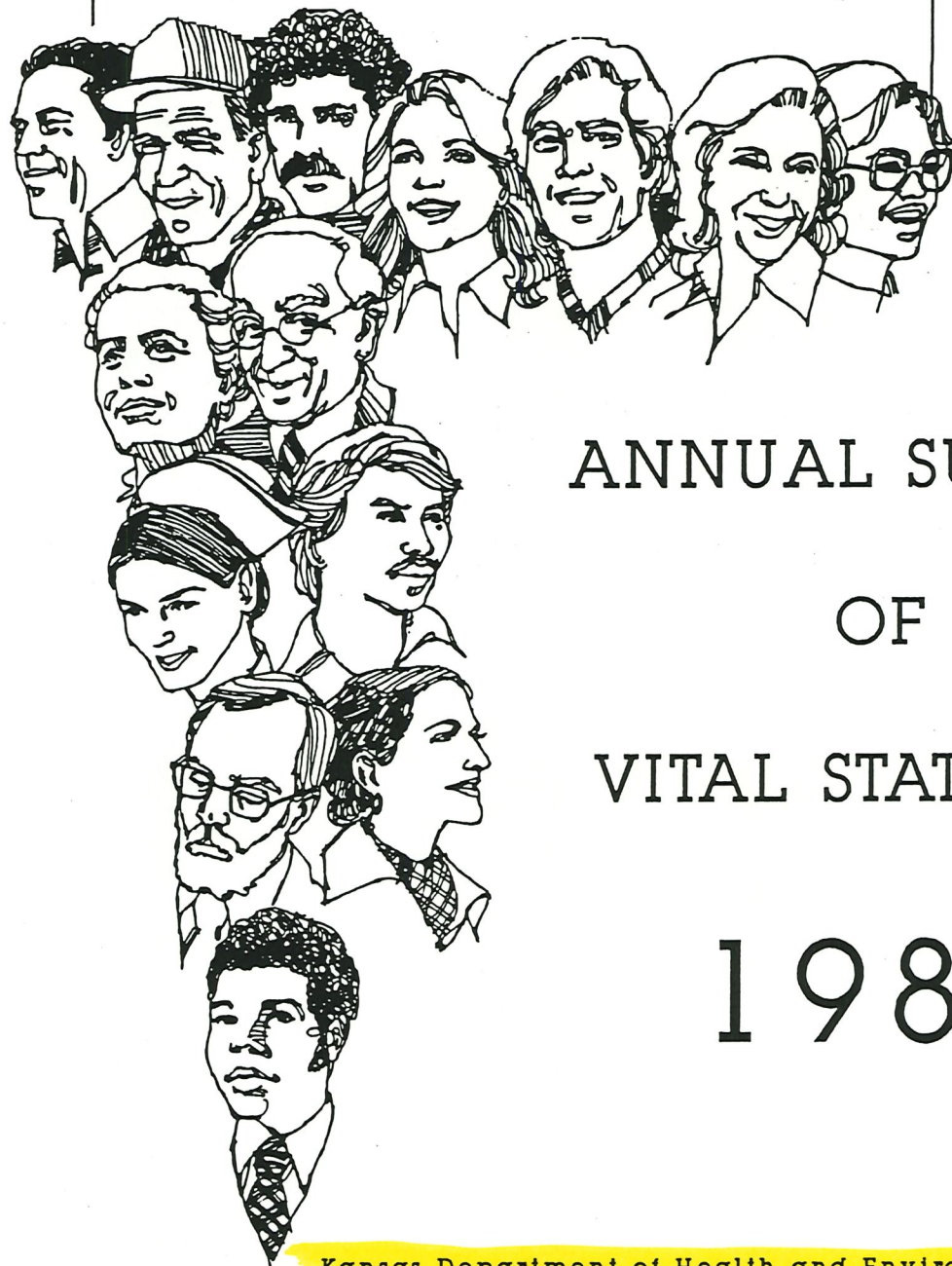
*I encourage Kansas legislators to assist in changing the school-age pregnancies that are occurring in our state.*

*Thank you.*

*Aletha J. Cushinberry Ed.D., R.N.  
Associate Professor of Nursing  
Washburn University School of Nursing*

*Pastor, Apostolic Church of Jesus Christ of Topeka, Ks.  
2420 Bellview*

KANSAS



ANNUAL SUMMARY

OF

VITAL STATISTICS

1989

Kansas Department of Health and Environment  
Landon State Office Building  
900 S.W. Jackson  
Topeka, Kansas 66612-1290

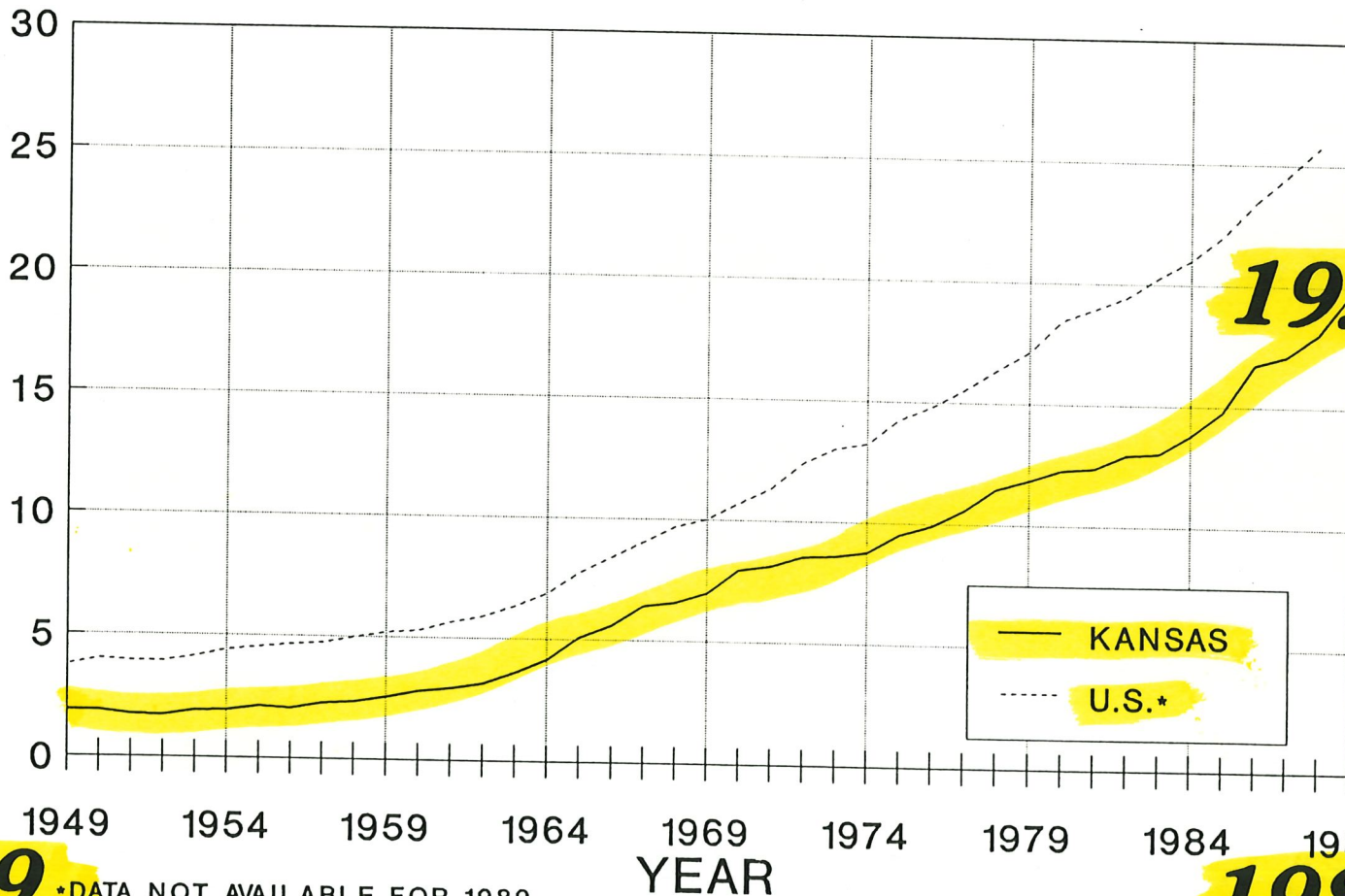
HOUSE FEDERAL AND STATE AFFAIRS  
March 25, 1991  
Attachment #5 - Page 3



# OUT-OF-WEDLOCK BIRTH RATIOS KANSAS AND THE U.S., 1949-1989

PERCENT OF BABIES BORN TO SINGLE MOTHERS

RATIO



1949

1989

\*DATA NOT AVAILABLE FOR 1989  
RATIO PER 100 LIVE BIRTHS  
RESIDENCE DATA

Figure 15

Stan Lantis, School Counselor, Williamsburg, Kansas

R.E.: Support of House Bill No. 2531

We do not have a "big" problem with teen pregnancy in my school. We are a small rural school with only 63 students in grades 9 - 12 and 70 students in the Middle School. In the past four years there have been only 2 pregnancies. Both ended with abortion at the direction of someone other than the young lady herself. The resulting psychological trauma was devastating and in both cases these young persons have returned to a life of sexual activity, at least partly due to lack of factual knowledge and understanding of basic human sexuality. In working with these and many other teens both girls and boys I find that overwhelmingly, the knowledge they possess regarding sexual behavior comes from their peers. As we know, this oftentimes is misinformation. A prevalent example being that "you can't get pregnant the first time". In too many cases the Sex Education programs in place in public schools are nothing more than reproductive biology with no instruction and discussion of the psychological and emotional side of human sexuality. There is no discussion of the consequences of irresponsible sexual activity. Today's youth are, in far too many cases, living for the moment, demanding immediate gratification of their wishes and desires. Three significant issues are absent from the thought processes of many of today's youth: choices, consequences, & responsibility; especially as these relate to sexually active behavior.

I firmly believe that parents are of right and should be the sex educators of their children. I know, however, from daily experience working with young people that in too many families

HOUSE FEDERAL AND STATE AFFAIRS

March 25, 1991

Attachment #6 - Page 1

this is not happening. In too many homes the subject is not discussed. When I ask students if they would feel comfortable asking a parent a question they might have about sex the answer is overwhelmingly no; they will take the advice of a peer who is possibly as uninformed as themselves. I further believe that advocating abstinence is the most sound advice a young person can be given regarding sexual activity. Some, however, will for a wide variety of reasons choose not to practice abstinence. Therefore discussion of contraception is vital but only as a last resort when all means to encourage abstinence have failed. In cases where I have worked intensively with a student to foster assertive behaviors and resistive techniques they report being able to say no and feel good about it. This is good and many Counselors act in this manner but we are reaching too few teens and in many cases we are reaching them too late. The scope must be expanded to reach more students earlier, before the decision has been made to become sexually active. If the decision can become that of postponing sexual intercourse, then we will be effectively addressing the issue before us.

I believe that House Bill 2531 can address the issues significant to empowering the youth of Kansas in making wise choices and responsible behavior that will lead to a reduction in the number of so called "teen pregnancies". Even in times of Budget constraints, dollars cannot be an excuse for allowing the trauma to continue. Nor can today's Budget ignore the increased budget load of additional Welfare expenditures as a result of teen pregnancies.

Thank you.

There is no doubt that teen pregnancy is a problem in our country. The

statistics overwhelmingly show this. I am not here today, though, to discuss statistics. I am here to talk about people. In order to understand the gravity of the situation, we must look beyond numbers. We have to consider the people. After all, that is what House Bill 2531 is about. It is about educating people. Education is our only weapon to combat this growing problem. While it is true that there are operating sex-education classes in schools already, they are obviously not adequate. Sex-education is far more than just the physical aspects of reproduction. While having an understanding of the biology of reproduction is important, it is obvious that human beings or any animal, for that matter do not have to be taught how to reproduce. They need to be taught the social skills to avoid reproduction until that time when they chose to have children and are able to take care of them. Students need to understand that it is O.K. to say, "No!" I feel that H.B. 2531, if passed, will open the door for programs that will effectively alleviate the problems of teen pregnancy because it stresses the three most important elements in combating the problem--education, abstinence, and if all else fails, teaching proper methods of contraception. Education is important because teenagers need to know the risks of becoming sexually active. They need to know that

there are diseases that can have lasting side affects or even kill them, and they need to understand the psychological aspects of sexual intercourse. They need to be taught foresight. What will happen if they were to get pregnant? Where would they go? What would they do? These are questions that would have to be answered.

The bill stresses abstinence. Abstinence is the only 100% effective method of birth-control. It is also 100% effective against disease, and the emotional scars that often accompany sexual activity at a young age. Unfortunately, there will always be those who fail to listen to reason. We cannot simply turn our backs on them. If after all attempts to keep young people from participating in sexual activity have failed, contraceptives and the proper use of them should be made available and taught.

I strongly urge you to vote "yes" for House Bill 2531. Thank you for your time.

Submitted by: Melinda Steward  
Williamsburg High School  
Williamsburg, Kansas

Under today's standards the youth of America are more liberal in their ways of viewing premarital sex.

My opinion is we as youth should be educated not only at home, but also in our school about premarital sex.

Our parents stress good morals and what you should and shouldn't do, but our schools can educate us with facts and information on the results and effects of premarital sex.

Most children aren't even fortunate enough to have parents who will speak openly to them about sex. So someone has to educate them, or they'll be without the knowledge that could prevent them from having premarital sex, from getting pregnant, or causing others to become pregnant.

My junior high school has had the opportunity of speaking with four individuals that had become pregnant due to the lack of knowledge of information on premarital sex.

Also we are lucky in that our school provides us with sex education films and our teachers talk to us about the matter.

Most students don't have that learning opportunity. Which is most likely the reason for teenage pregnancy statistics being so high in Kansas.

A good friend of mine became a father last month. He, like so many others, was miseducated by locker room talk and

now he's in a predicament beyond his control. He being sixteen and the mother fifteen will have to put their lives on hold by quitting school and going to work in order to give their son the chance at life that he deserves.

Another of my friends had to drop out of school last year in order to support his new family. At the time he was sixteen. That unfortunate pregnancy was a result of misconception of contraceptive use.

You can help to prevent an unwanted pregnancy by educating children in our schools and communities by voting "YES" for House Bill 253/.

Submitted by: Sabetha Evans  
Williamsburg Jr. Hi.  
Williamsburg, KS

Margot Breckbill, R.N., BSN  
618 North Doreen Court  
Wichita, Kansas 67206  
316-634-2244  
March 25, 1991

Good afternoon. I appreciate this opportunity to testify on behalf of House Bill No. 2531.

This bill is a commonsense approach to the devastating problem of teen pregnancy. As parents, we should all be educating our children about sexuality. However, many of us feel that if our children are watching HBO, they probably know more about sex than we do, so we don't want to embarrass ourselves by discussing it with them. Unfortunately, television and the movies give an EXTREMELY unrealistic view of sexual activity because there are never any consequences. We all know that the real consequences of unprotected sexual activity can be heartbreaking.

In the past five and a half years that I have been Co-Chair of the Sedgwick County Adolescent Pregnancy Network, I have seen too many young girls give up their childhoods to become mothers. I have seen too many depressed, unhappy, at times suicidal young women trapped by their anatomy into becoming parents while they are still children themselves.

I am thrilled at the opportunity to support this bill. I know that teen pregnancy can only be impacted by communities working together. This bill has all the necessary components for success. It helps train adults to give young people a CLEAR message about sex - that they are too young to be indulging in it and that the consequences of early sexual activity are too painful. It will teach assertiveness training and I know that many of the girls I work with have been raised in homes that did not teach them about firm boundaries and that they need someone to teach them that **NO** is an option! Also, provision has been made for those who will not buy abstinence. We will be able to encourage abstinence as a protection against all the sexually transmitted diseases. Are you all aware that cancer of the cervix



is now classified as a sexually transmitted disease? Abnormal pap smears are very common in young teens and it is because they are so promiscuous and initiate sexual activity so early. We may blame our youth but I feel that it is the fault of adults because we have given the young people of today very little guidance as far as sexuality goes. This bill gives us the opportunity to tell them what they need to know to protect themselves by being abstinent.

I know that we are definitely in a budget crunch this year but this bill is primary prevention and it has been shown time and time again that every dollar spent on prevention saves at least two dollars in the long run. At this point in time, it costs about \$40,000 to raise a child on AFDC for 18 years. In Kansas, there was an average of 69,000 people a month on AFDC in 1990, receiving average payments of \$122.84/month, or over \$102 million in dependency payments for one year. This does not include medical benefits or food stamps. Families begun by teen moms comprise more than half of all AFDC recipients.

I have felt for a long time that many of our social ills can be attributed at least in part to teen pregnancy. Many teens who become pregnant are from dysfunctional families. They have not been valued and nurtured and thus have difficulty valuing and nurturing their own children. Thus the cycle of dysfunction repeats. This sets them and their children up for drug and alcohol abuse as well as physical and sexual abuse. I've always thought it would be interesting to go to KSIR and ask the inmates how old their mother <sup>was</sup> ~~was~~ when they or their oldest sibling <sup>was</sup> were born. I think the answers would shed a great deal of light on this problem.

