

Teen Reg.
State programs

February 5, 1996

Debbie Fine
Domestic Policy Council
Room 217
OEOB
1600 Pennsylvania Avenue NW
Washington D.C. 20502

Dear Debbie:

Thank you again for the phone time. As promised, I have included the new Crittenton Hastings House video, general program information and materials from our 1995 commencement ceremony.

I did want to follow up on the possibility of obtaining a message from President Clinton for our **June 14, 1996** commencement ceremony when approximately 100 teen parents will be honored for completing Crittenton's high school education programs. Needless to say, a congratulatory message from the President would serve the young parents so well as they leave Crittenton and move on to higher educational opportunities or employment.

I know we talked about exploring the possibility of some of our young parents meeting with President Clinton post-June 14 within the context of an already scheduled event. I also know this is a long-shot, but I do think it is worth pursuing. Perhaps the President will be traveling to Boston. In any case, let's talk about this as you may have some suggestions as to how we proceed.

I'll call within a week or so. In the meantime, thank you for your time and consideration. I look forward to working with you, Debbie.

Sincerely,



Jane Harman
Director Of External Affairs
617/782-7600

March 12, 1996

MEMORANDUM FOR CARMEN FOWLER

FROM: Debbie Fine

SUBJECT: Presidential Message for Crittenton Hastings House Graduation

In June of this year approximately 100 teen parents will be honored for completing Crittenton Hastings House's High School education programs. I received a letter from Crittenton requesting a message from the President for the commencement ceremony. (See attached.) I want to recommend that we do this.

Crittenton is a Boston-based non-profit organization that provides education, housing, child care, health, counseling, and nutrition services for women, children and families to help them attain economic independence and self-sufficiency. Over 7000 individuals and families are served by Crittenton Hastings House annually, helping high-risk young families break the cycle of teen pregnancy, welfare dependency, and poverty.

Currently, there are over 1100 students enrolled in Crittenton's education and job training programs at eight area schools. 60% of those who complete the high school education process pursue higher education, while 80% of those enrolled in the job training program are employed after the completion of their studies.

Please let me know if there are any problems with this request. We would need the letter by June 3; I will get it to them once it is ready.

If you have any questions I can be reached at x65572. Thanks so much for your help.

Fill
Teen Pregnancy
Bostoner Glass

The
Crittenton

H A S T I N G S H O U S E

PRESERVATION PHOTOCOPY

Serving needs of women, children and families in the community since 1836.

The
Crittenton
H A S T I N G S H O U S E

Crittenton Hastings House

10 Perthshire Road

Boston, MA 02135

617 782-7600

PRESERVATION PHOTOCOPY
Fax 617 254-7966

Jane Harman

Director of External Relations

10 Perthshire Road, Boston, MA 02135

617/782-7600 FAX 617/254-7966

Crittenton
HASTINGS HOUSE

Mission:

Crittenton Hastings

House addresses needs associated with pregnancy, parenting and family life, by offering comprehensive services to enable women, children and families to attain and sustain self-sufficiency and independence.

Crittenton Hastings House

Ten Perthshire Road
Boston, MA 02135
Phone: 617/782-7600
FAX: 617/254-7966

Elizabeth Reilinger, Ph.D.
President/CEO

Crittenton



MESSAGE FROM THE PRESIDENT/CEO

Investing in the future by offering comprehensive services which yield positive, concrete outcomes for individuals, for families and for the community is the hallmark of **Crittenton Hastings House**. For over a century and a half, Crittenton has responded effectively to the changing needs of women, children and families. Today, Crittenton operates fiscally sound programs which address the range of basic human needs -- housing, education, health, child care, nutrition and counseling. Programs in each of these areas enable over 7,500 individuals to develop the skills to attain and sustain economic self-sufficiency, to promote family stability and support the next generation, and to maximize their options in life.

As a full-choice, community-based organization, Crittenton has assumed a leadership role in articulating a vision of caring, accountability and collaboration. Our programs are innovative, efficient, results-oriented and emphasize active participation of consumers. As we face the challenges of a changing environment, Crittenton is committed to offering creative strategies to support individuals, families and the quality of life in our community. With your support, we can make a difference.

In appreciation,

Elizabeth Reilinger, Ph. D.
President/CEO

For over 155 years, **Crittenton Hastings House** has responded to the changing needs of the community by offering programs to assist women, children and families to pursue positive life options, to achieve self-sufficiency and economic independence and to break the intergenerational cycle of poverty and welfare dependence.

Crittenton offers comprehensive services in six core areas: **housing, education, health, child care, nutrition and counseling.**

Recognized as a **national model** in serving high-risk young families, programs focus on the needs of daily life and yield concrete, positive outcomes. In 1996, over **7,500 individuals and families** will use Crittenton's programs.

Housing:

A Transition to Independence

Annually, Crittenton's extensive range of on-site and community-based housing helps more than **125 high-risk, homeless families** make the transition to permanent housing and self-sufficiency. Overall, **90%** of the participants in Crittenton's housing programs move beyond homelessness to permanent housing.

Services include:

- Emergency housing*
- Transitional housing*
- Permanent housing search and placement*
- Educational and vocational preparation*
- Family life skills and parenting education*
- Nutrition and family health care*
- Follow-up services*

Education:

Preparing For the Future

Over **1,100 students** enroll each year in Crittenton's continuum of education and job training programs, operating on-site and at eight area high schools in Boston. These programs are designed to reduce school dropout and teen pregnancy and to assist young people to become self-sufficient, productive members of the community.



Photo by Brian Smith

Overall, **60%** of those who complete their high school education requirement pursue higher education; **80%** of those who complete Crittenton's job training program obtain employment and enter the labor market successfully. Services include:

- School-based services for young mothers and fathers*
- On-site alternative high school education*
- Adult Basic Education*
- General Equivalency Diploma program*
- Job-readiness and vocational counseling services*
- Career exploration, including job shadowing, mentoring and internships*
- Job skills training*
- Family life skills education*
- Pre- and post-natal care*
- Child development and*

parenting education
Follow-up services

Health Care:

Expertise and Experience

Crittenton is a leader in providing high-quality, full-choice, accessible health care options for over **4,500 individuals and families** annually. Services include:

- Gynecology*
- Pregnancy options counseling*
- Pregnancy termination*
- Family planning*
- Maternal health, including pre- and post-natal care*
- Developmental assessments*
- HIV testing, education and counseling*
- Mental health*
- Wellness and prevention*

Child Care:

Promoting Our Assets

Each year, over **75 children** use Crittenton's fully-licensed, Spaulding Child Care Center to support a healthy and educationally-sound head start for infants, toddlers and pre-schoolers. Accredited by the National Academy of Early Childhood Programs, the on-site center serves the children of families in the greater Boston community.

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Roxbury Dis-
Care Center
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Nutrition

Food For The Future

Crittenton
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**Statement of Operating Revenue
and Expenses for Fiscal Year 1995**

July 1, 1994 - June 30, 1995

REVENUE

Total	\$4,352,668.00
Public Contracts	48.2%
Fee for Service	38.8%
Contributions/Gifts	4.3%
Corporate/Foundation Grants	6.1%
Investment Income	<u>2.6%</u>
Total	100%

EXPENSES

Total	\$4,325,041.00
Housing	30.8%
Education	22.4%
Health Services	30.0%
Child Care	8.0%
Nutrition Services	<u>8.8%</u>
Total	100%

Audited financial statements are on file at **Crittenton
Hastings House**, Ten Perthshire Road, Boston, MA 02135.

Crittenton Hastings House is exempt from federal income taxes under section 501(c) (3) of the U.S. Internal Revenue Code and has been classified as a publicly supported charitable organization under section 509(a)(1) and qualifies for the maximum charitable contribution deduction by individual donors.

Crittenton Hastings House

Ten Perthshire Road, Boston, MA 02135

Telephone: 617/782-7600 FAX: 617/254-7966

**Service Statistics
for Fiscal Year 1995**

July 1, 1994 - June 30, 1995

HOUSING

Total Served	130 families
Housed in emergency programs	81 families
Housed in transitional programs	49 families

EDUCATION AND TRAINING

Total Served	1,022
School-Based Parenting and Reproductive Counseling Services (SPARCS)	527
Young Fathers Program	266
Adolescent Network of Counseling and Education Services (CHANCES)	61
General Equivalency Degree and Adult Basic Education	152
Transitions To Work	16

HEALTH SERVICES

Total Served	4,251
Reproductive Health Care	3,514
Maternal and Child Health	737

CHILD CARE

Total Served	79
Infants	25
Toddlers	20
Pre-schoolers	34

NUTRITION SERVICES

Total Served	122,030
Home-Delivered Meals	103,780
Meals served on-site	18,250

COUNSELING

Total Served	3,261
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Crittenton Hastings House

Fiscal Year 1995

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Bank of Boston Charitable Trusts/Charles H. Pearson Charitable Trust

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Bay State Skills Corporation

Better Homes Foundation

Blue Cross and Blue Shield of Massachusetts/HMO Blue

Boston Community AIDS Partnership

Boston Department of Health and Hospitals

Boston Edison Foundation

Boston Foundation

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Massachusetts Department of Education/Massachusetts National & Community Service Commission

Massachusetts Department of Public Health

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U.S. Healthcare, Inc.

Wainwright Bank & Trust Company

Frederick E. Weber Charities Corporation

We appreciate the generosity of all our supporters. If we have omitted any names inadvertently, please accept our apologies.

ditional Florence Crittenton
ague of Compassion
ovement, the Crittenton League
Boston built a Home and
ospital for unwed mothers in
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In 1972, Crittenton
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udents have completed high
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rittenton's nationally-recognized
lucation programs.

Crittenton led the fight for
productive rights in 1973 by
pening the first fully-licensed,
ee-standing abortion clinic in
lassachusetts. Today, Crittenton
mains committed as a full-
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oad range of family health
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Since 1986, Crittenton has
ade great strides as a fiscally
able, operationally sound and
rogrammatically innovative
ganization serving the needs of
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mprehensive services.

Photo by Brian Smith

Mission:

Crittenton Hastings

House addresses needs
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Elizabeth Reilinger, Ph.D.
President/CEO

Crittenton



MESSAGE FROM THE PRESIDENT/CEO

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Housing:
A Transition to Independence
Annually, Crittenton's extensive range of on-site and community-based housing helps more than **125 high-risk, homeless families** make the transition to permanent housing and self-sufficiency. Overall, **90%** of the participants in Crittenton's housing programs move beyond homelessness to permanent housing.

Services include:
Emergency housing
Transitional housing
Permanent housing search and placement
Educational and vocational preparation
Family life skills and parenting education
Nutrition and family health care
Follow-up services

E ducation:
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Over **1,100 students** enroll each year in Crittenton's continuum of education and job training programs, operating on-site and at eight area high schools in Boston. These programs are designed to reduce school dropout and teen pregnancy and to assist young people to become self-sufficient, productive members of the community.



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Job skills training
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Follow-up services
H ealth Care:
Expertise and Experience
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Pregnancy termination
Family planning
Maternal health, including pre- and post-natal care
Developmental assessments
HIV testing, education and counseling
Mental health
Wellness and prevention
C hild Care:
Promoting Our Assets
Each year, over **75 children**

use Crittenton's fully-licensed, Spaulding Child Care Center to support a healthy and educationally-sound head start for infants, toddlers and pre-schoolers. Accredited by the National Academy of Early Childhood Programs, the on-site center serves the children of families in the greater Boston community. Planning has been completed to open the West

Roxbury District Court Child Care Center this year, which will serve **1,176 children** annually and offer safe, free care for children of court-involved adults. Services include:
Licensed and accredited early education
Early intervention services, including screening, assessment, diagnosis and treatment
Child care placement assistance

N utrition:
Food For Thought
Crittenton prepares over **150,000 nutritious meals** annually for pregnant and parenting women, and for children who participate in our housing, education and child care programs. Additionally, nutrition education, meal planning and preparation workshops are an integral part of Crittenton's education and housing programs.
Crittenton's Home-Delivered Meals program is an enterprising venture which prepares and delivers hundreds of meals daily for elders and home-bound individuals who have limited resources and are struggling to maintain independent and self-sufficient lifestyles.

C ounseling:
Professional and Caring
In recognition of the relationship between physical and emotional health, Crittenton offers counseling for individuals, families and groups. **Over 3,200** individuals and families receive counseling services annually. Case management services, including outreach, needs assessment, referral and advocacy, and follow-up are provided for housing, childcare, and education consumers. By learning to manage the emotional and often difficult issues that arise from an increasingly complex social and economic environment, individuals and families strengthen their capacity to become productive adults and to make the most of life's options.

M odel Programs:
Demonstrating Entrepreneurial Initiative
Crittenton has established itself as a leader in designing and operating innovative programs that respond to the needs and support the strengths of individuals, families and the community. Crittenton's most exciting programs are those

which approach old problems with creative solutions that emphasize partnerships with schools, businesses, hospitals, health centers, community-based organizations and government agencies.

Y oung Fathers Program:
A Positive Track
Approximately **300 young men** are enrolled in Crittenton's innovative Young Fathers program, operating at four Boston high schools. The program uses a case management model of service delivery, which works to prevent and reduce high-risk behaviors, including dropping out of school, teen pregnancy and parental non-involvement.

E arly Intervention Program: Healthy Families, Healthy Children
Crittenton's Early Intervention program promotes healthy child development and family stability by identifying and addressing the critical development needs of young children. Through a home-visit model of service delivery, almost **300 high-risk and homeless children** are screened annually

Crittenton Hastings House

Fiscal Year 1995

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for Fiscal Year 1995**
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COUNSELING

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Crittenton Highlights

N O V E M B E R 1 9 9 5

The Value of Partnerships

Crittenton Hastings House recognizes the benefits of effective partnerships in maximizing resources and strengthening services. We have been committed to working closely with schools, businesses, hospitals, health centers, community-based organizations and government agencies to address the needs of the community. As we face the challenges of changing public priorities and declining resources, partnerships will become an even more critical ingredient for success.

A Collaborative Model for Building Successful Futures

An excellent example of a partnership designed around reducing teen pregnancy and preventing pregnant and parenting students from dropping out of school is Crittenton's School-based Parenting and Reproductive Counseling Services (SPARCS). Established in 1986, SPARCS operates in eight area high schools in Boston and Somerville. Case management, parenting and lifeskills instruction, sex education and vocational preparation are offered to assist students to complete their education and to become responsible parents and productive members of the community. Each year, over 1,100 students benefit from this partnership between Crittenton, Boston Public Schools, Department of Health and Hospitals and New England Medical Center. On June 22, 1995, 62 young parents received their high school diplomas as a result of participating in SPARCS. This represents an important first step for these young people as they struggle to establish a sound foundation for an independent and successful future.

Housing Partnerships: Yesterday, Today and Tomorrow

Partnerships have been a hallmark of Crittenton's 150 year history in offering housing services. Over the last six years, Crittenton has worked with the Department of Public Welfare and the Department of Housing and Urban Development to offer services-enriched emergency and transitional housing for more than 500 at-risk homeless families.

