

Baby boom

Nobles County ranks near top in teen pregnancy rates

Editor's note: This is the first installment in a four-part series on teen pregnancy in Nobles County.

BY JULIE BUNTJER
DAILY GLOBE

WORTHINGTON — While a walk down the halls of Worthington High School or Worthington Middle School may not reveal exactly how many teen students are pregnant, reports among health officials in the community put the number at nearly 20.

District 518 school nurse Wendy Donkersloot said there are 14 couples in the local high school who are known to be expecting a baby, while another four became parents this school year. One of those high school couples is expecting twins.

In the middle school — which encompasses fifth through eighth-grade students, ages 12 to 14 — one teen is known to be pregnant, she added.

Worthington's Area Learning Center (ALC), which is also part of the district, has one confirmed pregnancy at this time, according to its principal, Rick Knapp. Another two teens have given birth during the school year.

"I think we have seven or eight kids (attending the ALC) that are already parents," Knapp said. "This is only my third year, and I've dealt with 40 or 50 parents and numerous teen pregnancies."

According to the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting's latest statistics, Nobles County ranked second of the state's 87 counties in 2006 for the number of births to teens in the age group of 15 to 19-year-olds. In that age group, the birth rate was 66.4 births per 1,000 females.

In comparison, the state aver-

age birth rate is 27.9 per 1,000 females ages 15 to 19.

Brad Meyer, director of Nobles-Rock Community Health Services (NRCHS), said of the 46 births to teen mothers in 2006, there were 16 births to girls ages 15 to 17, and 30 births to teens ages 18 and 19 in Nobles County.

Because those statistics are county-wide, phone calls to area school districts revealed the teen pregnancy rate is based heavily on Worthington's numbers.

'If parents were more open and talked about it, these kids wouldn't feel like they have to sneak around.'

Lori Klooster
SMOC Family Planning

In Adrian, Superintendent Roger Graff said he was unaware of any teen pregnancies in the five years he's been with the school district. George Berndt, superintendent at Ellsworth Public Schools, said there have not been any teen pregnancies in that school for at least a couple of years. John Cselovszki, superintendent of Round Lake-Brewster High School, said while there have been a couple of known teen pregnancies in the last five years, he was aware of none this school year.

Lori Klooster, health services director for Southwest Minnesota Opportunity Council and director of the agency's Family Planning office, often

sees teens in her office who are seeking a pregnancy test or birth control. Her state and federally funded office provides yearly reproductive health exams for females and males, treatment for sexually transmitted infections, education and counseling on reproductive health and emergency contraception.

"We've always had four to six couples pregnant in school, but we've never had the numbers we're seeing this year," Klooster said of teen pregnancies in the Worthington school district.

What, or who, is to blame?

There is no one smoking gun when it comes to placing blame for the county's high rate of teen pregnancies.

In fact, Jane Feller of NRCHS said there are approximately 500 risk factors associated with sexual behavior and pregnancy in teens. The risk factors include use of alcohol or drugs, involvement with gangs, permissive attitudes about sex, sexually active peers and frequent dating.

Feller, and numerous other health professionals in the county, say it comes down to the parents and whether they are involved — or as involved — as they should be in their teen's life.

"The biggest solution is we need parental involvement," Klooster said. "I think it's sad when we have to send permission slips home for me to come in (to the schools) to present reproductive health and STI information. We're already putting a taboo on it. It should just be another part of health class."

Klooster said if parents aren't talking to their teens about sex, there's only so much she and other health professionals can do in terms of edu-

cation.

"If parents were more open and talked about it, these kids wouldn't feel like they have to sneak around," she said.

The highest number of conceptions in teens occurs from 3 to 5 p.m. daily, after they get home from school and before their parents get home from work, Klooster said.

"The human brain is not fully developed until age 20 or 21," she said. "These kids think they are indispensable — they think they can (have sex without) birth control and not get pregnant."