I would like to suggest one addendum. I would like young men to get a clear message that if they do father a baby, that they will be held accountable and will be expected to be financially responsible for that child until the child reaches 18 years of age.

I hope that you will pass House Bill No. 2531. Our greatest resource, our young people, are badly in need of this community-wide approach encouraging abstinence.

## PLANNED PARENTHOOD PREVENTS MORE ABORTIONS THAN ANY ORGANIZATION IN OUR COMMUNITY

It's true! Statistics show that about half of all unplanned pregnancies end in abortion. And since our goal is to help people prevent unplanned pregnancies, we **prevent** abortions. In fact, no organization in the community does more to prevent abortions than Planned Parenthood.

Planned Parenthood of Kansas provided care to over 5,500 patients last year. Without our services, a large number of these patients would have become pregnant. And about half would have chosen abortion. It is estimated that for every ten patients using public funded family planning services, at least one unintended pregnancy and one abortion is prevented.

Planned Parenthood believes the phrase "I'm having a baby" should always be spoken with joy, not reservation. With anticipation, not fear.



HOUSE FEDERAL AND STATE AFFAIRS  
March 25, 1991  
Attachment #9 - Page 3

## AN INVESTMENT IN PLANNED PARENTHOOD MAKES SENSE

When you contribute to Planned Parenthood, your money goes to work in a positive way. Insuring that anyone in our community who needs reproductive health care services gets them. Planned Parenthood of Kansas operates on a sliding fee scale. Fees are based on a patient's ability to pay. Planned Parenthood provides the entire community with a full range of top quality health care services: yearly physical exams, cancer screening with PAP tests and breast exams, pregnancy tests, pelvic exams, and a complete birth control clinic. Although we do not provide abortion or adoption services, we do provide patients with information about these options.

Our clinics are staffed by physicians as well as by certified nurse practitioners, R.N.s and L.P.N.s. All are trained specialists in the field of family planning.

Planned Parenthood also provides the community with the most current information available on a variety of topics. We provide audio-visual presentations, discussion groups, and pamphlets on topics such as teen parenthood, self esteem, family planning, and sexually transmitted diseases. A certified sex educator provides teachers, health care professionals, and community groups with programs and services that simply aren't available elsewhere.

Your support of Planned Parenthood can mean the difference between a community that ignores crucial responsibilities and one that cares for its members. For many people your support means the difference between ignorance and knowledge, between des-pair and hope.

And when we help people take control of their lives, we all gain. In lower welfare costs. In a reduction of abortions. In a more skilled and educated work force. In a better, healthier community. **Your support can make a difference. Please give generously.**

 **Planned Parenthood**<sup>®</sup>  
Of Kansas, Inc.

Wichita Clinic  
2226 E. Central  
Wichita, KS 67214  
(316) 263-7575


Hays Clinic  
122 E. 12th Street  
Hays, KS 67601  
(913) 628-2434

# (SOMEONE'S HAVING A BABY.) AND YOU'RE PAYING FOR IT



## AND SO IS SHE.

Nurturing the  
**Quality**  
Life of



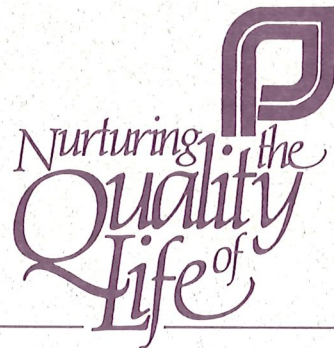
**(SOMEONE'S HAVING A BABY.)  
AND YOU'RE PAYING FOR IT.  
AND SO IS SHE.**

Especially if she's a teenager. Or unmarried. Or a welfare mother, struggling to get a job.

Someone's having a baby, and all too often it's unplanned. Today, four out of five teens are sexually active by age 20 – more are becoming sexually active at younger ages than ever before. And only one third of these teens use birth control regularly. Consequently, one out of every 10 teenage girls become pregnant every year in the United States, 84% of these unintentionally. And that means everyone pays a price.

You pay in taxes to support higher welfare costs. The community pays through the cost of providing social and remedial programs and job training. And she pays in the agonizing decision of whether or not to carry out the pregnancy. If she chooses to continue the pregnancy, she pays in the stress of raising a child as a single parent. In the loss of income. In the loss of opportunity. In the pain of poverty.

Unplanned pregnancy creates a vicious downward spiral we all pay for.



**UNPLANNED PREGNANCIES COST  
OUR COMMUNITIES MONEY**

It costs approximately \$40,000 to raise a child on ADC (Aid for Dependent Children) until age 18. In our state there was an average 69,000 people a month on ADC in 1990, receiving an average payment of \$122.84 per month, or over \$102 million in dependency payments for one year. (This figure does not include the spiralling cost of medical benefits or food stamps.) Families begun by teenage mothers comprise more than half of all ADC recipients.

**And their numbers are increasing**

The majority of publicly funded family planning health care recipients are indigent and have no other source of health care or contraceptive services except at organizations such as Planned Parenthood. In fact, ninety-one percent (91%) of Planned Parenthood of Kansas' 5,516 patients have a reported income below 150% of poverty.

As public and private funding for organizations like Planned Parenthood decreases, as is happening across the state and the nation, the number of unplanned pregnancies will no doubt increase as access becomes more and more limited. And that means the cost in tax dollars—your tax dollars—will keep pace with these increases. For every dollar of federal funds spent to provide contraceptive services, \$4.40 is saved as a result of averting expenditures on medical care, welfare and nutrition programs in the 2 years following a birth.

(Facts in this report were obtained from Planned Parenthood Federation of America, the Alan Guttmacher Institute, the Kansas Department of Health & Environment, the U.S. Department of Health & Human Services, and the Center for Population Options.)

**CHILDREN HAVING CHILDREN**

According to national statistics, the teen pregnancy rate has been dramatically increasing over the last ten years. There were over 6,000 teen pregnancies in Kansas in 1989, with girls as young as 10 years giving birth. If current trends continue, approximately 40% of today's 14-year-old girls will become pregnant at least once by age 19.

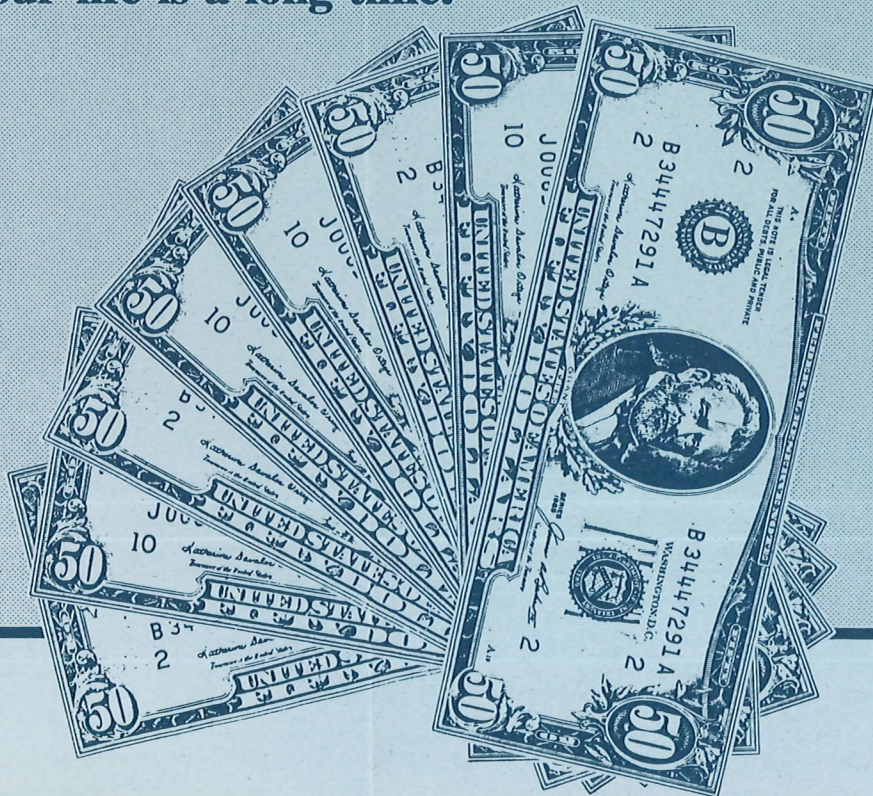
About 45% of the teenage pregnancies end in abortion; the other 55% will exact a high price on the young mothers (and hence their offspring) as over 93% of them will attempt to raise their child. Only 30% of those giving birth will marry (2,788 out of wedlock births to Kansas teens in 1989).

Consider these facts:

- Only 49% of mothers younger than 18 obtain prenatal care within the first trimester of pregnancy.
- The younger the mother, the more likely her baby will have a low birth weight, suffer from birth defects and mental retardation.
- Infants born to teenagers under 18 are nearly twice as likely to die in their first year of life as babies born to women over age 20.
- The probability that a teen mother will receive welfare is one in three (.34).
- Teenage mothers are more likely to suffer toxemia, anemia, and other serious medical complications than are women in their 20s.
- Only half of all teen mothers ever finish high school.
- Teen mothers who marry are three times more likely to be separated or divorced within 15 years than women who postpone childbearing until their 20s.
- The maternal mortality rate for very young girls (under 15) is 60% greater than it is for women in their 20s.
- The children of teen parents are nearly twice as likely to repeat the cycle than are children of older parents.

**IF SHE HAS A BABY,  
DO I HAVE TO PAY?**

Yes, you have to pay if the baby is born - and not just the hospital bills. Both parents are required to financially support the child until he or she is an adult. Eighteen years of your life is a long time!



For more information, contact the nearest local Child Support Enforcement office, which is part of the Department of Social and Rehabilitation Services (SRS).

Chanute	316-431-7100
Emporia	316-342-2505
Garden City	316-275-0583
Hays	913-628-1066
Hutchinson	316-663-5731
Kansas City	913-586-4516
Lawrence	913-843-6511
Manhattan	913-776-4011
Olatha	913-562-1210
Salina	913-825-8111
Topeka	913-296-2500
Wichita	913-651-5300

A private lawyer could also provide information and assistance.

This pamphlet is a project of the Sedgwick County Adolescent Pregnancy Network. Production was supported by the Wichita-Sedgwick County Department of Community Health and Kansas Action for Children.

1991

**SHE'S  
PREGNANT**

**THAT'S HER  
PROBLEM,  
RIGHT?**

**WRONG**

Q  
A

**Before having sex and possibly having a baby, you should know answers to these questions:**

**If we decide not to marry and my partner is going to keep and raise our child, does this let me off the hook?**

**NO!** Kansas laws require both parents to share costs of raising their child until the child is 18 years old.

**Why do we have "child support laws"?**

These laws try to make sure children in Kansas have food, clothing and a home. They are not designed to punish the parent.

**How can the court prove who the real father is?**

Blood and genetic tests can prove if a male is the father. The court can require him to take these expensive tests and can make him pay for them if he is found to be the father. These tests will also quickly

prove he is not the father if he has been wrongfully named.

**What if the father wants his girlfriend to have an abortion or put the child up for adoption, and she refuses?**

He must still pay to support the child. He has no legal right to force her to have an abortion or give up the baby for adoption.

**How much will I have to pay for child support?**

The judge adds together the incomes of both parents and checks a chart which sets child support amounts according to the parents' total income. You will also help pay birth expenses - including doctors, prenatal care and hospital fees.

The parent without custody must then pay child support based on his or her share of the total income. For example, if the father earns twice as much as the mother who has custody, he will pay two-thirds of the support amount. For the parent who has custody of the child, providing a home and caring for the child is considered part of his or her support payment.

**What if I'm still in high school and only have a part-time job?**

Each case is different, but the court may have you pay a minimum amount while you are in high school and increase it when you get out and get a full-time job. In the meantime, your partner may have to

go on "welfare," and you may have to pay back some of the taxpayers' money when you get a job.

**What if I want to go to college? Will the judge let me pay this low amount until I finish college?**

Again, every case is different, but probably not. Your partner has a full-time job as a parent and needs your financial help to raise the baby right now--not in four years.

You may have to work full-time to make child support payments and try to go to college part-time.

**I know of a father who doesn't pay any child support. If I refuse, how can they MAKE me pay?**

It used to be common for parents without custody to avoid payment. However, new laws make it very difficult to avoid paying.

If you miss one or more of your monthly payments, the court can:

- \* make your boss pay money from your wages directly to the court
- \* take over your bank accounts
- \* make you sell your property
- \* put you in jail



**If I leave the state, can they still make me pay?**

Yes. There is a law which requires courts in one state to collect child support for courts in other states.

**If the parent with custody has never asked me for money and goes on "welfare," then I'm off the hook, right?**

Wrong. In this case, the parent with custody is required to name you--the other parent. You will be located by one of the state's team of lawyers whose special job is to track down parents without custody and make them pay.

**If the parent with custody marries, does the new step-parent take over support so that I don't have to pay anymore?**

No. A step-parent has no legal duty to support a step-child. Only if someone legally adopts your child does your duty to pay support end.

**If you want to avoid 18 years of child support payments and would rather spend money on your own needs and wants - car, food, clothes and fun, then you must be very careful to avoid an unplanned pregnancy. Eighteen years is a long time.**



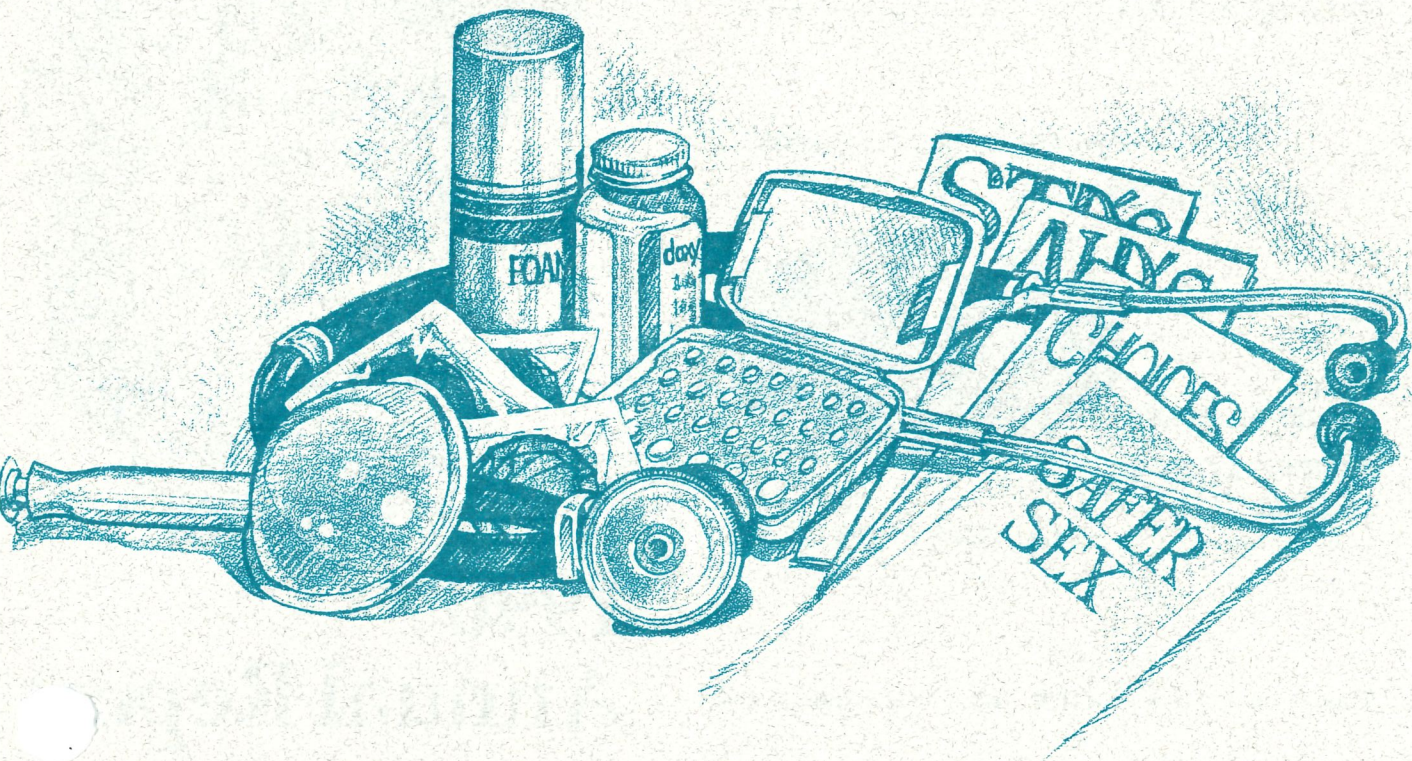
## PLANNED PARENTHOOD: WICHITA-HAYS

Our work at Planned Parenthood of Kansas — work that is both very public and deeply private — is built around the belief that every individual has a fundamental right to determine when or whether to have a child. We hold a vision of the best of all possible worlds, every child will be a child and every mother a willing mother.

It is a deep dedication to the achievement of this vision that provides our zeal to deliver the highest quality, affordable services while also defending reproductive rights.

## MEDICAL SERVICES

Every day the staffs at our clinics in Hays and Wichita work with patients who are making the most private decisions about health care and family planning: we served over 5500 of them during the past year. The very act of providing such services — without parental consent as well as the provision of information and referrals for all options related to the management of an unintended pregnancy — is a radical one in the current local, state and national political climates; it is at the root of what we are all about.