Crittenton is pleased to announce several new collaborations which will enable us to provide housing services for over 150 families each year. In November, in partnership with the City of Boston and the Department of Housing and Urban Development, Crittenton will expand services-enriched transitional housing for homeless, single-parent young families. With the implementation of Massachusetts' welfare reform initiatives, Crittenton, supported by the Department of Social Services, will open a model structured housing program for homeless teen parents. And finally, to demonstrate our commitment to a full continuum of housing options, Crittenton is developing on-site, services-intensive permanent housing for young high-risk families. This project, scheduled to open in 1997, involves a complex network, including Boston's Public Facilities Department, the Women's Institute for Housing and Economic Development and local banks and corporations. Each of these initiatives exemplify a cost-effective, collaborative approach to assisting young families to break the cycle of homelessness, move off welfare and compete successfully in the job market.

For more information, please call 617•782•7600, ext. 153.

Crittenton

Note from the President/CEO

Crittenton is committed to collaboration as a way of controlling costs, leveraging resources and strengthening services for the community. Our programs emphasize the value-added benefit of partnerships--that together, we can do more with less, while helping each other maximize opportunities.

As the "safety net" of government support has become weaker, community institutions must be aggressive, efficient and results-oriented in working together. Throughout the year, we'll keep you informed about the partnerships Crittenton is developing to assist individuals and families to attain and sustain self-sufficiency.

While our emphasis has been on institutional partnerships, the importance and value of people as partners cannot be overstated. The many volunteers and supporters who contribute to our work make a critical difference. Whether it be through the donation of time, energy, ideas or a tax-deductible gift, we are deeply grateful for your help and look forward to your support as we face the challenge of doing more with less.

With appreciation,



Elizabeth Reilinger, Ph.D.

Crittenton

Crittenton Hastings House
Ten Perthshire Road
Boston, MA 02135

NON-PROFIT
ORGANIZATION
U.S. POSTAGE
PAID
BOSTON, MASS.
PERMIT NO. 9888

*Providing housing, education, health care, child care, counseling
and nutrition for more than 155 years.*

ORGANIZATIONAL FACT SHEET

DESCRIPTION:

Crittenton is a Boston-based non-profit organization that provides an array of comprehensive services -- **education, housing, child care, health, counseling and nutrition** -- for women, children and families, to help them attain economic independence and self-sufficiency. Crittenton is recognized as a **national model** in helping high-risk young families break the intergenerational cycle of teen pregnancy, welfare dependency and poverty.

CLIENTS SERVED

ANNUALLY:

7,500 individuals and families

- Over **1,100 students** are enrolled in Crittenton's education and job training programs on-site and at eight high schools in Boston and Somerville. Overall, **60%** of those who complete their high school education requirements pursue higher education; **80%** of those who complete Crittenton's job training program obtain employment and enter the labor market successfully.
- Close to **300 at-risk young men** are enrolled in Crittenton's **Young Fathers** program at four Boston high schools.
- Approximately **125 homeless families** receive emergency and transitional housing.
- More than **4,500 women** have access to reproductive and family health care.
- Close to **200 high-risk, homeless young children** are screened by Crittenton's **Early Intervention** program nurses.
- Over **1,250 children** use Crittenton's on-site and court-based licensed child care centers.
- More than **150,000 nutritious meals** are prepared for pregnant and parenting women, children and the elderly.
- Approximately **3,200 individuals and families** receive counseling services.

PRESIDENT/CEO: Elizabeth Reilinger, Ph.D.

ANNUAL BUDGET: \$5 million

EMPLOYEES: 180

MEDIA CONTACT: Jane Harman

Crittenton Hastings House • Ten Perthshire Road • Boston, MA 02135
617/782-7600 • FAX: 617/254-7966

Crittenton

ELIZABETH G. REILINGER, Ph.D.
PRESIDENT/CEO
CRITTENTON HASTINGS HOUSE

Since 1986, Elizabeth Reilinger has been **President** and **CEO** of Crittenton Hastings House, New England's preeminent, nonprofit health and human service organization. Under Reilinger's leadership, Crittenton has become recognized as a dynamic organization providing high quality, comprehensive services to assist women and families to make a successful transition to economic independence and self-sufficiency. Over 7,500 women, children and families take advantage of Crittenton's education, job training, housing, health care, child care, counseling and nutrition services. Dr. Reilinger has been featured by the Boston Business Journal as "an example of a new breed of nonprofit chief: tough, bottom-line smart and entrepreneurial".

From 1983-86, Dr. Reilinger was **Associate Dean** for Allied Health at Boston University, responsible for strategic development and the creation of a highly successful health services research program. From 1976-1982, Dr. Reilinger served on the graduate faculty at Cornell University, where she directed applied health and social welfare policy research projects. She has lectured extensively and has been a consultant to government and private organizations around the design and delivery of health and human services, strategic planning and program evaluation.

Dr. Reilinger has been an active member of the community. In 1994, she was appointed by Mayor Menino to the **Boston School Committee**, where she serves as **Chair of the Administration and Finance Subcommittee** and the **Health and Human Services Task Force**. In 1996, she was elected **Vice Chair of the Boston School Committee**. She is a member of the **United Way's Leadership Council of Success By Six**, a national initiative to promote the wellbeing of children, and serves on the advisory board of the **International Association on Volunteer Administration**. She is a member of the board of **Technical Development Corporation** and of **Cornell University's Advisory Council**. In 1995, Dr. Reilinger received the **Women in Development Philanthropy Award** for outstanding philanthropic vision and commitment.

As part of her commitment to fostering the professional development of women, Dr. Reilinger is a member of the board of **The Boston Club**, an organization of senior executive and professional women. She chairs the **Non-Profit Board Resource Program** which recruits qualified women to serve on the boards of nonprofit organizations and governmental commissions.

Dr. Reilinger received her **Ph.D.** from Cornell University in 1979.

Crittenton

Contact: Jane Harman
Crittenton Hastings House
(617) 782-7600

For Immediate Release

**100 PREGNANT OR PARENTING TEENS TO GRADUATE FROM
CRITTENTON HASTINGS HOUSE
EDUCATIONAL/VOCATIONAL PROGRAMS**

**Young Fathers, Babies Included in 10th Annual,
June 22 Commencement At World Trade Center**

BOSTON, MA...May 25, 1995...Over 100 pregnant or parenting teens will be honored for completing Crittenton Hastings House's high school education and transition to work programs at the tenth annual **Crittenton Hastings House Commencement Ceremony** on **Thursday, June 22, 1995 at 6:30 pm** at the **World Trade Center** in Boston.

Joined by their babies and families, the young graduates (including young mothers and fathers-to-be), will be honored by Boston Mayor Thomas Menino and Crittenton's president/CEO Dr. Elizabeth Reilinger.

Six young fathers will receive their high school completion certificates for their participation in Crittenton's **Young Fathers Program**, an innovative, school-based adolescent parenting support service currently in place at six Boston public high schools.

The graduates, the majority of whom are African American and Latino, hail from Roxbury, Dorchester, Mattapan, Hyde Park, Jamaica Plain and East Boston.

Four student speakers will relate their personal experiences and challenges. A family prom, complete with babies and toddlers, will follow the ceremony.

Crittenton Hastings House in Boston is a nationally-recognized pioneer in working with high-risk young families to help them break the pattern of intergenerational teen pregnancy, poverty and welfare dependency. Over 8,000 women, children and families are served each year through Crittenton's comprehensive education, housing, health care, child care, nutrition and counseling services.

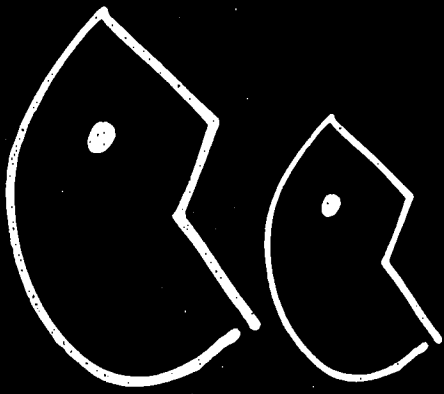
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movin' on up:
Crittenton's
Commencement

Thursday, June 22, 1995
World Trade Center/Boston

Crittenton Highlights

N O V E M B E R 1 9 9 4

Transitions to Work

Among the most challenging transitions which we all face, is one which leads us to productive employment and economic self-sufficiency. Making this transition a success has been highlighted in the public demand for greater individual responsibility, welfare reform and less government.

Crittenton recognizes the role of community organizations in preparing individuals to compete in today's world, to become self sufficient and to contribute back to society. Our Transitions to Work (TTW) program offers welfare-dependent young, single parents job training and placement services. Since many of the program participants lack basic academic skills, have no work history and are juggling the challenges of family life without an adequate support system, Crittenton's program integrates family life skills, parenting education and support services with vocational training. Successful graduates are in a position to obtain employment, to break out of the cycle of poverty and dependency, and to serve as positive role models for their children and the next generation. Last year 80 percent of our graduates obtained jobs upon completion of the program.

TTW prepares individuals to work as licensed child care teachers and in the building and construction trade. Graduates of the teacher training program receive college credit; the building construction program is run jointly with Home Builders Institute, a nationally recognized training service. The growing field of construction typically offers higher wages and better benefits which enable families to become self-sufficient.

Transition to Kindergarten

"Tis education forms the common mind:

Just as the twig bent, the trees inclined." Alexander Pope

This year marked a milestone when seven pre-schoolers from the Spaulding Child Care Center matriculated to Kindergarten. Given the evidence documenting that pre-school education leads to greater success in school and functions as a deterrent to the problems of adolescents—drop out, teen pregnancy, substance abuse, violence, unemployment and poverty—the commencement was a cause for celebration for proud families and for all of us concerned about the future.

For more information about Crittenton, please call 617.782.7600, ext. 153

Crittenton

Note from the President/CEO

Life is a series of transitions, from the profound to the mundane. Ever conscious of the opportunities and constraints which challenge individuals and society, Crittenton Hastings House has developed programs which take into account the importance of transitions.

Three years ago, Crittenton established the Spaulding Child Care Center. This summer our first class of pre-schoolers graduated and are poised to make a successful transition to elementary education. We are proud of this as it has been widely acknowledged that having a positive effect at this stage of life is a prerequisite to making other transitions—to high school, to higher education, to jobs, to responsible adulthood, to effective parenting, and as contributing members of the community—easier and successful.

Not just Spaulding, but all of our new programs reflect true investments in the future and are one measure of how we make a difference. We look to your continued support as we support others to navigate the transitions of life.

With gratitude,



Elizabeth Reilinger, Ph.D.

Crittenton

Crittenton Hastings House
Ten Perthshire Road
Boston, MA 02135

*Providing housing, education, health care, child care, counseling
and nutrition for more than 155 years.*

The Boston Globe

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An upbringing for teen parents

Teen parenthood does not have to be a life sentence of poverty and despair. With the right educational and social supports and a great deal of personal motivation, strong families can emerge. The tangible expression of these beliefs can be seen tonight at the graduation ceremony of the Crittenton Hastings House, an agency devoted to the health and well-being of parents and children.

The agency's roots go back to 1936, when a group of women began offering shelter and employment services to rural and immigrant women. Later it was a hideaway for pregnant girls whose babies were usually adopted. In 1973 it became the state's first fully licensed, free-standing clinic to offer abortion services.

Today, high school girls can attend classes at the Brighton facility in their final months of pregnancy. Many others participate in Crittenton programs at several Boston high schools. Case managers keep pregnant girls and young mothers and fathers from dropping out of school by providing them with support services, sex education and job

skills. The agency also runs the state's largest equivalency diploma program for young mothers, and another program trains students to work as licensed child-care providers.

Although education is central, Crittenton's services are comprehensive. The Brighton campus includes a day-care center and a health clinic. The agency also provides emergency and transitional housing for 30 homeless families. Its nutrition program prepares meals for women, children and the homebound elderly.

Linda Brandon, a graduate of Brighton High and Northeastern University, remembers how frightened she was as a pregnant 16-year-old. She recalls her Crittenton graduation – the agency's first – in 1985 as a “warm and cozy” affair with 10 honorees. Tonight, 119 young women and men will be donning royal blue caps and gowns at the World Trade Center.

The ceremony will be a testament to the courage and perseverance of the graduates and the vitality of Crittenton's mission.

Crittenton

They're growing fathers



GLOBE STAFF PHOTO / SUZANNE KREITER

Nineteen-year-old Damien Bell of Mattapan plays yesterday with his second son, 1-month-old Davaun.

Crittenton

Program proves it's not just the teen-age moms who benefit from guidance

By Jordana Hart
GLOBE STAFF

At 17, feeling unprepared and even frightened, high school student Damien Bell became a father. A month ago, at 19, the Mattapan teen-ager had another child. But this time, he felt ready.

Bell learned how to be a better, more prepared father through the Young Fathers program at Crittenton Hastings House in Boston, one of a growing number of projects nationwide that coax and prod teen-age fathers toward understanding how vital they are to their child's development.

"They try to get us jobs so we can support our kids," Bell said. "They talk about spending time with kids and going to events. I have been to a few baby fairs already and I see my kids three or four times a day."

Bell's enthusiasm and confidence underscore the program's aims as it reaches out to growing numbers of younger fathers through Boston's high schools.

"Fathers are an important component of families, and helping the young men develop the skills they need is essential," said Elizabeth Reilinger, president of Crittenton, which offers housing, education, nutrition, child care and health services to more than 8,000 women and families annually.

With teen-age mothers under intense scru-

tiny as the nation pushes welfare reform, Reilinger and other advocates noted how rarely fathers are brought up in that debate. "Teen moms are the target of welfare reform, but it doesn't happen in a vacuum," said Reilinger, a Boston School Committee member.

Begun in 1993, Young Fathers has set up programs in six Boston public high schools; Madison Park, Brighton, Boston, East Boston, Snowden International and Hyde Park. Every year it serves about 100 fathers and father-to-be, ages 13 to 19.

Tonight, a half-dozen young fathers and scores of young mothers from another Crittenton program will graduate from the program at a ceremony at the World Trade Center.

Boston High School graduate Alexander Mervin, 18, the father of 2-year-old Rahiym, said finding he was to be a father brought a mix of emotions. But Benson Wheeler, his Young Fathers mentor, made him determined to finish school. He is expected to address the graduates and their families tonight.

I thought my social life was over. I was angry, happy and confused. I was 16 in ninth grade with a mom who was very mad at me," he wrote in his address. "I want to be a role model for my son by being available and having a strong line of communication."

For Bell, it helped that the mother of Abygail Santana, his 19-year-old girlfriend, was supportive, promising to help guide the couple as they raise Damien Jr., 2, and infant Davaun Bell. But Young Fathers, with its male mentors, brought Bell closer to the realities of fatherhood.

Wheeler and James Smith, Young Fathers directors and outreach workers, want their young men to stay in school and graduate; increase their awareness of sexuality, contraceptives and sexually transmitted diseases; promote involvement with their babies; and help them find and keep jobs.

One of Smith's goals, once he has gained the fathers' often reluctant trust, is to help them make the leap from being a "man with a child" to being a father.

"The mature ones will mention they are fathers, while others will say they have a child," said Smith, 27, who spends time each week at Brighton High School. "Most of them have no clue about what it is like to be a father."

Smith works with Bell, who is a few credits shy of graduating from Brighton High School. But Bell plans to pass a high school equivalency test this summer so he can apply to study child development at Mount Ida College in the fall. He holds part-time office jobs and has worked with youngsters during the summer, he said.



Photo by Mark Ostow

Elizabeth Rellinger, president and CEO of Crittenton Hastings House, has turned that nonprofit around.

