Approved: February 22, 1996
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

The meeting was called to order by Chairperson Carlos Mayans at 1:30 p.m. on February 19, 1996 in Room 423-S of the Capitol.

All members were present except: Representative Merritt

Committee staff present: Emalene Correll, Legislative Research Department
Norman Furse, Revision of Statutes
Francie Marshall, Committee Secretary

Conferees appearing before the committee:
Representative Barbara Ballard
Juanita Smith, YMCA of Topeka, Teen Pregnancy Prevention
Molly Fraser
Michael Brown, R.N., M.S.
Caroline Davis

Others attending: See Guest List: Attachment 1.

The minutes of the meeting held on February 14 and February 15, 1996 were approved.

HB 2949- Partnership for prevention of teenage pregnancy act

Chairperson Mayans opened the hearing on **HB 2949.**

The following proponents presented testimony supporting **HB 2949:**
Representative Barbara Ballard (Attachment 2),
Juanita Smith, YMCA of Topeka, Program Director Shawnee County Teen Pregnancy Prevention Project (Attachment 3),
Michael Brown, R.N., M.S., a children's advocate from Topeka (Attachment 4),
Caroline Davis (Attachment 5).

Molly Fraser addressed the committee regarding the difficulties inherent in being a teenage mother, and the importance of passing legislation funding supplementary teen sex-education. There was no written testimony submitted.

The following written testimony was submitted supporting **HB 2949**:
Representative Jim Garner (Attachment 6),
Representative Janice Pauls (Attachment 7).

Chairperson Mayans opened the hearing for discussion.

The committee questioned both Representative Ballard, as well as Juanita Smith, regarding specifics of the proposed legislation, including whether the focus of the bill should be aimed at the parents rather than the teens. Representative O'Connor further questioned Representative Ballard as to why additional legislation was necessary, when sex education is already being taught in all Kansas public schools. Representative O'Connor also asked whether any type of "natural family planning" programs were currently being employed within the state. Representative Ballard suggested that this type of program could be adopted by the council under the proposed **HB 2949**.

The discussion concluded with questions from both Representative Landwehr and Wells, regarding proposed funding for the bill. Ms. Landwehr questioned the viability of diverting the money already allotted for sex education in the public schools toward **HB 2949**. Finally, Representative Kirk assured the legislation would serve a second function in enhancing teen "self esteem."

Chairperson Mayans closed the hearing on **HB 2949.**

Chairperson Mayans also listed bills the committee would take action on this week, including, but not limited to: **HB 2304, HB 2459, HB 2594, HB 2692, HB 2756** and **HB 2771**.

The meeting was adjourned at 2:50 p.m.

Next meeting is scheduled for February 20, 1996.

House Health & Human Services COMMITTEE GUEST LIST

DATE February 19, 1996

NAME	REPRESENTING
Douglas Johnston	PPK
Darlene Harris	LWV
Juanita Smith	YWCA of Topeka Teen prog. Prevention
Marlene Davis	
Sherry L Hayes	A Labor of Love Inc.
PHILIP A. HURLEY	PATRICK J. HURLEY & CO.
TIM CARPENTER	LAWRENCE JOURNAL-WORLD
Mary Brown	

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TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS

RANKING MINORITY MEMBER:
SPECIAL COMMITTEE ON HIGHER EDUCATION
MEMBER BUSINESS, COMMERCE AND LABOR
EDUCATION
LEGISLATIVE EDUCATIONAL PLANNING

TESTIMONY FOR HB 2949

Before the Health and Human Services Committee

February 16, 1996

PREVENTION OF TEENAGE PREGNANCY AFTER-SCHOOL AND SUMMER PROGRAMS

The Centers for Disease Control and Prevention (Atlanta) reported that the rate of which teenagers became pregnant dropped in most states in 1992, with only two of 41 states reporting significant increases. The two states were Kansas and New York. New York's rate rose 2.3 percent, while that of Kansas rose 8.7 percent. Only 41 states and the District of Columbia provided age-specific information on pregnancy rates (see New York Times, Sept. 22, 1995).

There were 3,424 teen births recorded in 1994. In fact, more unmarried teen women had babies in 1994 than in any prior year included in Kansas Kids Count Data Book, 1996. There were 2,410 low birth weight babies born in Kansas in 1994. Although the Kansas rate is below the national rate, it is increasing.

We have a teen pregnancy crisis in America. We have a teen pregnancy crisis in Kansas. HB 2949 is attempting to address this crisis. Well-designed community programs can play an important role in meeting the academic, pre-vocational, physical, social, and emotional needs of 10 to 15 year-olds in the after-school, weekend and summer hours. The focus of programs for adolescents should not simply be in the prevention of pregnancy during the teen years. Programs must also pursue the development of experiences and opportunities that enable teens to become economically self-sufficient adults. Many low-income and minority teens are burdened with lack of opportunities and lack of skills. Our success at increasing the chances that they and their children (whenever they are born) will escape poverty often hinges on our ability to improve their life options as well as on encouraging their sexual abstinence or giving them access to contraceptive

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counseling and services. Effective programs for teens must combine efforts that give them the capacity to delay pregnancy by increasing their access to sexuality related information with efforts to give them compelling reasons to delay pregnancy by increasing both their real and perceived opportunities for the future.

