

LOS ANGELES CITY TASK FORCE ON FAMILY DIVERSITY  
RESEARCH TEAM ON EDUCATION & COUNSELING OF YOUTH & PARENTS

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## INTRODUCTION

The focus of this paper is to examine Education and Counseling for Youth and Parents in Los Angeles. The first objective was to concentrate on Family Life Education Programs that are offered within Los Angeles. Second, to demonstrate the concern of so many, regarding the High Teenage Pregnancy rate. Third, was to explore the Multicultural/Multilingual components that are provided within the Family Life Education Programs in Los Angeles. And last, to list the recommendations for the Los Angeles City Council to act upon to serve it's diverse community.

## FAMILY LIFE EDUCATION

Family Life Education Programs were developed because of the need for more youth-focused health education programs. The purpose of the programs are twofold: 1) to provide adolescents with accurate information regarding their health and well being, in order to make responsible decisions, and 2) to assist parents with Health Education skills to communicate more comfortably with their teenagers, regarding their human sexuality.

The Family Life Education Programs, in Los Angeles, are funded under Contract with the Los Angeles Family Planning Council and the California State Department of Health Services/ Office of Family Planning. (See Appendix A - Family Life Education)

Parents have been, are, and will always be the primary educators for their children, passing on family values, religion, tradition, culture, and sexuality. The word "Sexuality" has often been misinterpreted by limiting it to sexual intercourse. But, it is much more than the reproduction of the human race.

Sexuality is a process that unfolds humankind's journey on Mother Earth. The great circle of life that encompasses the beginning of the cycle of birth, life, and passing on. It includes how we perceive the world and how the world reciprocates us as human beings.

The Center for Population Options Life Planning Education states that, "Sexuality also involves physical aspects, including body growth... puberty, and physiological processes, such as menstruation, ovulation, and ejaculation. An individual's sex also includes gender..being female or male. As a person begins to grow in this society, he or she starts to behave in certain ways that the culture determines as appropriate for men or women..Regardless of gender, all human beings experience a multitude of sexual attitudes, feelings and capabilities, many aspects of our humanness are related to our sexuality."<sup>1</sup>

Consequently, parents are faced with numerous decisions to make, but what's the right decision vs. the wrong decision or direction.

In the past, the United States' dominant society "family" was seen as homogenous, ignoring many of the other diverse families. Dr. Margaret Mead stated that, "Sex Education,...worked as long as the society was a homogenous one...as long as generation after generation the education the children received prepared them to be the kind of adults their parents were. But, society like ours, complicated

by great heterogeneity, plus the beginning of the application of science and the understanding of human behavior, then we are bound to have the sort of situation we've been wrestling with for the last 50 years; a situation of trying to overcome the styles of communication between parents and children.<sup>2</sup> Now we live in the late 1980's, rapidly approaching a new decade, where the "medical revolution" has freed women, women of all colors, from having to have sex to reproduce the human race. Dr. Mary Calderone stated that, "children brought up in one way and then going to school and out into the world to meet with children are brought up in any number of entirely different ways. Some parents today are blindly trying to go back to the "good old" value patterns of their own grandparents, ignoring or having had no education to help them comprehend the now forgotten inflexibilities of these patterns."<sup>3</sup>

Each cultural/minority group, whether religious, Black, Latino, Asian, American Indian, physically disabled or homosexual, is a living transitory entity. Each generation's values, traditions, religion, cultural ways changes to adapt to their environment. Dr. Mead summarizes that, "The thing that is so difficult is what is facing parents of children in every controversial area...this generation is here, now. We can't afford to let the things happen to this generation that are happening to them, even though we think they might weather it."<sup>4</sup> She went on to say, "there is a tremendous shortage of people who are trained and experienced to stand up in front of a mixed group of people..a diverse set of parents, a bunch of adolescents..and talk simply and clearly, without embarrassment and with emotion, about sex relationships, those relationships which

we split off so badly from the rest of life.<sup>5</sup>

In Los Angeles County, there are several programs that focus on Family Life Education, including Teen Advocate Programs and Family Involvement Projects. A few of the programs use parents and teen peers to help parents and teenagers better communicate with each other and talk more openly about their concerns. Topics discussed may include: Human Sexuality, Teenage Pregnancy Prevention, Personal Responsibility, Ways to say "No.", Self-Esteem, Parent-Teen Relationships, Adolescent Psycho/Social Development, Reproductive Health, Building Parent/Teen Communication, Decision-Making and Sexually Transmitted Diseases. They vary in their techniques to outreach the teens and parents (in their communities), from rap sessions, Parent/Teen Presentations, Lectures, Guest Speakers, Classroom Presentations, and many more innovative ways.

IT IS RECOMMENDED THAT LOS ANGELES CITY COUNCIL SUPPORT AND ASSIST WITH THE INVOLVEMENT OF PARENTS AS THE PRIMARY EDUCATORS ON HUMAN SEXUALITY, AS A HIGH PRIORITY AND COMMITMENT FOR THE THE DIVERSE FAMILIES IN LOS ANGELES. Futhermore, request the Los Angeles Unified School District's School Board to redefine the term "Family", as it applies to the diverse communities in Los Angeles. The definition for "Family" should include the different kinds of families: traditional, extended, step-parent/step-children (blended family); ethnic groups, interracial, religious, inter-religious, physically disabled, same-sex parents/couples, teenage parents, unmarried parents, single parents, childless families, and singles.