"We don't want to excuse that — it's the guidance and parental involvement," she added. "We need parental involvement in this, and we truly need parental support."

High rate of sexual activity

It goes without saying that a high rate of teen pregnancy is a direct result of a high rate of sexual activity among teens.

According to the 2007 Minnesota Student Survey, 15 percent of ninth-grade males have had sex at least once, compared to 13 percent of females. Among 12th-graders, 33 percent of males said they have had sex at least once, while 48 percent of females admitted to having sex.

Klooster said roughly 70 percent to 79 percent of all students are sexually active by the time they reach their junior year in high school, and an estimated threefourths of them don't use any form of birth control.

"And then we wonder why we have such a high birth rate," she said. "(People) have a 90 percent chance of getting pregnant if they are sexually active and are not using birth control."

The price of promiscuity

Sexually transmitted infections are another drawback to teens having sex

Editor's note: This is the second installment in a four-part series on teen pregnancy in Nobles County.

BY JULIE BUNTJER
DAILY GLOBE

WORTHINGTON — In basketball, if a person commits five fouls, he or she is out of the game. In baseball, it's three strikes, and the player has a long walk back to the bench.

In the game of life, contracting four sexually transmitted infections (STIs) could leave an individual permanently sterile.

An estimated 30 percent of couples around the world hoping to adopt a child today are sterile because their sexual habits as teens and young adults resulted in infections such as chlamydia, gonorrhea, syphilis and genital warts or genital herpes.

Among the most prevalent STIs locally are the bacterial infection chlamydia, as well as the viral infections genital warts and genital herpes, said Lori Klooster, health services director for Southwestern Minnesota Opportunity Council and director of the agency's Family Planning office.

"The most widespread is chlamydia," Klooster said. "It's also known as the silent STI — that's why it's so widespread."

Nobles County ranked 16th of 87 counties in the state for the rate of chlamydia infections in 2007, according to a report filed by the Minnesota Department of Health (MDH).

Kim Jeppesen, district epidemiologist with MDH, said Nobles County had 45 reported cases of chlamydia in 2007, down slightly from the 58 reported cases in 2006.

Although the figures show a decline, Jeppesen said it may not be a true reflection of what's happening with STI rates.

"There's a number of reasons why numbers go down or up from one year to

the next," Jeppesen said. It could be that a clinic more actively tested for chlamydia in 2006 and may not have done so in 2007, he suggested.

Jeppesen said health care facilities need to implement protocol to test not only based on symptoms, but also based on age groups.

"STIs are generally ... a young person's disease," he said. "Not totally, but they're the most affected."

"By knowing that, hopefully we can get more in for treatment and reduce the disease load. If we are going to test based on symptoms, there will be a lot of people who will be missed," he added.

Because chlamydia is a bacterial infection, it is treatable with antibiotics. Gonorrhea and syphilis, which have rarely been reported in Nobles County, are also treatable.

"There are all kinds of STIs out there," Klooster said. "With most of them, you can take an antibiotic and get rid of (them)."

Others, however, will never disappear. Such is the case with any of the viral infections — genital warts (also known as the human papilloma virus, HPV), hepatitis B, genital herpes (herpes simplex II) and HIV/AIDS.

While Nobles County may have a large number of genital warts and genital herpes cases, these are not tracked by the Minnesota Department of Health. Therefore, it isn't possible to look at trends for these infections.

At this time, there is just one vaccine available to protect a female — Gardasil, which can prevent contracting HPV. The vaccine protects against four different strains of HPV, including those that cause 90 percent of genital warts cases and 70 percent of cervical cancers.

"We highly recommend (Gardasil)," Klooster said, adding that public health agencies and both local clinics offer the vaccine.

While Gardasil is recommended for girls and young women ages 9 to 26 to protect against HPV, Klooster is quick to point out the only way to keep from getting a sexually transmitted infection is abstinence.

"Abstinence-only programs (taught in some schools but not in District 518) fail time after time," Klooster said. "It's kind of like having one size pair of jeans, and everyone had to fit into them. That doesn't happen."