Sound management needed during tough times

By JOHN P. MELLO JR.
SPECIAL TO THE JOURNAL

With the dimming of government resources for the nation's thousand points of light, not-for-profit organizations are looking to better management to guide them through challenging times.

"Some of the financial commitments to the programs managed by nonprofits have been withdrawn by the public sector and . . . that's caused some very difficult situations in the communities in which the nonprofits work," said Ruth McCambridge, program director for special projects for the Boston Foundation.

"There's a greater concern by nonprofits in management because times are tougher," said Fernando Menendez, program coordinator for the nonprofit leadership program at Lincoln Filene Center, affiliated with Tufts University. "More and more of what was seen as an area for government has been cut back and more and more pressure has been put on the nonprofit sector to pick up that slack."

Whether deserved or not, nonprofits have suffered from an image problem related to how they have managed their resources.

In one sense, the challenges facing nonprofits in tough times are no different than those facing the private

sector, noted Maureen Sullivan, vice president of public relations for the United Way of Massachusetts Bay.

"The economy, cuts on the federal, state and city levels, have put nonprofits in the same position it's put the for-profit world, which is do more with less," she said. "Whenever you have to do more with less, the skills of your managers, the skills of your work force, in being able to continue to meet your customer demands is pre-eminent."

Whether deserved or not, nonprofits have suffered from an image problem related to how they have managed their resources.

"Nonprofits have the image of being unsophisticated in terms of management, but they're not," said Mark Levine, president of Levine Associates in Brookline, a consulting firm to nonprofits. "They're quite sophisticated."

Blood from stone

"I think there is a general misperception that nonprofits may not be managed well," said Henry Allen, program director for the Hyams Foundation. "We don't share that at this foundation. There are many, many managers who are skilled at getting blood from a stone."

For Allen, the proof of the nonprofits' management skills is obvious. "Most small nonprofits have to do a lot with very little," he explained. "Most couldn't survive in that kind of situation unless they were skilled in the first place."

"Nonprofits are under-recognized for the quality of the management that they have," Levine added. "I think many nonprofits are extremely well-managed, especially given their resource constraints. The sector in general is under-recognized for the quality of the management and the quality of the people in the sector."

Still, the resource crunch nonprofits find themselves in does limit the options some nonprofits have to deal with their management problems.

"Many nonprofits can't afford to have a middle management," said Elizabeth Cabral Curtis, president of Technical Development Corp. (TDC), a Boston technical assistance firm. "It's not a question of upgrading their skills. It's a question of whether they can have a middle-management function."

One resource nonprofit organizations can turn to is the Support Center of Massachusetts, based in Boston, which gives management training workshops to nonprofits as part of a national network, the Support Centers of America.

Instructors volunteer their time; participants pay on a sliding scale basis. The number of clients of the Support Center of Massachusetts has seen a 100 percent increase in the last three years, from 300 organizations in 1990 to 600 today.

In addition to Tufts, local schools that offer programs in management that might be of interest to nonprofits include Boston University, Brandeis University and Lesley College.

Even when nonprofits had training money in the past, management training took a back seat to other kinds of training, according to Sullivan, of the United Way.

"There was training, but the training tended to be in someone's expertise," she said.

"So if you were a rehabilitation counselor, there was training money in the budget to expand your skills as a rehabilitation counselor. Agencies tended not to put money into training that was going to focus on management and management skills."

That isn't the case anymore, though. "We've gone over the hump of understanding that we are in the business of providing service, and that business is not a dirty word," said Elizabeth Reilinger, president and CEO of Crittenton Hastings House in Brighton. "You have to be bottom-line oriented, not only in dollars and cents but in asking hard questions, not only about how you do something but how well you do it and whether you should be doing it at all."

A new breed

Reilinger is an example of a new breed of nonprofit chief: tough, bottom-line smart and management trained. When she took the operations of Crittenton Hastings in the mid-80's, the institution, founded in 1826, was on the ropes and going down for the count.

"By the mid-1980's, this was an organization perilously close to demise," Reilinger said. "Out of a \$1 million budget, it was operating at a 50 percent deficit for close to a decade. It was using its endowment to offset that operating deficit. With that kind of stream, it would have eroded its endowment in two years."

Crittenton Hastings was founded to provide residential services for unwed mothers, but its view of unplanned pregnancy hadn't changed in more than 100 years, Reilinger explained.

"The organization had not taken a very hard look at what some of the environmental realities were," she said. "It wasn't responding to either the client needs or the priority areas that funders were interested in supporting."

After taking the tiller at Crittenton Hastings, Reilinger stabilized its funding situation by making the organization more attractive to donors by transforming it from an institution aimed at the "problem" of unplanned pregnancy to a comprehensive multiservice organization for women, children and families.

She also looked for ways to develop money-generating services within the organization. For example, she tapped Crittenton Hastings' underused kitchen facilities for a meals on wheels program for Greater Boston's elderly population.

"I saw it as a way to use a resource we had--equipment, space, staff--that was underutilized and respond to a need in the community," Reilinger said. "I also saw it as an ideal opportunity, looking to the future, to set up a job-training program in food-service management, which has been identified as a growing occupational area."

When putting the program together, Reilinger approached the task much as any businessperson would approach it. She explained, "We devised a business plan, not unlike any business plan you would present to venture capitalists, and took a look at the resources we had, the revenue potential, where we could apply that revenue, where was the break-even point, what the profit margin would be, how consistent it was with everything else we did."

In the six years since Reilinger arrived at Crittenton Hastings, the organization has gone from a \$1 million to a \$5 million operation.

Although nonprofits can pick up some pointers from the for-profit sector in the management area, Menendez, of the Lincoln Filene Center, reminds would-be management fanatics that there is a fundamental difference between the two sectors that they shouldn't lose sight of.

"There may be some value gained in looking at for-profit formats, but there's a need to explore different kinds of management systems for nonprofits," he said. "The fact of the matter is, many of the areas that nonprofits are in are not profitable. They're not something you can make money at. A nonprofit is there to embody the best ethical, philosophical and moral values of our society."

ROGER FARRINGTON

Proper Bostonians

IN THE
NEWS

Crittenton



POMP AND CIRCUMSTANCE

100 pregnant and parenting teens were honored at the 10th annual **Crittenton Hastings House Commencement Ceremony** on June 22 at the World Trade Center. The students completed Crittenton's high school education and transition to work programs.



11. Awards ceremony emcee **Susan Wornick** (r) of WCVB-TV speaks with **Evelyn Murphy**, executive vice president of Corporate Affairs at Blue Cross and Blue Shield of Massachusetts.



12. Mayor **Thomas Menino** is escorted to the reception by Crittenton President and CEO **Elizabeth Reilinger**.

13. **Shirley Reeves** of the **Shirelles** provided the entertainment for the post-reception dancing.



14. Crittenton Hastings Board of Trustees Chair **Kathy Cade** joins Bank of Boston Senior Vice President **Ira Jackson**.

Thursday, June 29, 1995 • BAY STATE BANNER



Keynote speaker Judy Richardson, co-producer of Blackside Inc.'s acclaimed public television series "The War on Poverty," provides last-minute speaking tips to student Carmen Kershaw in

preparation for the tenth annual Crittenton Hasting House commencement celebration held at the World Trade Center last Thursday. Kershaw's sons Kieron and Kamar look on.

Allston-Brighton Citizen Journal

Serving Allston/Brighton Since 1874 Vol. 120 No. 42 Thursday, October 26, 1995 Price 50¢

Crittenton

City Year Serve-a-thon in Boston



Suffolk County DA Ralph Martin (center, middle) helps out crews from his office at Crittenton-Hastings House in last weekend's City Year Serve-a-thon.

By Chris Price

More than 10,000 participants took part this weekend in the City Year Serve-a-thon. Teams of volunteers fanned out across city to help beautify the city, including work in Allston/Brighton in several areas.

Locally, helping out at the Crittenton-Hastings House were teams of helpers from the Suffolk County District Attorney office, along with members of Attorney General Scott Harshbarger's office.

In addition to their work at Crittenton-Hastings, groups of volunteers helped plant bulbs and trees around District 14, assisted elderly residents with chores and cleanup at Fidelis Way, cleaning and painting at the Allston/Brighton Meal Program and helping run a "Kids Carnival" at the West End House.

The project took place nationwide in five other cities (Providence, Columbia, Columbus, Chicago and San Jose), and helped raise an estimated \$750,000 for City Year programs across America.

INSIDE TRACK

GAYLE FEE / LAURA RAPOSA



Suffolk County District Attorney Ralph Martin and his crime-fighting staffers slapped paint, swept floors and spritzed windows at the **Crittenton Hastings House** in Brighton yesterday as part of **City Year's** annual "Serve-a-thon" community service day. Just call them the Grime Stoppers.

Staff photo by Robert Eng

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Honorable Joyce
London Alexander

Dea
File
Massachusetts
Teen preg



March 7, 1996

Ms. Deborah Fine
Senior Policy Analyst
Domestic Policy Council
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Ms Fine,

I would first like to thank you for allowing me to be a part of last month's presentation to the President regarding teen pregnancy prevention. It was truly an honor to partake in an endeavor such as that, and I am sure that the results of that small meeting will greatly benefit the youth of America.

Maybe the magnitude of being in the Oval Office with the President and the other distinguished individuals will hit home soon, but for now, it is still a blur.

My main reason for writing is that Dr. Joan Wallace-Benjamin, President/CEO of the Urban League, has asked me to attain a copy of the list of participants on February 29. I think it would also benefit the networking capabilities of the other agencies in the Greater Boston who are addressing teen age pregnancy prevention

Again, my gratitude to you is enduring, and my congratulations for making events like that come to fruition.

Sincerely,

Bruce A. Taylor

Bruce A. Taylor
Director
Youth Education and Development Program
Urban League of Eastern Massachusetts

THIS AGENCY IS
SUPPORTED BY



United Way
Of Massachusetts Bay

88 Warren Street
Roxbury, Massachusetts 02119
(617) 442-4519

* Fax 617 442-0562

THE WHITE HOUSE
WASHINGTON

April 8, 1996

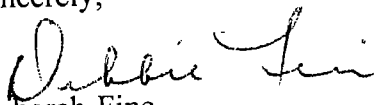
Mr. Bruce Taylor
Director
Youth Education and Development Program
Urban League of Eastern Massachusetts
88 Warren Street
Roxbury, Massachusetts 02119

Dear Bruce,

Thank you for your letter. Enclosed is the list of participants that you requested from the January 29 teen pregnancy prevention meeting. I have also enclosed an updated summary of the National Campaign to Prevent Teen Pregnancy, in case you do not already have it. I hope they are helpful.

Keep up the great work, and please let me know if I can help in any way.

Sincerely,


Deborah Fine
Senior Policy Analyst
Domestic Policy Council

St. Anne's

*File
Teen Pregnancy
Programs*

155 North Occidental Boulevard
Los Angeles, California 90026-4698
(213) 381-2931 • Fax (213) 381-7804

March 29, 1996

Debby Fine
Domestic Policy Department
Rm 220 - OEOB
1600 Pennsylvania Avenue NW
Washington, DC 20502

Dear Debby,

Thank you for your call. I look forward to receiving the information on the campaign to reduce teen pregnancy.

Enclosed are materials that describe St. Anne's programs and some articles on teen pregnancy and St. Anne's in the news. I think this will give you a good idea of the scope of St. Anne's services. As additional information becomes available I will forward that to you.

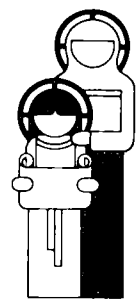
We will keep in touch.

Sincerely,

Sister Christine Bowman, O.S.F.

Sister Christine Bowman, O.S.F.
Director, Community Relations
and Mission Effectiveness

Enclosures



St. Anne's Maternity Home

SISTER CHRISTINE BOWMAN, O.S.F.
*Director, Community Relations
and Mission Effectiveness*

St. Anne's

155 North Occidental Boulevard
Los Angeles, California 90026
(213) 381-2931, Ext. 274
Fax (213) 381-7804

St. Anne's Maternity Home
155 N. Occidental Blvd.
Los Angeles, CA 90026
(213) 381-2931

Complete Care for Single
Pregnant Teenagers.
Outreach Counseling for
Pregnant and Parenting Women

Member Agency
United Way, Inc.
Catholic Charities USA



St. Anne's provides residential care and community based services to pregnant and parenting adolescents and young adults. These young people often come from chaotic and dysfunctional families, and have been victims of physical, sexual and emotional abuse. Our programs address the many complex needs of the individuals for whom we care. They provide an environment conducive to healing, learning, individual and family growth, empowerment, and personal responsibility.

Striving to break cycles of poverty, abuse and incomplete education, we work to develop healthy families and promote family values. Our goal is to empower each young woman to become a healthy, independent and productive adult, able to parent positively and be a contributing member of her community.



Residential Care

Prenatal Residential Program

In a safe and nurturing environment, our Prenatal Program provides intervention, supervision, complete health care, high school and vocational education, individual and group therapy, health education, adoption and parenting classes, life skills, on-site job training, adolescent sexuality education, and follow-up care through Outreach Services.

Mother/Baby Program

Adolescent mothers and their babies benefit from a safe and nurturing environment, intervention, supervision, complete health care, child development center, high school and vocational education, individual and group therapy, health education, parenting, life skills and on-site job training, adolescent sexuality education, and follow-up care through St. Anne's Outreach Services.

Child Development Center

On-site child development center provides special attention to infants in residence while mothers are in school or at work training programs. The center focuses on positive communication, positive parenting, creative play and development of trust. The center also serves as a parenting training center for St. Anne's residents.

Residential Education Program

This program has been developed to meet the wide array of educational needs of St. Anne's residents beyond what they learn in their high school curricula. Classes include Prenatal Health Care, Prepared Childbirth, Postpartum Health Care, Parenting, Adolescent Sexuality, Life Skills, and Personal Development.

Social Work/Therapy Program

Comprehensive case management as well as individual, family and group counseling is provided through this program. Each resident's progress is followed closely by a social worker/therapist. Group therapy session topics include substance abuse, sexual abuse, self esteem, self expression, cultural awareness and domestic violence. We provide Alcoholics Anonymous and Fathers support groups, as well.

Chemical Dependency Program

Designed to meet the special needs of residents with substance abuse or drug addiction problems, St. Anne's Chemical Dependency Program provides two weekly psychotherapy groups, as well as a weekly twelve step panel. Through the group therapy process we strive to assist each member in identifying factors which contribute to her substance abuse. Each program member actively participates in the group process and is committed to the goal of sobriety

Emancipation Program

Designed to educate and prepare residents to emancipate and live independently, this program involves residents who have made consistent efforts towards personal growth, positive parenting, leadership, academic achievement and have demonstrated a willingness to make and achieve personal goals. The Program includes two weekly support groups, one focusing on parenting, lifeskills and job training; the second has a therapeutic focus emphasizing sharing of fears, joys and expectations of life away from St. Anne's. Other program components include goal setting sessions, expanded work experience, financial management preparation and special activities.

Villa Majella

This group home in Santa Barbara provides residential care and counseling to pregnant single girls 18 and older.