Exposure to enrichment experiences and to a variety of environments and adults is particularly important to young adolescents. While middle and upper-income families often use the after-school hours for music, art lessons, sports, and planned social experiences, many low-income youths lack access to these enriching activities.

Helping children in the after-school and summer hours is often seen as a growing burden on a community's resources. In fact, it is an opportunity for community programs, working together with families and schools and with the help of public resources, to begin to provide young adolescents with the skills and personal competencies necessary to make a successful transition to adulthood.

What is the fiscal note? I am requesting $200,000 based on the benchmark of $200 per youth, per year. The state of Kansas would provide opportunities for the prevention of teenage pregnancy for 1000 at-risk adolescents. Our investment in each young person will become an increasingly important investment in our future. I hope you will support HB 2949.

I would be happy to stand for questions.

Barbara W. Ballard

(Information cited from Children's Defense Fund and the 1996 Kansas Kids Count Data Book.)

LAWRENCE-DOUGLAS COUNTY HEALTH DEPARTMENT

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

February 16, 1996

The Honorable Carlos Mayans
Kansas House of Representatives
State Capitol, 426-S
Topeka, KS 66612

Dear Representative Mayans:

I am writing in support of Representative Ballard's bill to establish teen pregnancy prevention programs.

As a public health nurse working with pregnant and parenting teens, I am constantly aware of the need to prevent teen pregnancies. There are no easy solutions to this costly problem once the pregnancy has occurred.

The Kansas Legislature has funded several excellent teen pregnancy programs over the past few years. The programs proposed in this bill should provide enhancement and expansion of existing programs and be coordinated with current teen pregnancy prevention efforts across the State through Kansas Department of Health & Environment's Teen Pregnancy Prevention Consultant, Lore Naylor.

Sincerely,

Nancy Jorn

Nancy Jorn, RN, MN
Maternal & Infant Coordinator

NJ/gg

HB 2402

Establishing Child Exchange and Visitation Centers

Comments from Honorable Jean Shepherd

Lawrence, KS

District Court Judge

Family Court System

Judge Shepherd commented on February 16, 1996 that there was a definite need for a visitation facility. Domestic violence between parents often repeats itself at the time of exchange of children during mandatory visitation. She also noted how destructive this was for the children to see.

This often results in visitation rights being stopped unless a peaceful exchange can be arranged. McDonalds, public parking lots, highways, and even police stations become exchange places.

Testimony taken by Representative Ballard over the telephone.

THE NEW YORK TIMES **NATIONAL** FRIDAY, SEPTEMBER 22, 1995

Rate of Births Among Teen-Agers Drops Again

- ATLANTA, Sept. 21 (AP) — The birth rate for teen-agers in the United States dropped for the second year in a row, the Government said today.

Stephanie Ventura, a statistician at the Centers for Disease Control and Prevention, said the reasons for the drop were not clear, but she speculated that more teen-agers were using condoms because of the risk of contracting AIDS. She ruled out abortion as a factor because other studies have shown that teen-age abortions are steadily declining.

The birth rate among American teen-agers dropped 2 percent in 1993, the most recent year examined by the centers. The rate fell 2 percent in 1992.

Increased use of condoms may be a factor.

Of every 1,000 young women aged 15 to 19 in 1993, 59.6 gave birth, down from 60.7 reported the previous year. The drop actually occurred only among teen-agers ages 18 to 19, whose rate declined to 92.1 births per 1,000 from 94.5 in 1992. For girls ages 15 to 17, the birth rate was unchanged at 37.8.

But the figures represent a reversal of the sharp increases in the late 1980's, when the birth rate among teen-agers jumped 5 percent or more a year.

"What's happened is noteworthy and encouraging," Ms. Ventura said.

The figures also show the birth rate for all women in the United States continued a long decline and hit its lowest point in 15 years — 15.5 per 1,000.

The centers also reported that the rate at which teen-agers became pregnant dropped in most states in 1992, with only two of 41 states — Kansas and New York — reporting significant increases. New York's rate rose 2.3 percent, while that of Kansas rose 8.7 percent. Only 41 states and the District of Columbia provided age-specific information on pregnancy rates.

The 1992 teen-age pregnancy rate in the nation's capital was the highest, 208.4 per 1,000 teen-agers. Rates among states fell between a low of 53.7 in Wyoming and a high of 106.9 in Georgia.

The centers estimate that 10 percent of young women ages 15 to 19, or 835,000 teen-agers, become pregnant each year.

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To: Health and Human Services Committee, Representative Ballard, Chair
Re: House Bill No. 2949. Providing testimony in support of this bill: Juanita Smith, R.N., M.S.N., M.Ed., Program Director Shawnee County Teen Pregnancy Prevention Project, YWCA of Topeka
Date: Monday, February 19, 1996

As all of you are aware the teen pregnancy rate in Kansas continues to rise in spite of a small national reduction in the rate of this epidemic during 1993 and 1994. I am in support of your bill to help Kansas youth make better sexual choices. I am particularly pleased to see that the guidelines you propose include emphasis on adolescent males and teen fathers - a group that is often given less attention than females. I also commend Representative Ballard and all of you for focusing on high risk populations within each community which might receive one of your proposed grants.