## SCHOOL AND COMMUNITY SEXUALITY EDUCATION

Our school and community sexuality programs reflect both aspects of our work, as we reach out to the public — parents, educators, students, business leaders, other professionals — with the information they need to make those private decision, and to help others make them. In 1990, we reached over 12,000 people with our programs, workshops, conferences, and brochures on subjects ranging from sexual decision making, male responsibility, birth control, sexually transmitted diseases, aids, choices and alcohol and drug abuse.

## PUBLIC AFFAIRS/ ADVOCACY FOR CHOICE

The increasing number and intensity of threats to the individual's right to make reproductive choices require that Planned Parenthood of Kansas be very public and very visible — in the legislature, in the courts, in the media, even in the streets — defending those rights by every legal means possible. Thousands of Planned Parenthood supporters added their signatures to the petitions supporting reproductive choice presented to the Kansas Legislature in 1990. They also added their voices to the massive Pro-Choice March in Topeka last January, marking the anniversary of Roe versus Wade.

## MEDICAL SERVICES

Contraceptive instruction and counseling  
Complete medical/gynecological examination, which includes:

- Complete medical/gynecological history
- Pelvic and breast exams
- Pap Smear
- Blood Pressure and Weight Check
- Urinalysis
- Hemoglobin (if anemia indicated)
- Immunization History/Rubella History

Additional Testing available on request:

- Pregnancy Test
- Gonorrhea culture
- Chlamydia test
- Herpes Simplex culture
- Thyroid
- Vaginitis or other vaginal infection
- High risk blood test (such as cholesterol level, glucose, lipid profile, CBC)
- Serologic test for syphilis

Medical treatments provided on-site, for the following diagnosed conditions:

- Gonorhea — patient/partner
- Chlamydia — patient/partner
- Sub-acute Pelvic Inflammatory Disease
- Herpes
- Condyloma (venereal warts)
- Vaginitis

Uncomplicated Urinary Tract Infections

Medical follow-up, depending on condition being treated  
Reproductive health education

Counseling and referral of women for sterilization and other complex medical, surgical, gynecological and social problems.

## Contraceptive Patients Profile\*

	Hays	Wichita
<b>AGE:</b>	1,623 Total	3,903 Total
10-15 yrs	2%	5%
16-17 yrs	6%	15%
18-19 yrs	19%	18%
20-34 yrs	70%	59%
35 & over	3%	3%
<b>RACE:</b>		
White	98.5%	90%
Black	1.00%	8%
Other	.05%	2%
<b>Student Status</b>		
Jr. High	.1%	1.5%
High School	8.1%	18.1%
College	44.6%	23.3%
Not Student	37.6%	50.6%
No Info	9.7%	6.5%
<b>Medical Card</b>		
Yes	5.7%	5.8%
No	85.0%	87.8%
No Info	9.3%	6.4%
<b>Poverty Status</b>		
Below 150% poverty	88.8%	92.2%
Above 150% poverty	11.2%	7.8%

90.5% (5,001) PPK patients received reduced fees from Title X supplement for cost of services

\*Patient data presented is for calendar year 1990

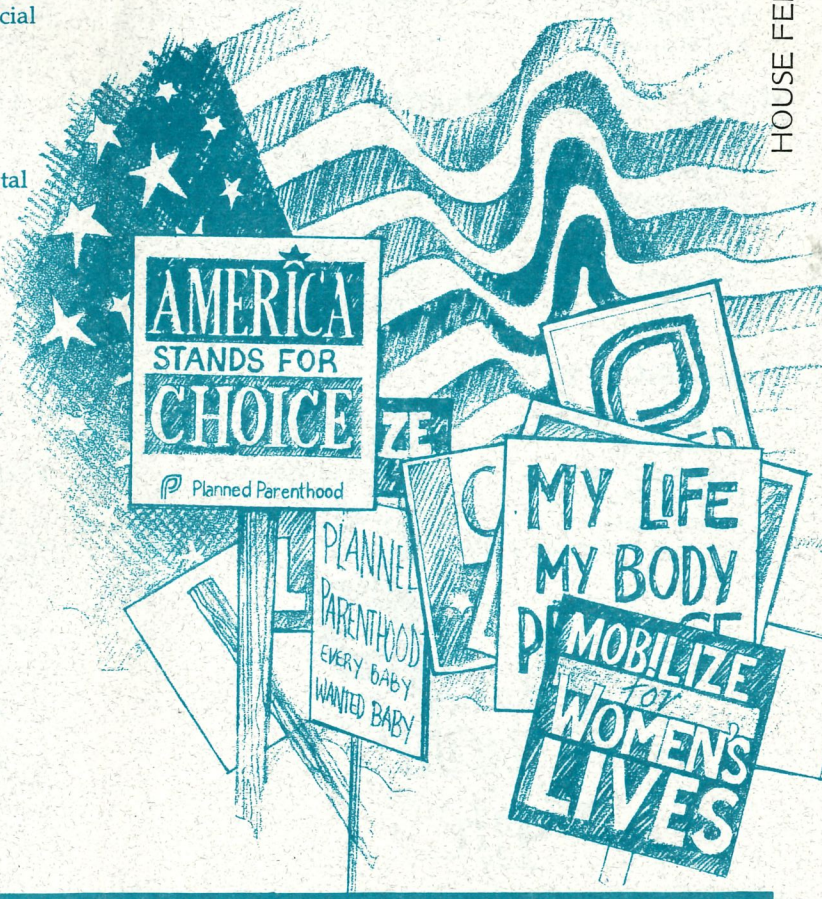
## 1990 SERVICE DATA\*

	Achievements in Medical Services		
	Hays	Wichita	Total
Unduplicated Patient Visits	1,623	3,903	5,526
Total No. Clinic Visits	4,944	9,707	14,651
Percent New Patients	43%	50%	46.5% (Ave.)
Percent Continuing Patients	57%	50%	53.5% (Ave.)
Patient Retention Rate	56%	50%	53% (Ave.)

\*Data presented is for calendar year 1990

## SEXUALITY EDUCATION PROGRAM TOPICS FOR THE FISCAL YEAR INCLUDED:

- Sexually Transmitted Disease Prevention Including AIDS
- Contraception — Birth Control
- Decision Making Setting Your Sexual Limits
- Reproductive Health Care
- Parent-child Communication
- Reproductive Rights
- Male Responsibility
- Parents as Sex Educators



**BOARD OF DIRECTORS**

- |                    |                           |
|--------------------|---------------------------|
| Margot Breckbill   | Bettie Newby              |
| Jan Chang          | Terry Nygren, MA          |
| Janice-Rene Cole   | Rachel Pimer              |
| Kathryn Dysart     | Laura Shaneyfelt          |
| Melodee Eby        | Margot Skinner            |
| Marilee Hopkins    | LaVonna Spencer           |
| Marilyn Harp       | Mary Wells                |
| Anita Jones        | Patricia Wyatt-Harris, MD |
| Carol Konek, PhD   |                           |
| Shelly Moore       | Ex-Officio:               |
| Douglas Mould, PhD | Susan Moeder              |

**MEDICAL COMMITTEE**

- |   |  |
|---|--|
| Patricia Wyatt-Harris, MD,<br>Chairperson | Ex-Officio Members:                            |
| Jolene Zivnuska, RNC,<br>Co-Chairperson   | Victoria W. Kindel, MD<br>PPK Medical Director |
| Joy Darrah, MD                            | Rick Bauer, MD<br>Assoc. Medical Director      |
| James Delmore, MD                         | Hays Affiliate                                 |
| Sue Eichler, LSCSW                        | Marilyn Harp<br>PPK Board President            |
| Nancy Gustke, Rph                         | Deatra Pohlenz, RN, ARNP<br>Assoc. Director    |
| Ted Moeller, PhD                          | Medical Services                               |
| Stephanie Nellis, MD                      | Sharilyn Young, MEd<br>Executive Director      |
| Diane Roberts, PhD                        |  |
| Mike Stevens, MD                          |  |
| Terry Striker-Merrifield, MD              |  |
| Donna Sweet, MD                           |  |
| Fred Tosh, MD                             |  |
| Kris Wilshusen, BA                        |  |

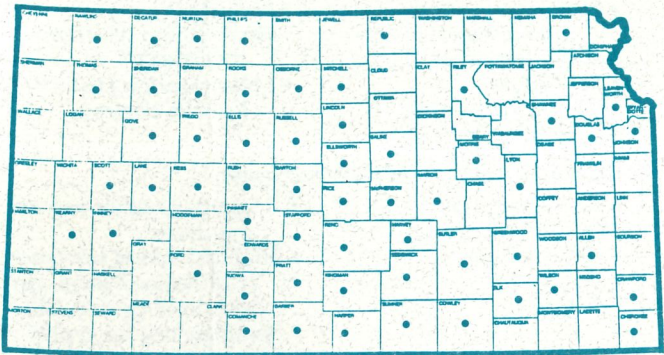
**HAYS ADVISORY BOARD**

- |                 |                    |
|-----------------|--------------------|
| Gene Anderson   | Michelle Knowles   |
| Kris Bean       | Mark Meckel        |
| Jamie Boggs     | Lyle Noordhoek, MD |
| Linda Bullock   | Leslie Potter      |
| Ruby Jane Davis | Sharon Richards    |
| Janet Hays      | Pattie Scott       |
| Joy Kent        | Jeanie Ward        |
| Bill King       | Gayla Wichman      |

**HONORARY BOARD**

- |                                 |                         |
|---------------------------------|-------------------------|
| D. Cramer Reed, MD,<br>Chairman | Ivonne Goldstein        |
| Boots Bergman                   | Margalee W. Kelsey      |
| Peggy R. Browning               | Ruth Ann Messner        |
| Jessica Evans                   | Pat Ranson              |
| Rev. Geo T. Gardner, M.Div      | Rev. Bill Reece, BA, BD |
|                                 | Wesley H. Sowers        |

**COUNTY OF RESIDENCE FOR  
PLANNED PARENTHOOD of KANSAS  
PATIENTS**



**PLANNED PARENTHOOD OF KANSAS'  
INVOLVEMENT WITH COMMUNITY  
AGENCIES, ORGANIZATIONS AND  
COALITIONS INCLUDED THESE IN 1990:**

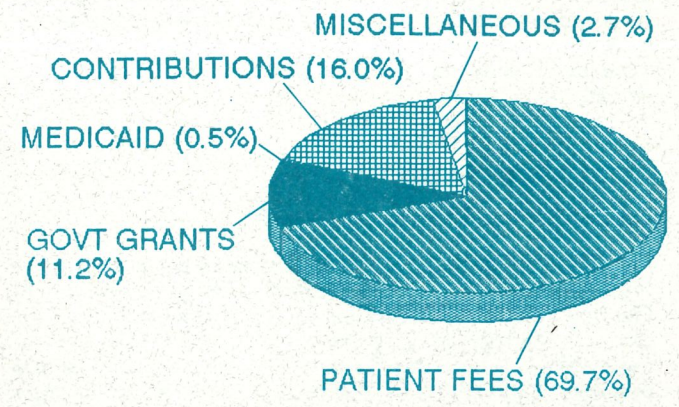
- Planned Parenthood Federation of America
- Sedgwick County Adolescent Pregnancy Network
- Project Freedom
- Pro Choice Action League
- Kansas Choice Alliance
- N.O.W.
- Womens Equality Coalition
- Bi-Partisan Women for Choice
- Kansans for Choice
- National Family Planning and Reproductive Health Association, Inc.

**THE MISSION**

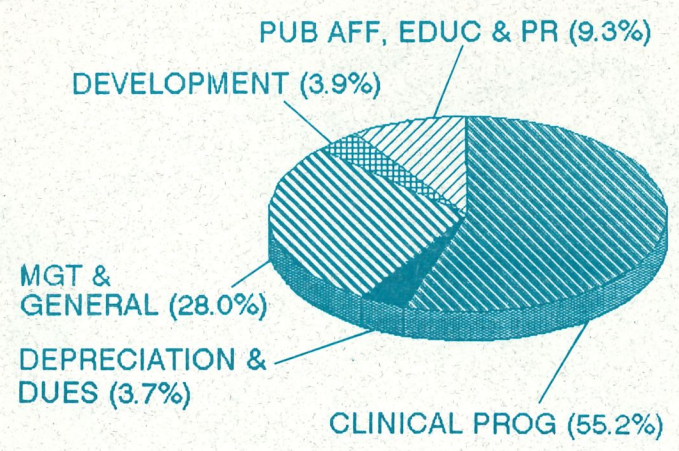
- To provide comprehensive reproductive and complementary health care services in settings which preserve and protect the essential privacy and rights of each individual.
- To advocate public policies which guarantee these rights and ensure access to such services.
- To provide educational programs which enhance understanding of individual and societal implications of human sexuality.
- To promote research and the advancement of technology in reproductive health care and to encourage understanding of their inherent bioethical, behavioral and social implication.

**FINANCES**

**REVENUE**



**EXPENSE ALLOCATION**



Figures are for Fiscal Year 1990 July 1, 1989 to June 30, 1990



**1990  
Annual Report**

Testimony for  
Heather Davis  
Pg. 1

House Bill No. 2531

The House Federal and State Affairs Committee

To the committee: I am here today in the concern of pregnancy among our teenagers and it's life long effects. Many do not realize the heartache a teen pregnancy can be until it has happened to them as a teen themselves or their parents. However, those of us as parents, teachers, role models, and even heroes to the young males and females of today can help in preventing the devastating consequences. Unfortunately our young people don't understand the consequences that accompany sex at the ages of 17, 16, 15, and even younger. Most may realize that they will be fat for nine months, but usually that is it. No one could tell our adolescents enough times how parenting is forever. It's painful, both physically and emotionally, it's very stressful and also very expensive, not just something that can be paid off with a \$3.85 an hour job. As a teen parent myself I have faced all of these heartaches and many more. As a concerned citizen I wish to help in avoiding the heart break in our young people of today and tomorrow.

My sons father has had made no contact with my son since I wrote him a letter concerning my pregnancy in January of 1988. What will be going through my sons little, innocent mind when he realizes his very own father's rejection? Will he hate me for doing this to him? We receive no child support and live each month on the small amount of money we



are able to get from the government. There isn't a month that goes by that I end up having to borrow money from my parents.

As a junior in highschool I had everything I had ever dreamed of having. I was popular, the class president, and active in everything there was to be active in. And as that junior in highschool, I became pregnant and lost everything. And now as I face the everyday struggles of having kept my child there are still those girls who struggle everyday with giving their child up. Eventhough they don't have the hustle and bustle of a child, they do have to deal with the loss of the intimate relationship they once had with the child inside of them. Those who took the option of adoption are always searching for their child and those who had abortions will carry an eternal feeling of emptiness inside. Many young males and females don't understand the emotional heartaches of either of these three options, well that is until they have had to deal with them. Do our young adolescents understand the tremendous amount of love, patients, and time it takes to raise a child? Of course they don't, because they are only children themselves. That old statement we always used to hear is still so true, and that is "OUR BABIES ARE HAVING BABIES".

As the lyrics of a song written by the Christian rock artist, Michael W. Smith say, "All you're missin' is a heartache, a disillusion for a keepsake, a life of livin' with your own mistake, all you're missin' is a heartache"

And we, as these young peoples leaders owe to our kids a stable foundation for them to set their goals in. let them know that they really are missing a heartache. and that pregnancy isn't going to make them feel better about themselves, it's a disillusion for a keepsake. We not only owe it to them, but ourselves and our future.

Thankyou!!

*Heather Davis*

Heather Davis  
Peer Educator with the Teen Speakers Bureau  
905 King St.  
P.O. Box 861  
Baldwin City, KS 66006

Testimony in support of House Bill 2531

I am Marian Shapiro, director of the Planned Parenthood family planning clinic in Hays, and associate director of Planned Parenthood of Kansas. I am certified as a sexuality educator by the American Association of Sex Educators, Counselors and Therapists and have been active in the field of sex education for the past 18 years and pregnancy counseling for the past 15 years.

I am here today in support of H.B. 2531, a very sound and sensible approach to reducing teenage pregnancy in our state. We can gain understanding about the causes and solutions of the problem of teenage pregnancy by looking at a 1981 study of teenage pregnancy done by the Alan Guttmacher Institute comparing the United States with five other industrialized countries. A copy of this graph is included with my testimony.

You can see that the U.S. has a much higher teen pregnancy rate than any of the other countries – 96 out of every thousand female teens aged 15 - 19 gets pregnant each year. England, Wales and Canada have about half of the teen pregnancy rate that we do, and of course, half the abortion rate. France has 41 per thousand, Sweden 35 per thousand, and the Netherlands 14. We have seven times the pregnancy rate of the Netherlands.

Why are they doing so much better than we are? One might assume that the much lower pregnancy rates were the result of less sexual activity due to closer families, less drug use, less sex in the media, and stronger religious and moral values. Researchers, however, did **not** find this to be true. The sexual activity rate was about the same in those countries as it was here, that is that roughly half of high school students have had sexual intercourse. So what made the big difference? Those countries all had much better mandatory sex education K - 12, birth control was much more accessible to teens, and the society was more open in the way sex was treated.