To conceptualize the importance of why parents should gain skills and knowledge on 'how' to communicate with their children, the Ladies Home Journal, June 1987 issue, wrote an article called, "Parents' Report Card-Are you failing your children?", by Sondra Enos, here's a summary;

The lessening of parental involvement and control comes at a time when children are bombarded with messages from outside the family. . .our children are growing up knowing at least something about Star Wars, nuclear winter, AIDS, and the need to practice safe sex, drug trafficking and crack addiction, not to mention a barrage of fictional terrors and lapses of good taste in the form of sexually explicit and violent movies, TV shows, rock songs, radio shows and magazines.<sup>6</sup> When parent(s) do come home from work, they don't have the time to deal with their children adequately. Joyce Epstein, Ph.D., notes that only 25% of parents work closely with their children's teachers to bolster their youngster's education.<sup>7</sup>

But what about the remaining 75%? Divorce rate is on a high, one in four children live in a single-headed family (usually at poverty level), over 2 million children are latchkey kids, and over 58% of all mothers work outside the home. According to Edward Wynne, Ed.D., "Many parents today don't feel responsible enough for their children's conduct."<sup>8</sup> "There is certain amount of narcissism in many parents today," adds Larry Weiss, D.S.W., Director of Family Advocay, Crisis Intervention and Life Education, "The baby boomers have always had a great deal of attention paid to them and accepting the parenting role can be difficult for them. The focus on the child during infancy and preschool years, but as the child becomes more self-sufficence, there may be some initial conflicts between the child and his parents, but a kind of truce develops in which the child goes his or her own way and the parents don't really ask questions--until trouble erupts."<sup>9</sup>

## TEENAGE PREGNANCY

Every 31 seconds a teenage girl becomes pregnant, with a teenager giving birth roughly every two minutes. An additional 400,000 adolescents have abortions each year. These statistics which have led a panel of the National Academy of Sciences to call for the aggressive use of sex education and the dispensing of contraceptives to teenagers to prevent unintended pregnancies.<sup>10</sup> They feel that this should be given the highest priority for the government and schools to reduce the high rate of teen pregnancy.

Last October, a nation wide poll was conducted by Louis Harris and Associates, indicating two-thirds of all sexually active teens either never use birth control (27%) or use it only occasionally (34%). Only 33% use it every time they have sex. 56% of the teens did not use birth control the first time they had sex.<sup>11</sup> According to Alfred F. Moran, Executive Director of Planned Parenthood of New York City stated, "These findings are consistent with their clinics. Most teens have already been having sex before coming to a clinic. When they do make their first appointment, it is often for a pregnancy test...sex was unexpected. Many teens have been taken in by TV's version of sex--swept away by the passion of the moment. Teens need education and support at home and at school to help them plan ahead."<sup>12</sup> In Sexuality Today, it comments that this poll, (Harris and Associates), demonstrates the need for sex education in schools to correct the misinformation and ignorance that exists among teens about conception and contraception. Example, from the poll, 76% did not know a girl can become pregnant during her menstrual



period. 65% did not know you can get pregnant through close sexual contact, other than intercourse. And, 17% think withdrawal works well to prevent pregnancy.<sup>13</sup>

As not to reinvent the wheel, I strongly suggest the reader to turn to Appendix B. This report was written by A.L. Movel last December, on Teen Pregnancy and Teen Parenting in Los Angeles: Gaps in Services. I only wish you do take the time to read this report because it focuses on Los Angeles. I will add some more information and list recommendations for the City Council to consider for our children.

The Los Angeles Unified School District's Family Life and Sex Education Project is training health teachers to teach Family Life & Sex Education in the Secondary grades by next fall. This has been a collective effort from the State Department of Health's Office of Family Planning, Los Angeles Regional Family Planning Council (LARF) and Los Angeles Unified School District to update and train the teachers in the school district. To date, 128 teachers have been trained to teach Family Life and Sex Education next fall. The training is done for three days, but it does not stop there. The training staff provides additional resources throughout the school year. This includes films, charts, handouts, guest speakers, activities sheets and "how to" teach birth control in the classroom; and update the teachers with articles of interest and provide them with technical assistance when requested.

However, with a School District as large as LAUSD only 128 teachers are trained to inform and educate

our adolescents. To enlighten you, please turn to Appendix C, this hand out is one of many used to train the teachers at LAUSD. These are a few of the interesting statistics: By the age of 15, 97% of the teens have kissed. The sexually active teens, by the age of 18, 57% of them talked it over before their first sex; 68% do it first with a girlfriend/boyfriend; and 23% do it first with a friend. Their educational goals are different from those that are sexually active and those who are not sexually active. 78% of the sexually active will finish only "some" high school, whereas, those that are not sexually active, 77% will finish and go to college. In the area of homosexuality, 5% said they participated in "some" sort of homosexual activity during adolescence; 20% said they did in childhood; and 3% called themselves bisexual. Teens use of contraceptives are 55% of girls used them. Of those who learned of contraception from parents, 91% used them.<sup>14</sup> (Please review Appendix D, for additional Statistics)

There is a strong need to train more teachers to assist parents to become "askable" parents and for all people to be more comfortable about their sexuality. The statistics are staggering and we need to immediately reduce the teenage pregnancy rate as soon as possible.

In the Book, Mom, I'm Pregnant, A Personal Guide for Teenagers, by Reni Witt and Jeannin Michael, highlights the following information: Pregnancy is the number one reason of school dropouts among girls. Only 20% of the women who give birth by age 18, complete high school, even though they

have the legal right to do so. Young mothers are seven times as likely to be poor; two-thirds live below poverty level, and one out of every two teenage marriages end in divorce within five years. Some studies place the chance for divorce among teens at 60%. In 1965, 45% of the teenage childbearers were not married; in 1979 the figure was 76%.<sup>15</sup>

IT IS RECOMMENDED THAT THE LOS ANGELES CITY COUNCIL SUPPORT AND DEMAND MORE TEEN SERVICES IN LOS ANGELES. AND ASSIST LOS ANGELES UNIFIED SCHOOL DISTRICT'S TEEN PARENTS ACCESS FOR CHILD CARE, CAREER TRAINING AND MOST IMPORTANT OF ALL, TO COMPLETE HIGH SCHOOL AND/OR THE GED PROGRAM.

Why is this very important for the teen mothers, because 80% of the teen mothers drop out of high school. There are only 200 slots available in all of LAUSD for infant care. (Only 4 high schools have a state funded child care program.)

Imagine how much money the State of California could save annually: If, an increase by 10% of teen moms would graduate 53 million dollars in Welfare would be saved; 60% of the total Welfare Budget is provided to women who first gave birth as a teen; and If, Teen Mothers were one year older at the time of their first pregnancy, 150 million dollars would be saved in avoided welfare costs.<sup>16</sup>

IT IS RECOMMENDED THAT LOS ANGELES CITY COUNCIL ASSIST WITH THE GOALS AND OBJECTIVES THAT THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES WANT TO REDUCE TEENAGE PREGNANCY, BY THE YEAR 1990.