The Shawnee County Teen Pregnancy Prevention Program attempts to target both males and females, but our teenage volunteer group includes only 4 males and over 4 times that number of females. I am seeking money to employ a part-time dynamic young man to bring our message more forcefully to middle school and high school males.

This year, we are reaching the low income, afterschool programs in local housing projects, community centers, and boys and girls clubs. Finding and training the right person is the key, and there must be money to support this important endeavor within each project.

I have not worked with a state-wide oversight council, but I am eager to suggest one component of programming such a council, in my view, should undertake. Media messages have great influence on teens. Sex without consequences is used to sell products and increase ratings. All teen pregnancy reduction efforts will be greatly enhanced if a state-wide media campaign can be carefully planned and implemented.

During one year of our program's operation the Topeka Advertising Federation chose our project as their charitable partner. The airways were saturated with messages. Ten local billboards supported parents as major sexuality educators and supported abstinence. Local newspapers donated space for well designed print ads. We provided school newspapers with great photographs and short, important articles. Shawnee County's teen pregnancy rate was reduced remarkably during that year.

I want to suggest also that your oversight group require that a community-wide coalition be developed at each project site. Community coalition members should represent all segments of the community and many vocations, professions and businesses, as well as parents and teens. Our coalition includes about 35 members who have opened doors for our programs in every middle and high school (in 3 school districts), in some 32 churches and youth organizations. This group serves as our advisory committee, and they let us know what our citizens want, what else can be done, and where we are succeeding.

KDHE personnel have helped us both during the planning phase and during our 4 years of operation. I want to thank them, but even more importantly, I want to thank you and all members of the legislature who have provided funding for our project.

I firmly believe that additional projects in new sites and added funding for specific new categories of operation in on-going projects will help to reduce this epidemic among our youth.

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H.B. 2949 TESTIMONY, HOUSE HEALTH & HUMAN SERVICES COMM., 2/19/96

I am Michael Brown, a children's advocate from Topeka. In 1991, I helped lead successful efforts to pass Kansas teenage pregnancy prevention legislation that also targeted males.

I am very pleased that this bill targets males since (a) minor girls cannot become pregnant unless a male participates in the conception and (b) 300 Kansas resident boys 17 years old or younger, including four 14 years old or younger, fathered a child in 1994 (please see Kansas Department of Health and Environment enclosure). However, the bill should require program prevention strategies that take into account the fact that about half of Kansas resident minor girls who have a baby have sex partners who are 20 years of age or older (please see enclosure on KDHE data).

I have several concerns about the Council described in this bill. The pool of possible members who can fulfill all of the duties and other requirements in this bill and who know much about teenage pregnancy prevention is likely very small. To help enlarge the selection pool, could the Council do most of its work by mail, by telephone (including conference calls), and during weekend or evening meetings? Why not replace the law enforcement officers with child support workers? Instead of having one large statewide Council, would having smaller Councils located in several regions of the state increase the pool of possible

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iembers and facilitate Council members' participation?

I have several concerns about the financial aspects of this bill. Exactly how would the "benchmark of $200 per youth, per year" be applied? Does the 10% limit on administrative expenses include paid personnel and consultants necessary for a program? Because of the state's current tight budget situation and this bill's reference to subsection (e) of K.S.A. 75-3223, would there be a limit on the number of Council meetings held each year?

An article published in 1991 said Kansas taxpayers paid $345 million in one year to help support ~~females~~ FAMILIES begun when the mother was under 20 years old. For state taxpayers, this bill has great potential to cost them much less to prevent conceptions occurring among Kansas resident girls and boys than the above huge figure shows that it now costs them for not preventing such conceptions.

After such a program was implemented at a Kansas university, the unplanned pregnancy rate dropped from 121 per 1,000 female students in 1991 to 77/1,000 in 1994; for all students, the rate of chlamydia fell from 50/1,000 in 1991 to 20/1,000 in 1994 and the gonorrhea rate slid from 18/1,000 in 1989 to 6/1,000 in 1994.

By the way, Kansas taxpayers would get more for their money if this bill were modified to require programs to include secondary strategies targeting reduction of sexually transmitted diseases.

Michael D. Brown
Michael D. Brown, RN, MS, 2424 SW Sunset Ct., Topeka 66604 913-843-3750 10:30-noon/3:30-5:00

TABLE 9
LIVE BIRTHS BY AGE-GROUP OF MOTHER BY AGE-GROUP OF FATHER
KANSAS, 1994

Age-Group of Father	Total	Age-Group of Mother									
		Under 18	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45 & Over	N.S.
Total.....	37,269	1,707	66	4,717	10,132	10,622	8,036	3,167	506	23	-
Under 18.....	300	185	10	265	24	1	-	-	-	-	-
10-14.....	4	3	1	3	-	-	-	-	-	-	-
15-19.....	1,389	566	17	1,112	244	16	-	-	-	-	-
20-24.....	6,578	369	5	1,708	4,028	716	100	19	2	-	-
25-29.....	9,459	52	-	308	3,152	4,931	904	148	16	-	-
30-34.....	8,988	12	-	88	836	3,320	4,079	611	53	1	-
35-39.....	4,461	1	-	9	201	719	1,989	1,441	99	3	-
40-44.....	1,564	1	-	4	53	200	488	615	201	3	-
45 & Over.....	535	-	-	2	24	61	140	196	99	13	-
N.S.....	4,291	703	43	1,483	1,594	659	336	137	36	3	-