The educational program set forth in H.B. 2531 has all the components of an excellent comprehensive approach to human sexuality. I would like to focus for a moment on one important aspect of this program with which I have extensive personal experience, and that is the requirement of doing Parent/Son and Parent/Daughter programs. I have presented these programs through several churches in Hays for the past ten years, and have learned a few things which you might find interesting.

1. The parents often tell me afterwards that they feel **they** learned as much as the kids did. (Especially Dads say this.)

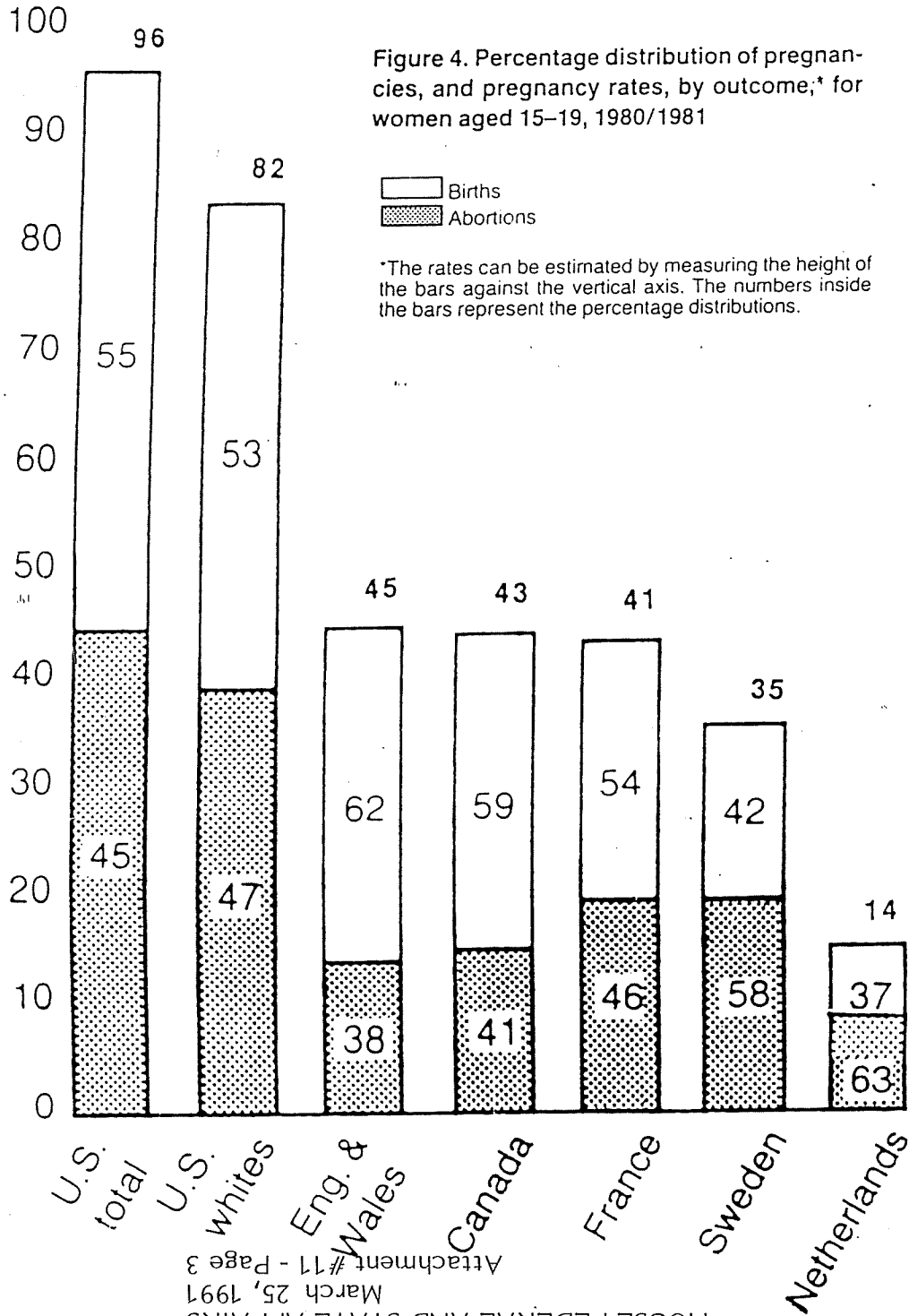
2. The stricter the religious background of the parents, they more appreciative they are for help in opening up communication about a subject that has long been associated with guilt, sin and embarrassment.

3. Parents report that it is much easier to discuss sexuality with their children after attending a program **together**, because they've both heard the same program and the kids feel that "**now** their parents know about this stuff!"

I think it is much easier to support a program if you know what is being taught. Since H.B.2531 calls for a **community-based** teen pregnancy reduction program and stipulates the integration of community values, morals and standards, each model program will necessarily be custom made, and one can't tell apriori the exact content. I can share with you, however, what we teach in our Parent/Child Programs. Father Bob Wichael from St. Michael's Church, who co-facilitated the most recent Father/Son program with me, told the boys that their bodies were made by God and that no parts of their bodies were bad or dirty, that all people have God-given sexual feelings of attraction to others and that these feelings aren't bad, but that we all have to learn how to handle them and be prepared for those strong feelings. We want to reassure kids who are beginning puberty, a time of upheaval, change and awkwardness, that they are normal; that all of us went through the same confusing, embarrassing time. Good comprehensive sexuality education teaches kids the importance of high self-esteem. We want to help them feel good enough about themselves and feel strong enough in their own family values that they can resist peer pressure and exploitation, and that they won't exploit others. They also learn correct, factual information about how the reproductive system works, about the transmission of sexually transmitted diseases, about the full-time, life-long responsibility of bringing a child into the world, and how to prevent an unwanted pregnancy once they become sexually active. Students who have had such a comprehensive sexuality education tend to postpone first intercourse, and when they do become sexually active, are much more likely to use reliable contraception, thereby reducing teen pregnancy and abortion.

I have one small concern, and that is how to accurately ascertain the pregnancy rate in the community for the past five years. Many pregnancies among teens go undetected, especially those who deliver a baby out of town or out of state, or who have abortions. I understand the need for this data to demonstrate the effectiveness of the educational intervention. Aside from this small concern, I wholeheartedly support the community-based teen pregnancy prevention program. Please let me know if I can provide assistance in any way. Thank you.

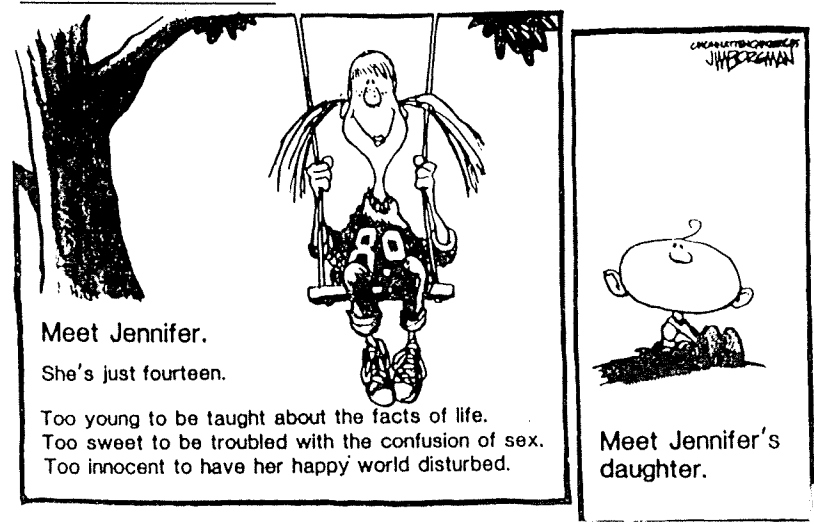
# Pregnancy rate



The bar graph at the right is from an Alan Guttmacher Institute study of teenage pregnancy released in 1985. You can see that the U.S. has a much higher teen pregnancy rate than any of the other countries — 96 out of every thousand female teens aged 15 - 19 gets pregnant each year. England, Wales and Canada have about half of the teen pregnancy rate that we do, and of course, half the abortion rate. France has 41 per thousand, Sweden 35 per thousand, and the Netherlands 14. We have seven times the pregnancy rate of the Netherlands.

Why are they doing so much better than we are? One might assume that the much lower pregnancy rates were the result of less sexual activity due to closer families, less drug use, less sex in the media, and stronger religious and moral values. Researchers, however, did **not** find this to be true. The sexual activity rate was about the same in those countries as it was here, that is that roughly half of high school students have had sexual intercourse. So what made the big difference? Those countries all had much better mandatory sex education K - 12, birth control was much more accessible to teens, and the society was more open in the way sex was treated.

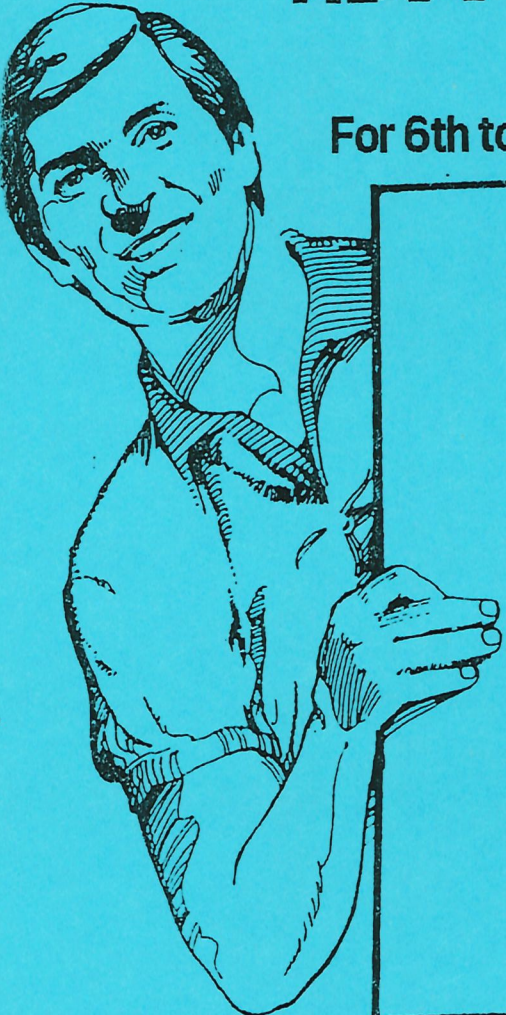

### Jim Borgman's View:



# PARENTS AND SONS TOGETHER

## LEARNING AND SHARING FEELINGS ABOUT BECOMING A MAN

For 6th to 9th grade boys and their parents

- 
- 
- What it means to be male in our society
  - The changes of puberty
  - Male and female anatomy
  - Understanding the feelings or emotions that accompany body changes
  - Am I normal? a question everybody asks
  - Different rates of growth
  - Reproduction - how it works
  - Family and church values concerning sex
  - Becoming more secure about your own values
  - Knowing how peer pressure and self-esteem can affect decisions

Program designed and coordinated by:

**Marian Shapiro**

Certified Sexuality Educator  
Hays Planned Parenthood

Co-facilitated with:

**Fr. Bob Michael**

Pastor  
St. Michael's Church

To enroll call: 628-2434 Monday -Thursday, 9-5, or 628-8537 evenings

Enrollment fee: \$12 per couple (Scholarships available for low-income families)

**Two Sunday afternoons: Nov.26 and Dec. 3, 1:30 to 4:30**

Another Planned Parenthood program to encourage family communication

HOUSE FEDERAL AND STATE AFFAIRS

March 25, 1991

Attachment #11 - Page 4

# PARENTS & DAUGHTERS TOGETHER



## LEARNING & SHARING FEELINGS ABOUT BECOMING A WOMAN For girls & their moms or dads (or other adult)

- The changes of puberty
- Male and female anatomy
- Understanding the feelings or emotions that accompany body changes
- Am I normal? a question everybody asks
- Different rates of growth
- Reproduction - how it works
- Family and church values concerning sex
- Becoming more secure about your own values
- Knowing how peer pressure and self-esteem can affect decisions
- Sexual abuse - how to avoid it

Program designed and presented by:

**Marian Shapiro**, Certified Sexuality Educator

To enroll call: 628-2434 Monday -Thursday, 9-5, or 628-8537 evenings  
Enrollment fee: \$12 per couple (Scholarships available for low-income families)

Two part program: Sundays, Feb. 3 and 10, 1:30 to 4:30 pm

Another Planned Parenthood program to encourage family communication

Testimony to the Federal and State Affairs Committee of the  
Kansas House of Representatives

Room 526 South

Kathleen Sebelius, Chairwoman

Good afternoon. I am Katie Mallon and I am here to testify on behalf of Kansas Action for Children, a state-wide child advocacy organization, whose mission is to cause change in public policy and public systems to ensure that the needs and rights of children in the State of Kansas are identified and met.

Kansas Action for Children supports the passage of House Bill 2531 and will also advocate the appropriation of sufficient funds to carry out the provisions of the bill.

We believe that children as a group are best served by preventing their health problems rather than providing intervention once a health problem is present.

A look at Kansas statistics indicates that Kansas needs to strengthen its preventive health initiatives for children and remove barriers to existing preventive services.

The infant mortality rate was 7.9 per 1,000 live births in 1988.

There were 2,377 low birth weight babies born that year.

There were 4,387 births to teens.

5,288 women did not receive adequate prenatal care.

HOUSE FEDERAL AND STATE AFFAIRS

March 25, 1991

Attachment #12 - Page 1



I live in Kansas City, Kansas, in Wyandotte County. Our statistics indicate that the need for prevention programs is even more critical than the statewide picture.

The infant mortality rate was 13.6 per 1,000 in 1988.

There were 273 low birth weight babies born.

In 1989 there were 607 births to teens, 21 of those to 10 to 14 year olds.

653 women did not receive adequate prenatal care in 1988.

The social and economic consequences of teen parenthood are devastating. The personal, social and public costs of "children having children" are considerable to the adolescent parents, their families, and to society as a whole.

Establishing community-based teen pregnancy reduction programs aimed at developing self-esteem, living skills, parenting skills, educational and employment opportunities and at strengthening families will not only prevent early pregnancy but will be important in the prevention of drug and alcohol abuse, family violence, crime, poverty, unemployment and other problems. Developing effective programs will require the involvement and support of families, churches, schools, the media and the community and throughout, considerations of traditional family values, differing religious beliefs and cultural diversities must be taken into account.



**Testimony on H.B. 2531  
before the  
House Committee on Federal and State Affairs**

by

**Paul R. Getto  
Assistant Director of Education Services  
Kansas Association of School Boards**

**March 25, 1991**

Madame Chair and members of the Committee, we appreciate the opportunity to appear before you on behalf of the member boards of education of the Kansas Association of School Boards in support of H.B. 2531. Our membership supports comprehensive programs to deal with students at risk, regardless of the condition which puts the student in jeopardy of failure. Any community-based efforts to reduce the rate of teenage pregnancy would be encouraged by our organization.

Schools and other public and private groups which qualify for the grants proposed in this legislation would be providing a valuable service to young people; allowing these grants to be used in conjunction with State Department of Education at-risk pupil assistance grants should help the program be an even more effective mechanism to help young people successfully mature and complete their educations.

We would ask that you report H.B. 2531 favorably and I would be happy to answer any questions.

March 25, 1991

KANSAS



To: House Federal & State Affairs Committee  
From: Kelly Kultala - National Organization  
for Women  
Re: Support of H.B. 2531

The National Organization for Women rises in support of H.B. 2531. This bill provides an excellent opportunity for the pro-choice and anti-choice forces to combine and work towards a dialogue that could only benefit our teenagers.

As a mother of 3 daughters, ages 11, 7 & 4, I can see the pragmatic need for such a program. As a parent I try to teach my daughters values and sex education, however, they don't always listen to me, nor do I always know the answers.

The educational and behavioral objectives of this program will help teenagers across the state learn to believe in themselves, enabling them to make the right decisions concerning the rest of their lives.

**TESTIMONY IN SUPPORT OF HOUSE BILL 2531**

March 25, 1991

By: The Rev. David A. Tait, Topeka, Kansas  
Christian Education Officer, Episcopal  
Diocese of Kansas

The program outlined in this bill is an excellent one for two main reasons. First, it strongly promotes a sound sexual morality which insists that sexual intercourse is not desirable or appropriate for unmarried adolescents. Second, it allows for the protection and moral growth of those minors who elect to engage in sexual intercourse anyway.

1. A Sound Sexual Morality

Sexual intimacy, especially sexual intercourse, is not suitable for unmarried adolescents. They are not prepared for the emotional risks which people take when they become available and vulnerable to each other. They do not have the benefit of the marriage relationship, a covenant which provides a structure in which trust and love can grow along with sexual intimacy. And they do not have the economic means to support the children who may be conceived in the act of intercourse.

House Bill 2531 will establish a program which not only promotes the value of abstinence for minors, but also helps them to practice it. Attention is given, for instance, to "developing knowledge and attitudes which promote comfort in choosing not to participate in sexual intercourse.