Community Based Services

Outreach Services

Comprehensive intervention, referral, case management, counseling, education and mentoring services are provided to pregnant and parenting adolescents and young adults who remain in their home communities. The high quality services developed in St. Anne's residential programs have been adapted to meet the needs of these clients through four Outreach offices located in Central Los Angeles, South Central Los Angeles, San Gabriel Valley and Ventura. Our goal is to open two additional offices in southern California in the near future.

Community Education Program

Planning is underway to extend components of our Residential Education and Outreach education programs to the community at large. Classes, seminars and workshops addressing adolescent sexuality, pregnancy prevention, and family dynamics will be provided extensively to young people, families and professionals throughout Southern California.



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FAX page #1

State Faces Tough Battle Against Teen Pregnancy

By DAVE LESHER
TIMES STAFF WRITER

Given her life, it's hard to imagine Michelle is one of the lucky few. She grew up in a part of Los Angeles where dreams about the future are lost to the struggle of surviving each day's dangers and temptations.

Her father was absent from her life, and her mother, she said, left much of the parenting to her. At too early an age, Michelle said, she took that role for herself and her two brothers. But by 16, she was on probation and pregnant, starting on a course to repeat the same life for another generation.

"I feel like I'm 35 years old, I've seen so much," she said recently while her daughter napped. "You're like 16, having a child—you can't work, you can't do anything. . . . I never had a family. I didn't have anywhere to go. . . . I would be on the streets and on welfare."

Instead, Michelle is among the lucky few whose plunge into crisis was caught by one of the strands in America's fraying social safety net. As a result, today she is a college freshman and one of the heartwarming success stories at St. Anne's Maternity Home near downtown Los Angeles.

Earlier this month, Gov. Pete Wilson identified stories such as this one and thousands more like it every year in California as one of the highest priorities for state government.

His announcement signaled a realignment of the state's focus, turning from an economy that is gaining steam to teen pregnancy—a social problem considered so dangerous that it threatens every facet of life in California, from schools and police departments to the resources available for environmental and transportation departments.

With strong agreement from top Democrats, the state is preparing its largest effort ever to address the issue.

"This is the most basic, fundamental social problem of our day," said Senate leader Bill Lockyer of Hayward, the Legislature's ranking Democrat. "We have got to change that behavior."

Lockyer said he was alarmed that California spends up to \$7 billion each year just on welfare to families that began with teenage mothers. But in his recent State of the State address, Wilson also warned that the more than 70,000 births to teens each year in California create an enormous burden for a variety of public safety, education and social service systems as well as a perceptible degradation in the state's quality of life.

"The consequences for them, and for us, are devastating," Wilson said in his speech. "But when we succeed . . . we can build fewer prisons and more college libraries."

Teen births in California have increased about 20% since 1987, although they have declined slightly in the last two years, as have births overall. Still, California claims the nation's highest rate of teen pregnancy at 154 births per 1,000.

So far, government programs for teenage pregnancy have been characterized by fits and starts, creating a patchwork of programs that often tangle multiple layers of government bureaucracy and regulations to obtain financing. Universally, one of the biggest complaints from social workers is the need for coordinated efforts.

First, however, lawmakers say they expect a vigorous discussion—fraught with political flash fires about abortion, sex education and contraception—about the limits and abilities of government to influence behavior on a profound level.

How can Sacramento spend its money, lawmakers are wondering, in a way that will reach a disadvantaged 14-year-old girl and give her the courage to resist substantial social pressures to participate in early sex and parenthood? Also, as

state officials recently learned, much depends on the quality of efforts to reach at-risk youth who are skeptical of authority.

After allocating \$25 million in five years, Wilson last month closed a state-wide anti-pregnancy program for teens when an evaluation found that it was not working. Basically, officials concluded that the focus on teaching abstinence was lost on students who felt that the lessons did not recognize what their lives are like.

The mistake is often made, social workers say, by picking the wrong place to start a prevention program. Before teenagers can be expected to practice values that require personal courage, most have to be treated first for severe low self-esteem and feelings of abandonment, they said.

At St. Anne's, where privately funded housing, day care and counseling is provided for up to three years to 60 teenage mothers at a time, vice president Carol Lee Thorpe said many teenage girls idealize sex and sometimes motherhood as opportunities for loving relationships that they have never known.

"There is a desperate need to be loved," she said. "They have gone without parental nurturing. They may have been abused by their mothers, but they love their mothers. And they know their child is going to love them."

Eighteen-year-old Stacey from the San Gabriel Valley is among those clinging to the hope that her troubled relationship with her mother has now healed. She said her problems became so bad about a year ago that she was removed from her home by a court. Three months ago, while living at St. Anne's, she gave birth to a daughter.

"My mom treated me like a slave," she said recently as she stroked her daughter to sleep on her lap. "Now she looks at me like a daughter. This [baby] brought me a lot closer to my mom."

A recent study by the California Department of Health and Human Services found that two-thirds of the state's

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teenage mothers were victims of child abuse. What's more, nearly a quarter said they had been raped. Among those victims, the average age of the first attack was 12, and it was committed by an assailant—sometimes a friend or family member—who was 22.

"There is a very strong link between child abuse and teen pregnancy," said Terry Anderson, a legislative aide to Lockyer. "So to address teen pregnancy, you have to address child abuse."

In their search for solutions, officials expect to pay special attention to the state's Latino community, which accounted for about 60% of the 70,000 teen births in 1993. About 23% of the mothers were white, and 11% were black.

They also have placed a high priority on targeting men who impregnate teenagers, a group that has not received much government attention in the past. Officials are alarmed that most of the fathers—56% statewide—are over the age of 20; the average age is 23.

At St. Anne's, Thorpe said, officials speculate that older men seek younger partners to avoid the risk of disease. She also said some fathers refer to the child care center as "the trophy room."

In San Mateo County, Cheryl Parker, director of the state's only federally financed project for teen pregnancy, said some fathers have been found responsible for seven or eight babies with different teenage mothers.

Parker said the county's pregnancy prevention program hopes to reach young males and convey a seemingly obvious concept that "there is a real live being when there is a pregnancy. Part of it is," she said, "when you don't have a relationship with that child, it doesn't exist."

Wilson has addressed the fathers of teenage babies by reforming welfare laws that discourage marriage and cracking down on those who try to escape financial responsibility. At the same time, he has dedicated money to beef up prosecution of statutory rape, a crime that often goes unpunished.

"It's not macho to get a teenager pregnant," he said in his annual address to the Legislature. "But if you lack the decency to understand that yourself, we'll give you a year to think about it in county jail."

Back in Los Angeles, 18-year-old Afrodita said she put the memory of her child's father behind when he was jailed for statutory rape. She said she joined him—a "much older" man—when she ran away from home in Guatemala four years ago and came to Los Angeles. He was arrested shortly after she became pregnant.

Authorities turned Afrodita over to St. Anne's, where social workers recall that she arrived with a thorny personality, soured by her forced estrangement from the baby's father. They also learned, however, that she was a diamond in the rough.

First she learned English. Then she graduated from high school with a 3.4 grade-point average and enrolled in college with the hope of becoming a registered nurse and a U.S. citizen.

Looking back, Afrodita said she realizes that she was not ready to be a parent. But "like many other mothers at St. Anne's, most of us did not plan to. I guess in most cases, it's peer pressure—the boyfriends want to have sex."

If she has a message from her experience, she said it would be more to parents than to children.

"I would tell the parents to have more communication with children—to be their friends and, first of all, to listen," she said. "If children grow up with a single parent who doesn't know . . . how to take care of that child, the cycle is going to keep going. . . . My biggest fear right now is to know how to educate my child, how to help him be a good person."

On the wall of the cafeteria at St. Anne's, black and white photographs of loving young mothers cuddling their babies prompt Thorpe to recall the human dramas depicted by each of the former residents. Like Afrodita and Michelle, they are the reasons that Thorpe said she has come to believe that "those who are considered incorrigible, I've found salvageable."

But with 24,000 teen births in Los Angeles County each year, the number served by St. Anne's—the county's largest resident home—and other facilities is still just a fraction of the need.

In Washington, the issue of unwed and teenage mothers has been hotly debated ever since Vice President Dan Quayle struck a controversial chord with his 1991 speech about television

character Murphy Brown. But even though the issue has developed strong bipartisan support—including President Clinton's—legislation remains stalled.

In Sacramento, Lockyer won passage last year for two bills that dedicated \$22 million for teen pregnancy prevention programs such as a media campaign and grants to successful community-based programs. This month, the legislative package that Wilson announced sought to expand some of the same ideas with a total of about \$66 million.

The other big challenge in the search for solutions is that successful programs are marked by consistent, long-term and intensive intervention by highly trained personnel.

Fresno County is unique in the state because authorities have assigned teams of social workers to monitor at-risk youth beginning in kindergarten. Since failure in school is a leading indicator of teen pregnancy, authorities there have decided that one solution to a distant future problem is by heading it off with early scholastic achievement.

"The principals say, 'We can tell you which kids are going to be pregnant just by seeing them [between] kindergarten and sixth grade,'" said Howard Hines, director of the county program called K6. "The concept of K6 is to recognize there are issues with the kids at home and until you deal with those issues at home, it doesn't matter what you do at school."

Photo:

Health educator Sonia Menor, left, teaches teenage mothers at St. Anne's Maternity Home in Los Angeles how to care for their babies. She uses real babies and dolls, right.

Photographer:

GENARO MOLINA /
Los Angeles Times

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R E P R I N T S

1 in 8: Who's to Blame For Teen Pregnancy

**The Times Four-Part Series
By Health Writer Shari Roan
July 9 - 12, 1995**

The Series at a Glance:

July 9: High pregnancy rates among Latinas.

July 10: Invisible fathers.

July 11: America's family planning problem.

July 12: The failure of sex education.

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There is a baby boom in California—one that isn't very positive. Between 1988 and 1993, the last year for which statistics are available, births to teen-age mothers rose almost 19%. Overall, one in eight babies in California is born to a teen-age mother, who is typically unwed and poor.

This trend, which is happening in other states too, has not escaped the attention of policy-makers.

Teen-age mothers have become pawns in the debate on welfare reform; they pop up in just about every political speech out of Washington on family values, and they're on the Sacramento agenda, the subject of a handful of proposed programs or laws currently under discussion.

But adolescent mothers are only part of the problem, according to dozens of health professionals, lawmakers, educators and teen-agers interviewed by The Times for this four-part series. Indeed, the facts show that teen-age childbearing is heavily influenced by circumstances created and controlled by adults.

- * Two-thirds of the fathers of babies born to teen mothers are adults.

- * While the failure to use contraception properly or at all has long been associated with teen-agers, in fact adults are poor role models with similarly poor habits and high rates of unintended pregnancy. (Sixty percent of pregnancies nationwide are unplanned.)

- * As many as half of all teen-agers who give birth are prior victims of sexual molestation or rape.

- * Despite Americans' faith in school-based sex education, only about a dozen programs—out of about 2,000—have been proven successful at preventing teen pregnancy.

- * Eighty-seven percent of teen mothers are poor or near poor, and lacking guidance and support from adults, view parenthood as one of their few options. Psychologist Judith S. Musick, one of the nation's leading authorities on teen-age pregnancy, calls adolescents scapegoats for many of society's larger problems.

"The fact is teen-age motherhood is not a problem. It's a symptom—a symptom of adults failing children, and not just the children of the poor, but they

A Sign of the Times

1 in 8: Who's to Blame for Teen Pregnancy. First of four parts.



Lucy Holguin, 19, had her first child at age 16 and named her Baby for lack of inspiration. She lost custody of the girl because of a cocaine addiction. Since the birth of her second child, Julissa, in April, she has been sober and says her goal is to be the best mother she can be.
Iris Schneider/Los Angeles Times

are the ones who are really showing it.

"When adults—schools, families and adult role models—don't raise their kids properly, when they don't offer kids a different vision and the tools to make that vision a reality, then you have guys involved in crime and girls involved in motherhood.

"But instead we turn on them and shake a finger and say, 'You are bad

girls.' We need a change of heart here, real understanding of what this problem is about."

In today's installment of "1 in 8: Who's to Blame for Teen Pregnancy," Times health writer Shari Roan examines poverty as a major cause of the escalating birth rate among Latino teens in California.

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FAX page #2

A Sign of the Times

■ 'These Young Women Feel They Have Fewer Options'

By SHARI ROAN
TIMES STAFF WRITER

Emma Rodriguez felt she was ready to become a mother.

Born to a Salvadoran mother and a Mexican father, Emma was the oldest of seven children.

Life was harsh in the crowded house in the San Fernando Valley, and school held no allure. So at 15, Emma and her 16-year-old boyfriend decided to start a family of their own. She got pregnant and the couple dropped out of school. Nine months later, a boy named Alex was born.

Emma is now 18 and living with Alex in St. Anne's Maternity Home in Los Angeles, where she is working toward her high school degree. But the problematic nature of Emma's young life is somewhat lost on her.

"People told me, 'You're too young.' But I saw other friends getting pregnant. I didn't think I was too young."

She stares at her shoes thoughtfully while sitting in the sun-filled foyer of St. Anne's, a comfortable and contemporary-looking residence.

"Sometimes I wish I would have waited."

Emma is right about one thing: Many of her peers—young, poor and Latina—were getting pregnant too.

Births to Latino teen-agers have exploded in California over the past decade, nearly doubling. While birth rates for Asian, white and African American teens dipped slightly in both 1992 and 1993, birth rates rose steadily among Latinas both in California and across the nation. In 1991 alone, births to Latino teens nationwide rose 6% compared to less than 1% for other ethnic groups, according to the U.S. Public Health Service.

To be sure, teen-age pregnancy is commonplace among all ethnicities in the United States; two-thirds of all babies born to adolescents nationwide are white.

But the disproportionately high number of births to Latino teens in California in 1993—60% of all adolescent births, enough to require an additional 1,277 kindergarten classes per year—has handed Gov. Pete Wilson and his colleagues in government a dilemma.

"Why should birth rates among Hispanics be going up? We all want to answer that question," says Kim Connor, a statistician with the California Legislature's Senate Office of Research who has analyzed teen pregnancy data. "We hear about the cultural reasons, such as a tradition among some Hispanic groups to have children at younger ages. I don't mean to dismiss that, but the data we have may point us in another direction. We have to look at the facts."

A close look at statistics and survey data show that four factors, in particular, seem closely tied to births among Latino teens in California.

* **Poverty:** Latinos are more likely to be poor than any other ethnic group in California, according to the state Office of Finance. While teens of all income levels get pregnant, poor and low-income women are far more likely to give birth.

* **Education:** Latinos are more likely to drop out of school, another factor that often precedes teen-age pregnancy. According to the state Department of Education, 7.8% of Latino adolescents in the 10th through 12th grades were dropouts in the 1992-93 school year, the highest percentage of any other ethnic group.

* **Culture:** Births to non-U.S. born women accounted for a staggering 66% of the increase in annual teen births in California between 1985-1993, the vast majority being Mexican-born, according to the state Department of Health Services. In 1993, 38% of the state's teen-age mothers were foreign-born. Recent immigrants to the state are more likely to be poor, according to state analyses, and may adhere to cultural traditions in Mexico and Latin America of bearing children at younger ages.