Residence data

AGES OF SEX PARTNERS OF KANSAS GIRL RESIDENTS 17 YEARS OLD OR YOUNGER WHO HAD A BABY DURING 1986-1994
(SOURCE: KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT)

	AGES OF MINOR MOTHERS' SEX PARTNERS IN YEAR SPECIFIED								
YEAR	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45 & OVER	NOT STATED
1986	0	434	375	66	7	1	1	2	660
1987	1	409	348	55	12	7	1	0	638
1988	0	402	372	58	7	2	0	1	624
1989	1	405	352	52	11	2	2	1	662
1990	4	451	345	43	10	1	0	1	650
1991	2	420	353	54	15	5	0	1	643
1992	3	492	405	60	3	3	0	0	630
1993	1	555	355	56	13	2	0	0	689
1994	3	566	369	52	12	1	1	0	703

PERCENT OF PARTNERS WITH KNOWN AGES WHO WERE 20 YEARS OR OLDER

1986	1987	1988	1989	1990	1991	1992	1993	1994
51%	51%	52%	51%	47%	50%	49%	43%	43%

Prepared by Michael D. Brown, RN, MS; P.O. Box 864; Lawrence, KS 66044 (913-843-3750 10:30-noon or 3:30-5:00) February 17, 1996

Kansas SCHOOL BOARD JOURNAL

April 1991
Vol 30/No 2

Published by the Kansas Association of School Boards

New Board Member Issue

A Critical Relationship

Looking Ahead

Meeting in the Sunshine

Whe[illegible] Hav[illegible]

During the last school year, more than 500 students in Wichita gave birth; some of the mothers were only in sixth grade.

Wichita addresses teen pregnancy in part by providing high school day-care centers. The district, which has almost 45,000 students, also has a resource center for pregnant teen-agers, and provides parenting and human sexuality education, says Kathy Tevebaugh, Wichita's home economics education coordinator.

By contrast, in a consortium of nine school districts in nearby Butler County, fewer than 45 pregnant teen-agers were served last year. The consortium, Project GLOW (Guided Learning Opportunities for Women), has helped teen-agers for the past five years find day care, provides help with social service agencies and provides parenting education, according to Peggy Unruh, the project coordinator.

Schools play an important role in helping solve society's teen pregnancy problem, several experts say.

"I don't think anyone would be so bold as to assume the schools would take on the whole puzzle, but there are appropriate pieces for the schools," said Jo Bryant, executive director of the Kansas Action for Children.

Bryant lists three appropriate puzzle pieces: sex education for boys and girls, strategies for at-risk students, and strategies for keeping pregnant students in school until graduation, which might include in-school day care.

To Bryant's puzzle, Joyce Grosko, head of the state department of education's AIDS/Human Sexuality program, adds a piece: Helping boys and girls learn socially appropriate behavior.

"The kid's environment is not just in the classroom. It's in the hallways, where kids kiss, hold hands and fondle each other," Grosko said. "An innate part of teaching is to teach kids how to control themselves."

And Linda Johnson, consumer and homemaking education specialist at the state department of education,

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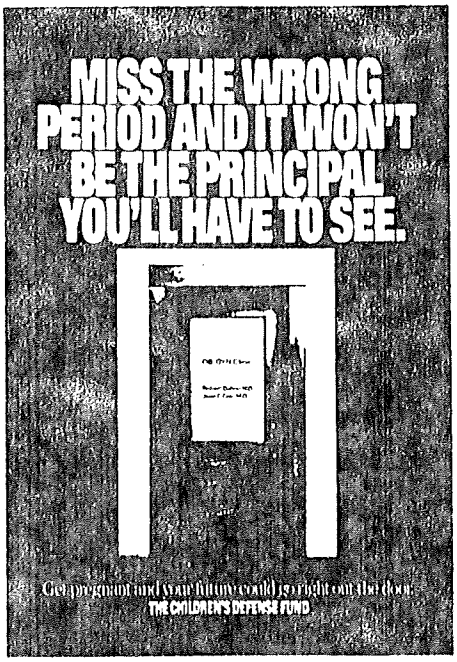
> "It is a school district's legal responsibility to educate all children, pregnant or otherwise."

Peggy Unruh, Project Coordinator
Project GLOW
Board Member
USD 490 (El Dorado)



development, parenting skills and a career direction.

"Teen parents don't have the luxury some of our other students do of waiting a few years to figure out what they want to do," Johnson said.

Across Kansas, districts including Wichita, Dodge City, Shawnee Mission, Kansas City and Topeka have in-school day care to help teen-agers care for their children and keep them in school through graduation day. Several districts have some sort of special parenting programs or teen pregnancy programs, including Lakin, Derby, Junction City, Topeka, Shawnee Mission, Dodge City, Pratt, Manhattan, Coffeyville and the nine-district consortium in Butler County headed by Unruh.

Unruh, who also is a member of the USD 490 (El Dorado) board of education, understands the dilemma board members face.

"The question for board members is how do you justify putting the dollars in programs for a very small group of kids when your funding is so short anyway and you have so many kids to consider? It's not an easy issue for board members," she said. Her answer is a form of "pay now or pay later." Districts that don't provide help for the pregnant teen-ager and the child now will be faced with other, greater social costs, she says.