2. Protection and Moral Growth

Even the most effective moral teaching is unlikely to persuade every unmarried adolescent to postpone sexual intercourse. An existing program called Teen-Aid promotes

HOUSE FEDERAL AND STATE AFFAIRS

March 25, 1991

Attachment #15 - Page 1

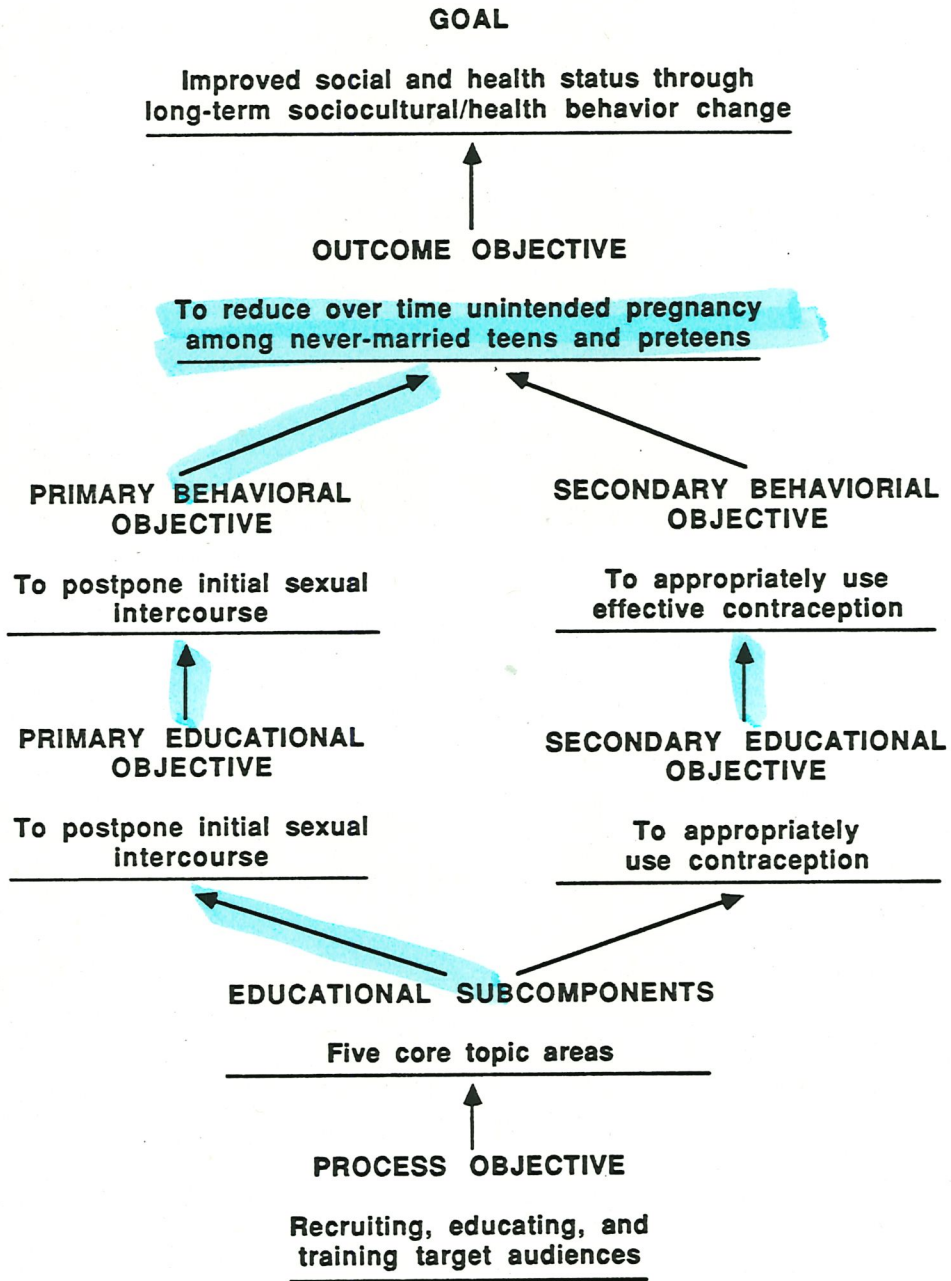
abstinence. Participants responded to certain questions before and after the program, and their responses show that the program did affect their thinking. However, **less than half** (45.5 per cent) of those who responded after the program said that they probably would not engage in sexual intercourse before marriage. These results, and similar results for a program called Sex Respect, show that a stress on abstinence persuades some adolescents, but far from all of them.

Where unmarried minors decide on sexual intimacy, the broader community needs to guide them toward morally sensitive and responsible behavior. A person who is sexually active has certain responsibilities to and for the self, to and for the partner. These responsibilities include physical health; the emotional well-being of both persons; and the prevention of pregnancy.

This program provides for the protection and moral growth of sexually active minors. It makes it clear that sexual intercourse is a serious matter. It encourages thoughtful behavior rather than surrender to impulse. It can lead persons to greater responsibility for their own actions, as well as an increased concern for the well-being of the other partner, and of the broader community.

(NOTE: These remarks represent personal views, not an official stance of the Diocese of Kansas.)

FIGURE 4. Hierarchy of Goal and Objectives



Testimony In Support of HB #2531

My name Carol Ramirez, and I am a social worker with the Topeka-Shawnee County Health Department and I work in our Family Planning program. During 1990 as in previous years, we provided services to 1500 to 1700 adolescent females 12 through 19 years of age. Through this same program we offer pregnancy testing and during 1990 we saw 824 female teens 11 through 19 years of age who are sexually active and were worried about the possibility of pregnancy. As a public health agency, we are concerned not only about unplanned pregnancies but other health risks as well. And while they are in our clinic, we discuss the social, educational and medical risks of teen pregnancies, the risks of sexually transmitted diseases including HIV/AIDS infection. When possible we also encourage them to rethink their decision to continue to be sexually active.

Our experience has been and the research done has found that with rare exceptions, teens are sexually active on an average of 18 to 24 months before they contact a clinic requesting a method of contraception. They do not come to our clinic looking for permission to become sexually active. For better or for worse, they have already made that decision for themselves.

If we are to have any influence on their decision as to when they become sexually active, clearly our efforts will need to began much earlier. And this effort will be more effective if it involves not only health care providers and educators, but others important to adolescents such as parents, clergy, community leaders, etc.

I support HB#2531 because it provides an opportunity for communities to come together on behalf of their young people.

This bill is based on the experience of a community based program in South Carolina that reduced the number of pregnancies to their teens by 63% during the years 1982 to 1984.

The primary goal of programs made possible by this bill would be to encourage adolescents to postpone their first sexual intercourse experience at least until they finish high school. For those teens who have already become sexually active, the programs secondary goal would be to encourage them to rethink this decision and to abstain until they finish high school or to use reliable methods of contraception correctly.

These programs would require the participation of parents, clergy and others in the community at the very beginning stages of program development. Training would be offered to all participants to ensure that they are comfortable when working with teens to learn to (1) communicate better with parents and other relevant adults regarding issues of dating and sexuality, (2) define a value system based on parental/family influences, (3) make wise choices, (4) doing things that will enhance their self esteem, as well as (5) information regarding contraception when needed.

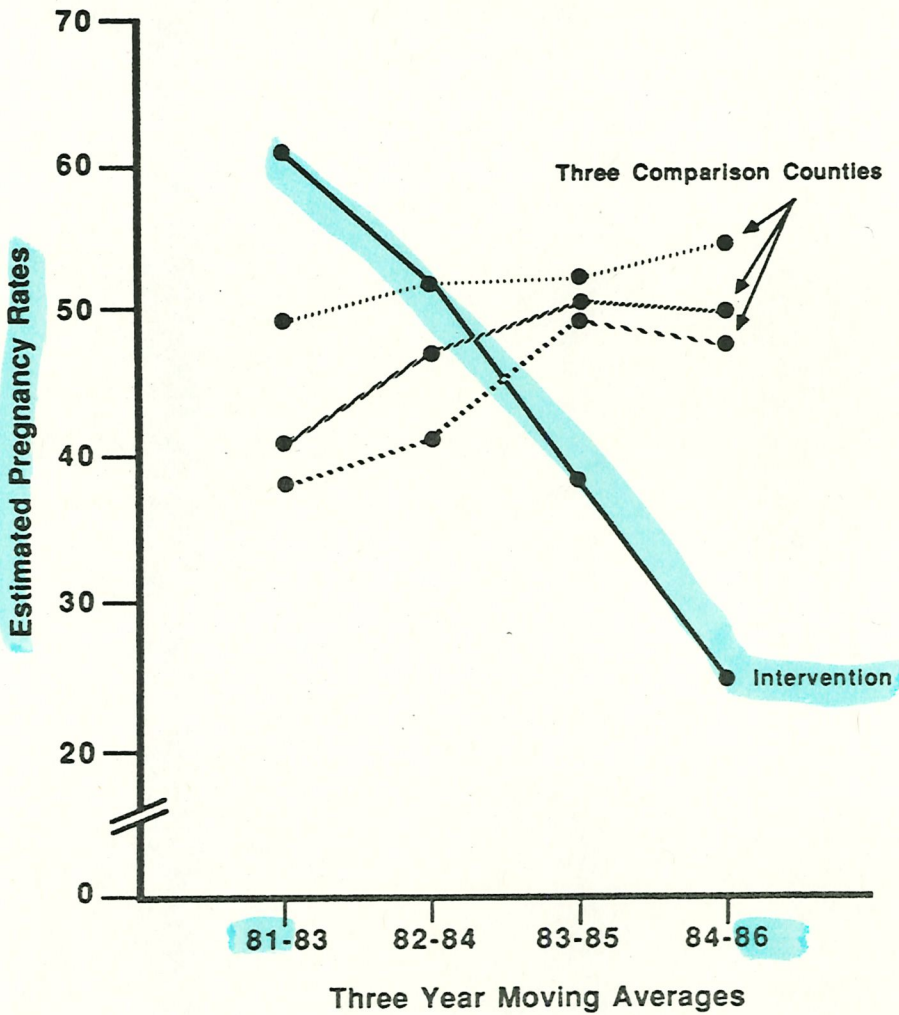
This bill and this program has a great deal of potential. They have the potential of supporting positive activities between teens and adults that can in turn lead to far reaching benefits to our communities.



at children concerned developing decisionmaking and communication skills, enhancing self-esteem, and understanding human reproductive anatomy, physiology, and contraception.

Underwritten initially by a 5-year grant from the U.S. Department of Health and Human Services and presently funded through the South Carolina State Health and Human Services Finance Commission, the intervention's effectiveness was assessed by comparison with four other geographically delimited populations that were similar to the intervention population in sociodemographic characteristics. The base measure of comparison was the *Estimated Pregnancy Rate*<sup>7</sup>.

**FIGURE 1. Estimated Pregnancy Rates (Three year average), Females Ages 14-17, Intervention Community and Three Comparison Counties, 1981-1986 Residence Data**



The estimated pregnancy rate expressing the number of pregnancies per 1,000 females in a population (in this case, females ages 14 through 17 years). The rate

$$EPR = \frac{\text{Live Births} + \text{Fetal Deaths}}{\text{Number Of Females}}$$

Intervention effectiveness was measured by the average estimated pregnancy rate before and after the intervention. The difference between preintervention pregnancy rates in populations and the program. Figure 1 shows a decrease in the intervention community over a five-year period. It also presents the EPR data for the intervention community and three separate county comparisons. The intervention community as a county as the intervention community. A county comparison showed a 25.54% decrease in the intervention community. The success in achieving the *Outcome* of reducing adolescent pregnancy, the intervention community proceeded in developing community awareness and capacity for addressing the problem of adolescent pregnancy; and it provided the necessary implementation and diffusion of the intervention. (A more complete discussion of the evaluation can be found in the

# KSNA

the voice of Nursing in Kansas

FOR MORE INFORMATION CONTACT:  
Terri Roberts, J.D., R.N.  
Executive Director  
Kansas State Nurses' Association  
700 S.W. Jackson Suite 601  
Topeka, Kansas 66603-3731  
(913) 233-8638  
March 25, 1991

## H.B. 2531 Pilot Project - Reduction of Teenage Pregnancy

Representative Sebelius and members of the House Federal and State Affairs Committee, my name is Terri Roberts R.N. and I am representing the Kansas State Nurses' Association.

KSNA supports H.B. 2531 and sees this new initiative as significant and worthy of funding, despite the limited financial resources the state has for FY 92.

Many Kansas taxpayers have little awareness of the amount of state funds spent on school-age pregnancies. Currently only four percent of babies born to single teen/preteen mothers are relinquished for adoption.

I have attached a copy of an article entitled *The Public Cost of Adolescent Pregnancy in Kansas* that was published in *The Kansas Nurse* in 1988 which calculates the cost to taxpayers of adolescent pregnancies. The article contains a literature review, methodology used for calculation and the statistics specific to Kansas for adolescent pregnancy.

The study in the article uses 1985 data from Kansas to calculate the overall cost of public funds for adolescent/teen pregnancies in our state.

Some of the highlights and implications for your consideration of today's proposal are as follows and includes only actual payments as well as administrative costs associated with AFDC, Medicaid, and food stamps. These estimates do not reflect the frequently used public services such as housing, special education, child protection services, foster care, day care, and other social services.

The average yearly public cost for a single family begun by an adolescent giving birth for twenty years following that birth was \$13,600.

The public cost in a single year (1985-Kansas) to support all families begun by a birth to an adolescent in that year was \$143.92 million.

Over the next twenty years, the cost for supporting these families begun by a teen birth for the twenty years that the family may require public assistance is \$47.86 million over the next 20 years.

The study also showed that Kansas could have saved \$19.14 million if these adolescent mothers had delayed having children until they were twenty years of age or older.

The investment you are being asked to support today can avert social, educational and economic consequences to the adolescent mother and her child as well as high expenditures of public funds to support adolescent families. We urge your support of H.B. 2531 and the opportunities it will offer. HOUSE FEDERAL AND STATE AFFAIRS

March 25, 1991

Kansas State Nurses' Association • 700 S.W. Jackson, Suite 601 • Topeka, Kansas 66603-3731 • (913) 233-8638

Constituent of The American Nurses Association

Joan Sheverbush, M.N., R.N., C.—President • Terri Roberts, J.D., R.N.—Executive Director

Attachment #17 - Page 1

REFERENCES

1. Center for Population Options. (1987) The facts: Teenage sexuality, pregnancy, and parenthood. Washington, D.C.: Author.
2. Waterman, M.K., Scott, V.L., & Nichols, F.H. (1988, February). The public costs of adolescent pregnancy in Kansas. Kansas Nurse, 63, 18-19.
3. Armstrong, E. & Waszak, C. (1990). Teenage pregnancy and too-early childbearing: Public Costs, personal consequences (5th ed.). Washington, D.C.: Center for Population Options.

# The Public Cost of Adolescent Pregnancy in Kansas

By: Marjory K. Waterman, R.N., B.S.N., Virginia Lynn Scott, R.N., B.S.N. and Francine H. Nichols, R.N.C., Ph.D.

Adolescent pregnancy and parenthood have increased steadily in the last twenty years, particularly among unwed and younger adolescents. Each year more than one million adolescents become pregnant. Kansas ranks nineteenth in the nation in rate of white adolescent pregnancy and seventh in black adolescent pregnancy (Singh, 1986). If present statistical trends continue, more than one third of the girls who are now fourteen years old will become pregnant at least once before they reach the age of twenty. Adolescent mothers are currently rearing 1.3 million children with an additional 1.6 million children less than five years of age living with women who were adolescents at childbirth (Alan Guttmacher Institute, 1981).

Pregnancy affects not only the individual adolescent and her infant but society as a whole. The adolescent mother is more likely to discontinue her education and is likely to have more children than her peers who delay childbearing until at least twenty years of age. Furthermore, adolescent pregnancy and parenthood are linked to increased marital instability, decreased participation in the labor force, decreased earnings potential, increased dependence on public assistance and increased poverty (Chilman, 1980; Dryfoos, 1982; Furstenberg, 1981; Kansas Action for Children, 1985; National Research Council, Panel on Adolescent Pregnancy and Childbearing, 1987).

In 1985 there were 39,418 live births in Kansas and 4,492 of these births were to adolescents. Of these adolescent births, 3,519 were first births (Kansas State Department of Health and Environment, 1986). According to a state-wide survey of Kansas Aid to Families with Dependent Children (AFDC) clients, 52 percent of families receiving AFDC were headed by women who had their first child while an adolescent (Kansas Department of Social and Rehabilitative Services, 1985). The purpose of this study was to determine the cost of adolescent pregnancy to the state of Kansas for the year 1985.

## Literature Review

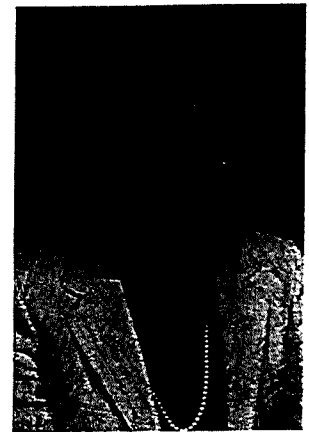
Several previous studies have been conducted to estimate the public costs of adolescent childbearing. While these studies have used different methodology, the majority have considered public costs arising from AFDC, Medicaid, food stamps, and social services in determining the cost of adolescent pregnancy. The focus of these studies has ranged from an exploration of costs at a national level (SRI International, 1979; Wertheimer & Moore, 1982; Burt, 1986) to a narrower focus on a single state, county, or community (Block & Dubin, 1981; Walentik, 1983).