* **Religion:** Seventy percent of the Latino population in California is Catholic, according to the U.S. Catholic Conference's Secretariat for Hispanic Affairs in Washington. Catholic teachings prohibit sex before marriage as well as the use of

1 in 8. Who's to Blame for Teen Pregnancy. First of four parts.

contraception and abortion. While nationwide studies show that both Latinos and Catholic teens of all ethnicities are slightly less likely to have premarital sex compared to other ethnic and religious groups, those who do have sex are far less likely to use contraceptives or undergo abortion.

□

At Women's and Children's Hospital at County-USC Medical Center, Maria Elena Sanchez pulls out sheets of statistics that tell a disturbing story in the center's adolescent pregnancy clinic.

Of 300 pregnant girls—mostly Latinas age 17 and younger—80% had never used any form of birth control, says Sanchez, the program administrator. Sixty percent were school dropouts or had never enrolled in classes in this country. Half of the girls said they had been trying to get pregnant, and 60% of the 300 said their partners wanted them pregnant as well.

These teen-agers—81% who are foreign-born—see little reason not to become parents, Sanchez says.

"In a typical American family, there is the expectation that the kids will be off to college, and parents feel pregnancy will interrupt a bright future," Sanchez says. "The expectation of the bright future for the girl in East L.A. is not the same. A 15-year-old from Mexico is not looking around at five or six

colleges and wondering whether to be a computer engineer or a physician.

"These young women feel they have fewer options open to them. This is something they know they can do: Make a baby and have respect in the community that they are a woman now."

Indeed, poverty has been the major overlooked factor in teen-age childbearing.

"Middle-class girls get pregnant, they just don't have the baby. They have abortions," says Judith S. Musick, author of "Young, Poor and Pregnant" (Yale University Press, 1993) and the founder of the Ounce of Prevention Fund for pregnant and parenting teen-agers in Chicago.

"They say, 'If I have this kid I won't be able to go to college or do this or that.' They not only have the desire to do something else, they have the means. And they have the family to support them," she says. "For poor women, the mistakes of irresponsible adolescence are often with them for life."

About 42% of all children and adolescents nationwide are poor or low-income, according to a report from the Russell Sage Foundation in New York.

Studies of inner-city youths show that many believe they have "something to gain" by becoming parents, says University of Pennsylvania researcher Elijah Anderson.

For a man, the pregnancy often serves to reinforce his masculinity when there is little else in his life to take pride in, says Anderson in the 1994 report "Sexuality, Poverty and the Inner City," from the Henry J. Kaiser Family Foundation.

Jake Zaragoza, 18, a recent graduate from a continuation high school in Reseda, hates it when his friends pity him because his girlfriend is pregnant. The couple's baby is due in September. "They say, 'Damn, I feel sorry for you, man,'" says Zaragoza, a thin young man with a long ponytail and a serious demeanor. "I said, 'Don't feel sorry for me.' They'll all be the same way two years from now."

"I feel more like a man, to be honest. I say to them, what have they got? School? I can handle this. Maybe they can't. Even my girlfriend's mom is surprised that I stuck around."

For a girl, Anderson and others have found, a pregnancy may be desired as a means to secure a husband or a ticket out of her parents' house via a welfare check. If neither of those scenarios pans out, the baby is a nice "consolation prize," Anderson says.

The desire to love someone is a strong component of teen pregnancy among poor and disadvantaged youths.

"The girls here haven't had someone be a parent to them," says Stephen Altbaum, the director of residential care at St. Anne's. "They have a child thinking that the child will be the parent. They often refer to the baby as 'my mommy' or 'my daddy.' And this cycle goes on and on because no one intervenes."

Darlene, a 16-year-old Latina, says her 5-month-old daughter is the only good thing that has ever happened to her. She grew up in Pico Rivera with a mother who "ignored her" and her several siblings.

Darlene, whose last name cannot be revealed because she is in protective custody, moved out of the house at 14 to live with her 24-year-old boyfriend. After becoming involved in a gang, she was placed in a juvenile hall. She found out then, at age 15, that she was pregnant. But when she went searching for her

boyfriend to share the news, she discovered that he had been sent to prison for 26 years for carjacking and robbery.

It all looked pretty hopeless to Darlene until the baby was born.

"At that point in my life, I had nothing," she says in a soft voice. "I have no one in my family. To be honest, my daughter saved my life. She got me back in school. She motivated me to get a job. I'm sober now. If I hadn't kept her, I wouldn't have changed. I'm so happy that my life has changed now."

She works part time in a department store and hopes to graduate from high school next year and live with a grandmother.

For other desperate teens, a baby is simply a means of escape.

Lucy Holguin, 19, gave birth to a daughter at age 16 and named her Baby for lack of inspiration. When Baby was 2, she was relinquished to the custody of Holguin's father in Mexico because Holguin was dealing drugs with her daughter in tow. Heavily addicted to rock cocaine, Holguin got pregnant again last year while living at home with her mother in Huntington Park. But she hated living at home and took shelter on the streets. Eventually, she was placed in a drug treatment program for pregnant women.

Holguin gave birth in April and says her goal now is to be the best mother she can be. But she speaks point-blank about the "benefits" of motherhood.

"I hate kids. I was going to get an abortion; I even had an appointment . . . [but] I wanted the welfare money to get out of the house. Since my sister was on welfare, I knew I could do it too. Here in Huntington Park, when a girl gets pregnant, she gets her own apartment and gets out of the house. That was the only reason I had her," she says, her face drawn and her eyes glistening.

At Holguin's feet, baby Julissa—who appears to be healthy—snoozes in a pink blanket, her tiny, clenched fists drawn up against her cheeks.

"Once she came out it was different," Holguin says. "But I still didn't care if she was taken from me."

□

For some Latinas, a tradition of young motherhood is simply difficult to resist. According to the Alan Guttmacher Institute 1994 report "Sex and America's Teen-agers," Latino teens who become pregnant are more likely than blacks or whites to intend to get pregnant, or not care.

"Many of the teens come from families where teen motherhood is very natural," says Alicia Thomas, executive director of the East Valley Community Health Center, which serves many Latino adolescents in West Covina and Pomona. "Their mothers may have been teens when they had them; their grandmothers too."

Gloria, 19, from Los Angeles, seemed to be destined to be the first member of her large immigrant family to forsake teen-age childbearing and earn a college degree when she became pregnant shortly after enrolling in community college. A solid B student with a good part-time job, Gloria says she'll postpone college for a while.

"I don't think of this as a crisis. It's going to set me back a little, but I know I can still do it," she says of her dream of completing college.

Gloria says she did not intend to become pregnant, but she

risked not using contraceptives because she was afraid her parents would discover them. Her boyfriend, who took off for Mexico and hasn't been heard from since, resisted using condoms.

"Many Latinas come from homes where the parents are stricter about sexual activity," Sanchez says. "Maybe having birth control pills lying around is less acceptable. Sex is not an open topic in many Hispanic homes. It comes from the thinking, 'If they know too much, they'll do too much.'"

The taboo against discussing sex and pregnancy may be especially strong in Catholic homes. In one study of poor white girls in a largely Catholic suburb of Philadelphia, researcher Patricia Lynn Stern of the University of Pennsylvania found many girls who believed that using contraception made the sin of sex worse because it was premeditated.

Among Catholics, "the double dilemma of having premarital sex and using contraception can be managed in part by having unprotected sex," Stern said in the Kaiser report.

Moreover, pregnant Latino teens are least likely to seek

abortions, according to several surveys. While the number of teen births in California skyrocketed in the last 12 years, abortions have remained constant.

"A lot of times there is that very strong religious, Catholic overtone with Latino families" regarding decisions on reproduction, says Randall Ramirez, an expert on teen pregnancy with the March of Dimes' Health Professional Advisory Council.

"There is a strong prohibition against abortion. And ... we know that [the girl's mother's] influence on obtaining abortion or relinquishment for adoption is still highly influential in Latino groups."

There is no evidence that Latino parents are any less crushed when their teenagers become pregnant, knowing the hardships that await them. But even against the negative reper-

cussions of teen pregnancy, newborn Latino babies are often celebrated. Part of that sentiment may lie in the belief, deeply rooted in Latino culture, that mothering is what women do best, Sanchez says.

"It's an expectation that this is what a woman does: She stays home and has children."

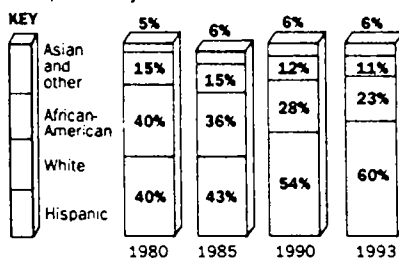


Lucy Holguin and Julissa, left; Anissia Philpot and Madelaine, 8 months, and Luana Ybarra with Marcos, 2, at March of Dimes news conference.

Iris Schneider/Los Angeles Times

Births to Teenagers

Percentage of births to teenagers by race/ethnicity in California.



*Births to women age 19 years and younger.

Sources: Department of Health Services, Vital Statistics Section 1995, Alan Guttmacher Institute 1994, Senate Office of Research

Increased Birth Rates

Birth rates for Hispanic and African-American teenagers age 15-19 years grew at a significantly higher rate than for teens overall during the last ten years.

Birth rates	1983	1993	Change
Hispanic	85.1	123.2	+44.8%
African-American	75.0	97.9	+30.5
White	35.6	36.2	+1.7
Asian + other	30.3	30.6	+1.0

Los Angeles Times

The Picture Is Grim for Teen Parents

The consequences of teen parenthood are profound for the young mother and father, their baby and society.

Studies show startling repercussions:

- * Teen-age mothers and fathers are less likely to finish school than their peers.

- * Teen-age parents will make only half as much money in their lifetimes as teens who wait until age 20 to have a baby; teen parents are also more likely to live in poverty.

- * Teen parents who marry have a higher-than-average chance of divorce.

- * Babies of teen-age mothers are more likely to be born prematurely or at low birth weight and with related health problems, says the March of Dimes.

- * Babies born to teen mothers are 11% more likely to have birth defects than babies whose mothers are in their 20s, according to a recent study from the California Birth Defects Monitoring Program; one in 32

babies born to teens has a birth defect.

- * Babies born to teens are more likely to die before age 1.

- * Babies born to teens are more likely to be abused or neglected children.

- * In 1992, Medi-Cal funded more than 50% of the births to teen-agers.

- * The Aid to Families with Dependent Children and Medi-Cal cost for one teen pregnancy, childbirth and first year of support is \$10,000, according to a state Department of Health Ser-

vices analysis in 1994.

- * In 1993, 2,118 additional kindergarten classes were needed in California for the children who were born to teen mothers in 1987, according to the state Department of Education.

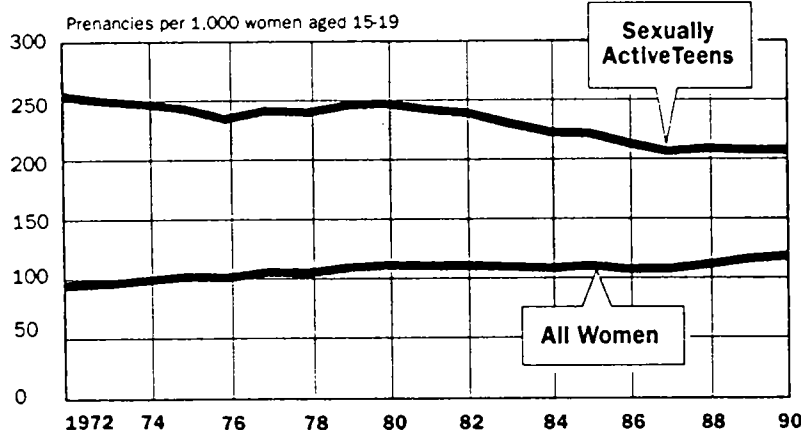
- * Nationwide, more than half of AFDC payments support families in which the mother gave birth as a teenager, according to the Center for Population Options.

-- SHARI ROAN

Decline and Rise in Pregnancy Rates

Over the last two decades, the pregnancy rate among sexually-active teenagers (15-19 years) has declined due to better use of contraceptives, from 254 pregnancies per 1,000 teens in 1972 to 207 pregnancies per 1,000 in 1990, according to Alan Guttmacher Institute.

However, since more adolescents are having intercourse, the pregnancy rate among all teenage women has increased from 95 per 1,000 in 1972 to 117 per 1,000 in 1990.



Source: The Alan Guttmacher Institute

Los Angeles Times

How Young Is Too Young?

Are 18-year-old married mothers part of the teen pregnancy problem?

State officials have been criticized for categorizing all teen-age pregnancy data in age 19-and-under groups. On average, about 15,000 of California's 70,000 teen births are to married women 18 and 19. "The point has been made that 19-year-olds marrying and having a baby can't be called a bad thing, according to historic views in this country," says Rep. Bill Lockyer (D-Hayward), who is heading the Democratic effort in Sacramento to address teen pregnancy this year.

"But, I think the point is, in contemporary California, postponing marriage and births is probably a sensible idea. The need for education and job skills training continues past age 18."

-- SHARI ROAN

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Los Angeles Times

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4012
FAX page #6

The Invisible Men

■ While we shake our heads in despair over girls getting pregnant, there's little discussion of the adults who are fathering many of their babies.

By SHARI ROAN
TIMES HEALTH WRITER

She is 15 and pregnant. The father of her child is 25, a high school dropout working a minimum-wage job.

What's wrong with this picture? That is the question facing health, social services and government experts as they begin to grapple with one of the most troubling aspects of the teen pregnancy problem: the role of adult men.

According to the state Senate Office of Research, two-thirds of the children born to teen mothers are fathered by men 20 or older. Similar trends are seen nationwide, thus shattering the notion that teen boys play a significant role in teen pregnancy.

While 18% of sexually active 15- to 17-year-old girls become pregnant each year, only 4% of sexually active boys 15 to 17 are making their partners pregnant, according to the Alan Guttmacher Institute.

"Looking at the male's age really transforms this whole issue of teen pregnancy," says Mike Males, a student at the University of California, Irvine's Graduate School of Social Ecology who has studied the state statistics. "One teen pregnancy is not like another teen pregnancy, but we've been treating them as if they were all alike."

Moreover, these relationships portend another disturbing phenomenon. New survey data show that as many as 62% of pregnant teen-agers are victims of past sexual abuse—most often at the hands of adult men such as fathers, stepfathers, mothers' boyfriends, stepmothers' sons or other male family acquaintances.

This trend is so newly discovered that its meaning and impact on teen pregnancy can only be surmised, says David Fine, a researcher for the state of Washington who found high rates of sexual abuse in teen mothers. While only a small percentage of teens become pregnant as a result of rape, it's clear that many more who are victims of sexual abuse become pregnant later, and at very young ages.

"There is real concern about how much young women have to say about their sexuality," says Dr. Helen Rodriguez-Trias, a Brookdale, Calif., pediatrician. "In teen women's lives there is often an element of coercion and pressure . . . an element of violence. This has to be looked at."

□

Historical data show there is nothing new about adult men fathering the babies of teens, according to Males' analysis of

state birth records dating to 1921. It is perhaps only due to the sharp rise in teen birth rates nationwide that officials have begun to look at the characteristics of the fathers.

But Males suggests other reasons that the phenomenon has been long ignored. For example, most sex education and family planning services are not set up to deal with disparate age groups.

"It's in no one's interest to deal with this," says Males, whose analysis of state births from 1990 to 1993 showed that 74% of the fathers of teen-agers' babies were adults. "When you start mixing age groups, you really mess things up from a program or policy perspective. . . . There is a real strong effort to separate adult behavior from children's behavior."

