Events are listed on the calendar as space allows. Missions may be e-mailed to info@sheshines.org, faxed to 401-769-7454, or mailed to Sheshe Shines, c/o YWCA Northern Rhode Island, 514 Blackstone Street, Woonsocket, RI 02895.

- August 26, Women's Equality Day.
- August 26, Celebrating 90 Years of Women & the Vote: 11am at Marble House, 596 Bellevue Avenue in Newport. Poetry, music, and readings from historical documents on women's suffrage. Event is free and open to the public.
- August 26, Our Vote, Your Voice: Launch of the Women’s Political Parity Project. Event includes a chorus of women including the Raging Grannies performing “Love and Justice.” 6-7:30pm at Hotel Providence, 139 Mathewson Street, Providence. RSVP, 401-274-4564 x4176.
- August 26, Straight Up! Cool 2 B Sober: Support group for tweens and teens. 6:30-8:30pm at Landmark Hospital in Woonsocket, Christensen Hall Conference Room. Contact, 401-209-8885.
- August 31, Journey to Adulthood (What Parents Need to Know - Sexuality): Parents of children with disabilities can find it difficult to think ahead to child’s adulthood. Helping youth prepare for and understand puberty and adolescence helps them become fully accepted, participating adults. Participants will be provided with basic information and learn strategies they can use at home with their son or daughter. 6-8pm at Rhode Island Parent Information Network, 1210 Pontiac Avenue, Cranston. Contact, 401-270-0101 x123.
- September 11, Youth Speak Out: A celebration of peace, 6:30-9pm at URI Feinstein Providence Campus, Paff Auditorium, 80 Washington Street. Event is free and open to the public - dance performances, spoken words, poetry, and an art exhibition. Sponsored by RICJ Youth Action Council. RSVP, 401-467-1717 x103.
- September 15, Spa Escape (at home): Learn how to give yourself an eye pad treatment, foot treatment, and mini-facial (relax, rejuvenate, and refresh). Bring a beach chair for total relaxation. Fee: $15. 7-9pm at Women & Infants Center for Health Education, 2168 Mt. Hope Avenue, Providence. Fee: $75. Contact, 401-276-7800 x114.
- September 23, Infant Massage: Bring your baby to this class to learn simple massage and bonding techniques that soothe the fussy baby and please the happy one. Fee: $30. 9:30-11am at Care New England, Route 1, 49 South County Commons Way, Second Floor, South Kingstown. Contact, 401-276-7800 x114.

Let's talk about opening month - October
- October 1, RiverzEdge Industrial Ball: Proceeds support RiverzEdge Art Project for at-risk teens. From 7-11pm at The Hope Artiste Village, 1005 Main Street, Pawtucket. Live green auction, DIY screen-printing, table robot wars, entertainment, local food, music, and dancing. Tickets, 401-767-2100.
- October 16, Women’s Wellness Workshop: The Fountain of Youth in Your Grocery Cart, health screenings, and other topics relating to women’s health/wellness. From 8:30am-5pm at the Crowne Plaza Hotel, Warwick. Register at 401-444-4800.
- October 16, Fashion For A Cause: To benefit the Woonsocket Homeless Shelter, sponsored by Family Resources Community Action. Three mile walk kicks off at 10am from River Island Park, Woonsocket. Contact, 401-235-6083.
- October 20, 6th Annual Tools of the Trade Luncheon: Opportunities available for nominating, tickets, and underwriting. YWCA Women of Achievement Awards recognize the best in the accomplishments of women across industry, culture, and public service in local communities. 11:30am-1:30pm at Kirkbrae Country Club, 197 Old River Road, Lincoln. www.womenofachievementri.org.
contents

2 calendar: on the journey to adulthood
3 from the editor: your role as sexuality educator
5 on the rhode: at the strategic planning forum
7 talking points: the number of births to teens in our core cities
9 artist canvas: Kathy Weber, a Cool Conversation
10 health for her: Advocates for Youth - talk about the facts of life
11 shining with: Dr. Patricia FIanagan, the pillars to prevention
16 student speaks: Jessica Marfeo, it’s all about you
19 just sayin’: The Rhode Island Alliance - sharing a vision
19 sense ability: Betsy Streeter, an empowered young women

She Shines interviews:
6 Anne Marie Silvia, helping students thrive
13 Susan Orban (Westerly), the WCCC report
14 Susan Jacobsen (Newport), setting healthy boundaries
18 Sandra Malone (Providence), the power of girl strength

in her words:
4 Shanna Wells, optimizing health and education
8 Dr. Joanna Brown, supporting sexual and reproductive health
12 Deborah Smith (Woonsocket), impacting whole lives
15 Pam Wilson, increasing the rates of HPV vaccinations
17 Heather Sullivan, writing poetry - Compact Reflection

special:
:: ywca fall programs, getting ready for back to school

from the editor

your role sexuality educator

Having conversations about youth and sexuality is uncomfortable, but it is important. With a preteen daughter and a teenage son, I am in the midst of those adolescent years. I strive to be an askable parent, to listen, to learn, and to talk “the talk”.