In 1980, the United States Department of Health and Human Services published: Promoting Health/Preventing Diseases: Objective For The Nation. It establishes clear objectives that can be attainable by 1990. To summarize some of the Prevention/Promotion measures, they are: a) provide human sexuality, reproduction, family planning and parenting in the curricula of schools which train human services; b) incorporating into elementary and high school educational programs a family life curriculum which includes human sexuality, reproduction, contraception and parenting as well as responsible decision-making and values clarification--offering parents active participation. Some of the specific objectives for 1990 or earlier are:

- 1) By 1990 there should be virtually no unintended births to girls 14 years old or younger;
- 2) By 1990 the fertility rate for 15 year old girls drop to 10/1000 (1978 it was 14.2 births/ 1000);
- 3) By 1990 16 year old girls, the fertility rate should be reduce to 25/1000 (1978 it was 31.8/1000 births);
- 4) By 1990 17 year old girls fertility rate be reduced to 45/1000 (1978 it was 52.1 births/1000);
- 5) By 1990 family planning information and methods (education, counseling, and medical services) to all men and women increase to reduce by 50% the disparity between Americans of different economic levels in their ability to avoid unplanned births. <sup>17</sup>

Across the country, cities are taking strong action to reduce teenage pregnancy. In New York City a poster was distributed as a new campaign to encourage teens to be "smart about sex." Mayor Ed Koch observed, "Giving birth to a child is one of life's greatest responsibilities. Last year, 14,431 of the 35,042 teenage pregnancies, in New York City, were to women 10 to 17 years old. Pregnancy at so young an age is very risky for both the mother and child..."<sup>18</sup> Sexuality Today continues to report that, Dramatic changes in the lives of teen mothers are confirmed by the Mayor's Commission on the Year 2000, which has reported that infants born to teen mothers are twice as likely to have a low birth weight and to die in their first year. Teen mothers are likely to have health problems during pregnancy, be on public assistance and have to leave school before graduation.<sup>19</sup> Nine New York City high schools dispense contraceptives to their students. Board of Education President, Robert Wagner, Jr., interviewed by the New York Times stated that he supported contraceptives being distributed in the school system. "It should be done by health-care professionals with parental approval. It is the right thing to do."<sup>20</sup> Harris poll showed the 65% of the public feels that contraceptives services should be available to students at school.<sup>21</sup>

In St. Paul, Minnesota they have school-based clinics where they have successfully dropped the birth rate in four of the schools by 50%.<sup>22</sup> The Center for Population Options estimated the cost for comprehensive health care at \$100 to \$125 per pupil. But, in 1985, teenage childbearing cost the nation \$16.6 billion, By the time these babies reach 20, they will have recieved \$6.04 billion in federal support.<sup>23</sup>

In St. Louis, Missouri, they have a Project called, Teen Outreach, it is designed to target kids who are "at risk" of becoming targets for drop out, suicide, unintended pregnancy, substance abuse, gang involvement and low self-esteem. Their program works because it gives boys and girls lots of individual attention and peer support, according to national coordinator, Jackie Faber, "Teens in the program also do at least two and a half hours of volunteer work in the community each week. Volunteer work gives them a sense of self-worth."<sup>24</sup>

According to Kathy Bonk, Director of the Women's Media Project of the NOW Legal Defense and Education Fund, "In one year of average viewing, they (teens) see at least 9,000 scenes involving sex. Yet for all this televised sex, teen viewers receive little education information."<sup>25</sup> Our youth are getting mixed messages, one from their parents and the other from the media.

So, "What's Love Got to do With It?", is a media awareness campaign headed by Barbara Petrich, Director of Education Planned Parenthood of Santa Barbara to protect teens against exploitation in advertisements. She says, "Rock music and advertising industries alone represent over 100 billion dollars every year in expenditure. Their status makes them two, the most powerful socializing forces in this country-- and their effects are inescapable. No other societal influences are pervasive or persuasive on young people's self-esteem and interpersonal values and behavior. "Young people need to become "media aware" as a strategy for protection against negative influences projected on their personal lives."

Some of the comments made by the youth she works with sound like this, "I think I'm attractive, but seeing such ads makes me feel bad about myself." "I feel depressed. I don't have a car or lots of money." <sup>26</sup>

Television and Teen Sexual Behavior, a conference subject sponsored by the Center for Population Options's Media Office, Director Judith Senderowitz said, "Sex is O K and contraception isn't. Sexual messages in the media are often presented to young people by role models who act without consequences or contraceptives, for that matter and in stories that resolve all of life's problems within 30 to 60 minutes." <sup>27</sup> We strongly need to take another look at the media lasting imagery with the future minds of tomorrow. Hopefully, the CPO raised the awareness of the media's Academy members about teen sexuality and hope there will be more positive role models for our youth to emulate.

Sex Information and Education Council Report, had an article called, "What the United States Can Learn About Prevention of Teenage Pregnancy From Other Developed Countries," by Joy Dryfoos. She wrote about a study that was conducted by the Alan Guttmacher Institute (AGI) with collaboration of Princeton University's Office of Population Research and the Ford Foundation. The macro-study analyzed 37 developed countries and the micro-study did an in-depth examination on five countries comparable to the United States, Sweden, France, The Netherlands, England and Wales, and Canada. Dryfoos wrote, "...this study makes it clear that unintended childbearing is a problem somewhat unique to the United States in comparison to western European countries. There are still people in the US who think

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the problem has been over stated...The study helps Americans see that not only do we have a problem, but we can learn something from other countries regarding what to do about it. When one reads this study, it is easy to get depressed and embarrassed about our current situation in the United States. Evert Detting, A Dutch sociologist commented, "How can the richest country in the world allow a situation to continue, that would not be tolerated in other countries?"<sup>28</sup> So, what can we who live in Los Angeles do?

IT IS RECOMMENDED THAT LOS ANGELES CITY COUNCIL SUPPORT THE CREATION OF AN ADOLESCENT PREGNANCY PREVENTION COUNCIL WITHIN A FAMILY DIVERSITY COMMISSION WHOSE PROFILE REFLECTS THE MULTI DIVERSITIES IN LOS ANGELES.