At the state level, programs such as the Parent Education Program address some of the issues teen parents have. The legislature also is considering funding other programs, such as programs for at-risk pre-school children, that may partially address the issue of teen pregnancy.

Districts do face some legal responsibilities for pregnant teen-agers in complying with Title IX of the Education Amendments of 1972. These laws protect students from discrimination. (see "Make the Grade," page 8)

"It is a school district's legal responsibility to educate all children, pregnant or otherwise," Unruh said. But, she said, schools should also work to provide emotional support services and resource services, such as referrals to health departments and Social and Rehabilitation Services.

"When we deal with pregnant teen-agers, we have to understand their special needs in order to meet their academic needs," Unruh said. "When I am sick to death every morning, urping up my insides, I cannot think about English or geometry. When all I can think of is, I haven't told someone yet, or my family is in denial or my boyfriend has disappeared, I can't think about school."

Unruh brings up another point: How much will school districts pay when the baby of the teen-ager reaches school age?

WHAT ABOUT THE BABY?

The ideal role for the school, says Paul Getto, KASB assistant director of education services, is to keep teen-agers from getting pregnant by promoting abstinence, providing better sex education, and promoting a better self-image and hope for the future.

"If you're unsuccessful at that, the issue becomes how to deal with the mother and her child and get her through high school," said Getto, a former high school principal. "If she has a baby at 15, by the time she's 20, the school has a kindergartner who may be 'inadequate.' The education lingo is that you'll have a kid who lacks 'readiness.' We're at the beginning of seeing the 'crisis of readiness' if you want to call it that."

Babies of teen parents may be physically or mentally abused, may suffer from malnourishment or low-birth weight, may have a mother or father who abuses drugs or alcohol, and may lack proper prenatal care.

"All of those factors will contribute to children who come to school unready to learn. They have a greater possibility of being labeled at-risk and may need special services," said Sharon Freden, assistant commissioner, Kansas State Department of Education.

The cost of special education for a child with a minor learning disability is estimated at $3,986 a year, according to a study reported in *Time* magazine's October 1990 issue.

Although statistics don't exist that prove kindergartners are more

"unready" than ever before, education experts point to some trends. Carol Dermyer, specialist in early childhood education at the state department, notes that several districts are implementing pre-kindergarten programs, full-day kindergartens and transitional programs between kindergarten and first grade.

"That indicates they feel a lot of kids are not ready," Dermyer said. However, even these trends pointing toward unprepared kindergarteners can't all be blamed on the issue of teen pregnancy, she said.

NUMBERS ARE INCREASING

In 1990, U.S. taxpayers spent a record $21 billion to support families started by teen-age pregnancies. Spending in Kansas has been pegged at $345 million a year.

The rate of teen-age parenthood in the United States is the highest among all developed Western countries—seven times higher than the Netherlands, three times that of Sweden, and more than twice that of Great Britain and Canada.

Statistics from the Kansas Department of Health and Environment indicate that during the past five years, the number of pregnant teen-agers dipped slightly, but is on the upswing.

In 1989, according to KDHE statistics, 4,576 Kansas teen-agers had babies; of that number, 78 were girls ages 10 to 14. Those figures do not include abortions or miscarriages, so the number of teen-agers who became pregnant is higher, according to Bryant.

"The high rates of teen pregnancy are not just in the cities," Bryant said. "Certainly the population centers have higher actual incidents, but proportionately, it's not true that cities have a larger problem."

Experts note that girls as young as 10 and 11 are becoming mothers and "the problem is becoming more acute," said Linda Nicks, coordinator of the teen pregnancy/parenting program for USD 259 (Wichita).

"Two out of three pregnant teen girls drop out of school," Nicks said. "The younger the girl gets pregnant, the less likely she is to finish school."

Nicks believes that school districts have a duty to help pregnant teen-agers, whether through parenting classes, referrals to community resources, or with child care at the school. Even small schools without the number of pregnancies that large districts experience should provide help on a case-by-case basis.

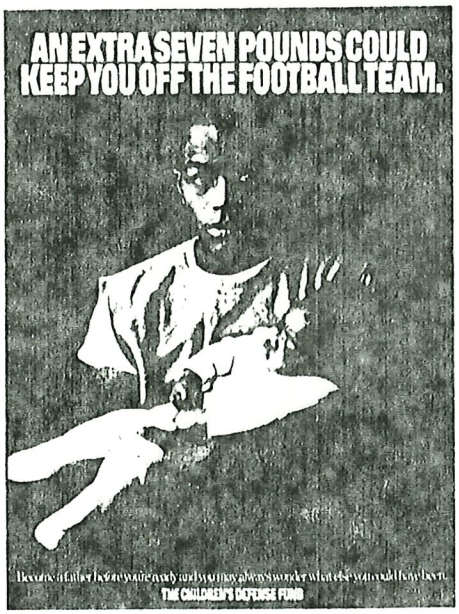
"I feel it's not the responsibility so much as the obligation of schools to provide child care," she said. "If you're really saying your goal is to get kids out of school and be a productive member of society, then you need to do whatever needs to be done. If it involves child care, OK, provide it."