From the organization, Advocates for Youth, “Society has the responsibility to provide young people with the tools they need to safeguard their sexual health, and young people have the responsibility to protect themselves from too early childbearing and sexually transmitted infections, including HIV.”

We all have a role to play: policy makers, business leaders, educators, health professionals, funders, media, faith communities, parents, youth, and human services agencies.

This edition of She Shines, reflects what is happening in our community and beyond regarding sex education and programs that work to prevent teen pregnancy and empower young families. Your comments are welcome. Send them to sheshines@mac.com.

Lisa

In this birthday photo of my children, I am reminded:

“Human development is a lifelong process . . . Just as it is important to enhance a child's physical, emotional, and cognitive growth, so it is important to lay foundations for a child's sexual growth.” - Advocates for Youth
Most parents get a sinking feeling in the pit of their stomach when they think about their kids becoming sexually active. Perhaps they remember their own fledgling experiences or their own parents’ attempts to discuss “the birds and the bees.”

And parents have a right to be nervous. More and more, sexual activity is beginning at an earlier age. In 1900, only 6% of U.S. women would have engaged in premarital sex by age 19. Now, 75% have experienced this. Nearly half of Rhode Island high school students in 2005 had sexual intercourse. The percentage of students who had recent sex increased markedly across grade levels in 2005, from 23% for 9th graders to 58% for 12th graders.

The United States has the highest teen pregnancy and birth rates in the industrialized world. Three in ten girls in America get pregnant at least once before age 20. In 2006, Rhode Island teen births to girls ages 15 through 19 ranked highest of the six New England states.

Research closely links teen parenthood to many negative consequences for mothers, fathers and their children. For example, compared to those who delay childbearing, teen mothers are more likely to drop out of school, remain unmarried, and live in poverty; their children are more likely to be born at low birth weight, grow up poor, live in single-parent households, experience abuse and neglect, and enter the child welfare system. Daughters of teen mothers are more likely to become teen parents themselves and sons of teen mothers are more likely to be incarcerated.

The economic and public health implications are enormous. In 2004, the cost of teen childbearing to Rhode Island taxpayers (federal, state and local) was $35 million. While teen pregnancy occurs in families of all income levels, teen pregnancy and childbearing are strongly associated with poverty. As many as 83% of teen mothers are from poor or low-income families. Poor school achievement, attendance and involvement are predictors of teen pregnancy and childbearing. Childbirth is the leading cause of dropping out of school among teen girls. Nationally 40% of teen mothers never graduate from high school and fewer that 2% earn a college degree before age 30. Reduced educational attainment among teen parents puts them at increased risk of unemployment, low-wage jobs, and poverty. Of the births to Rhode Island teens ages 15 to 19 between 2004 and 2008, 70% were to teens in the core cities, the six communities with the highest child poverty rates.

And after a decade of decline, teen pregnancy rates are on the rise.

That is why YWCA Northern Rhode Island, as a founding member of The Rhode Island Alliance, is working to develop a statewide strategic plan to prevent teen pregnancy and empower young families. By collaborating with public, private and non-profit organizations, The Rhode Island Alliance will develop a long range, comprehensive plan to reduce rates of unwanted pregnancy among Rhode Island teens and support pregnant and parenting teens and their children to optimize health and education outcomes.

Shanna Wells is the newest addition to the YWCA Northern Rhode Island fold. Previous to her arrival, she was the director of the Rhode Island Commission on Women (RICW), an office of state government whose mission is to work toward equality for the women and girls of Rhode Island through legislative advocacy, policy development, education and outreach. Issues of importance during her tenure at the RICW included: strengthening Rhode Island’s Human Trafficking and Domestic Violence laws; developing a statewide, intimate partner violence primary prevention plan; reducing disproportionate minority contacts within the state’s juvenile justice system; educating and encouraging women to engage in the political process; promoting women owned business and entrepreneurship; and; introducing girls to non-traditional trades. In 2009, Wells was a fellow in the Women’s Policy Institute of the Women’s Fund of Rhode Island. She has over 15 years experience running programs geared toward empowering women and minorities, and fostering social justice.