#### MULTICULTURAL FAMILIES

Culture, it is a way of life, but Los Angeles has so many different types of cultural groups. It's diversity is what makes Los Angeles so rich and culturally exposed. Every week, an individual can experience a multitude of culture, from the roots of this continent, American Indians to transplanted Europeans, Blacks, and Asians. Cultural groups have diversities within their own, that is what made this country so strong with ethnic diversities. Each group and subgroup, made invaluable contributions, but how many of us really know or are sensitized to other cultures. Has bigotry, prejudism, or stereotypes died in Los Angeles? No.



Los Angeles Regional Family Planning Council has developed four different modules, Black, Southeast Asian Refugees, Latinos, and American Indian communities: Cultural and Social Factors Influencing Reproductive Health Care, under the Multilingual, Multicultural Project, State Department of Health, Office of Family Planning, 1986. 3 key principles were used as to develop each module. 1) All human behavior is purposeful. It is the responsibility of the health care provider to sort out the meaning of behavior rather than make assumptions. There are cultural determinants of behavior. 2) Culture is dynamic, rather than static. One can never know all there is to know about a cultural group. One must continue to be a student. 3) There is a continuum, of Reproductive Health behaviors within a cultural group. One must avoid stereotyping. Clients may fall anywhere on the continuum. A continuum for family planning behaviors may range from total rejection of services to total acceptance. 4) Reproductive Health services are culturally appropriate when the individual is able to access the services without being coerced to relinquish valued culture concepts. One must avoid using family planning cliches, e.g., "only you can decide what to do with your body" Some clients may place a strong value on collaborative decision making, and when hearing the cliché may feel "put down", or may simply be unable to relate to the cliché. 5) All cultural groups have traditional beliefs and reproductive health practices. It is important to assess clients' beliefs in an attempt to avoid recommendations which are culturally unacceptable.<sup>29</sup>

I would like to highlight some key points that Arlene Mayo and Phyllis Paxton wrote in LARF's Black Communities in California. The highest rate of births for Black females was under 15 years. Abortion rates for Black women in California were approximately 19% of the total 266,000 abortions performed in 1982. Only 7% of the females (555,720) attending family planning clinics were Black. Socio-economically, the Black Californian has been characterized through many types of analyses as a group of people of greatest need due to low average income, low education attainment, high unemployment and underemployment, poor housing, high risk morbidity and mortality indicators, and fewer opportunities for youth employment, etc. Health risk factors impact on the Black population--hypertension, heart disease, venereal disease, obesity, nutritional deficiencies, and chemical dependency.<sup>30</sup>

There are three main key issues affecting the reproductive health care for Blacks: Teen Pregnancy, Perinatal Morbidity, and Mortality, and Infertility. The writers view all three as poverty perpetuated conditions. Teen pregnancy and reasons why family planning is failing among Black youth is an important issue. Poor Black teenagers frequently see no economic advantage to preventing pregnancy. For the poor Black teenagers, there are few socio-economic incentives for preventing pregnancy. Many know that regardless of their ability to parent, the child or children will be absorbed into the family - adoption by absorption. Pessimism looms about teenage pregnancies and infant mortality until the economic status of Blacks improves.<sup>31</sup>

The Black Americans do have diverse views and attitudes about family planning. It is important to remember that it is the responsibility of all to accept cultural differences. One's cultural orientation, to concepts of health, illness, wellness, and diseases is vital to health care process.<sup>32</sup> As human service providers, we must remember all the diverse people and their needs.

The Southeast Asian Refugees comprise of Vietnamese, Lao, Hmong, Cambodians, ethnic-Chinese or Vietnamese-Chinese. Each group has their own separate and distinct culture, language, and history. But all do have a common root, the reason why they are refugees.<sup>33</sup> There are refugees who have been able to adapt and maintain their cultural ways. But many have not achieved social-economic independence. According to the Indochinese Health Adaptation Research Project reports:

- 1) 75% of the Indochinese refugees (and 95% of the Hmong) are living below the federal poverty line.
- 2) there is an average of 7 people living in the same household in inadequate housing.
- 3) 40% of the adults cannot speak English, 45% cannot read English, and 54% cannot write English.
- 4) 25% are illiterate in their own language, have had no formal education, and many of these are women. Having had no previous education, progress in learning English goes quite slow.
- 5) 60% are on some form of welfare assistance, 45% of the men and 75% of the women surveyed in this study had not held a job in this country.
- 6) 44% report serious levels of psychological distress or depression.<sup>34</sup>

In Susan Clark's closing comments, she states that there are numerous social factors that affect the ability of Indochinese people to receive adequate health care. Some of these factors are unique to this population, like medical beliefs and cultural differences, and other factors that limit accessibility, like income, are shared by many others. Many Indochinese, except the Hmong, are Buddhists, and accept that life is suffering as a Buddhist teaching. Many will suffer, but may not seek help until it is critical. Thus, it is important to minimize as many barriers as possible.<sup>35</sup>

Jerry Tello wrote the Latino module for LARF, he starts off by recognizing the increased population growth of ethnic diverse populations, couple with pressure from professionals that represent these ethnic groups calling for more appropriate services for their people. It has been a slow struggle as evidenced by the relatively few changes that we see today in health care. The Latino population is rapidly growing that by 1990, 47 million will live in the United States. The 1980 census distributes the Latinos as follows: 60% Mexican descent, 13.8% Puerto Rican, 12.3% other Latino heritage, 12.3 being Central and South American, and 6.3 Cuban. In California, Latinos represent 19%, over four and a half million and in Los Angeles County, the largest concentration is 28%. The census also reveals that childbearing is a a higher rate than any other group.<sup>36</sup> Health care is very much underrepresented for this cultural group. Tello continues to report that the Latino

community is a very diverse one. Many service providers overlook Latino cultural differences. What they seem to have difficulty comprehending is that there are salient cultural elements among Latinos based on history, values, customs, and traditions that tie them all together and merit special attention.<sup>37</sup> He concludes; Of course the specific idiosyncresis of health nutrition, family planning, and sex education are all very important to continually explore and educate oneself on in reference to Latinos, but these vary from family to family. We must keep in mind that when we are dealing with Latinos that the focus is not statistics, techniques; rather, keep in mind that we are working with families. Families that have feelings, a purpose, a history, and beauty that is reflected through their culture and traditions. We need to remain conscientious and compassionate to more than a family's problems but to attempt to reinforce the positive elements of one's culture and build on their strengths.<sup>38</sup>