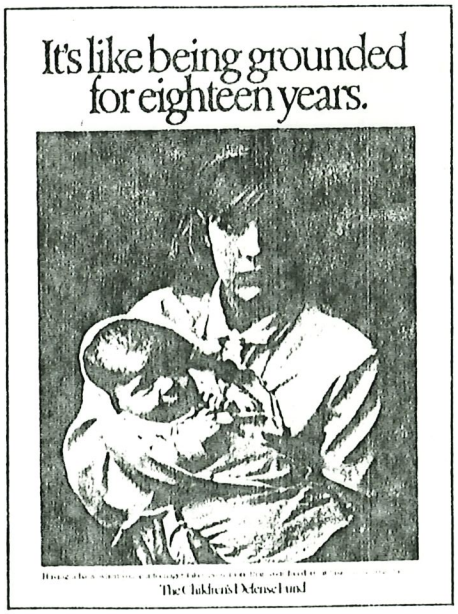
Bryant, of Kansas Action for Children, said a number of schools have integrated child care into their curriculum.

"I suppose it is an issue of schools being responsible for a social problem," said Freden, of the state department of education. "On the other hand, we have to look at the fact that schools are part of our social fabric. And we've got to do what we can to assure that all of our students are educated. Those schools who are providing day care centers are reaching out to their students."

PREVENTION

Grosko, who works with districts in human sexuality education, believes Kansas is in the forefront of sex education. In 1987, the legislature mandated human sexuality and AIDS education and allocated





"Two out of three pregnant teen girls drop out of school. The younger the girl gets pregnant, the less likely she is to finish school."

Linda Nicks, coordinator
teen pregnancy/parenting program
USD 259 (Wichita)

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about $2.5 million to reimburse districts for buying materials and training teachers.

However, each district is responsible for what it teaches and the curriculum can vary widely from school to school.

"Districts can say, well, these are good guidelines, but our committee says we shouldn't talk about birth control or abortion or even about sex between teen-agers," Grosko said. "We should just talk about abstinence. And they can do that because it's local control. We don't come out from the state department of education and say 'here's what you have to do.'"

Parents also may have their children opt out of sex education classes.

"Parents claim 'You're going to teach my kids morals and values,'" Grosko said. "No. If your kids are 16, 17, they've already picked up the morals from you. We only hope that parents who are opting out are doing education at home."

Because local school districts have control over the program, sex education classes may or may not be taught every year or to every class. Classes may not include the issue of teaching boys about their responsibilities, either.

"There's the whole issue of the male involvement in this," Nicks said. "One of the things I think is important is to look early on, at preventive measures for both girls and boys— teaching self-esteem and skills for saying no."

Bryant agrees that preventive measures are critical to solving the issue of teen pregnancy.

"The best prevention of teen pregnancy is for all of our young people to believe they have a future worth counting on," Bryant said.

"The best motivator to avoid an early pregnancy is for children to believe they have a reason to wait to get pregnant until their future is secure." ■

Eleven posters for schools, including the ones illustrating this article, are available for $4.95 each, plus postage, from The Children's Defense Fund, publications department, 122 C. Street NW, Washington D.C., 20001.

Katharine Weickert is director of communications for the Kansas Association of School Boards.

Does your school Make the Grade?

Does your school system, principal or staff...

• Expel or suspend a student for being pregnant or being a parent?

• Push pregnant students into a special class, program or school?

• Track pregnant and parenting students into specific courses of study?

• Require or coerce pregnant students to have home teaching—or make it hard for these students to get these services?

• Arbitrarily tell pregnant students they can't take laboratory courses or enroll in work-study programs? Exclude boys from parenting classes?

• Require pregnant students to take physical education—or require them to take study halls instead of physical education?

• Deny pregnant or parenting students honors such as valedictorian, honor roll or participation in graduation?

• Bar pregnant or parenting students from being members or officers of clubs or organizations?

• Refuse the participation of pregnant or parenting students in extracurricular activities?

• Deny a student honors, awards,

Is your school treating pregnant and parenting students fairly? Is it complying with Title IX of the 1972 Education Amendments?

team or club membership because she was once pregnant?

• Penalize a student because she has had an abortion?

• Give a student a poor recommendation (or refuse to give a recommendation) because of pregnancy or parenthood?

• Counsel any parent or soon-to-be parent not to go to college or get further training?

• Put restrictions on teenage mothers that aren't also put on teenage fathers?

• Require pregnant students—but not other students with medical conditions— to get a doctor's certificate to stay in school?

• Require a young mother to return to school after a certain number of weeks, rather than allowing the time her doctor says she needs?

• Refuse to reinstate a new mother to the status she had when her leave began?

• Deny pregnant students excused absences for medical problems related to pregnancy?

• Make fewer adjustments for pregnant students than for students with other medical conditions?

• Deny an excused absence for prenatal care or for medical care after the baby is born?

GRADING YOUR SCHOOL

If you have not checked any item, your school gets an "A." If you checked even one item above, you need to look again. Every item violates Title IX. Think about ways to change how your school operates so that it does its part to help pregnant teens—and teen mothers and fathers—stay in school. Title IX applies to every school that gets any federal money. ■

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Strategies to Reduce Problem Conceptions and STDs Among Young Adults

Michael D. Brown, RN, MS, Senior Clinical Nurse Specialist, PHS Indian Health Center, Lawrence, Kansas.