When it comes to teen pregnancy, it's simply been easier to blame teen-agers, who are no one's political constituents.

"There is a psychological factor for avoiding this topic. Teens are scapegoats," Males says. "They become scapegoats for our not dealing with a lot of issues pertaining to adults."

And teen-age girls, in particular, bear the blame along with their children, Rodriguez-Trias says.

"The role of boys and men in family planning has been tremendously underplayed. But they are half of the equation," she says.

While school sex education programs sometimes connect with teen-age males, the adult men who are fathering most

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teen-agers' babies have frustrated health officials with their invisibility.

One of the few studies on these fathers showed many are school dropouts or have had troubles with the law. That view was supported at a recent conference in Sacramento that discussed why these men seek to date much younger girls, says Males.

"The consensus seemed to be that these were fairly troubled guys with emotional problems. A lot go to prison. These guys need to have a sense of power and control," he says.

Virtually no sex education programs or family planning clinics in California are styled to attract males 20 to 30 years of age.

"We haven't been able to isolate that age group," says Julie Linderman, a health education consultant for the state Office of Family Planning. "There isn't a great deal of knowledge about what works to help men be responsible sexual partners."

That may be changing, however. Gov. Pete Wilson has proposed additional state services to prevent teen pregnancy with an emphasis on the behavior of men, as has State Sen. Bill Lockyer (D-Hayward). And although the legislation has foundered in committee, Rep. Louis Caldera (D-Los Angeles) has proposed strengthening statutory rape laws. Under current state law, unlawful sexual intercourse occurs when the male is 18 or

older and the female is under 18.

"One of the changes that needs to occur is a community awareness of this sort of predatory sexual behavior," says Lockyer, whose program is contained in SB 1169. "Somehow, we need to persuade [adult men] that their behavior is irresponsible and have it be a matter of social disapproval."

Lockyer advocates a media campaign modeled after a highly praised program in Maryland that raised the specter of 18 years of child support payments for adult men who are irresponsible about sex. A media campaign aimed at young adult men is also the centerpiece of Wilson's proposed \$12-million initiative on teen pregnancy. He also advocates developing a new male education curriculum and a range of new counseling and clinical services for adolescent and adult men.

Efforts to establish paternity and demand child support from fathers of babies born out of wedlock are also becoming a favored platform in welfare reform proposals nationwide. But there is no evidence that these attempts will prevent pregnancy, says William Marsiglio, a sociologist at the University of Florida who has studied paternity issues.

"I don't think there is any clear evidence that fears of child support enforcement have hit home with young men. It hasn't been institutionalized to any great extent, so the experiment isn't complete."

Moreover, Marsiglio suggests that strong-arm tactics to make men pay for their progeny may backfire. Many of these men—the majority of whom are in their 20s—have poor job skills and dismal earning potential. According to a recent report from the Annie E. Casey Foundation of Greenwich, Conn., median income of men 25 to 34 has fallen 26% after inflation since 1972.

Mandatory child support "oftentimes distances fathers from their young children by making them feel inferior," Marsiglio says.

Other lawmakers favor enforced-paternity programs in combination with increased health services that provide contraceptives to men and programs that help them return to school or enter a work training program.

Still others say a get-tough approach is necessary. Caldera's plan is to implement a pilot program called the Underage Sex Offenses Unit, under the purview of the attorney general's office, that would investigate and prosecute statutory rape when the minor becomes pregnant. Seth Rafkin, a consultant to Caldera, says the bill is aimed at cases in which the girl is 16 or younger and the man is 20 or older.

"This would provide a deterrent to stay away from these young girls. Secondly, it would offer prosecutors a tool to establish paternity and child support," Rafkin says. "You don't want to scare the father out of town. But you want to establish paternity. At some point, if he does have some resources . . . you can go after him later."

The bill failed to pass the Public Safety Committee and was granted reconsideration in next year's session. But people are very leery about prosecuting private sexual behavior even when minors are involved. Rafkin notes.

"People have said, 'Do you want to crack down on consensual sex?' But according to the law, it is not consensual sex," he says.

Adds Randall Ramirez, a member of the March of Dimes

Health Professional Advisory Council: "We do have a lot of younger teens consenting to sex, but what kind of 12-year-old can make an informed consent?"

Indeed, statistics show a considerable age gap between pregnant teens and the babies' fathers. Statewide analysis by UCI's Males shows that young teen-agers tend to become pregnant by men who are six years older, while high school-age mothers become pregnant by men an average of 4.8 years older.

Teen-age girls may be less successful in negotiating contraceptive use with an older partner and may be more swayed by his promises that he loves her and will stand by her, according to a study by University of Pennsylvania researcher Elijah Anderson. Moreover, pregnant teen-agers are much less likely to seek abortion if the baby's father is an adult: 61% have abortions if the father is younger than 18, but the figure drops to 33% if the father is 20 or older, according to the Guttmacher Institute.

Men who are several years older than their teen-age partners have "an authoritative edge" that, in the eyes of the girl, makes him seem more credible and capable of bearing the responsibilities of fatherhood, Anderson found. The men, meanwhile, have no concept of themselves as responsible fathers.

□

The "authoritative" edge wielded by adult men may also be abusive, according to new studies that suggest a high rate of sexual victimization among teen mothers.

At St. Anne's Maternity Home in Los Angeles—where pregnant girls "in trouble" used to be sent by their embarrassed families until the baby was born and could be placed for adoption—two-thirds of the residents are now placed there by county Social Services because of neglect or abuse, says administrator Carol Lee Thorpe.

"To me, the most profound aspect of teen pregnancy is that adults aren't protecting these girls," Thorpe says. "These girls have never had the experience of developing boundaries. They have no sense of being empowered in their own lives. It's not surprising that they can't say no to sex."

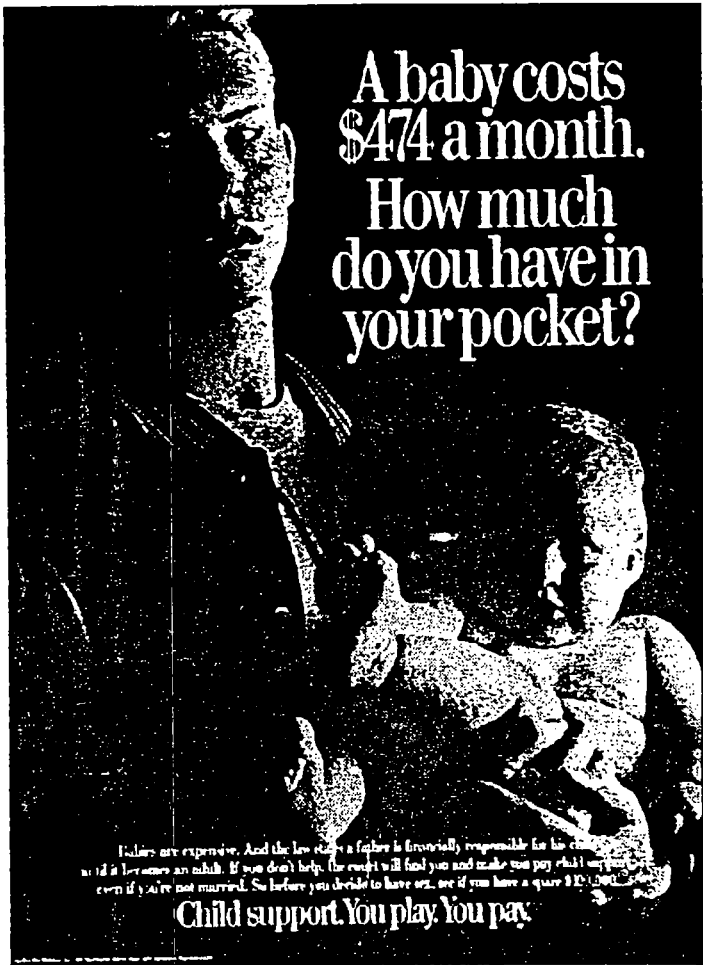
Abused adolescents suffer a series of losses that makes them unable to exert control over their bodies, experts say. They lose self-esteem and feel they are powerless to alter the events in their lives. They may also suffer developmental delay and sexual maladjustment.

"These women were socialized into their sexuality by abuse or incest, so by the time they are adolescents, they are primed to be very vulnerable to men and unable to assert themselves," says Judith S. Musick, the founder of the Ounce of Prevention Fund in Chicago, who reported one of the first associations between teen pregnancy and prior sexual abuse.

"Even the notion that you can use contraception is based on the notion that you have a body worth protecting. But that is based on adults first caring for and protecting you. These girls don't think they own their bodies."

Amy Marro was a starry-eyed 15-year-old living in Los Angeles when she fell in love with her first boyfriend, a 19-year-old who was charming and good-looking. But Marro was soon dealing with a situation that would have been challenging for an adult.

Her prince charming was manipulative and physically



Posters from a Maryland program take aim at young men who father children without taking responsibility.

abusive, breaking her nose during one fistfight

"I was so in fear of him," says Marro, now 24. "I wanted to get out of the relationship, but I thought it was a matter of him trying to kill me."

She wanted to have an abortion when she became pregnant at 16, and Marro even enlisted the help of her mother in making an appointment. But when the boyfriend objected with physical threats, Marro canceled the abortion. Five months into her pregnancy, the boyfriend went to prison, and Marro was able to free herself from him. She went on to get her degree and found a job as a legal secretary while raising her son.

"I never wanted to get pregnant; I wanted to break up with him. But he was so threatening."

University of Washington professor Debra Boyer, co-author of a Seattle study with Fine showing that 62% of pregnant and parenting teens were prior victims of sexual abuse, says that victims of sexual abuse often begin having voluntary intercourse younger than teens who are not abused, and are more likely to use drugs and alcohol and to not use contraceptives. These teen-agers, Boyer says, often talk about "leaving their bodies."

"These young women have stopped feeling. They are not

making decisions about sexuality. They have become very passive. They feel tainted and spoiled," says Boyer, whose study strictly defined abuse as "contact molestation, rape or attempted rape."

Teen birth rates are unlikely to be altered significantly unless child sexual abuse is recognized as a major contributing factor, Boyer charges. "Services won't work very well until we provide support and help them understand that the past abuse is related to their current behavior."

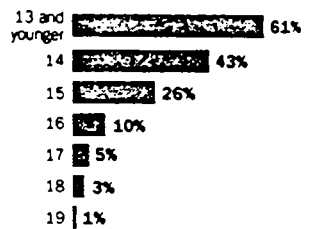
Despite attempts by California lawmakers to bring attention to the issue, there is little to suggest that Americans will have the courage to take on the issue of sex--consensual or abusive--with minor children.

"I'm very happy that people are starting to pick up on this and see its relevance," Males says. "But the more they get into this, the more they'll realize what a thorny issue it is. It's going to require us to rethink 20 years of policies and programs."

Forced Sex

The younger a sexually active teen-ager is, the more likely she is to have had involuntary sex.

Percentage of sexually active age group that has had forced sex:



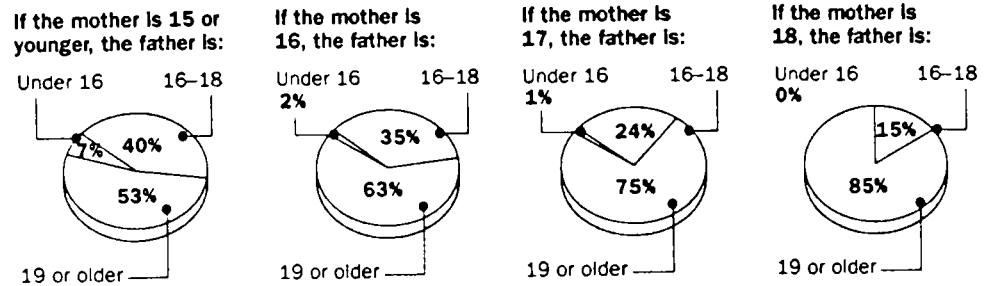
Sources: Adapted by the Alan Guttmacher Institute from tabulations by R.A. Moore, C.W. Hoar and J.L. Petersen from data from the 1987 National Survey of Children.

Los Angeles Times



Younger Moms, Older Dads

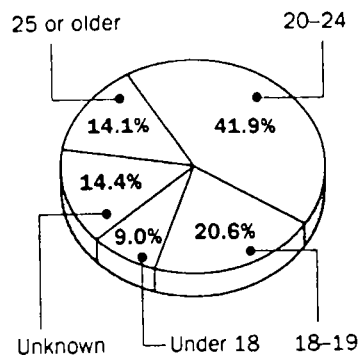
Age of mother and age of father: Los Angeles County (1990)



Los Angeles Times

How Old Is Daddy?

Ages of fathers of babies born to teen-agers in California



Sources: State of California, Department of Health Services, Vital Statistics Section 1993

Los Angeles Times

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FAX page #10

The Birth Control Bust

■ Adults in the United States are abysmal at family planning. So why are we surprised when our daughters get pregnant?

By SHARI ROAN
TIMES HEALTH WRITER

They seriously dislike contraceptives and often fail to communicate to their partner how to best avoid an unwanted pregnancy. And, about half of the time, their pregnancies are unwanted surprises.

And they're not just 18 or younger.

American adults are abysmal at family planning, a little recognized fact that raises serious questions about whether sexually active teen-agers can be expected, somehow, to do any better than their adult role models.

More than 60% of women 20 to 24 say their pregnancies are unplanned, as well as 77% of women older than 40.

Even men and women in their prime childbearing years—ages 25 to 34—do a poor job of controlling their fertility, according to a new report by the government-sponsored Institute of Medicine. About 45% of their pregnancies are unintended.

"This report reframes the teen pregnancy issue," says Dr. Helen Rodriguez-Trias, a Brookdale, Calif., pediatrician and member of the IOM committee on unintended pregnancy. "Teens are responsible for only 20% of the unintended pregnancies. That is important because the focus has been on teens as if that is the only age group in the world with this problem."

The only difference, it appears, is that teen-agers pay mightily for their mistakes. Typically without mates, financial independence and emotional support, adolescents have less influence over the outcome of their pregnancies and suffer far greater consequences, says Dr. Felicia H. Stewart of the federal Office of Population Affairs.

"We think about this in terms of adolescents because it is such a burden for them. It makes it difficult for them to fulfill education goals and get a good start in life. And for very young women, pregnancy is a health risk. But it's not that teens own this problem," Stewart says.

Indeed, studies show that they are far more responsible than their collective reputation suggests.

While the rate of teen pregnancy has increased dramatically since the early 1970s because more adolescents are having sex, among sexually active adolescents only, pregnancy rates actually fell 19% between 1972 to 1990, according to a 1994 report by the Alan Guttmacher Institute.

Overall, about 20% of teen-age girls who have sex get pregnant.

This improvement is largely due to better use of contraceptives. Studies show that two-thirds of teens say they used

contraceptives the first time they had sex; other research shows condom use among teen-age boys has nearly doubled in the past decade.

Despite this progress, the figures widely quoted in policy debates bemoan U.S. teen pregnancy rates as twice as high as in Canada, England and France; three times as high as in Sweden, and six times as high as the Netherlands.

Less talked about, however, is the rate of unintended pregnancy among U.S. adults compared to other developed countries: double that of Canada and Sweden and four times higher than the Netherlands.