Over the long history of the Indigenous people of the North Western Hemisphere, many things happen to change the life style and direction of their entire Nation's of people. History has shown us that total domination of one culture over the other has happen.<sup>39</sup> The American Indian experiences 'White America', as the conquerors, leaders, and thinkers for Indians. Ever since Columer "discovered" America:, (but, in fact, in 1492 there many have been as many as 10 million indigenous people living in North America,<sup>40</sup> the Declaration of Independence, (it still has the term "savage" in it), and the Relocation Act, (culturax genocide, an attempt to physically remove the family from the tribe & assimilate into the dominant society),

Indian sovereignty fades away. Negative stereotypes still exist in textbooks, commercials, movies and in the minds of children and adults.<sup>41</sup> The reader must realize the special relationship Indian nations/tribes have with the United States. Over 394 treaties were made between the Indian Nation and the United States. No other sector of the Indian population has this unique relationship and this historic right.<sup>42</sup> Yet all the treaties have been broken. How does this affect Indians today?

Mary Cleghorn wrote, American Indian Communities In California for LARF's Multicultural module. She states: As new life styles were introduced, -- new foods, new diseases, new stresses, -- Indian health deteriorated across the spectrum. Today the Indian population continues to suffer significant health problems, i.e., high infant mortality, high death rate due to disease, accidents, alcoholism and suicide. Diabetes is now epidemic among the Indian population. The most significant health indicator for Indians is that Indians do not live as long as other U.S. populations. In 1980-1982 death rates for Indian people were 140% of those for the population generally.<sup>43</sup> The American Indian Health Care Association states; "Six of the top causes of death among American Indians have statistics that are significantly higher than for the rest of the population." They are: Alcoholism - 459% greater; Tuberculosis - 233% greater; Accidents - 154% greater; Diabetes Mellitus - 124% greater; Pneumonia/Influenza - 64% greater; Homicides/Suicides - 51% greater.<sup>44</sup>

The California Urban Indian Health Council has designated six areas in maternal/child health that need immediate action.

1. The high incidence of late or no pre-natal care among Indian women.
2. The lack of reliable data regarding Indian maternal and child health especially with prevalence of developmental disabilities.
3. The high risk for fetal alcohol syndrome.
4. The high alcohol mortality rate for Indian youth.
5. The lack of cultural sensitivity among mainstream health providers.
6. The Indian family upheaval and child neglect. <sup>45</sup>

Then, IT IS RECOMMENDED THAT THE LOS ANGELES CITY COUNCIL RECOGNIZE THE UNIQUE RELATIONSHIP AMERICAN INDIANS HAVE WITH THE UNITED STATES GOVERNMENT.

Why? There are several laws that affect Indian families. The Indian Child Welfare Act, P. L. 95-608. It provides for the transfer of cases to the tribal court where adoption or foster care of Indian children are involved. But in Los Angeles, there is no longer a Indian Child Welfare Program that can assist Indian families, yet Los Angeles has the largest Indian population in the Nation. The closest agency that does have one is in Escondido, CA. According to David Ridenour, the State of California, the L.A. County is out of compliance.<sup>46</sup> The Separation of Indian children from their parents by social service agencies has long been a cause of resentment and frustration for Native American. Surveys indicate that between one-fourth and one-third of all Indian children are separated from their families and placed in foster homes, adoptive homes or institutions. Indian children are placed in foster homes at per capita rates up to 25 times greater than non-Indian children. A majority of these placements are with non-Indian households.<sup>47</sup>

Besides the Indian Child Welfare Act, the Indian Education and Indian Health Services are equally important for the Indian community in Los Angeles. Indian treaties and agreements were made in exchange for the land. The tribal leaders wanted in return, education, health, and welfare for their people and their future generations to come.<sup>48</sup> Collectively, American Indian tribes still have approximately 80% of all the natural resources in the Nation; Indian tribes possess 51.8 million acres of land in the United States.<sup>49</sup>

The lack of awareness for Indian issues continues to be a problem among the service providers, educators, and politicians. Not only for American Indians, but all diverse groups of people. The time is now to put an end to the misinformed, the bigotry, prejudisism. insensitivity and the stereotypes of our human race.

IT IS RECOMMENDED THAT LOS ANGELES CITY COUNCIL ESTABLISH A FAMILY COMMISSION WHOSE PROFILE REFLECTS THE DIVERSE POPULATION IN THE CITY OF LOS ANGELES. THAT THIS COMMISSION ESTABLISH A RESOURCE CENTER FOR ALL THE HUMAN SERVICE PROVIDER AGENCIES. This proposed commission would provide information, education, referrals, and in-service training to personnel working with our diverse families; not to exclude the administrator and law makers that are elected by the people and make important decisions regarding our future and the future of our children.



The Lo's Angeles Unified School District (LAUSD) has many interesting programs developed to enhance, not only the students, but the community as well. One is called Hands Across Campus, ten high schools do a variety of cross cultural activities, But they don't include the American Indians, Homosexuals, or the physically disabled. There are many diverse groups in Los Angeles and they should not be excluded from this on-campus program. Project 10 should be a part of this exchange, working in all the High Schools. Originally it began as a drop-out prevention program and then emerged into a counseling and educational vehicle for both the gay and non-gay population at Fairfax High. The writer feels that this program should be in all junior and senior high schools.

LAUSD has six education commissions, they are the American Indian Education Commission, the Black Education Commission, the Asian/Pacific American Education Commission, the Mexican American Education Commission, the Special Education Commission and the Sex Equity Commission. The School District's Commissions place emphasis on making a positive effort to increase the effectiveness of the District's total educational program. The purpose of the Education Commissions are to advise, assist, and make recommendations to the Board of Education regarding educational programs and issues affecting pupils, personnel, and communities' cultural and ethnic backgrounds which present particular needs for the District.

There is a comfort level for parents that need extra advice, a place where they can take their concerns and feel like they belong. Each of the commissions, are advocates for the parents and students. They provide a multitude of services, e.g.,

in-service training to school personnel (to sensitize), assist teachers with resources and how to approach the student who is culturally different for academic achievement; evaluate books, (have you looked at the definitions for minority groups in the dictionary and compare to other groups, like English, German, etc. try it), films, classroom materials; and they access educational needs and indentify easy to serve their diverse communitites.