Sexually transmitted diseases (STDs) and unplanned pregnancies can have life-changing, sometimes life-threatening, implications, and are largely preventable. This article presents data on the incidence of STDs and unplanned pregnancies in the general population, and in American Indians/Alaska Natives (AI/AN) specifically, and describes a program at an AI/AN college that appeared to reduce these rates.

Rates

There is evidence to suggest that the rates for STDs and unplanned pregnancies are higher in AI/ANs than in the population as a whole. For example, among U.S. military applicants from October 1985 to September 1994, the rate of positive antibody tests for human immunodeficiency virus (HIV) was 6/10,000 for AI/ANs, while the corresponding rate was 4/10,000 for Whites and 3/10,000 for Asians/Pacific Islanders.[1] Provisional data, collected for only a few years, seem to indicate that AI/ANs are disproportionately affected by chlamydia. Estimates for the rates of chlamydia in AI/ANs range from 200 to over 1,200 per 100,000 population.[2] In one IHS Area, the chlamydia rate among American Indian females 15 to 44 years old was over 3,800/100,000.[2] During 1985, in eight Indian country states, the collective AI/AN gonorrhea rate was nearly double the collective all races gonorrhea rate, and the AI/AN syphilis rate was almost four times the all races rate for that disease.[3]

During 1992, in the United States, 8% of all AI/AN new mothers were 17 years old or younger, while corresponding figures for other ethnic groups were as follows: Hispanic, 7.1%; White, 3.9%; and Asian/Pacific Islanders, 2%.[4(p33)] In 1990, the birth rate was 129.3/1000 18- to 19-year-old AI/AN women; 19.5% of all AI/AN births occurred to women under 20 years of age.[5]

Of those AI/AN females who gave birth during 1992, only 64.1% had finished high school, while corresponding percentages for other ethnic groups were: Black, 70%; Hispanic, 76.4%; all races-ethnicities, 76.4%; White, 77.7%; Chinese, 84.8%; and Japanese, 97.6.[4(p45)] Similarly, the percentage of babies born to single mothers during 1992 was 55.3 for Native American mothers, while corresponding percentages for other ethnic groups were as follows: Hispanic, 30.2%; all races-ethnicities, 30.1%; White, 22.6%; Japanese, 9.8%; and Chinese, 6.1%.[4(p45)] Unless unplanned pregnancies are culturally acceptable or desirable in a particular tribe or family, we need to consider ways to help Native American youth, the source of tomorrow's tribal leaders, provide better opportunities for themselves and for their children.

On a Local Level...

At a midwestern college attended only by Native Americans, students have had high rates of unplanned pregnancies and sexually transmitted diseases (STDs). The college currently enrolls about 450 male and 350 female students representing over 100 tribes from more than 20 states.

Student health services are provided by an Indian Health Service (IHS) ambulatory clinic located on the edge of the college's small campus. Several years ago, health center nurses, physicians, human services staff, and support personnel met with college administrators, faculty, staff, and students to develop and implement a comprehensive program to help reduce the rates of conceptions and STDs. The program attempts to meet the needs of all students by providing information about both abstinence from sexual intercourse as well as the use of effective protection by those who choose to be sexually active,[6] and includes the following elements:

- creation of original educational materials, including a pamphlet, poster (displayed in dormitories and other campus buildings), and videotape, targeting AI/AN male students and their role in contraception and the prevention of STDs.[7,8]
- inclusion of brochures about contraception and STD prevention in packets given to all new students.
- publication of relevant articles in the college's student newspaper.[6]
- provision of presentations about sexual health during dormitory meetings and relevant for-credit classes.
- making spermicidal condoms available in the clinic pharmacy and through dormitory staff and certain student organizations.[9]
- establishing annual campus-wide events spotlighting strategies for the prevention of AIDS (acquired immune deficiency syndrome), often featuring presentations by Native Americans infected with HIV (the virus that causes AIDS, human immunodeficiency virus).
- screening for STDs; diagnosing, treating, and counseling students with STDs; and testing of sexual contacts.

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- promotion of contraception to students who came to the clinic requesting pregnancy tests.
- provision of confidential, in-house HIV antibody tests with standard pre- and post-test counseling.
- educating students about the role of alcohol and other drugs in problem conceptions and STDs by citing, anonymously, incidents that have occured.

A number of problems have been encountered in the implementation of the program. For example, some students find it laughable to discuss abstinence. Some college faculty and staff want only abstinence discussed; others from the faculty think that it is a waste of time and hurts the credibility of the program for it to stress abstinence much at all. While the program initially generated much controversy among some conservative faculty and staff, a few of those early, vocal critics have since become some of the program's strongest supporters because of its apparently favorable results.

Some administrative and other changes at the college, over which the health center staff had no control, facilitated implementation of the program, while other changes hindered such implementation. For example, some of those changes increased clinic staff's health promotion access to students, while other changes limited such access. Every year, health center staff often must adapt to similar changes.