Marjory Waterman



Virginia Lynn Scott



Francine H. Nichols

The SRI International study (1979), with its clearly defined assumptions and methodology, has to date served as a model for later studies. Estimates were made of single birth costs and single cohort costs for adolescent pregnancy in 1979 and expressed as full costs. Later studies (Walentik, 1983 and Burt & Haffner, 1986) expressed their findings using marginal costs; that is, the savings possible assuming that a certain percentage of adolescents would need public assistance as adults, regardless of when they delivered a child.

Walentik's (1983) study of the economic cost of adolescent pregnancy to St. Louis, Missouri was very similar to the SRI International study. Exceptions were the use of an 18 year projection for single cohort costs, the calculation of costs based on total births to adolescents rather than first births only, and the calculation of marginal rather than full cost savings possible with the prevention of adolescent pregnancy. In 1986, Burt and Haffner developed an instrument to estimate the cost of adolescent pregnancy in the United States or a locality within the United States. Previous studies were used as a basis for determining the assumptions of the study as well as the costs used to arrive at estimates of the public cost of adolescent pregnancy (Burt & Haffner, 1986). Applying this formula to national 1985 data yielded an average single birth cost of \$13,902, a single year cost of \$16.5 billion and a single cohort cost of \$5.2 billion. It was estimated that if all adolescent births in the United States in 1985 had been delayed, there would be a savings of \$2.1

## Methodology

The Burt and Haffner (1986) instrument was used to calculate the public cost of adolescent pregnancy to Kansas in 1985. This instrument is based on certain assumptions: (1) greater fertility among women with an early first birth; (2) the increased potential for dependence upon public as-

sistance during the women's childbearing career; (3) the largest public assistance programs reaching the largest number of families are AFDC, Medicaid, and food stamps (Burt & Haffner, 1986).

The tool includes only first births, making numerical adjustments for the documented likelihood of greater fertility among women with an early first birth. Twenty year projections for public assistance are based on research indicating that fifty percent of adolescents will have a second birth within two years of the first. Thus, there is an increased probability that the family will remain on public assistance beyond the eighteenth birthday of the first child (Burt, 1986).

The following data were collected from State agencies using the Burt and Haffner tool: first live births to adolescents in three age categories, 14 years or younger, 15-17 years, and 18-19 years; and direct cash and administrative costs for AFDC, food stamp allocations, and Medicaid outlays. The data were analyzed using Burt and Haffner's adaptation of the Lotus 1-2-3 computer program to calculate certain cost categories and model (with discounting) the future year costs of adolescent pregnancy. Calculated costs are defined as follows: (1) single birth cost — the public cost for a single family begun by an adolescent birth for twenty years following that birth; (2) single year cost — the public cost in a single year to support all families begun by a birth to an adolescent in that year; and (3) single cohort cost — the public cost for all families begun by a teen birth in a single year for the twenty years that the family may require public assistance. Calculations were also made of the potential cost savings realized if all adolescent births were delayed. This figure was based on research by Wertheimer and Moore (1982) who noted that even if all adolescent births were delayed, many low income families would still be dependent on public assistance.

HOUSE F&S A  
3/25/91

The Kansas Nurse, February 1988

#17 - #3

## E. Costs of Public Costs in Kansas: 1985

**Single birth costs:** The average single birth cost of **\$13,600** for the state of Kansas was slightly lower than the national average of \$13,902 (Burt, 1986). The average single birth costs for specific age groups were as follows: for mothers under fourteen the cost for Kansas was \$17,670 as compared to a national average of \$17,724 (Burt, 1986); for mothers ages fifteen to seventeen the cost was \$17,636 as compared to a national average of \$17,689 (Burt, 1986); and for mothers between eighteen and nineteen years old the cost was \$11,174 as compared to a national average of \$11,214 (Burt, 1986). If these adolescents had not given birth to an infant until they were at least twenty years old the state of Kansas would have saved an average of \$5,440 for each birth as compared to \$5,560 nationally (Burt, 1986).

**Single year costs:** In 1985, the state of Kansas spent **\$143.92 million** on families that were started when the mother was an adolescent. This figure includes actual payments as well as administrative costs associated with AFDC, Medicaid, and food stamps. This estimate reflects only the minimal public outlays for adolescent pregnancy in that it does not include frequently used public services such as housing, special education, child protection services, foster care, day care, and other social services. These are average costs for families begun by an adolescent birth. Two out of three adolescent mothers do not receive public assistance, thus the actual public cost of a single birth to an adolescent who does receive assistance is considerably higher than the estimated average cost.

**Single cohort costs:** All Kansas families begun by a first birth to an adolescent in 1985 will cost taxpayers \$47.86 million over the next twenty years. If all adolescent births in Kansas were delayed until the mother was twenty years or older, the potential savings for the state of Kansas would be **\$19.14 million** for the entire cohort of adolescents who would otherwise have had a first birth in 1985. This potential savings represents forty percent of the full estimated cohort cost of adolescent childbearing in Kansas.

## Implications

Adolescent childbearing results not only in negative social, educational, and economic consequences to the mother and her child, but also in high expenditures of public funds to support adolescent families. Efforts should be targeted toward reducing the incidence of adolescent pregnancy and ensuring adequate support programs and services for pregnant and parenting adolescents. There are three initiatives that have been shown to be effective in reducing the incidence of adolescent pregnancy:

1. Family Life Education Programs (sex education) that encourage adolescents' to

delay sexual activity as well as emphasizing their responsibility if they decide to become sexually active.

2. School Based Health Clinics that provide both health care and information about family planning.

3. Family Planning Clinics that are located near schools and are open during the evening hours.

Public health policy is needed to secure funding for the development and provision of these adolescent pregnancy prevention programs as well as for the provision of adequate prenatal and pediatric health care for adolescent families. Nurses and other health professionals can use the data on the economic consequences of adolescent pregnancy in Kansas to actively advocate for increased funding for adolescent pregnancy prevention programs in the State. The execution of rigorously designed research to evaluate the effectiveness of current and future programs, develop a definitive knowledge base and generate new ideas for the prevention of adolescent pregnancy is also essential. The investment now in strategies related to the prevention of adolescent pregnancy as well as support programs for adolescent families can avert social, educational and economic consequences to the adolescent mother and her child as well as high expenditures of public funds to support adolescent families.

\*AFDC and Medicaid programs are funded by a combination of state and federal funds while the Food Stamps Program is funded totally by federal funds.

## Abstract

The purpose of this study was to calculate the costs of adolescent pregnancy to the state of Kansas for the year 1985. The following data were collected from State agencies using the Burt and Haffner tool: first live births to adolescents in three age categories, 14 years or younger, 15-17 years, and 18-19 years; and direct cash and administrative costs for Aid to Families with Dependent Children (AFDC), food stamp allocations, and Medicaid outlays. Data were analyzed using Burt and Haffner's adaptation of the Lotus 1-2-3 computer program. The average single birth cost (public cost for single family begun by an adolescent birth for twenty years following that birth) was \$13,600. The single year cost (public cost in a single year to support all families begun by a birth to an adolescent in that year) was \$143.92 million. The single cohort cost (public cost for all families begun by a teen birth in a single year for the twenty years that the family may require public assistance) was \$47.86 million over the next twenty years. Kansas could have saved \$19.14 million if these adolescent mothers had delayed having children until they were twenty years of age or older. Strategies that focus on the prevention of adolescent pregnancy are needed and could avert negative social, educational, and economic consequences to the mother and her child as well as high expenditures of public funds to sup-

port adolescent families.

## Acknowledgments

The following individuals who provided assistance during this project are acknowledged:

Peggy Jarman, Director of Planned Parenthood, Wichita, Kansas.

Dr. Maurice J. Penner, Assistant Professor, Department of Health Administration and Education, The Wichita State University.

Dr. Rita Kay Ryan, Coordinator, Health Services for Mothers and Children, Bureau of Family Health, Kansas Department of Health and Environment.

Dr. Patricia Schloesser, Medical Director, Division of Health, Kansas Department of Health and Environment.

James L. Staehli, Kansas Office of Information Systems and Computing.

Aileen Whitfield, Kansas Department of Social and Rehabilitative Services.

## References

- Alan Guttmacher Institute (1981). *Teenage pregnancy: the problem that hasn't gone away*. New York: Author.
- Block, A.H. & Dubin, S. (1981). *Research on the consequences of adolescent childbearing: welfare costs at the local level*. St. Louis, Missouri: Danforth Foundation.
- Burt, M.R. (1986). Estimating the public cost of teenage childbearing. *Family Planning Perspectives*, 18(5), 221-225.
- Burt, M. & Haffner, D. (1986). *Teenage childbearing: how much does it cost? A guide to determining the local costs of teenage childbearing*. Washington, D.C.: Center for Population Options.
- Chilman, C.S. (1980). *Adolescent pregnancy and childbearing: findings from research*. Washington, D.C.: U.S. Government Printing Office.
- Dryfoos, J. (1982). The epidemiology of adolescent pregnancy: incidence, outcomes, and interventions. In Stuart, I.R. & Wells, C.F. (Eds.) *Pregnancy in adolescence: needs, problems, and management*. New York: Van Nostrand Reinhold.
- Furstenberg, F. (1981). Implicating the family: teenage parenthood and kinship involvement. In Ooms, T. (Ed.) *Teenage pregnancy in the family context*. Philadelphia: Temple University Press.
- Kansas Action for Children (1985, May). *Adolescent pregnancy child watch report*. Wichita: Author.
- Kansas State Department of Health and Environment, Office of Information Systems and Computing (1986). *Live births by age group of mother for selected counties, Kansas residents, 1985*. Topeka: Author.
- Kansas Department of Social and Rehabilitative Services (1985). *Kansas agenda for investing in women and children*. Topeka: Author.
- Moore, K.A. & Burt, M.R. (1982). *Private crisis, public cost: Policy perspectives on teenage childbearing*. Washington, D.C.: Urban Institute Press.
- National Research Council. Panel on Adolescent Pregnancy and Childbearing (1987). *Risking the future: adolescent sexuality, pregnancy and childbearing*. Washington, D.C.: National Academy Press.
- SRI International (1979). *An analysis of government expenditures consequent to teenage childbirth*. Menlo Park, California: Author.
- Singh, S. (1986). Adolescent pregnancy in the United States: an interstate analysis. *Family Planning Perspectives*, 18 (5), 210-220.
- Walentiik, D.S. (1983). *Teenage pregnancy: economic costs to the St. Louis community*. St. Louis, Missouri: Danforth Foundation.
- Wertheimer, R.F. & Moore, K.A. (1982). *Teenage childbearing: public sector costs*. Washington, D.C.: The Urban Institute.

## About the Authors

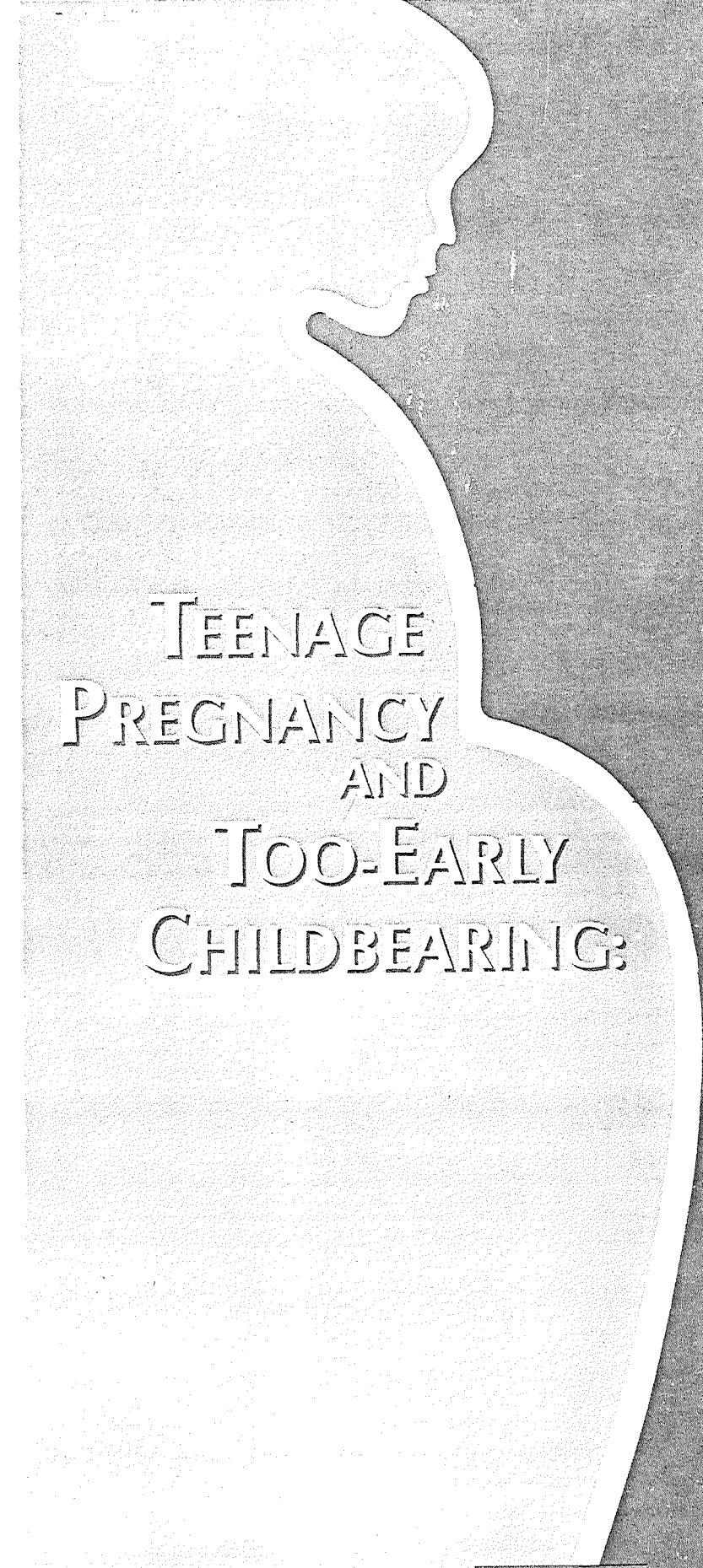
**Marjory K. Waterman, RN, BSN and Virginia Lynn Scott, RN, BSN** Graduate Students, *Maternal-Child Nursing, The Wichita State University, Wichita, Kansas 67208.*

**Francine H. Nichols, RNC, PhD** Associate Professor, *Maternal-Child Nursing, The Wichita State University, Wichita, Kansas 67208.*

House F3SA

3/25/91

#17-#4



TEENAGE  
PREGNANCY  
AND  
TOO-EARLY  
CHILDBEARING:

PUBLIC  
COSTS,  
PERSONAL  
CONSEQUENCES

5th Edition, 1990  
Costs to the Federal Government  
and Selected States and Cities.

the  
Center for  
Population  
Options



# LWVK LEAGUE OF WOMEN VOTERS OF KANSAS

March 25, 1991

Statement in support of HB 2531

Chairperson Sebelius and members of the House Fed&State Committee,

I am Barbara Reinert, representing the Kansas League of Women Voters. The League gives enthusiastic support to HB 2531 and all it aims to achieve.

For years, we have been urging for interagency, intergovernmental, interfamily, intermedia, interprofessional, interschool, inter-anybody approach to the problems surrounding teenage pregnancy. So, of course, we endorse HB2531 and applaud its authors.

Some of you will remember a presentation made to this committee, a few years ago, by a Topeka panel of teenage moms. All of us hearing those young women were greatly moved and impressed by the manner in which they re-told their experiences. During the Committee discussion, the wish was expressed that all teenagers could hear the panel.

In Topeka, District 501, all the High schools and Middle schools have had the chance to see and listen to "The TEEN MOMS". Last school year, in 501, the number of teen pregnancies dropped, considerably, below the number recorded in the previous year.

This pleasant circumstance leads us to suggest that a greater emphasis be placed on the participation of teenage persons throughout the grant proposal process; the implementation of program; the follow-up evaluation.

We also suggest seeking-out teens from at-risk populations; from various types of schools; experiences; ages; economic levels, etc. And, whenever possible, involve young men, because improving responsible behavior is best when shared.

Many thanks for giving League the chance to boost a great idea.