Sources:


photo by Agapao Productions
community mobilizes
preventing teen pregnancy and empowering young families

The Rhode Island Alliance hosted a Teen Pregnancy Prevention Strategic Planning Forum on June 30 at The Radisson Airport Hotel in Warwick with over 80 attendees. The agenda: scope of teen pregnancy in Rhode Island, scope nationally, and success stories from other states.

Goal setting breakout sessions were held to begin the process of engaging policy makers, business leaders, educators, health professionals, funders, media, faith communities, parents, youth, and community based agencies.

Photos from top, clockwise: Rosemary Reilly Chammat, Rhode Island Department of Health; Jametta Alston, Rhode Island State Child Advocate with Sandy Riojas, educator and community activist; Dianna Costa, Blackstone Valley Community Action Program and YWCA Northern Rhode Island board member; Ashley Keenan, Parent Support Network of Rhode Island; Christopher Castro, Youth In Action; and Shanna Wells, The Rhode Island Alliance with Reverend Dr. Don Anderson, Rhode Island Council of Churches.

Bottom row photos by the Youth In Action Media Team. Youth in Action is a partnership between youth, adults, and community where young people are at the forefront of creating positive social change. www.youthmediaRI.org
HIV/AIDS and sexuality
learning about comprehensive school health education

by Raymonde M. Charles

Research shows that the United States has the highest teen pregnancy and birth rates in the industrialized world. Moreover, teens and young adults’ ages 15 to 24 have the highest rates of STDs of any age group. I sat down with Anne Marie Silvia, HIV/AIDS sexuality specialist at the Rhode Island Department of Education, to find out her perspective.

What is the goal of teaching HIV/AIDS and sexuality education? “We know that when children are healthy, they can learn. Our goal is to provide the information and tools [medically accurate and evidence-based methods] shown to work in helping children and youth be sexually healthy.”

What are the desired outcomes? “Our goal is to keep children healthy and safe in school and to lay a foundation for their life outside of schools. The desired outcomes for our work are to decrease unintended pregnancy, decrease teen pregnancy, and decrease the contraction of HIV and STDs. Additionally, we would like to increase the practice of safe sex. If youth choose to engage in sex, they need to use a condom. If youth choose to be abstinent, we seek to provide them with the self-esteem, negotiation, and refusal skills necessary to practice abstinence and to help them feel good about doing it.”

What do kids need to make healthy sexual decisions? “Kids need decision-making skills, negotiating skills, refusal skills, and self-respect. All of these skills will affect their approach to sexuality.” “Kids need self-respect . . . and [to be accepted] whether they are lesbian, gay, bisexual, transgender, queer, and/or questioning.”

How do you define sexually healthy children? “A sexually healthy teen has a combination of knowledge, skills, self-esteem, or self-awareness to be able to make healthy decisions around engaging in sex, preventing STDs, abstaining from sex, and around acceptance of sexual orientation.” “Everyone’s values around sexuality are different. It is important for children to know that. Children need skills, tools, knowledge, and facts about sex and sexuality, such as being able to name body parts with the proper terms early on. Teens need facts on preventing teen pregnancy and everything in between.”

How can parents collaborate with schools? “When kids ask questions, it provides parents, teachers, trusted adults, such as mentors, the opportunity to provide facts. Children start exploring at an early age and need to feel safe about who they are and how they express their sexuality. How parents react to children exploring their sexuality will frame how the children see themselves, positively or negatively. People should not be ashamed of their body parts or of discussing sexuality and asking questions, that is why there is a need for teachers and parents to have support and facts, in having those conversations with kids. Hopefully parents can communicate their values to their children as it pertains to sexual behavior . . . Without getting negative, parents need to explain sexuality in an age appropriate manner.” “The schools start the conversation in health class and provide an opportunity for parents to discuss sexuality at home with their children when children have related homework. Educating children and youth about sexuality is a continuing process and there are many conversation openers for parents and teachers, including home books, movies, music, etc.”

How does information flow from the Rhode Island Department of Education to teachers and school administrators? “Teachers can use support in increasing their comfort level with discussing HIV, STDs, and sexuality. To deal with these subjects, teachers must be knowledgeable about the diseases and pregnancy and be able to teach students the skills they need to prevent them. I provide professional development courses to teachers to help them increase their comfort level and to stay up to date. Presently, I am providing two online courses entitled: HIV, STDs, and Unintended Pregnancy and Teaching Abstinence in Comprehensive School Health Programs. The online courses include assignments, activities for teachers to use in classrooms, and a discussion area where teachers can exchange information. Each course has about 6 to 18 teachers enrolled and teachers receive credit for the course.”