An example of how the American Indian Education Commission is working with the District is with the Racial Ethnic Survey count. Each year, teachers wiould visual identify students by their ethnicity. By law, they were not allowed to ask the children what their ethnicity was. Could you pick a child who is American Indian with a last name of Martinez? Anyway, the results have been substantially non-reflective to the 1980 Census. (Please review Appendix \_\_\_). Finally, the Commission has a "tentative" approval for next year, to request ethnicity from the parents.

But, LAUSD school board is trying to balance their budget--one of the first things to cut will be the six education commissions. A savings of \$474,000. Not really, there is a total of 12 paid staff--1 director and 1 secretary per commission. They would not be in the unemployment office, but will beasboreded back as teachers/administrators and secretaries. Approximately \$36,000, that is not salaries, is used for operating expenses for the six commissions--that's not much to spend on our diverse communities. Then does this make sense for LAUSD to do?

Finally, the writer has a wish to make for the last recommendation, it is a simple one, one that won't cost the city, county, state or country any money at all.

IT IS RECOMMENDED THAT LOS ANGELES CITY COUNCIL AND ALL PEOPLE REMEMBER MOTHER EARTH, SHE PROVIDES US OUR EXISTENCE, THE WATER, FOOD, AIR, AND WARMTH. THAT WE ALL RECOGNIZE THAT WE ARE ALL RELATED, THE TWO-LEGGED, THE WINGED, THE FOUR LEGGED, WATER BEINGS, AND THE CREEPY CRAWLING THINGS, ALL EXIST AND LIVE HARMONIOUSLY ON MOTHER EARTH.

AHO

ALL MY RELATIONS

## R E C O M M E N D A T I O N S

IT IS RECOMMENDED THAT LOS ANGELES CITY COUNCIL SUPPORT AND ASSIST WITH THE INVOLVEMENT OF PARENTS AS THE PRIMARY EDUCATORS ON HUMAN SEXUALITY, AS A HIGH PRIORITY AND COMMITMENT FOR THE DIVERSE FAMILIES IN LOS ANGELES. FUTHERMORE, REQUEST THE LOS ANGELES UNIFIED SCHOOL DISTRICT'S SCHOOL BOARD TO REDEFINE THE TERM "FAMILY", AS IT APPLIES TO THE DIVERSE COMMUNITIES IN LOS ANGELES.

IT IS RECOMMENDED THAT LOS ANGELES CITY COUNCIL ASSIST WITH THE GOALS AND OBJECTIVES THAT THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES WANT TO WANT TO REDUCE, TEENAGE PREGNANCY, BY THE YEAR 1990.

IT IS RECOMMENDED THAT LOS ANGELES CITY COUNCIL SUPPORT THE CREATION OF AN ADOLESCENT PREGNANCY PREVENTION COUNCIL WITHIN A FAMILY DIVERSITY COMMISSION WHOSE PROFILE REFLECTS THE MULIT DIVERSITIES IN LOS ANGELES.

IT IS RECOMMENED THAT THE LOS ANGELES CITY COUNCIL RECOGNIZE THE UNIQUE RELATIONSHIP AMERICAN INDIANS HAVE WITH THE UNITED STATES GOVERNMENT.

IT IS RECOMMENDED THAT LOS ANGELES CITY COUNCIL ESTABLISH A FAMILY COMMISION WHOSE PROFILE REFLECTS THE DIVERSE POPULATION IN THE CITY OF LOS ANGELES. THAT THIS COMMISSION ESTABLISH A RESOURCE CENTER FOR ALL THE HUMAN SERVICE PROVIDER AGENCIES.

IT IS RECOMMENDED THAT THE LOS ANGELES CITY COUNCIL SUPPORT AND DEMAND MORE TEEN SERVICES IN LOS ANGELES. AND ASSIST LOS ANGELES UNIFIED SCHOOL DISTRICT'S TEEN PARENTS ACCESS FOR CHILD CARE, CAREER TRAINING AND MOST IMPORTANT OF ALL, TO COMPLETE HIGH SCHOOL AND/OR THE GED PROGRAM.

IT IS RECOMMENDED THAT LOS ANGELES CITY COUNCIL AND ALL PEOPLE REMEMBER MOTHER EARTH, SHE PROVIDES US OUR EXISTENCE, THE WATER FOOD, AIR AND WARMTH. THAT WE ALL RECOGNIZE THAT WE ARE ALL RELATED, THE TWO-LEGGED, THE WINGED, THE FOUR-LEGGED, WATER BEINGS, AND THE CREEPY CRAWLING THINGS, ALL EXIST AND LIVE HARMONIOUSLY ON MOTHER EARTH.

AHO !

ALL MY RELATIONS

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## ACKNOWLEDGEMENTS

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Thank you, Adelle Starr, Tom Coleman, Connie Buaya, David Ridenour, Mary Cleghorn, Carl Bryant, Mary Taylor, Dean Weddall, Julie Rullidarq, Donzella Lee, Teena Ysidor, my sister Brenda Starr, my husband Richard Robideau, and my daughter H. Starr Robideau.

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**ATTACHMENTS**

## TEENAGE PREGNANCY FACT SHEET

### NATIONAL STATISTICS\*

#### SEXUAL ACTIVITY

- The proportion of teen females having premarital intercourse has leveled off and dropped slightly. In 1982, 30% of females aged 15 - 17 and 57% of females aged 18 - 19 report they had sex.

#### PREGNANCY RATES

- Overall, adolescent pregnancy rates have been declining. However, the U.S. teenage pregnancy rate for teenagers 15-19 is one of the highest in the world, 111 per 1,000 or one-in-ten.
- 23% of all sexually active teenage girls become pregnant. 74% of teen pregnancies are unintentional.
- 73% of teenage pregnancies occur out of wedlock.

#### PREGNANCY OUTCOME

- In 1981, of a total of 1,137,856 pregnancies to teens less than 19 years old, 47% resulted in live births, 39% ended in abortion, and 13% ended in miscarriage.
- One-in-ten infants of teenage mothers are released for adoption.