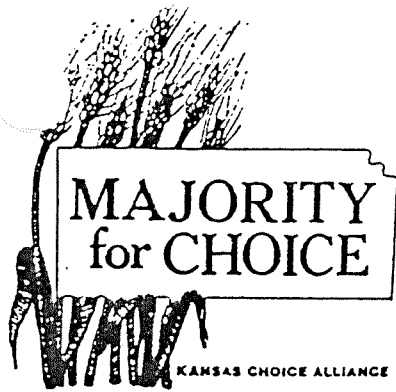
Barbara Reinert, Lobbyist, League of Women Voters

*Barbara Reinert*

HOUSE Federal and  
STATE AFFAIRS  
March 25, 1991

ATTACHMENT #19 - Pg #1





TESTIMONY ON HB 2531 GIVEN TO THE HOUSE FEDERAL  
AND STATE AFFAIRS COMMITTEE MARCH 25, 1991

THE KANSAS CHOICE ALLIANCE  
BETH POWERS, SPOKESPERSON

AAUW

ACLU OF KANSAS AND  
WESTERN MISSOURI

B'NAI B'RITH WOMEN

CHOICE COALITION OF  
GREATER KC

COMPREHENSIVE HEALTH  
FOR WOMEN

JEWISH COMMUNITY  
RELATIONS BUREAU

NCJW, GREATER KC  
SECTION

NOW  
(KANSAS)

NOW  
(KC URBAN)

NOW  
(SE KANSAS)

NOW  
(WICHITA)

NOW  
(CAPITOL CITY)

PLANNED PARENTHOOD  
OF GREATER KC

PLANNED PARENTHOOD  
OF KANSAS

PROCHOICE ACTION LEAGUE

RCAR OF KANSAS

WICHITA FAMILY PLANNING

WICHITA WOMENS CENTER

WOMENS HEALTH  
CARE CENTER

YWCA OF TOPEKA

YWCA OF WICHITA

The Kansas Choice Alliance is in strong support of HB 2531. We are a coalition of groups concerned with responsible reproductive freedom. We recognize that our state's young people are becoming sexually active increasingly early in their development. Many of Kansas' young people are facing decisions about birth control, motherhood and abortion long before these questions should enter into their lives. Our schools and our families, unfortunately, do not always succeed in educating teens about the need to delay sexual activity. We support HB 2531 with its goal of providing support for teens faced with intense peer pressure to do things that can hurt them in the long and short term. Our teens need to be actively encouraged to become assertive, self-confident people capable of saying no to irresponsible sexual behavior. HB 2531 outlines a plan that can help the teens of Kansas achieve this goal.

HOUSE FEDERAL AND STATE AFFAIRS  
March 25, 1991  
Attachment #20 - Page 1



# RCAR in KANSAS

Religious Coalition for Abortion Rights in Kansas

---

Madam Chair woman and Members of the Committee:

I am Darlene Stearns, State Co-ordinator for the Religious Coalition for Abortion Rights in Kansas, which is supported by the ten faith groups listed on the reverse of this testimony.

RCAR is committed to the protection of religious and reproductive freedom, we support sex education and birth control and we are very concerned about the rise in teen pregnancies.

So, we are delighted to support HB 2531. What a pleasure to have before us legislation that addresses, and offers solutions to, serious problems in our communities.

Any program that holds the promise of reducing teen pregnancy, reducing the spread of sexually transmitted disease and involves the entire community is worthy of support. on those merits alone, but is also, surely, cost effective. Prevention is always less expensive than a cure, and in this case, encompasses savings in dollars as well as preventing the physical, emotional and educational stresses accompanying teen pregnancy.

RCAR has in place clergy who are trained counselors and educators and I can assure you that, all over the state, you will find those clergy ready and willing to support and work with these programs.

Who can oppose this concept? In a period of tight money we are all searching for ways to reduce tax expenditures and RCAR believes this is one way to do just that. Please support HB 2531. We pledge our help in implementing this legislation.

Darlene Greer Stearns  
State Co-Ordinator RCAR in Kansas

  
HOUSE FEDERAL AND STATE AFFAIRS  
March 25, 1991  
Attachment #21 - Page 1

POLICY COUNCIL FOR RELIGIOUS COALITION FOR ABORTION RIGHTS IN KANSAS  
BOARD OF CHURCH & SOCIETY, KANSAS EAST CONFERENCE UNITED METHODIST CHURCH  
UNION OF AMERICAN HEBREW CONGREGATIONS, MID-WEST COUNCIL  
PRESBYTERY OF NORTHERN KANSAS, PRESBYTERIAN CHURCH USA  
UNITED CHURCH OF CHRIST, KANSAS-OKLAHOMA DISTRICT  
COMMITTEE ON WOMEN'S CONCERNS, SYNOD OF MID-AMERICA, PRESBYTERIAN CHURCH USA  
UNITARIAN UNIVERSALIST, PRAIRIE STAR DISTRICT  
NATIONAL FEDERATION OF TEMPLE SISTERHOODS  
TOPEKA YOUNG WOMEN'S CHRISTIAN ASSOCIATION  
UNITARIAN UNIVERSALIST SERVICE COMMITTEE  
KANSAS EAST CONFERENCE, UNITED METHODIST CHURCH

DEPARTMENT OF SOCIAL & REHABILITATION SERVICES

Testimony before

House Committee on Federal & State Affairs

regarding

**House Bill 2531**

March 25, 1991

Carolyn Risley Hill  
Acting Commissioner  
Youth & Adult Services  
Department of Social &  
Rehabilitation Services  
(913)296-3284

HOUSE FEDERAL AND STATE AFFAIRS  
March 25, 1991  
Attachment #22 - Page 1

TESTIMONY IN SUPPORT OF HOUSE BILL 2531

**AN ACT establishing the community-based teenage pregnancy reduction program; prescribing guidelines therefore and powers, duties and functions for the secretary of health and environment; authorizing rules and regulations.**

Madame Chairwoman, Members of the Committee, I appear today in support of House Bill 2531.

The Kansas Department of Social & Rehabilitation Services, Division of Youth & Adult Services awarded grant funds to Kansas Action for Children in 1987 for a three year project related to teenage pregnancy. A five year study by the Kansas Department of Health & Environment speaks to the teenage pregnancy rate per 1,000 population for the age groups 10-14 and 15-19. These statistics appear to address the issue that the problem is both urban and rural in nature. The statistics for 1985-1989 show the Kansas teenage pregnancy rate for the age group 10-14 to be 1.2 per 1,000. The counties with the five highest rates being Wyandotte 3.9, Kearny 2.9, Linn 2.7, Phillips 2.8, and Geary 2.5. The Kansas teenage pregnancy rate for age 15-19 was 65.4 per 1,000. The counties with the highest rates being Seward 119.8, Wyandotte 116.8, Ford 110.2, Geary 109.9 and Finney 109.7.

The educational objectives of this bill address the importance of family and community involvement in the development of Kansas youths. In addition to addressing issues related to teenage pregnancy, the educational objectives speak to issues that impact on each citizen of the State of Kansas. The objectives that focus on 1) recognizing the consequences of one's behavior; 2) developing assertiveness skills to resist pressures from peers and society; 3) improving self-concept and sense of worth and developing responsible behavior based on family values; 4) and fostering communications within the family as well as an

appreciation of the supportive role families can plan in the life of each individual also addresses factors related to services to youths who commit juvenile offenses and the prevention of child abuse.

I urge favorable consideration of this bill.

Carolyn Risley Hill  
Acting Commissioner  
Youth & Adult Services  
Department of Social &  
Rehabilitation Services  
(913)296-3284

TESTIMONY ON HOUSE BILL No. 2531---March 25, 1991  
Patricia Hollomon, 4758 SW 17th Terrace, Topeka

I am in favor of this bill for a number of reasons:

First I am a Pastor's wife and have had the opportunity to counsel with several girls either before or after an abortion. I see the agony this has caused in their lives; even years later. I am strongly opposed to abortion. If there were no pregnancies, there would be no abortions. I only favor the use of contraceptives as a last measure for those who are already sexually active and REFUSE TO ABSTAIN.

Secondly: The savings for the tax payers would be great. We would have less on Welfare rolls. Since large numbers of girls do keep their babies and then have to have help from the state to support them.

Third: The program would also encourage them to do something with their lives; to stay in school, to help them make decisions about other things in a productive manner.

Fourth and finally, but not least of all. I had a daughter who became pregnant at age 16. The anguish that it caused for her and for the family was tremendous. She chose to carry the baby to term. As her mother, I watched her make painfully grown up decisions. It took her the entire nine months to know what to do. Most of that time she planned to keep the child. We had bought baby furniture, clothes etc. A week before his birth she decided to place him for adoption. A most unselfish decision for a teenager. That was four years ago. In fact he was four on Feb. 3.

I have watched her struggle to put her life back together. I have seen the father of the child reappear in her life just six months ago and have seen them deal with the sorrow of knowing that they have a little boy out there that they will never see.

As Christian parents we taught her abstinence, but unfortunately the young people today get a totally different message at schools that hand out condoms and will help girls get abortions without their parent's knowledge. The music, movies, books that vie for teenage's money mostly promote sexual activity at an early age. We have to give our young people, both boys and girls a challenging option to the norm.

I am also the Youth Director at our church and I see these young people, Christian Youth struggling with sexuality. There is so much pressure on them to become active at an early age. I think the schools, the churches, the government, the parents need to work together to encourage them to fight the prevalent patterns of their peers.

Please, do what you can to get a program implemented into our Kansas schools that will reduce adolescent pregnancies.



SIDE BENEFITS OF PASSING HOUSE BILL NO. 2531

House Federal and State Affairs Committee members,  
I am here to ask you to vote for House Bill No. 2531.

Minors can most effectively prevent too-early, unplanned-for, and out-of-wedlock conceptions by abstaining from sexual intercourse. Practicing abstinence ALSO IS THE ONLY 100 PERCENT SURE WAY YOUNG PEOPLE CAN AVOID SEXUALLY-SPREAD AIDS VIRUS INFECTION AND OTHER SEXUALLY TRANSMITTED DISEASES.<sup>1</sup>

Since October 1985, all U.S. military applicants have been tested for antibody to the AIDS virus.<sup>2</sup> In the first five years of testing, the rate of positive tests among the Kansas applicants (male and female) 17-19 years old was THE SAME RATE AS AMONG ALL AMERICAN APPLICANTS IN THAT AGE GROUP.

During 1989, 1,718 Kansas teens AND PRETEENS were reported to have had GONORRHREA.<sup>3</sup> Likely, EVEN MORE Kansans in THOSE age ranges had CHLAMYDIA.<sup>3,4</sup>

Gonorrhea and chlamydia can lead to STERILITY.<sup>4</sup> That can be TRAGIC for youths who want to have children when they are ready, willing, and able.

Minors have MUCH PRESSURE from TV, popular songs, friends, movies, magazines, and videos to start having sexual intercourse. WE NEED TO help youths choose to

postpone or suspend sexual intercourse activity.

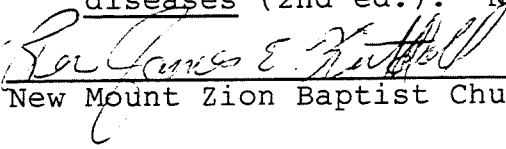
WE NEED TO help young people see the value to them NOW AND LATER OF WAITING until they at least finish high school, have a good job, and are in a long-term relationship before they start having children. WE MUST help them recognize the emotional and other HARMFUL EFFECTS of starting sexual intercourse early.

WE NEED TO help minors have IMPROVED SELF-ESTEEM so they do not feel they have to start having sexual intercourse to feel good about themselves. WE MUST help young people COMMUNICATE BETTER WITH THEIR PARENTS and other pertinent adults on dating and sexuality.

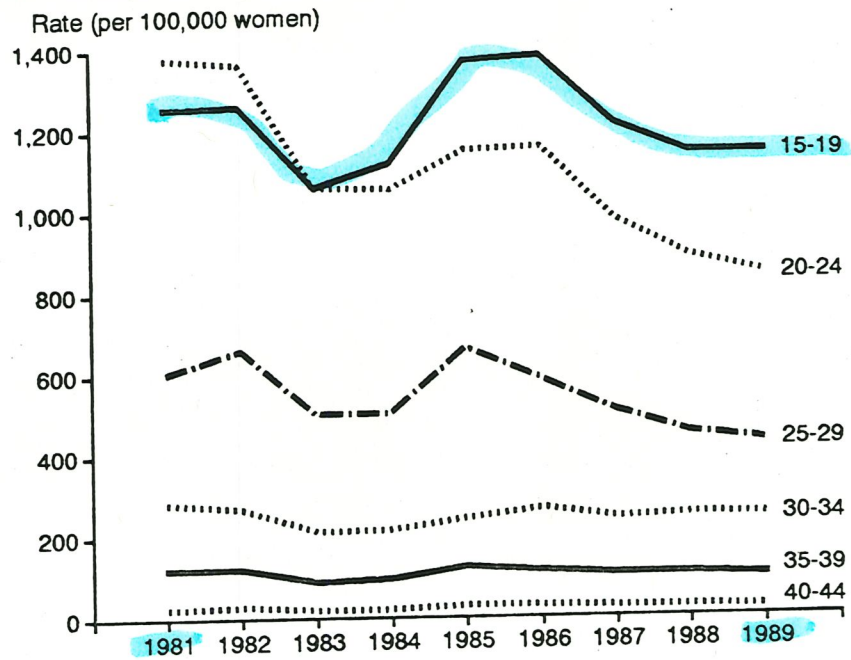
Kansas legislators can indirectly help many minors AVOID POSSIBLY SERIOUS INFECTIONS from sexual intercourse by passing House Bill No. 2531.

REFERENCES

1. Brown, M. D. (1990). Helping Kansas youths to prevent sexually spread HIV infection. Kansas Medicine, 91, 70-74.
2. Department of Defense. (1990). Prevalance of HIV-1 antibody in civilian applicants for military service, October 1985-September 1990: Selected tables prepared by Division of HIV/AIDS, Centers for Diseases Control. Atlanta, GA: Author.
3. Kansas Dept. of Health & Environment, Landon State Office Bldg., 900 Jackson, Topeka, KS 66612-1290.
4. Holmes, K. K., Mardh, P., Sparling, P. F., Wiesner, P. J., Cates, W., Lemon, S. M., & Stamm, E. (Eds.). (1990). Sexually transmitted diseases (2nd ed.). New York: McGraw-Hill.

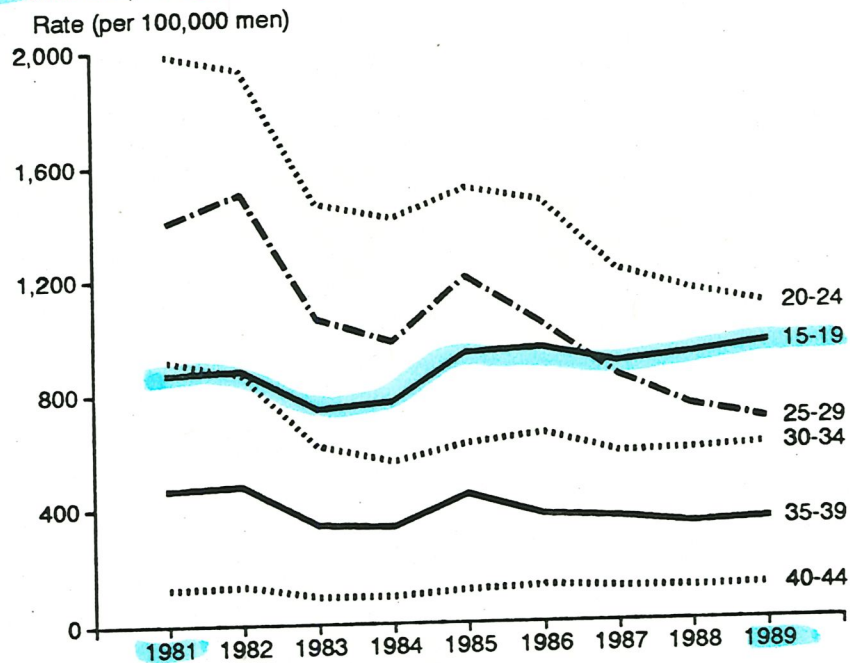
  
Rev. James E. Kirtdoll,  
New Mount Zion Baptist Church, Topeka--March 25, 1991

**Figure 22. Gonorrhea - Age-specific rates among women aged 15-44 years: United States, 1981-1989**



Source: Centers for Disease Control

**Figure 23. Gonorrhea - Age-specific rates among men aged 15-44 years: United States, 1981-1989**



Source: Centers for Disease Control

CONCERNED WOMEN FOR AMERICA  
OF KANSAS  
P. O. BOX 6217  
KANSAS CITY, KANSAS 66106-0217  
913-682-0296

BEVERLY LAHAYE  
PRESIDENT

BEVERLY TUCKER  
AREA REPRESENTATIVE

KENDA BARTLETT  
LEGISLATIVE LIAISON

March 25, 1991

TESTIMONY BEFORE HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE  
Representative Kathleen Sebelius, Chairperson  
HB 2531

Madam Chair and members of the committee, thank you for the opportunity to testify today. My name is Kenda Bartlett, and I am the Legislative Liaison for Concerned Women for America of Kansas. Since this is my first time to testify before this committee, I would like to take a minute to tell you a little about our organization. Concerned Women for America (CWA) is a non-profit, public-policy organization based in Washington, D. C. with chapters in all 50 states and Puerto Rico. We have approximately 700,000 members nation-wide making us the largest women's organization in the United States. We have about 3,000 members in Kansas. CWA's stated purpose is to "preserve, protect, and promote traditional and Judeo-Christian values through education, legal defense, legislative programs, humanitarian aid and related activities". As Legislative Liaison I track legislation that will have an impact on families. I focus on educational issues and issues that have to do with children and youth.

Today I would like to address HB 2531. There are a number of aspects of this bill that we can and will support. We can certainly support the intent of the bill. We recognize the need to focus our resources and attention to the prevention of teen pregnancy rather than just the treatment of the problem. For too long we have been reacting to this problem; we must begin to look more at prevention. The idea of a community-based program is also desirable to us. It is apparent that anyone that has studied this problem that the programs that have been implemented in our schools are not successful. We also applaud the efforts of this bill to enhance communications between teens and parents; we believe that the answer to many of our social problems is tied to a strengthening of the family. Parents are a teen's primary teacher and must be an active part of any program.