Using numerous measures, adults appear to be poor role models for their children regarding responsible sexual behavior. In particular, studies show that American adults:

- * are uncomfortable with discussing sexual issues;
- * are undereducated about contraceptives and reproductive health;
- * encounter many barriers in obtaining family planning services (only 20% of private insurers and 40% of HMOs cover contraceptives);
- * are dissatisfied with the contraceptive choices available to them.

"In truth, avoiding unintended pregnancy can be hard to do, requiring specific skills and steady dedication over time from both partners," state the authors of the IOM report, referring to

1 in 8; Who's to Blame for Teen Pregnancy,
Third of four parts

people of all ages.

Most striking among the IOM's findings was the level of adults' ignorance surrounding reproductive health and contraceptives. For instance, a 1993 Gallup Poll found that more than half of American women erroneously believe that oral contraceptives pose substantial medical risks, including cancer, when in truth, oral contraceptives are one of the safest and most effective contraceptives.

In a recent study, Dr. Michael J. Rosenberg, a North Carolina researcher and consultant in Chapel Hill, N.C., found that among the 3.7 million women who begin taking oral contraceptives in a given year, 1 million become pregnant unintentionally—for the most part because they stop using the Pill because of side effects and fail to use another reliable contraceptive. These women often do not know or were not told by their doctors that side effects, such as irregular bleeding, usually disappear after a few months on the Pill.

The ignorance and myths surrounding oral contraceptives transcend all age groups, he says, adding that older teens may be no worse Pill users than their older counterparts.

"What I hear all the time is that younger women are not reliable contraceptive users. But what we found in our study was that that is only true among younger women up to age 15. After

age 15, there are other predictors on whether the woman will be a good user or not," he says, such as tolerance for side effects and whether the woman has a regular daily routine.

Moreover, adults—who are supposed to teach kids about responsible sex—are not very good teachers.

Polls show that adults overwhelmingly disapprove of teen-agers having sex, and almost all want their teens to use contraceptives if they do have sex. But parents often deal with this ambiguity by saying nothing.

"We are terribly conflicted as a society about teen sexuality, about giving them the information they need to make good decisions," Rodriguez-Trias says. "It's not that many people who have such good relationships with their teens that they can guide them through what is a stormy period of life."

According to a project by the Annie E. Casey Foundation designed to improve communication between parents and children about reproductive health, the parents themselves had "major gaps in their knowledge" and needed help learning basic information.

Even a 1987 survey of middle-school sex education teachers found "clear evidence of misinformation about various methods of contraception; 77% held the erroneous belief that women taking oral contraceptives should stop from time to time 'to give the body a rest,' " the IOM reported.

Sexually active adolescents face all these pressures—and then some, including:

- * a lack of developmental maturity to use contraceptives effectively;
- * the need to hide contraceptives from adults;
- * feelings of guilt about being sexually active;
- * the need to also protect themselves from sexually transmitted diseases, which depends on using condoms as well as a more reliable method to avoid pregnancy.

The issues sometimes overwhelm adolescents, who may be pressured to have sex.

Jennifer Grik of Manhattan Beach is a newlywed who has a college degree and a good job in textiles. But she still cries when she thinks of the baby boy she placed for adoption seven years ago. Unlike adults who experience an unwanted pregnancy, teen-agers often suffer lifelong consequences.

"I knew the facts. It wasn't a matter of being uneducated about sex," says Grik, now a volunteer counselor to pregnant teens. "It was more the pressure from him; you know, 'If you love me, you'll do this.' I thought nothing bad would happen to me. It was an attitude that I didn't consciously think about."

Elena Webb is typical of teen-agers who try to be responsible in the face of poor odds. She felt she couldn't consult her parents when her boyfriend asked her to have sex.

"In our house, they thought that not talking about something meant not doing it," says Webb, now 24, of Los Angeles. "I felt when I became sexually active that I couldn't tell them."

Nevertheless, she found a nearby Planned Parenthood clinic in the Yellow Pages and obtained oral contraceptives. She hid the pills in a shoe box in her closet.

"I was responsible enough to know to take it every day. In some ways, I was trying to be responsible," Webb says.

But her mother found them.

"When I got caught with them I lied and said that I wasn't having sex," Webb says.

One month later, she was pregnant. But, like Grik, Webb succeeded in spite of the setback. Her parents helped raise her son, Christopher, while she attended UC Riverside. She is now studying for her master's degree in social work.

And she feels sorry for the frightened adolescent that she used to be.

"I needed someone to tell me that it is normal to be curious about sex but that you don't have to act on it," Webb says. "Just to be able to talk about sex and that it isn't a bad thing. If you are a teen and you are thinking about sex, you're considered bad, you're wrong. But kids need to know it's normal to think about sex."

□

Teen-agers often show good intentions but flawed logic when assuming responsibility for sexual activity. For example, many teens rely on condoms to protect against pregnancy even though the failure rate for them ranges from 13% to 28%.

Jorge knows this personally. The 17-year-old Valley youth was trying to avoid pregnancy by using condoms, but his girlfriend got pregnant anyway. "I don't know what happened, man," Jorge says dejectedly. That night the condom broke and he vowed he would try another type the next time. "But there ain't gonna be a next time because she's pregnant. After the baby, I'm gonna try the Pills."

Teen-agers who opt for prescription contraceptives, such as the Pill, often procrastinate too long. On average, sexually active adolescent girls wait almost one year between initiating intercourse and seeking prescription contraceptives.

"They have to decide to get contraceptives, make an appointment, keep the appointment, get the contraceptives, hide them and use them. That's a whole lot of steps for a 14- or 15-year-old," says Dr. Lawrence Neinstein of the Division of Adolescent Medicine at Childrens Hospital, Los Angeles.

Like adults, adolescents are not crazy about the contraceptive choices available to them. Norplant, the surgically implanted contraceptive that provides five years of protection, has been largely rejected by teen-agers who have been frightened by reports released late last year that Norplant caused severe side effects.

The contraceptive's foundering popularity is a disappointment to family planning officials because it has great promise to help teens control fertility.

"We all had high hopes for it, and I still believe that with counseling from a provider who has experience with it, it's still a good method," says Margie Fites Seigle, chief executive officer of the L.A. Regional Family Planning Council. "Requests for it have plummeted; not just for teens but for all women. The question now is can we ensure it is a safe method? We know it's effective, and we know it's cost effective."

In a study last year, Dr. Margaret Polaneczky of New York Hospital found that the implant was 19 times more effective than oral contraceptives in preventing pregnancy among teens.

But there is clearly more to teen pregnancy than just making contraceptives available. In one study in Baltimore, teen-agers who had a negative pregnancy test at a family planning clinic were counseled to use contraceptives, but half of the adolescents became pregnant within 18 months anyway.

"It is assumed that following such a reprieve, a young woman will be open to messages about contraceptive use, and

that simply making services available at that time will be sufficient. Clearly, this is not the case," noted the chagrined authors of the Baltimore study in the journal *Family Planning Perspectives*.

Indeed, it is so common for a teen-ager to have at least one clinically verified negative pregnancy test before becoming pregnant that the Los Angeles Regional Family Planning Council has implemented a Teen Retention Project to provide extra family planning counseling services at that time. The program offers young women incentives, such as gift certificates or movie tickets, to return for follow-up exams on a regular schedule.

No one expects miracles. And don't ask teens to figure out

what adults can't.

Luana Ybarra has not figured out the intricacies of family planning, either as a teen-ager or as an adult. She first became pregnant at 18.

"We weren't using any protection," she says, chasing her rambunctious toddler around. "We didn't want him. It was just dumb."

The couple married, kicked drug habits and re-enrolled in high school. But Ybarra, 20, is pregnant again. She sighs.

"This time we used condoms, but I still got pregnant. I dunno. Maybe it's a God thing this time."

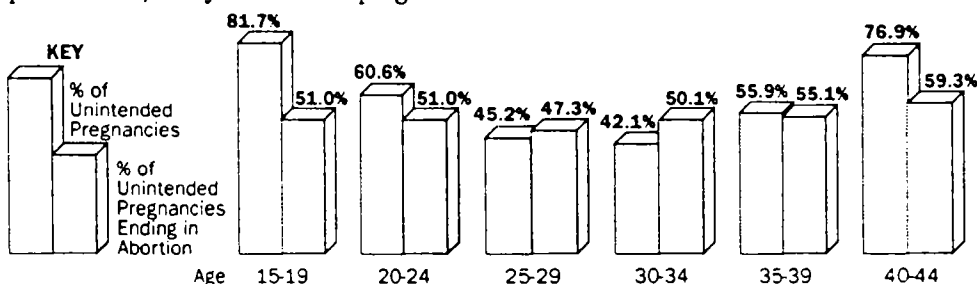


Jennifer Grik tries on her gown as she prepares for her wedding. Seven years ago, Grik became pregnant; she placed her baby boy up for adoption.

Iris Schneider/Los Angeles Times

Girls Mirror Women

Unintended pregnancies are common to all age groups. Although teens have the highest rates, women in their early 20s and early 40s often fail to take effective precautions; many unintended pregnancies end in abortion.



Source: J.D. Forrest, "Epidemiology of Unintended Pregnancy and Contraceptive Use," *American Journal of Obstetrics and Gynecology*, 1994.

Los Angeles Times

Having the First Baby Doesn't Stop the Cycle

Common sense might dictate that once a teen-ager has a baby, she would do anything in her power to avoid having another child until much later.

But common sense is a rare commodity in the puzzling world of adolescent parenting. Indeed, 25% of teen mothers have a second or third child during adolescence, according to California and national statistics. The younger the girl, the more likely she is to have two, three or four children by the time she is 20.

According to the Alan Guttmacher Institute, 30% of teens who give birth before age 16 have a second child within two years.

And the more children, the more likely the teen-ager will be trapped in a lifetime of poverty. A teen with two children is much more likely than even a teen with one child to drop out of school and go on welfare, says Kim Connor of the state Senate Office of Research.

"It's the second and subsequent births that really put them over the edge," Connor says.

And if that's not enough bad news, several expensive and ambitious efforts to stem the rate of rapid, repeat teen pregnancies in communities around the nation have failed big time, leaving policy makers and health officials baffled.

"You can understand the first baby--maybe a teen-ager doesn't know how difficult it is to raise a kid. But the second?" asks Rep. Bill Lockyer (D-Hayward), the author of a large-scale teen pregnancy prevention package that would educate the public about the negative consequences of teen pregnancy.

Does another child add more meaning to their lives? Are teens poor at family planning? Or, offers Lockyer: "Maybe they live in a world that is just so immediate and impulsive."

That impulsiveness, especially prevalent in the lives of teen-agers who have little in the way of bright future plans, may be the primary reason additional pregnancies occur, says Rebecca Maynard, a professor in the Graduate School of Education at the University of Pennsylvania.

Maynard's study on repeat pregnancy published last fall stunned health officials with its dismal conclusions. Launched in 1986, 6,000 first-time teen-age mothers in three U.S. cities (Chicago, Newark and Camden, N.J.) were divided into two groups. Half of the teens were enrolled in a program of "enhanced services" designed to prevent a second pregnancy; they received extensive education about contraceptives and were given the contraceptive of their choice free. In addition, they were provided transportation to their doctors' visits and received free child care.

The other group of teens received none of these services.

Thirty months later, two-thirds of the targeted teen-agers had given birth or were pregnant again--the same number as the adolescents who received no services.

"We did what we thought were all the right things to prevent repeat pregnancy and it made no difference," Maynard says. "Our notion was that the issues were knowledge and access. And what we found was the issues go way beyond that."

Although research shows that the majority of the young mothers definitely did not want more children, they were terrible contraceptive users--perhaps because they are kids themselves, Maynard says.

"People forget that adolescents, regardless of income or social class, are risk takers. They are impulsive. They feel invincible and they fail to plan ahead. So they don't think, 'Oh, gee, we might have sex tonight. Are we prepared? If they get a headache, they blame it on the Pill and stop taking it. But then they don't take the next step, which is not to have sex. Or they'll hook up with a guy and he won't believe in contraception and she'll think, 'This one time won't hurt.'"

"There are almost as many explanations as kids getting pregnant," she adds.

Victoria Huey, 18, had her first baby at 13. At 16, she became pregnant again.

"It was a one-night thing. I had a condom. It was right here," she grins, patting the pocket of her jeans.

Her daughter is now 2 and lives with her; her son is in the care of an aunt. Victoria goes for Depo-Provera shots--a newer contraceptive consisting of injections of a potent, long-lasting hormone--every three months.

Maynard notes that her study took place before Depo-Provera and the surgically implanted contraceptive Norplant were available. But she doubts that these newer methods are having much impact. Many teens distrust Norplant, and Depo-Provera requires a shot every three months, a regimen adolescents are unlikely to adhere to on their own.

"We have a long way to go," Maynard says. "We need to improve the contraceptive technology more than we have. We also need different public attitudes about [teen pregnancy]. It's not OK, and we haven't been clear about that."

-- SHARI ROAN

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Problems With Birth Control

Teen-agers tend to use contraceptives as effectively as typical adult users. However, poor teens have numerous problems using contraceptives. Here are failure rates:

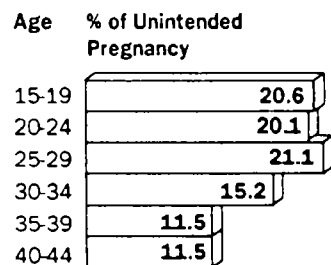
	Typical users (all ages)	Non-poor Teens	Poor Teens
Pill	3%	6%	13%
Condom	12%	13%	27%
Diaphragm	18%	21%	37%
Rhythm	20%	27%	52%
Spermicide	21%	26%	50%

Source: Studies in Family Planning, Vol.21, No. 1, Jan./Feb. 1990, "Contraceptive Failure in the United States: An Update"

SUE MONDT / Los Angeles Times

Unplanned Pregnancy Rates

Women of all ages fail to use contraceptives and become pregnant even when they don't want to become pregnant. Among women who do not use contraceptives, teen-agers' rates of unintended pregnancy are only slightly higher than women in their 20s.



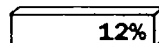
Source: National Center for Health Statistics.

SUE MONDT / Los Angeles Times

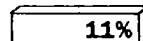
Delays Still Common

Most young women are sexually active for a substantial time before they go to a doctor or a clinic.

Made medical visit before or in same month as first intercourse:



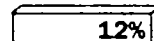
1-3 months after:



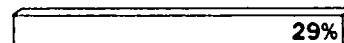
4-6 months after:



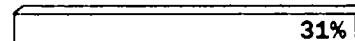
7-12 months after:



One year or more after:



Made no visit by time of survey:



Source: The Alan Guttmacher Institute.
 "Sex and America's Teenager," 1994

SUE MONDT / Los Angeles Times

Los Angeles Times

51 inches; 1790 words

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Are We Teaching Too Little, Too Late?

■ Americans are fiercely divided over sex education. Some call for abstinence. Others preach contraceptives. But so far, little seems to be working.

By SHARI ROAN
TIMES HEALTH WRITER

The names of many teen pregnancy prevention programs inspire confidence: Success Express, Project Taking Charge and I Have a Future.

But the names are often misleading for one simple reason: Very few sex education programs have been rigorously evaluated to see if they work, and of those that have been evaluated, few have been successful at combatting the problem.