#### PREVIOUS LIVE BIRTHS

- 76% of births to teens less than 19 were first births. About 22% of all live births occur to teenagers who had one or more previous live births.
- 60% of girls who deliver before the age of 17 became pregnant again before the age of 19.

#### CONTRACEPTIVE USE

- 49% of sexually active teens report using contraception the first time they had intercourse.
- 27% of sexually active teens report that they never use contraception and 39% report using contraceptives only sometimes.
- 50% of teenage pregnancies occur within the first six months of beginning sexual activity; 20% occur within the first month.
- Without the use of birth control, 66% of all sexually active teenage girls will become pregnant in the first 24 months of exposure. The use of contraceptives at any time during that period reduces the risk to 20%.

## CONSEQUENCES OF TEEN CHILDBEARING

- Both infant and maternal mortality rates are higher among teenage mothers, particularly for mothers under the age of 15.
- The majority of teenage mothers do not obtain a high school diploma. Mothers who gave birth before the age of 18 are half as likely to have completed high school than those who postpone childbearing until after 20.
- \* Source: Alan Guttmacher Institute. Teenage Pregnancy: The Problem That Hasn'T Gone Away. New York. AGI 1981.

## TEENAGE PREGNANCY FACT SHEET

### CALIFORNIA STATISTICS\*

#### PREGNANCY RATES

- In 1981 the pregnancy rate among teens ages 15-19 in California was 145 per 1,000, noticeably higher than the national pregnancy rate. During the same year, the pregnancy rate among teens less than 19 was 103 per 1,000.
- About one in ten teenage girls become pregnant before the age of 19.

#### PREGNANCY OUTCOME

- In 1981, the birth rate for teens ages 15-19 was 55 per 1,000. In 1982, the birth rate for teens less than 19 was 39 per 1,000.
- In 1982, of a total of 141,588 teenage pregnancies, 38% resulted in live births, 49% ended in abortion and 13% ended in miscarriage.
- In 1982, nearly one quarter of women obtaining abortions in California were teenagers.

#### PREVIOUS LIVE BIRTHS

- 79% of teenage births were first births. About 20% of all live births occur to teenagers who have had one or more previous live births.

#### CONSEQUENCES OF TEEN CHILDBEARING

- 11% of teenagers' first births are Low Birth Weight Infants. 17% of first births to Minority group teens are Low Birth Weight.
- Pregnancy is the most common reason teen girls leave school. 80% of teen mothers never graduate from high school.
- Nearly 60% of the total Welfare Budget is provided to women who first gave birth as a teen.

#### MEDI-CARE ISSUES

- Medi-Care funds approximately one out of three births to teens<sup>2</sup>.
- Annual Medi-Care costs for delivering teen pregnancies, neonatal intensive care and rehospitalization, costs the State in excess of \$105,000,000 each year.<sup>2</sup>

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) ISSUES

- Teen mothers without a high school diploma are twice as likely to receive AFDC.<sup>2</sup>
- A 10% increase in teen mothers completing high school would avoid 53 million dollars in welfare costs.<sup>2</sup>
- If AFDC teen mothers were one year older at the time of first pregnancy, 150 million dollars would be saved in avoided welfare costs.<sup>2</sup>

\*Sources: 1. Center for Health Statistics, State of California Dept. of Health Services, 1984.

2. Center of Population and Reproductive Health Policy, Institute for Health Policy Studies, UCSF, 1984.

## TEENAGE PREGNANCY FACT SHEET

### LOS ANGELES COUNTY\*

#### PREGNANCY RATES

- The pregnancy rate for teenage girls ages 15-19 in L.A. County is not available. However, in 1981, the estimated range for the pregnancy rate was  $146 \pm 28$  per 1,000.
- Due to the high concentration of minority teens and the degree of urbanization in Los Angeles County, a "guesstimate" for the pregnancy rate for teens is about 160 per 1,000. This estimate is higher than either the National or State level.

#### Pregnancy Outcome

- In 1984, the birthrate for teens 15-19 for L.A. County was 54.9 per 1,000. This rate is higher than either California or the United States.
- In 1984, 16,704 babies were born to adolescents. This represents about 12% or one in eight of all county births.
- In 1982, approximately 26.2% of all abortions in L.A. County occurred to teenage girls. The estimated total number of abortions to teens 19 years and younger is 20,674.

#### PREVIOUS LIVE BIRTHS

- In Los Angeles County, 78% (14,273) of all live births to teens are first births. 21% (3,823) of all live births occur to teenagers who have had one or more previous live births.

#### POPULATION CHARACTERISTICS

- Birth rates among Black and Hispanic teens are 3 - 4 times higher than birth rates for White or other teens.
  - Birth rates in Southern L.A. are twice as high as rates in San Fernando Valley or Costal Los Angeles.
- \* Source: Center for Health Statistics, State of California Department of Health Services, 1984.

## TEEN SEXUALITY

- . 12 million of the 29 million young people between the ages of 13 and 19 have had sexual intercourse.
- . By age 19, 80% of males and 70% of females have had sexual intercourse.
- . Average age of first sexual intercourse is 16.
- . The number of teenagers who are sexually active increased by 2/3's over the 1970's.
- . The level and consistency of contraceptive use increased in teens over the 1970's. However, the trend towards the use of more effective methods decreased.
- . Of sexually active teens 15-19 years old (1979):
  - 34% always used a method of birth control.
  - 27% have never used a method of birth control.
  - 39% sometimes use a method of birth control.
- . 49% of sexually active teens reported using some method of birth control at their first sexual experience.
- . The highest risk for pregnancy in teens is in the first six months of sexual activity.
- . 86% of the pregnancies that occur to unmarried teens are unintended.

Source - Teenage Pregnancy: The Problem That Hasn't Gone Away,  
The Alan Guttmacher Institute



## TEENAGE PREGNANCY

### General Statistics

- . The United States has the leading teenage pregnancy rate (96/1000) of the industrial countries.
- . There are over 1 million teenage pregnancies in the U.S. annually.
  - 20% occur in the first month of sexual activity
  - 50% occur in the first six month of sexual activity.
- . 86% of the pregnancies that occur to unmarried teens are unintended.
- . The number of pregnancies increased among teenagers in all age groups during the 1970's. However, the pregnancy rate has been declining due to more use of contraceptives by teenagers.