HOUSE FEDERAL AND STATE AFFAIRS  
March 25, 1991  
Attachment #25 - Page 1

The problem that we have with the bill is educational objective (3)- "preventing pregnancy by other means when the program has been unable to assist minor females and males in postponing or suspending sexual intercourse". We cannot support this objective. Abstinence seems to be the key to this bill, but the teaching of birth control nullifies the abstinence message. Teaching abstinence means teaching in such a way that you change a teenager's attitudes towards his/her sexuality and sexual activity. You teach them that sexual urges are controllable, that everyone is not "doing it" and that abstinence is a healthy choice. If you teach all of this and then say, "but if you can't control your urges, then let us show you how to prevent pregnancy", you have undermined your complete program. Independent research and even Planned Parenthood data shows contraceptive approaches that ignore parents and rely on technology to solve the highly personal problems of teen pregnancy and AIDS do not work. A teen's services program at Atlanta's Grady Memorial Hospital found that of the girls under 16 it surveyed, nine out of ten wanted to learn how to say "no". In the Henry Grady program in Atlanta among minority youth, sexual activity decreased 80 percent among 9th graders and 38 percent among 10th graders. (A description of that program is attached.) Dr. Michael Carrera, the director of the Children's Aid Society of New York program for 51 teenagers and 30 parents in central Harlem, says, "We have found that it is not enough to give teenagers a few sessions of sex education to stop the high pregnancy rates in central Harlem, which is 20 times the city average. You have to make kids feel that they are valued as human beings so that they won't become pregnant to fill a void in their lives. You also have to give them job skills and interests so they feel they have a future and will postpone having children until they are ready for them."

Despite sex education and contraceptive distribution programs, there has been no change in the percentage of sexually active teens who become pregnant, but there has been a huge increase in the percentage of teens who are sexually active. What we see is an unwillingness to state in clear-cut terms that sexual activity outside of marriage poses serious risks to one physical, psychological, spiritual, and emotional well-being.

Let us make the assumption that teaching teenagers to use contraceptives would reduce teen pregnancies (nothing in research indicates that it does), but let's assume that it does. Teaching the use of contraception does nothing to address the epidemic levels of sexually transmitted diseases among teens. Each day in the U. S. approximately 11,000 teens contract a sexually transmitted disease; 25 percent of the reported cases of gonorrhea and syphilis were 10-19 year olds; among teen girls cases of gonorrhea have increased 400 percent. AIDS is increasing faster in this group than in any other group. Studies are continuing to show that girls who engage in sexual activity early have greater incidences of cervical cancer. HPV, a virus that is incurable, is becoming more and more widespread; it

is becoming known as "the virus that causes cervical cancer".

If we are really concerned with teenagers' mental, physical, spiritual and social health, we must give them a clear-cut message that sex outside of marriage is unhealthy. We must not just focus on lowering the pregnancy rate, but on changing behavior to provide for a healthier lifestyle. A new study has found that sexually active teens are far more likely than their celibate peers to be involved in a variety of self-destructive behaviors, including drug and alcohol use, school delinquency, and attempted suicide. Psychologist Gary Ingersoll of Indiana University-Bloomington and Dr. Donald Orr of Indiana University Medical School surveyed 1,504 12- to 16- year- olds about their lifestyles. Their study, published in Pediatrics, found that 63 percent of boys and 36 percent of girls said they'd had intercourse at least once. Sexually experienced girls were five times more likely than virgins to have been suspended from school, 10 times more likely to have tried marijuana, and six times more likely to have tried suicide. Boys with sexual experience were six times more likely to have used alcohol and five times more likely to have used marijuana. Sexually experienced girls have significantly lower self-esteem than their peers; no link between self-esteem and sexual experience was found for boys.

Eunice Kennedy Shriver, who has been a social worker with children for many years, says of this topic, "It is time we accorded all teenagers the respect they deserve by recognizing their genuine, if often unspoken desire to affirm values and standards, and to accept limits on behavior, including sexual behavior. Sexuality should be taught and practiced as part of love and marriage, as a means of creation and of pleasure deepened and enriched by a lifetime commitment to one person. Programs that involve families as well as adolescents are more worthy of our support than those that isolate adolescents or presume they will be sexually active no matter what. If we want to do something helpful about teenage sex and pregnancy, the need is not for more money for the mechanics of birth control or more value-free sex education. Instead we should support efforts that strengthen family commitment and marriage, and that get at the basic problems that lead adolescents into sexual activity at an early age. Adolescent sexual activity arises not only from lack of information, but also from loneliness, peer pressure, rejection by families and educational failure and also from a market system that incessantly sells products through sex. Teenage pregnancy is often the result of an overwhelming need to be loved and to be part of a family. We should support programs that shift our priorities from the mechanical to the moral; from the bureaucratic to the familial; from reliance on transitory, adolescent notions of sexuality to the timeless values that place our sexual lives within a context of love, marriage and commitment to creation of strong and enduring families."

HOUSE FEDERAL AND STATE AFFAIRS

March 25, 1991

Attachment #25 - Page 3

Former Secretary of Education, William Bennett, stated, "The most important determinant of teens' actions is their understanding of right and wrong". Any program that CWA would endorse would follow this premise. It must show adolescents that responsible action is a matter of ethical action, not simply a matter of a person's free choice. Therefore, we would respectfully submit that educational objective (3) be eliminated from this bill.

I would like to close with this statement from Michelle, teen mother, quoted from Parade Magazine, August 21, 1988: "Sex-ed didn't instill morals or give you enough reasons not to get pregnant. No one told us how much diapers, formula and food would cost. No one said people might be disappointed in us and that we might not make it to college. They talked about the Pill and stuff like that. My teachers tried to teach all the right things. But there should have been more talk about love, commitment and values."

Thank you for this opportunity to address the committee.

## WHY A SERIES ON "HOW TO SAY NO?"

This series on "how to say no" was developed to help young people resist pressures to become sexually involved before they are ready for such involvement. The series is designed to provide young people with tools to help them bridge the gap between their physical development and their cognitive ability to handle the implications of such development.

The aim of this series is to present information regarding the general nature of relationships, sources of societal pressure influencing sexual behavior, and assertive responses which teens can use in peer pressure situations. This knowledge and these skills should help young teens deal with problem situations so that they can postpone sexual involvement until a time when they are better able to make decisions which have a long range impact on their lives.

Parents who participate receive a shortened version of the series so that they can reinforce their young teenager's learning experiences.

## WHAT ARE THE GOALS OF THE EDUCATIONAL SERIES?

The goals of the Postponing Sexual Involvement Series are:

1. To help young teens understand the pressures in our society which influence young people's sexual behavior.
2. To help young teens understand their rights in social relationships.
3. To help young teens deal with pressure situations through the use of assertive responses.
4. To help young teens postpone sexual involvement.
5. To help parents understand the pressures in our society which influence young people's sexual behavior.
6. To give parents tools to help young teens postpone sexual involvement.

## WHAT DOES THE EDUCATIONAL SERIES CONSIST OF?

### SESSION I: SOCIAL PRESSURE 1½ Hours

Presentation of information and exercises relating to social pressure. This session promotes understanding of why some teens might become sexually involved to meet various needs. It includes information on how such needs could be better met in other ways.

### SESSION II: PEER PRESSURE 1½ Hours

Presentation of information and exercises relating to peer pressure. This session promotes understanding of peer pressure in group situations and on a one-to-one basis.

### SESSION III: PROBLEM SOLVING 1½ Hours

Presentation of information and exercises related to problem solving. This session promotes understanding of ways to look at limiting expressions of physical affection. It provides guidance in handling difficult social situations.

### SESSION IV: USING NEW SKILLS 1½ Hours

Reinforcement sessions on using new skills. This session includes a review of skills. It provides opportunities for additional skills practice. (This session is held several months after the first three sessions.)

# 25 - #5

3/25/91

House FSA



**WHO IS THE  
SERIES  
SPONSORED BY?**

The series was produced by Dr. Marion Howard the Department of Gynecology and Obstetrics Emory University and Grady Memorial Hospital Atlanta, Georgia. Through funds granted by the Reynolds Babcock Foundation, the Cleveland Foundation, The George Gund Foundation, and the Georgia Department of Human Resources, the series first was offered on a field test basis in Cleveland, Ohio and Atlanta, Georgia.

Currently through support from the Ford Foundation and the Georgia Department of Human Resources, the series is being offered in the Atlanta Public Schools. In addition, training in the series is being scheduled throughout Georgia as a part of a state-wide dissemination effort funded by the U.S. Department of Health and Human Services.

Training outside the State of Georgia is available on a limited basis. For more information contact:

Ms. Marie E. Mitchell  
Program Coordinator  
Teen Services Program  
Grady Memorial Hospital  
80 Butler Street, S.E.  
Atlanta, Georgia 30335-3801  
(404) 589-4204

**HOW CAN I  
PURCHASE THE  
SERIES FOR  
MY GROUP?**

Each Postponing Series Set includes a Leader's Guide, Slides and a Cassette Tape.

To order, fill out the form below:

Please send me:

\_\_\_\_\_ sets of the Postponing Materials for Young People @ \$40.00 each

\_\_\_\_\_ sets of the Postponing Materials for Parents @ \$40.00 each

Total number of sets ordered @ \$40.00 each.

Total dollar amount.

Send to:

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

• Make check payable to Fulton DeKalb Hospital Authority Account # 339

• Mail check and order to:

Marion Howard, Ph.D.  
P.O. Box 26158 — Teen Services  
Grady Memorial Hospital  
80 Butler Street, S.E.  
Atlanta, Georgia 30335-3801

**POSTPONING  
SEXUAL  
INVOLVEMENT**

**AN EDUCATIONAL  
SERIES FOR  
YOUNG PEOPLE**

Chairperson Sebelius and members of the committee. I am Cleta Renyer, lobbyist for Right to Life of Kansas. I am here in opposition to H.B. 2531.

H.B. 2531 is just another catch-all sex-education program. There are a few well-sounding phrases like -- The behavioral objectives of the program shall include delaying the onset of sexual activity and promotion of the value of sexual abstinence among minor females and males. I have several questions about that. For example, at what age do we start developing kids to be knowledgeable and have attitudes which promote abstinence and who are who are going to be the teachers?

In the first place, you cannot teach a teenager about abstinence if they have never been taught what doing without means. They also have to be able to see for themselves by association with parents, grandparents and elders that they should respect the beauty of sex in marriage and love; that saving oneself for the right person is the ultimate.

They cannot pick this up at a clinic that tries to develop the knowledge and attitudes of sexual restraint in one room and the next room teach preventive measures to pregnancy.

Our "Just Say No to Drugs" programs do not offer drugs in case the kids cannot follow the "Just Say No" approach, so why not a "Just Say No to Sex" program without alternatives.

Another catchy part of this bill states that this program will involve the parents, community and church. It is about time, but I sure have my doubts when a bill concerning parents rights with no dollars involved could not even get out of this

committee.

The newspapers and my paychecks tell me that the government needs to stop spending now. Seeing another bill on teen pregnancy prevention reminded me of a family joke. When our kids were little and got really dirty in a mudhole or in a oil bucket, I would bemoan the fact that I had to clean them up. My husband would say "Why bother, it would be easier to have a new one." So we would have a new one and still keep the dirty one. After having 13 new ones, we decided it would be cheaper to just clean up the ones we had.

So, members of the committee, I am asking you not to start a new program, clean up some of the old ones and save all of us some money.



STATE OF KANSAS

CHILDREN AND YOUTH ADVISORY COMMITTEE

SMITH-WILSON BLDG.  
300 S.W. OAKLEY  
TOPEKA, KANSAS 66606-1898

(913) 296-2017

KANS-A-N 561-2017

TESTIMONY BEFORE FEDERAL & STATE AFFAIRS COMMITTEE  
Rep. Kathleen Sebelius, Chairperson  
HB 2531 - March 25, 1991

Madam Chairperson and members of the committee, thank you for the opportunity to testify today. My name is Doug Bowman, and I represent the Children and Youth Advisory Committee.

Programs which encourage teenagers to delay parenthood have a positive impact upon them as prospective parents, as well as their potential children. Teen pregnancy has been correlated with many other social problems: dropping out of school, unemployment, child abuse, low birth-weight babies, and long-term reliance on public assistance.

Several features of this proposal are of particular interest to us. The initial emphasis on abstinence from sexual behavior of teenagers is a positive goal, and requires a strong educational component. We are also pleased to see the development of a multi-faceted, community advisory group. This group will work to develop a program that fits into their community context.

The Children and Youth Advisory Committee will gladly assist the Department of Health and Environment in the administration of these grants. We have a decade of experience in oversight of the Kansas Family and Children's Trust Fund. This expertise should serve us well in the establishment of these proposed programs.

Teenage pregnancy is a complex, social problem requiring the creation of innovative solutions. These programs can be seen as pilots projects which might be replicated in other communities. Subsequent benefits could include the strengthening of our young people, our families, and our communities.

Distributed by  
The Kansas Association of Local Health Departments  
Elizabeth E. Taylor, Executive Director  
913-354-1605  
March 25, 1991

# Preventing Low Birthweight

## SUMMARY

Committee to Study the  
Prevention of Low Birthweight  
Division of Health Promotion and  
Disease Prevention  
INSTITUTE OF MEDICINE

NATIONAL ACADEMY PRESS  
Washington, D.C. 1985

HOUSE FEDERAL AND STATE AFFAIRS  
March 25, 1991  
Attachment #28 - Page 1

Distributed by  
The Kansas Association of Local Health Departments  
Elizabeth E. Taylor, Executive Director  
913-354-1605  
March 25, 1991  
Page 2

family planning providers should promote the use of educational materials encompassing these themes, particularly for their clients who are considering becoming pregnant. Private practitioners also should offer comprehensive health education related to reproduction, incorporating these same topics.

Of equal importance are the sex education and family life education curricula and teaching materials of schools. Although these issues may be discussed in some settings, the little information available on school-based health education suggests that they are of low priority.

#### The Role of Family Planning

Family planning services should be an integral part of overall strategies to reduce the incidence of low birthweight. Several studies suggest that family planning has made a considerable contribution to reducing the infant mortality rate in the United States over the past 20 years and has also played a role in the gradual decrease in the rate of low birthweight.

Family planning helps to decrease the occurrence of low birthweight by reducing the number of births to women with a variety of high-risk characteristics, including extreme youth or age, a large number of previous births, chronic severe hypertension, severe heart and kidney diseases, and other risk conditions. These services also reduce the probabilities of a low-weight birth by increasing the interval between births for many women; an interval of less than 6 months is associated with a sharply elevated risk of low birthweight.

The committee explored the concept that family planning also reduces low birthweight by increasing the proportion of pregnancies that are intended and wanted at the time of conception. It is apparent, for example, that both teenagers and unmarried women experience higher than average rates of low birthweight; they also report higher rates of unintended pregnancies. It has been suggested that a woman who has planned for and welcomes her pregnancy will follow the health practices necessary to increase the chances of a successful pregnancy outcome more adequately than a woman with an undesired pregnancy. Recent data from the 1980 National Natality Survey support this thesis. In the portion of that survey focused on married women only, wantedness of



pregnancy had a strong relationship to seeking prenatal care. Women who wanted a child at the time they became pregnant were more likely to receive care early in pregnancy than were those who would have preferred to have had a child at a later time. Women who had not planned to have another child showed the most delay in seeking prenatal care. These factors accounted for about a third of the black/white differential in the number of prenatal visits.<sup>14</sup>

#### Unmet Need for Family Planning

The large number of unintended pregnancies in the United States, the percentage of women at risk of unintended pregnancy who do not use contraception, and the number of abortions indicate that existing family planning strategies are not fully adequate. The reasons for this problem range from service inadequacies to the knowledge, attitudes, and practices of individual couples.

The unmet need appears to be largest among two groups at particularly high risk of low birthweight, the poor and the young. It has been estimated that in 1981, about 9.5 million low-income and 5 million sexually active teenagers needed subsidized (i.e., supported at least in part by public funds) family planning care, but over 40 percent of both groups did not obtain medically supervised contraceptive care.<sup>15</sup>

For this reason, the committee emphasizes the importance of Title X of the Public Health Service Act. Title X authorizes project grants to public and private nonprofit organizations for the provision of family planning services to all who need and want them, including sexually active teenagers, but with priority given to low-income persons. The committee urges that federal funds be made generously available to meet the documented need for family planning. The Title X program and family planning services generally should be regarded as important parts of the public effort to prevent low birthweight.

The prevention of unwanted pregnancies in sexually active adolescents, particularly those under 17 who are unmarried, should receive special attention. Infants born to members of this group have substantially higher rates of low birthweight, neonatal mortality, and postneonatal mortality and morbidity than infants born to older mothers.

#### THE IMPACT OF PRENATAL CARE

After a comprehensive review of the literature on the value of prenatal care, the committee concluded that the overwhelming weight of the evidence is that prenatal care reduces low birthweight. This finding is strong enough to support a broad, national commitment to ensuring that all pregnant women in the United States, especially those at medical or socioeconomic risk, receive high-quality prenatal care.