What are some of the challenges that you face? “1. Knowledge and comfort level of teachers, administrators, and parents with the subjects of HIV, STDs, and sexuality. 2. The sensitive nature of HIV/AIDS and sexuality makes it controversial; making sure that HIV/AIDS and sexuality education acknowledges differing cultures and values. 3. The presentation of HIV/AIDS and sexuality in the media is a challenge. Sex is sensationalized in the media. This adds to peer pressure and feeds into the myths, which makes it hard for kids to deal with it. 4. The Rhode Island Department of Education does not have a statewide curriculum for HIV/AIDS and sexuality education. The decisions about curriculum reside with school districts. 5. The amount of time allotted for physical education in classrooms is a problem. There is not enough instructional time to provide comprehensive HIV/AIDS and sexuality education in schools.”

Resource: Thrive is Rhode Island’s Coordinated School Health Program. www.thriveri.org
births to teens

from the 2010 Rhode Island KIDS COUNT Factbook

definition: Births to teens is the number of births to teen girls ages 15 to 19 per 1,000 teen girls. Data are reported by the mother’s place of residence, not the place of the infant’s birth.

• Of the 5,711 births to Rhode Island teens ages 15 to 19 between 2004 and 2008, 70% (3,984) were to teens in the core cities, the six communities with the highest child poverty rates. The core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket.

• Once a teenager has a baby, she is at increased risk of having another as a teen. A repeat birth during the teen years compounds educational, economic, developmental and health problems for both the mothers and the children. In 2006, Rhode Island ranked 8th nationally (tied with Louisiana, New Mexico and Alaska) for the highest percentage of repeat teen births.

significance: Teen pregnancy and parenting threaten the development of teen parents as well as their children. Teen mothers are less likely to have the financial resources, social supports and parenting skills needed for healthy child development. Babies born to teen mothers are at increased risk for low birthweight, prematurity, and death in infancy. Children of teen parents are more likely to experience learning and behavior problems in school, live in poverty, enter the foster care system, drop out of high school, spend time in prison, and become teen parents themselves.

source: 2010 Rhode Island KIDS COUNT Factbook / Health, pages 80 and 81, abbreviated version, reprinted with permission.

data for table and methodology: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2004-2008. Data for 2008 are provisional. The denominators are the number of girls in each age group according to Census 2000, multiplied by five to compute rates over five years.

resources: Rhode Island KIDS COUNT (www.rikidscount.org) and KIDS COUNT Data Center (www.kidscount.org/datacenter).
sexual and reproductive health
access and knowledge are the priorities

by Joanna Brown, MD, MPH

What can I do to enhance the strengths of the young people I care for? I often ask myself this question as a health care practitioner who focuses on the well-being of teens and young adults. How can my little bit of contact with them be a positive force in helping them shape their lives?

“No aguanto,” (I can’t do it) a young woman is moaning, repeatedly. Her straight brown hair hangs down loose as she sweats, sob, passes, sits, paces again in the simple, florally decorated room with a double bed where she soon will be giving birth. I coach her along, massaging her, doing all I can to help her through this labor with her first child. I am nearing the end of my family medicine residency training at Memorial Hospital of Rhode Island and am doing an elective at a midwifery school and birthing center. She can do it, and she does, giving birth to a beautiful baby boy.

A young woman is gripping my hand painfully, during another elective during my residency training. There is a soft, sucking sound as a vacuum aspirator empties the contents of her uterus. Her children had been conceived out of rape by her husband, and as her pregnancy. The abortion process was wrenching for her but there was little doubt in her mind that she was doing the right thing.

Two priorities have shaped much of my work around sexual and reproductive health with young people: access and knowledge. The pregnant women at the birthing center had access to safe, natural deliveries. The woman at the reproductive health clinic, while she had suffered unspeakable violence, had access to a safe abortion. These women were also aware that such services were available and knew enough to choose them.

More recently, a teenage girl came to see me. She had a common sexually transmitted infection (STI) for the third time, most likely because her male partner had not been treated for the STI and did not wear a condom.

I have been talking to many adolescent boys about condom use. “Fifty,” said an adolescent boy to me recently when I asked him what percentage of the times, when he had sex, he wore a condom. He was commended for the part of the glass that was half full. But what was happening with the other fifty percent? He said he didn’t have the money to pay for condoms.

