

RRR Briefing

Inspired by a campaign developed by Advocates for Youth in Washington, D.C., Oregon's RRR® initiative looks to western Europe's successful approach to sexual health that has produced teen pregnancy, birth, abortion, sexually transmitted infections and HIV disease rates that are remarkably lower than those in Oregon and the US. It challenges us to do a much more effective job in our own efforts around adolescent sexuality.

As many of us well know, there are a number of factors that influence the significant differences in sexual health indicators for youth in Germany, France, and the Netherlands as compared to those in the United States:

- readily available, affordable family planning services
- sustained, realistic media campaigns
- public health policies grounded in pragmatism and research
- sexuality information characterized by open, honest dialogue

Philosophically, many European countries accept that often, older adolescents choose to have a sexual relationship. Consequently, programs and policies focus on protective services, knowledge, behaviors and skills. This is an intriguing story of how some cultures have chosen to do things very differently.

So the question becomes, can Oregon, given a social climate and culture that is quite distinct from western Europe, be informed and guided by these countries' efforts? **If public response in the first 2 1/2 years**

of RRR® is any indicator, Oregonians are motivated to take on this challenge and in fact are intrigued by the European approach and willing to explore the possibility of similar strategies for use in our own state. The vision of RRR resonates with people who are realizing that despite the welcomed decline in teen pregnancy over the last decade, Oregon, along with the rest of the nation, continues to spin its wheels around the issue of teen sexual behavior. And if we continue to do what we've always done, we'll continue to get what we've always gotten: premature and unprotected sex among youth, unacceptable teen pregnancy rates, children having children, and epidemic numbers of sexually transmitted infections.

Across the board, our experience has been that diverse audiences have responded enthusiastically to this pragmatic approach that utilizes the best of what research tells us about effective strategies, while at the same time honoring individual and family values that are integral to the process of sexual decision-making.

The fundamental beliefs that underlie the RRR initiative are these:

- Young people have the right to accurate, realistic information and confidential health services;
- Young people deserve to be respected and valued as individuals who have much to offer their community;

- Young people are expected to make responsible decisions around their sexual health. Society is expected to support young people's ability to be responsible by providing them with accurate information, confidential health services, and a secure stake in the future.

The lessons learned from the European approach to adolescent sexuality are incredibly compelling. They offer great insight and promise as we struggle here in Oregon and around the country to formulate our own plan of action. Oregon is ripe for bringing this issue to the next level.

Consider:

- Through the state's Family Planning Expansion Project, great strides have been made in reducing barriers to sexual health services, contraceptives and sexual protection.
- The Oregon Governor's Adolescent Pregnancy Prevention Plan calls for action that encourages the adoption of multiple strategies, which are similar or complementary to some of the western, European approaches.
- While Oregon does not mandate that sexuality education be taught in public schools, there are specific criteria to be followed if a program is implemented. Oregon legislation requires that sexuality education "...enhance students' understanding of sexuality as a normal and healthy aspect of human development." (ORS 336.455 - see Appendix 1) The

statute mandates that course materials and instruction be abstinence-based, however “...abstinence shall not be taught to the exclusion of other materials and instruction on contraception and disease reduction measures.”

- The 2001 Oregon RRR survey around adolescent sexual health issues conducted in Eugene, Springfield, Grants Pass and Medford found that:

- *84% of respondents support sex education in public schools; with 95% specifying this education should be medically accurate

- *When asked about the earliest age young people should be provided education about 9 different sexual health topics, more than half indicated the information should be provided at ages 10, 11 or 12. The 9 topics included:

- Puberty, reproduction, abstinence, HIV/AIDS, STIs, birth control, condoms, abortion and sexual orientation.

- *Over 90% felt that sexually active teens should have access to reproductive health and birth control services, In fact 68% believe that teen should have access to such services at school

Clearly, Oregon has a number of important pieces already in place to support the mission of RRR. We have an opportunity to reframe the debate into a cooperative discussion that embraces the “three Rs” of adolescent sexual health: rights, respect, responsibility – where youth are

supported in developing attitudes, making decisions, and choosing behaviors that safeguard their sexual health; where parents, clergy, teachers, government and media work together with youth to create a climate that supports sexual health; where a “fourth R” – research – is the basis for selecting programs and strategies that have been proven effective.

This is the vision. I appreciate that it can be a bit difficult to wrap your brain around RRR. It’s not a curriculum or a program; it doesn’t lend itself to quick explanation with sound bytes. It is, rather, a fundamental shift in the way we approach both youth and sexuality. It is prevention at its finest. It is a consciousness. It creates the capacity and empowerment to choose healthy sexuality. Ultimately, the goal of this ambitious effort is a new vision of adolescent sexual health through the development and implementation of workable programs, policies and strategies in Oregon that support healthy, responsible adolescent sexuality and the subsequent reduction in teen pregnancies, births, abortions, sexually transmitted infections and HIV.

It’s up to us to develop the concrete activities, strategies, policies that move us forward. For example, since 2001:

Refer to one page description

These are but a few of the fledgling efforts that are stirring both enthusiasm among Oregonians and the determined response that yes, we CAN do better!