### CONSEQUENCES OF TEENAGE CHILDBEARING

- . Infant death risk is twice as high for teen mothers as it is for mothers in their twenties.
- . Mothers 15 and younger are 2 times more likely to have low birth weight babies.
- . Two-thirds (2/3) of single mothers ages 14-25 live in poverty.
- . Teenage pregnancy is the leading cause of female school dropout.
- . Those teenage mothers who marry are three times as likely to separate or divorce as those who give birth in their twenties.
- . In 1975, 4.7 billion dollars in AFDC (Welfare) funds were spent on women who gave birth as adolescents.
- . Children born to teen mothers are more likely themselves to give birth to teenagers.

## TEENAGE PREGNANCY

### What Are The Facts In Los Angeles County?

- . One in eight of the births recorded in Los Angeles County in 1984 was to a teenager (approximately 17,604 births to teens).
- . The birth rate for girls 14 and under is increasing in Los Angeles County and has almost doubled since 1960.
- . Birth rates for Hispanic and Black adolescents in Los Angeles County are three to four times greater than those for other groups.
- . In 1982, approximately 26.2% of all abortions in Los Angeles County occurred to teenage girls.
- . Second pregnancies to teenagers are increasing in Los Angeles County.
- . Teen mothers have the highest percentage of low birthweight babies in the country.
- . More than 75% of the pregnant teens in Los Angeles drop out of high school and never graduate.
- . Annual Medi-Care costs for delivering teen pregnancies, neonatal intensive care and rehospitalization costs the State of California in excess of \$105,000,000.

#### Sources:

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CALIFORNIA STATISTICAL ABSTRACT

1984

STATE TOTALS

DEPARTMENT OF HEALTH SERVICES  
 CENTER FOR HEALTH STATISTICS 916-445-7026

	<u>1980</u>	<u>1981</u>	<u>1982</u>
Live Births	403,007	420,902	429,902
Infant Deaths (under 1 year)	4,451	4,276	4,218
Neonatal Deaths (under 28 days)	2,886	2,711	2,686
Fetal Deaths (20+ weeks gestation)	3,652	3,529	3,353
Maternal Deaths (complications in pregnancy, birth, & puerperium)	45	38	43

CHILDREN PLACED FOR ADOPTION  
 DEPARTMENT OF SOCIAL SERVICES  
 STATISTICAL SERVICES BRANCH 916-322-2230

PROGRAM	July 1, 1980 to June 30, 1981	July 1, 1981 to June 30, 1982
Relinquishment	2,168	1,864
Public	1,704	1,442
Private	464	422
Independent	2,318	2,101
Intercountry	237	299

AID TO FAMILIES WITH DEPENDENT CHILDREN 1982-1983  
Includes AFDC Family Group component and unemployed

Average monthly number recipients:

Families 531,186

Children 1,011,510

Aid to families with dependent children: Foster Care

Average monthly number of participants: 28,273

Total assistance \$212,612,711

Average cost per recipient \$626.67

FIVE COUNTRIES AND THE UNITED STATES  
 BIRTH, ABORTION, AND PREGNANCY RATES PER 1,000,\* 1981

	15-17			18-19		
	Birth	Abortion	Pregnancy	Birth	Abortion	Pregnancy
U.S. Total	32	30	62	82	62	144
White	25	26	51	72	57	129
Black	71	57	128	136	95	231
Canada	14	14	28	44	24	68
England/Wales	13	14	27	54	21	75
France**	8	11	19	46	29	75
Netherlands	3	4	7	17	8	25
Sweden	5	15	20	31	28	59

\*Pregnancy rates do not include estimates for fetal deaths.

\*\*Abortion rates are for 1980.

Source: All Data except U.S. Black--Alan Guttmacher Institute (AGI), 1986, country tables.

U.S. Black--Birth rates, National Center for Health Statistics, 1983.

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## THE RACIAL ETHNIC SURVEY COUNT OF AMERICAN INDIAN STUDENTS

### Facts Relative to the American Indian Student Count

1. The American Indian Studies Center, Research Unit of UCLA, analyzed the 1980 census population characteristics of American Indians residing in Los Angeles county. The number of Indian residents living within the boundaries of the Los Angeles Unified School District is in excess of 15,000; however, the 1985 Racial and Ethnic Survey count reflects an Indian student population of 1,444.
2. A substantial discrepancy existed in 1984 between the number of Indian students included in the Indian Education Program's funding count and the Racial and Ethnic Survey count of Indian students. The Indian Education Program's funding count was 2,282 Indian students; whereas, the Racial and Ethnic Survey Count was merely 1,358.
3. Due to the significant physiological differences of American Indians, an accurate visual count is impossible to achieve. Factors which adversely affect a precise visual count are as follows:
  - a. American Indian students tend to be the least visible of all the ethnic groups.
  - b. Indian students are often mistaken to be members of other racial-ethnic groups.
  - c. Numerous American Indian students have a Spanish surname and thereby are misclassified as Hispanic.

### The American Indian Education Commission's Recommended Procedure for Obtaining a More Accurate Indian Student Count

#### Short-Range Plan

The American Indian Education Commission recommends that a request for the student's ethnic background be added to the Emergency Information Card. The Emergency Information Card is the one District record handled confidentially by the homeroom or regular classroom teacher, the same individual who has the responsibility of counting their students by racial-ethnic categories each fall. Using the completed Emergency Information Cards with the added request for student ethnic background, the homeroom or regular classroom teacher will pencil in the following ethnic codes next to each student's name as it appears on the class roster:

(American Indian, AI; Asian, A; Black, B; Filipino, F; Hispanic, H; Pacific Islander, PI; and White, W).

In the event a parent fails to mark the appropriate ethnic background of their child, a teacher will then use personal observation to determine a student's ethnic background. On survey day, the teacher will use the class roster containing the ethnic codes to count their students by racial-ethnic categories.

### Long-Range Plan

The American Indian Education Commission further recommends that all District enrollment forms request the ethnic background of enrolling students. Information provided on the enrollment forms, including student ethnicity, will be stored in the school's computer and made available to the Research and Evaluation Branch for the purpose of conducting a Racial and Ethnic Survey.

AIEC: 1-6-87