The program was modified when it seemed appropriate. For example, when many male students commented that "unplanned," "unintended," or "unwanted" *pregnancies* were not a real concern to them because they cannot get pregnant, the term "problem *conceptions*" was used instead, to better help male students understand that they have an important role, with its accompanying responsibility and accountability, in this public health issue. As a result, many male students began participating more in the discussions, once they could recognize that problem conceptions are not just their sex partner's dilemma. Other changes in the program were made over the years, including informing students about the DepoProvera® injection and the Norplant® implant contraceptives when they became available.[10-15]

Results

The rate of conception at the college in 1991 was 121/1000 female students; by the end of 1994, the rate had dropped to 77/1000 female students (a 36% reduction in three years). The rate of chlamydia dropped from 50/1,000 students during 1991 to just 20/1,000 students during 1994 (a 60% decline). The rate of gonorrhea went down from 18/1,000 students during 1989 to only 6/1,000 during 1994 (a 67% decrease in five years).

Discussion

The above data suggest that health care providers *can* have a positive influence on the rates of chlamydia, gonorrhea, and pregnancy. Because the program was adaptable, responding to pressures from both administration and faculty members and to the reactions of the students themselves, it is difficult to determine which aspects of the program had the most impact, if the drop in rates was dependent on the combined effect of all aspects of the program, or if there were other variables involved.

Nevertheless, it is important to note that something can be done about these problems. Health care providers, tribal leaders, parents, and other community members who are interested in achieving similar results may want to consider adapting these program ideas to their specific situations.

Acknowledgements

The following health center staff were actively involved in program development and implementation: Stephen Stevenson, MD; Jeanette Littlesun, RN; Richard Caldwell, MD; and Tracy Wolfe, RN.

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19 ebruary 1996

Health & Human Services Committee
Chairman Mayens and Members of the Committee

I am Caroline Davis appearing in support of HB 2949.

In the past I have been a facilitator for the Topeka/Shawnee County Teen Pregnancy Prevention Projject. Growing up in the late sixties and early seventies I know how little teens knew about preventing pregnancy, sometimes because they could not talk to their parents, but sometimes because they did not want to talk to their parents. For this reason I have also testified at the State Board of Education in opposition to the 'abstinence only' proposal before that board.

I am the Mother of two girls, one in Topeka High School, one in Potwin Elementary School. I firmly believe that prevention of pregnancy for young women, in their teens, is absolutely necessary. I remember my Mother once said," Once you are a Mother, you are always a Mother." Teens may not think that far ahead. They may consider adoption, they may think they can get jobs, finish school, get a better job, the Father will help, they might even get married. Given the job market for people who have minimal skills, a child to raise, cut-backs in public assistance, the chance that financial support will come from the Father, teen-age or otherwise, ~~it is~~ very tough for a young(teen-age) Mother to find help.

I appreciate those who object to talking to children(teens) about birth control but we must face the fact that there are children who are having children. Who will care for those children? Involving the teen Fathers is a good step, but here again, how will those teen Fathers support the family they have helped create? This is a good piece of legislation. It takes one step toward helping to stop teen pregnancy. I hope you will support this bill..

H+HSComm
2-19-96
Attm #5

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19 February, 1996

TESTIMONY IN SUPPORT OF HB 2949

Mr. Chairman and Members of the Committee:

Thank you for this opportunity to testify in support of HB 2949, The Partnership for Prevention of Teenager Pregnancy--a proposal to address teen pregnancy in our state.

Teen pregnancy is a very real problem in our state. In 1994, 9.2 percent of all births in Kansas were to unmarried women under the age of 20. The number of single teens having babies in Kansas continues to increase. This is a particularly important problem in the southeast part of the state. In Montgomery County 14.5% of all births were to single teens in 1994, and in Labette County the percentage was 11.1%.

HB 2949 is a positive effort to address this problem. This legislation achieves a number of goals, including:

- Raising state awareness of the problem of teen pregnancy. The establishment of the Council will heighten the state's attention on this critical issue.

- A requirement that pregnancy prevention programs include programs for teenage males and teen fathers. To successfully address this issue, we must reassert and emphasize the responsibility of fathers in supporting and raising their children.

- An emphasis on local community-based solutions. This bill supports efforts of local communities to address their individual teen

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Attm #6

pregnancy problems. We must encourage community-based solutions. The proper role of state government is to act as a catalyst for community-based efforts to solve this problem. HB 2949 is such a catalyst for solutions.

Teen pregnancy has a sobering effect on public funds. The federal government spends $34 billion to support families begun by unmarried teen mothers. Children of these young, single parents are much more likely to grow up in poverty; they are at higher risk of dropping out of school, turning to drug and alcohol abuse, or criminal activity. Moreover, these children are more likely to become teen parents themselves and dependent on the welfare system.

Teen pregnancy affects all of us directly. Kansans should be concerned about this problem. HB 2949 is an excellent step at addressing the issue. I urge your support of HB 2949.

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Testimony before the House Health and Human Services Committee Regarding House Bill 2949 by Representative Janice L. Pauls District 102

Mr. Chairman and members of the committee, thank you for the opportunity to present testimony on this bill to your committee.

HB 2949 sets up a program to prevent teenage pregnancy by providing a grant program targeted at teenagers. The grants will be received by local programs which will target youth with demonstrated risk factors. The programs will propose strategies in their grant applications which have been proven effective in delaying sexual activity and pregnancy.

A council of 15 members is created through the act, to coordinate services under this act with other groups providing services.

The initial grant proposal would be $200,000 with approximately $200 to be spent per teenager for services. Additional private funds could be accepted by donations from private businesses or foundations.

I would urge the committee to pass this act which develops local programs to prevent sexual activity of teenagers and pregnancies.

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