Indeed, researchers working on behalf of the federal government recently concluded that among 200 popular programs that address unintended pregnancy, only 23 had undergone detailed evaluation. And of those, only 13 "were even somewhat effective" in reducing teen pregnancy, said the authors of the Institute of Medicine's report "Unintended Pregnancy and the Well-Being of Children and Families."

Even Dr. Henry W. Foster Jr., President Clinton's failed nominee for surgeon general and a longtime proponent of programs to curb teen pregnancy, has admitted that his curriculum, I Have a Future, is not as effective as he had hoped it would be.

"In most other countries, schools play a more constructive roll. But here it's kind of uneven," says Dr. Felicia Stewart, deputy assistant secretary for Population Affairs, a branch of the U.S. Department of Health and Human Services. "I think the education going on in schools leaves aside the part about values. And sex education isn't nearly as extensive as parents would guess."

Parents who rely on schools to teach responsible sexuality have badly misplaced hopes. The IOM, an arm of the National Academy of Sciences, found:

- * While most federal funding for sex education programs over the past decade has been funneled into programs that encourage abstinence until marriage, these programs have not been evaluated in any thorough or long-term manner, leaving parents and educators with no knowledge of whether they actually work.

- * Despite polls that show adults overwhelmingly want sexually active teens to have access to contraceptives, only 21% of 500 school-based health clinics around the country provide contraceptives.

- * Nationwide, the most popular approaches to sex education—such as California's Education Now, Babies Later (ENABL), which encourages preteens to delay sexual

intercourse until they are older—may be only moderately successful. Studies show students might delay sex for a few months, instead of a few years.

Says Dr. Lawrence Neinstein, associate director of the Division of Adolescent Medicine at Childrens Hospital, Los Angeles: "You have people who believe that kids need to learn about contraceptives, and people who believe that anything more than sex after marriage is wrong. You have all these messages that are mixed and public policy that is mixed."

And you have one out of every eight teen-agers getting pregnant.

□

In Sharon Simon's classroom at Aliso High School in Reseda, the senior girls are dismissed from class on this hot spring morning and the boys are asked to stay. Demetrius Navarro, a sex education counselor from the Valley Community Clinic has arrived for his regular session with the guys.

Navarro, young and hip, has been meeting with this group all year. He snatches a felt-tipped pen and scrawls a question:

Should people have sex only if they love each other?

Three guys saunter to the board, take up pens and respond:

I disagree because people should have sex when they need it.

I disagree because not everyone loves each other.

**1 in 8: Who's to Blame for Teen Pregnancy.
Last of four parts.**

I disagree because guys be going out to get Ho's.

Simon observes, shaking her head. The responses reveal why she asks Navarro for a new supply of condoms before he leaves. Meanwhile, in West Covina, school officials contend that they must follow the conservative community's preference for abstinence-only sex education—despite the fact that one neighborhood in the district has the 14th-highest teen pregnancy rate among more than 200 L.A. County neighborhoods designated by ZIP code.

"This is the community's druthers, plus there is a heavy, heavy emphasis in the state educational code on abstinence until marriage," says Marty Evans, assistant superintendent for education services.

She acknowledges that directors of local health clinics, dealing with an overflow of pregnant teens, have beseeched the school board to provide more appropriate sex education and counseling. But, she says, "What we're concerned about is usurping a parent's role, and we're certainly not getting any clamor from the community to provide that."

Americans largely desire school-based sex education for their children. According to a recent poll, 85% of Americans support sex education and 65% support the provision of condoms in schools.

Yet in schools across California, a sex education

curriculum is likely to be selected with little thought about whether it has been proven to work or fulfills the particular needs of adolescents in the community.

Individual school boards determine what curriculum is best, says Julie Linderman, a health education consultant for the state Office of Family Planning.

But the state requirements are vague. Linderman says schools are supposed to teach "sexuality, reproduction and family life." The state code calls for only a few specifics: Students must be taught that there are risks and hazards associated with using condoms, and that abstinence is the only safe method to avoid HIV infection and other sexually transmitted diseases.

School districts are free to teach this material at any time during junior or senior high, and the presentation of the material can consist of a single hourlong session.

"California is so large and diverse, it's no surprise that sex education spans every possible format," Linderman says. "There is no specific curriculum that is mandated. We are trying to provide a number of credible curricula so that there is a choice."

But few of the programs have undergone detailed evaluation for their effectiveness, she concedes.

"California's educational system has that local control, in part, because sex education . . . programs are fairly new and there is a lack of evidence of what will work. Efforts have only been seriously instigated in the last five years, especially in the last two years."

The state is loath to rob individual communities of their sex education preferences.

For example, Linderman says, her office hears criticism that ENABL should be offered to 10-year-olds in communities with very high rates of teen pregnancy. Other communities have complained that talking to 14-year-olds about sex is inappropriate.

"You really see differences in various communities," she says.

ENABL is the most popular sex education program in California. Modeled after a curriculum called Postponing Sexual Involvement by Dr. Marion Howard of Emory University, the program teaches 12- to 14-year-olds how to delay sexual activity by resisting peer pressure. It does not emphasize contraception and other reproductive health issues.

About 300,000 California students have completed the course. But ENABL, which is also taught in YMCAs and Girls Clubs, is just now undergoing the first detailed evaluation. The report is expected to be released this summer.

Linderman cautions that a long-term decline in teen pregnancy rates may not show up this early. "It would be nice if the evaluation showed that kids taking the course in 1991 were not yet pregnant, but we are not quite sure if we'll see that cut-and-dried result this soon."

In his new budget, Gov. Pete Wilson has requested \$500,000 to expand ENABL, but some educators want more proof.

"It needs additional evaluation," says Senate President Pro Tempore Bill Lockyer, (D-Hayward). "I would say that there is agreement that it's desirable to [delay sex]. But there may be different degrees of optimism on whether it would work better in a more multipronged approach."

But in an earlier study by Douglas Kirby of ETR Associates

in Santa Cruz, two programs—Postponing Sexual Activity and Reducing the Risk—were found to delay onset of sexual activity by a few months.

This success, however slight, suggests that adults can't simply teach kids the facts and rely on them to make the right decisions, says Kirby, who is directing the evaluation of ENABL. Younger teens, in particular, are looking for strong adult guidance.

"It appears many teens want or will accept direction on what the 'right decision' is," Kirby says.

□

While Americans generally agree that sex too young is unhealthy, there are fierce differences on how to educate older teens about sex. While some call for abstinence until marriage, others say older teens should be taught about contraceptives.

It may be possible to appease both groups. Both the IOM report and studies by Kirby found that students are receptive to the dual message: "Don't have sex, but if you do, protect yourself"—although some educators have criticized the concept as confusing.

"For kids who are not sexually active, we have to try to delay sexual activity," Neinstein says. "The more we delay sex, the less risk for HIV, STDs and pregnancy. But a certain percentage are going to become sexually active no matter what you say or do. And saying nothing isn't very helpful."

The ineffectual programs, Kirby says, are those that lack a tight, narrow message.

Studies have also shown that educators often wait too long to teach kids about contraceptives. About half of all teens nationwide are sexually active by 17. But one national study found that many teens become sexually active before taking a sex education course. Of those 16 and younger, fewer than half had had a course.

Moreover, girls enter puberty much younger than even decades ago, about age 11 now. And young adults are postponing marriage to later and later years.

A commitment to sexual abstinence made at puberty may now span 15 years or longer. And yet, many observers note, U.S. culture is permeated with provocative sexual images.

"We have the most bizarre mixture of messages in this country," says Sue Rabinovitz, the associate director of Program Services in Adolescent Medicine at Childrens Hospital. "There is all this titillation about sex. At the same time, we have this culture that condemns people about having sex. How do we expect people to make sense of that? I think we need to come to terms with sexuality in this country. The message needs to be: If you are going to have sex, protect yourself."

But promoting abstinence is still high on the agenda of many religious, political and education leaders, even though there is no evidence that abstinence-only programs are effective.

Gov. Wilson has also proposed \$500,000 for the development of an Abstinence Until Marriage curriculum that, aides say, will be implemented as a pilot program and "rigorously" evaluated.

Linderman says the pilot project will examine whether a scientifically credible abstinence course would reduce pregnancy rates.

"The majority of the [existing abstinence] curricula have very serious defects from an education and social value

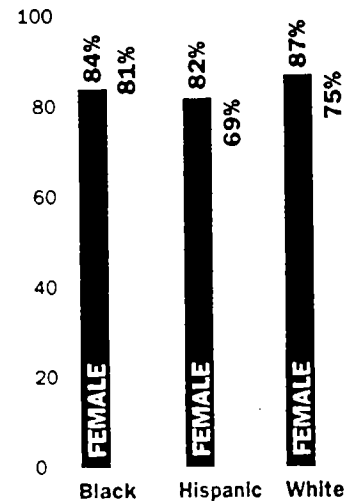


Bernie Solloa kisses his new daughter at Aliso High. Counselor Demetrius Navarro, holding a cup, discusses sex education, attitudes and responsibility with the young men.

Iris Schneider/Los Angeles Times

Pressure at School

Most teen-agers report receiving unwanted sexual comments or actions at school. Percentage of students in grades 8-11 reporting unwanted sexual comments or actions, 1993:



Sources: Harris/Scholastic Research, *Hostile Hallways: the AAUW Survey on Sexual Harassment in America's Schools*, American Assn. of University Women Educational Foundation

Los Angeles Times

perspective," she says. "People object to abstinence curricula because of those defects."

For example, some programs teach that you can completely avoid HIV infection by remaining abstinent. That is simply not true. HIV can be contracted through intravenous drug use or, rarely, a blood transfusion.

But any emphasis on abstinence may have the effect of sabotaging programs that teach about contraceptives, warns Lockyer, who has introduced a teen pregnancy prevention program this session.

Lockyer says his office has already received criticism from conservatives because his proposal might include provisions on

the distribution of contraceptives. Conservatives wouldn't support any programs that teach use of contraceptives, Lockyer says, conceding: "I may have to [change] that to get the bill passed."

"The religious right is increasingly powerful in California politics and they are preoccupied with questions of sexual behavior. I'm sure theirs is a minority point of view, but they control the Republican Party in this state."

But, he adds: "I don't know how you'll avoid unwanted pregnancy without those programs."

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St. Anne's Community Outreach Services

The purpose of St. Anne's Community Outreach Services is to educate and empower young people to overcome personal and environmental barriers, enabling them to improve their health and well-being and that of their children if they are parenting.

Outreach Services for Pregnant & Parenting Adolescents include:

Intervention & Treatment

Referrals to community resources
Pregnancy counseling
Adoption & parenting information
Home visits
Continued support/guidance

Public Awareness

- Network w/ community agencies
- Teen pregnancy/parenting information to the community-at-large

Prevention Education

- The Responsible Teen Sexuality curriculum
- Workshops
 - Teen Sexuality Awareness for parents
 - Positive Communication Skills & Self Esteem
- Comprehensive professional training
- Expert support to professionals working with adolescents

Offices

Central Los Angeles
St. Anne's Main Campus
155 N. Occidental Blvd.
Los Angeles, CA 90026
(213) 385-0884

Southeast Los Angeles
2528 E. Slauson Avenue
Huntington Park, CA 90255
(213) 587-4MOM (4666)

San Gabriel Valley
11401 Valley Blvd. #102
El Monte, CA 91731
(818) 443-2577

Ventura County
2301 Daily Drive, #202
Camarillo, CA 93010
(805) 383-7277

St. Anne's Residential Treatment Facility

24 pregnant Adolescents (11-18 years of age)
36 parenting Adolescents & their infants - 0 to 3 years of age

Services provided:
Junior & Senior High School
Complete Prenatal & Postpartum Healthcare
Pediatric Care
Emancipation Program
Volunteer Labor Support
Psychiatric & Psychological Consultation
Psychological Evaluation
Plus...

Educational Classes

- * ***Parenting***
- * ***Prenatal Health Care***
- * ***Prepared Childbirth (Lamaze)***
- * ***Likeskills***
- * ***Vocational Training***
- * ***Job Training***
- * ***Tutoring***
- * ***Responsible Adolescent Sexuality***
- * ***Breastfeeding***

Child Development Center

- * ***On-Site Day Care***
- * ***On-Site Training Center***

Outreach Services

- * ***Follow-Up Care***
- * ***Community-based Prevention & Intervention***

Individual Therapy

Specialized Group Therapy:

- * ***Substance Abuse/AA/NA***
- * ***Domestic Violence***
- * ***Sexual Abuse***
- * ***Cultural Awareness***
(African-American & Latino Awareness)
- * ***Self-Esteem***
- * ***Self-Expression***
- * ***Adoption Group***
- * ***Father's/Men's Group***

St. Anne's
155 North Occidental Boulevard
Los Angeles, California 90026
(213) 381-2931
For Info Contact Intake Coordinator

St. Anne's is at the forefront of efforts to confront one of our country's most devastating crises -- adolescent pregnancy.

St. Anne's provides residential care and community based services to pregnant and parenting adolescents and young adults. We extend our services to at risk young people throughout our community. These young people come from chaotic and dysfunctional families, and have been victims of physical, sexual and emotional abuse. We also provide extensive educational programs to adolescents, parents and educators. Striving to break the devastating cycles of poverty, abuse and incomplete education, we work to develop healthy families and promote family values. Our goal is to empower each young woman to become a healthy, independent and productive adult, a loving and caring parent and a contributing member of her community.

Our Prenatal & Mother/Baby Residential Programs provide comprehensive services for adolescents, including case management, medical care, high school and vocational education, adoption education, counseling, addiction recovery services and adolescent sexuality education. St. Anne's has added a child development center, health and lifeskills education, emancipation program and parenting training. St. Anne's provided residential care to more than 225 adolescents last year.

Our Community Outreach Program brings comprehensive intervention, referral, case management, counseling, education and mentoring services to pregnant and parenting adolescents and young adults who remain in their home communities. The services developed in St. Anne's residential programs have been adapted to meet the needs of these clients through four Outreach offices located in Central Los Angeles, South Central Los Angeles, San Gabriel Valley and Ventura. Classes and presentations addressing adolescent sexuality, pregnancy prevention, parenting and family dynamics are provided to young people, educators and parents. Last year, St. Anne's Outreach program provided intervention and treatment services to more than 1000 young people. More that 14,000 others benefitted from our educational programs.

St. Anne's:

- Ensures healthy births for both mother and baby
- Effectively intervenes in the cycle of abuse, poverty and incomplete education
- Ensures healthy early childhood development for infants in residence
- Provides effective parenting training for residents and clients
- Helps reduce the rate of adolescent pregnancy through education and counseling

St. Anne's can assist you by:

- Providing speakers on related issues
- Orienting you and your staff to the needs of adolescents in our community
- Showing you strategies that are successful
- Assisting you in providing a public forum for discussion on related topics
- Making our facilities available to you, your staff and your constituents

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St. Anne's

St. Anne's depends on contributions from individuals, corporations and foundations to adequately fund its programs of care to pregnant and parenting adolescents and young women.

For detailed information on the ways you can uniquely contribute as a donor or volunteer, please write or call:

St. Anne's
155 N. Occidental Blvd.
Los Angeles, CA 90026
213-381-2931

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THE Angel

The Graduates!!!



MESSENGER



SISTER MARIE MEYER RETIRES

see page 2