Those who choose to be sexually active should consider reducing their number of partners, using condoms and practicing good personal hygiene.

"If there's a remote chance you have an STI, get in and get it checked," Klooster added. "We're concerned about these pregnancies (among teens), but we're also concerned about the health of these women. There are all sorts of abnormal pap (smears) coming in with different stages of the HPV."

The number of abnormal paps Klooster has seen in her work at SMOC Family Planning really has her concerned about the future for some of the teens who come into her office.

"I can't imagine the cervical cancers we have out there," she added. "We need to educate the community, we need to educate the parents, and we need to educate the kids."

"(Pregnancy and STIs) go hand in hand with sexual activity," Klooster said. "By the time they reach their junior year in high school, 75 percent (of teens) are sexually active."

Klooster said the ultimate goal is to keep society sexually healthy. For that to happen, she said health professionals and educators aren't the only ones needed to address the issues — parents must get involved.

"We truly need education and parental involvement to decrease the number of pregnancies and sexually transmitted infections out there," Klooster said.

Who is teaching the teens?

Responsibility for teaching sex education isn't on schools alone

Editor's note: This is the third installment in a four-part series on teen pregnancy in Nobles County.

BY JULIE BUNTJER
DAILY GLOBE

WORTHINGTON — With 20 teens in the Worthington School District walking to class this year with a baby bump or as a new mother, one has to wonder why there is such a surge in teen pregnancies.

Do we blame educators, parents, clothing designers, television, music or the movies? Are students not getting the message about abstinence or the use of contraceptives? Or do they view pregnancy as glamorous and a sign of being grown up?

Perhaps it is a combination of all of the above.

District 518 does not practice an "abstinence only" teaching policy, according to school nurse Wendy Donkersloot. What that means is that while abstinence is taught in the classroom, it isn't the sole focus of sex education programming.

Regardless of what is taught in the classroom about sex, Donkersloot said it should also be taught in the home.

"It is primarily parent responsibility to educate their kids," she said. "The community needs to realize it isn't a school issue, it's a parental issue."

Still, the school does what it can to teach students about sexual reproduction and sexual health.

Students in the middle school are exposed to child abuse and sexual abuse in the sixth grade, with the family life and human sexuality unit taught in seventh grade.

"That's where the main sexual talk is held," said WMS assistant principal Jennifer Backer. "In eighth grade, they talk about it again, however, they focus on drug and alcohol use and how that impacts decisions."

There are also elective classes in the middle school's family and consumer science curriculum that students can take, such as the baby-sitting class where students have to care for and carry around an egg that represents a child, or the parenting class that requires students to carry a flower baby and write journal entries about the experience. In those courses, videos on teen parenting are also shown to students.

Once students get to the high school, sex education programming is done once again in the 10th grade.

"We have an extensive three-week-plus unit related to sex education in 10th grade health," said high school principal Scott Backer, adding that the programming is taught by the school's health teacher and

two to three guest speakers.

"We want to make sure all of our students get exposed to it, so we do a required class," he added.

The high school also has electives in the family and consumer science, science and agriculture curriculums that address sexuality indirectly, Scott Backer said.

Lori Klooster, director of Southwestern Minnesota Opportunity Council's Family Planning office, is one of the guest speakers who talks to students in the Worthington school district. With the county's teen pregnancy rate ranking in the top five for the past few years, she said perhaps the schools need to consider increasing its sex education programming.

"Maybe we need to reinforce this every year, rather than just seventh and 10th grade," she said.

Donkersloot echoed that suggestion.

"I would like to see us targeting each grade every year," she said. "This (year) has brought a big awareness to the problem."

As the school nurse, Donkersloot said she'd "love to have time to go in and do some education" with students, but as the only full-time nurse in a school district of 2,300 students, there just isn't enough time. Her requests to add more staff in the school nursing department have gone unanswered, even though the recommended ratio is one full-time school nurse for every 750 students.

Birth control isn't fool-proof

While teens may learn in the school's sex education programming to use birth control if they plan to be sexually active, measures such as taking birth control pills or using condoms are not going to fully protect the female from getting pregnant.

That is why Klooster said her message to teens first and foremost is abstinence.

"I am fully promoting abstinence, because it's 100 percent effective," she said. "Abstinence is a form of birth control."

Contrary to what teens, or even adults, may think, most non-prescription birth control methods are less than 90 percent effective, while condoms alone are just 88 percent effective, Klooster said.

Teen pregnancy group formed

Talking about abstinence and birth control is too little too late for the teens who are already pregnant, but Donkersloot and school social worker Jill Bents knew the pregnant teens could use more education and guidance about what they can expect while they're expecting.

In early May, Donkersloot and Bents began a teen pregnancy group to meet once

each week for the remainder of the school year. The group will likely start again in the fall, when students return to class.

Meetings began at 2:30 p.m. and lasted about an hour. They included a variety of information.

"We talk about issues they feel are important and give additional information for them and the health of their growing baby," Donkersloot said. "You aren't going to change anything now — you need to focus on the health of the teen and the baby."

In addition to connecting the teens with available resources, Donkersloot said they brought in guest speakers, including a teenage mother who shared a story of the obstacles she has overcome to be both a mom and a high school student; a public health nurse who talked about the Women, Infant and Children program and the importance of nutrition while pregnant; an Early Childhood Family Education resource person; Helping Hands Pregnancy Center; and local physician Dr. Zane Craig.

"(Dr. Craig) let them ask questions ... and they talked about labor, pain, the (delivery) procedure, risk and epidurals," Donkersloot said.

"We try to stress to the girls education — not only caring for themselves and their baby, but continuing their education," she added.

Diverse group of pregnant teens

According to the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting, 15- to 19-year-old girls of Hispanic or Latina descent had the highest birth rate of all nationalities in Minnesota from 1992 through 2006, followed by American Indian, African American, Asian/Pacific Islander and White.

That data, however, doesn't accurately reflect the teens in Worthington's school district who are pregnant or gave birth this year. Donkersloot said of the 20 girls, three are black, three are Asian, five are Hispanic/Latina, and nine are white.

"We are unaware of the race of the fathers," she said, adding that several of the fathers are older and out of high school.

"In some cultures, it's not all bad to be young and pregnant," Donkersloot said. "It's just not viewed as appropriate in our southwest Minnesota society."

Among the expectant and new teen mothers in the Worthington school district, Donkersloot said one is a seventh-grader; one is a ninth grader; seven are in 10th grade; seven are in 11th grade; and four are high school seniors.

"Most of them say their significant other is supportive, and they're all keeping their babies," she added.

Teen mom struggles

19-year-old lives with choice to raise her child

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BY JULIE BUNTJER
DAILY GLOBE

WORTHINGTON — Too often people look at a teenage girl who is pregnant and blame her ... as if all of the fault is on her shoulders.

They might laugh or ridicule her.

They may even think she is stupid for letting herself get pregnant.

That last comment — that's the one that bothers Sarah the most.

Sarah, who agreed to an interview with the Daily Globe if a pseudonym was used, said she isn't stupid. She made her choice and has a beautiful, healthy baby to show for it.

Faced with the alternatives of adoption or abortion, Sarah said with tears in her eyes that she couldn't choose those options. Yet, if she had the last two years to do over, she admits she would have done things differently.

"I had my first sexual experience when I was 15," she said. "I had friends who had their first at 12 or 13. I waited longer than most girls."

Sarah said she couldn't imagine having sex at age 12, but as a teen has seen the attention sexually active girls receive.

"I think it makes them feel older — more mature than they really are. They get a lot of attention from guys and girls both," she said. "If you've already done all of those things, guys and girls will come up to you and ask questions rather than go to their parents — they're so much more comfortable talking to you."

When Sarah got pregnant the summer before her senior year in high school, she was surprised by the number of ques-

tions she fielded from classmates.

While Sarah found it easy to talk to them, talking with her teachers was totally different.

"I was always really smart," she said. "I had really good grades, and I didn't want them to be disappointed in me. I was embarrassed."

Sarah said she was in control of her life — she was out doing what she wanted, when she wanted and if she didn't want to, she didn't go home. When she learned she was pregnant, she was in sheer disbelief.

"I never, ever thought that I would get pregnant, and I always thought that if I did get pregnant, I would just get an abortion," she said. "But, it wasn't that easy. In this small town, abortion is taboo, but it's a very real choice."

Sarah said she wouldn't have been able to forgive herself if she had chosen abortion.

As for adoption, she said, "If I was going to have the baby, I was going to keep my baby." Cavalier attitudes

Sarah said attitudes among teens about sex today are quite different from what parents might imagine.

"Everybody just kind of sleeps with everybody. Sexual activities are just openly talked about," she said. "I know a lot of people were sexually active, but very few girls in my class got pregnant."

"I think girls, a lot of them, use birth control if they're in a steady relationship, and the guys use condoms," she added. "But there are those times when it's in the moment that you don't. It's like we're old enough to know better, but young and stupid enough to still do it."

As a teen, Sarah said many of the girls who had lost their virginity — and later broke up with their significant other — were quite cavalier about sex.

"Once you break up with that person, (virginity) doesn't mat-

ter any more," she said. "You've lost it, so what's the point of restraining yourself with guys?"

Facing consequences

After Sarah made the choice to keep her baby, she got an apartment, bought furniture and "just did it."

"I knew I'd have a support system, and I worked really hard when I was pregnant," she said. "After I had the baby, I dropped out (of school). I couldn't afford to not work."

The father of her child does not have an active role in parenting and is not paying child support.

"A lot of people think when they have these babies, they're going to get help from the state, but it's not that way," Sarah said.

She received insurance coverage through Family Services, but because she had a job, she did not qualify for cash assistance.

"I got some food stamps, which helped, but I didn't qualify for daycare assistance," she said.

Sarah had a good job and daycare for her baby, but she lost the job after missing too many days to stay home when her child was sick.

"Right now I'm not working, I pay \$675 per month for rent, I have a car payment, car insurance, gas, phone, and my (child) constantly needs clothes," she said. "I don't get to go shopping. I pay my bills and buy diapers."

Sarah collects \$437 from the state, in addition to \$260 in food stamps each month, to be able to take care of herself and her child.

"Anything I had worth money has been sold — electronics, jewelry," she said.

As for the possibility of turning to her family for help, Sarah said, "I don't want to go back home and hear 'I told you so,' so I just deal with it and know it will get better some

day."

According to the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting, 25 percent of teen mothers have a second child within two years of their first.

Sarah can be counted among those statistics.

After dropping out of high school following the birth of her first child, Sarah went on to earn her GED. In addition to raising two children, she plans to begin college in the fall. Her dream is to one day have a career in counseling teens.

A message to teens

While she was a pregnant high school student, Sarah said she never had the sense she was being laughed at or talked about by her fellow students. In fact, as the delivery date neared, students even had a baby shower for her.

"I was surprised who showed up," she said. "My closer friends weren't the ones who were there."

In some way, it took pregnancy for her to find out who her real friends were.

"Once you have 'luggage,' girls don't want to go out," Sarah said. "You learn who your real friends are. Your real friends are the ones who will come over on a Friday night and watch a movie with you."

Sarah said if there is one thing she could say to teens today about sex and having a baby, her message is her story.

"It's a lifetime commitment," Sarah said. "You can't walk out when you get stressed, and you can't skip out on your gas bill because you want to go buy new clothes for yourself."

"It's a lifetime sacrifice. If you're not ready to put yourself out like that, then you need to make right decisions," she added. "You just have to realize that you're not No. 1 anymore — so much more is going to come before you."