“Every time,” said another adolescent boy when I asked him the same question. “I’m not ready to be a father.”

While some of the low-income teens and young adults I encounter manage to make healthy choices about their sexual health, others seem trapped by circumstances—sexism, lack of money, inadequate sex education, or lack of awareness of resources available. The health results, such as repeated STIs and unintended pregnancies, can have long-ranging consequences. On the other hand, if low-income teens or young adults have knowledge and access, they can help shape at least one portion of their future.

One national public health program that supports the sexual health of adolescents and young adults is Title X. Enacted in 1970, the purpose of this federal program is to provide people with family planning services and related preventive health care. While family involvement is encouraged, adolescents under 18 years can obtain confidential services without the consent of a parent.

In Rhode Island, Title X sites consist of sixteen community health center locations, plus Planned Parenthood. Some of the services offered through Title X in our state are pregnancy testing, contraception, HIV testing, physical exams, Pap smears, and sterilization for men and women. Testing for chlamydia and gonorrhea also may be subsidized if the visit includes family planning counseling and education as well. Payment for services is on a sliding scale based on income and free for those at or below the federal poverty level. In 2009, Rhode Island provided $50,000 in Title X funds, serving 22,657 people total, of whom 2,746 were teenagers younger than 18 years, and 2,083 were youth aged 18-19.

Teens and young adults may not be aware that they live near a community health center where they can obtain free or low-cost STI testing, or free condoms or birth control pills. They might be afraid to come because they worry that their sensitive health information might not be kept private, or they might not realize they can come in on their own without a parent.

It is up to those of us who have contact with teens and young adults to educate and advocate, both at the individual and community level. We need to let teens and young adults know that care related to their sexual and reproductive health is available. We need to promote and support accurate and evidence-based education about young people’s growing bodies and about relationships, about contraception and sexually transmitted infections. We need to help them sing their own songs.

For a list of Title X sites in Rhode Island, see www.health.ri.gov/familyplanning.
cool conversation

The summer She Shines’s cover artist is Kathy Weber. Her "Cool Conversation" painting is from a series of moms and kids at the beach. She describes her work as impressionistic realism.

Recently, she is doing a lot of figurative work. Weber likes depicting color and light on canvas. She loves the storytelling aspect of a painting with two or more figures in it.

Her studio is in Rumford. An artist and illustrator, she has won awards for her work in pastel, oil, and gouache. Weber’s paintings can be seen at JRS Fine Art in Providence, the Donovan Gallery in Tiverton, Harbor Fine Art in Newport, and 5 Main Gallery in Wickford. She is a member of the Copley Society of Art in Boston and a graduate of UMass Dartmouth with a BFA in Painting.

She teaches a variety of painting classes - outdoor, still life, and landscape. Weber posts frequently online with the Daily Painter Originals. Her painting "Cool Conversation" was posted online on June 14, 2010. It is an oil on canvas panel, 6” x 8”. Visit www.weberstudio.blogspot.com.

- She Shines

photo by Agapao Productions

artist canvas

health for her

tips to talk about the facts of life

parents’ sex ed center at Advocates for Youth

Initiating conversations about the facts of life may be difficult for some parents because they did not grow up in an environment where the subject was discussed. Some parents may be afraid they do not know the right answers or feel confused about the proper amount of information to offer. To help, here are 10 tips from the experts at Advocates for Youth:

1. First, encourage communication by reassuring your children that they can talk to you about anything.
2. Take advantage of teachable moments. A friend’s pregnancy, news article, or a TV show can help start a conversation.
3. Listen more than you talk. Think about what you’re being asked. Confirm with your child that what you heard is in fact what he or she meant to ask.
4. Don’t jump to conclusions. The fact that a teen asks about sex does not mean they are having or thinking about having sex.
5. Answer questions simply and directly. Give factual, honest, short, and simple answers.
6. Respect your child’s views. Share your thoughts and values and help your child express theirs.
7. Reassure young people that they are normal – as are their questions and thoughts.
8. Teach your children ways to make good decisions about sex and coach them on how to get out of risky situations.
9. Admit when you don’t know the answer to a question. Suggest the two of you find the answer together on the Internet or in the library.
10. Discuss that at times your teen may feel more comfortable talking with someone other than you. Together, think of other trusted adults with whom they can talk.

"According to Barbara Huberman, RN, MEd, director of education and outreach for Advocates for Youth, parents who act on the belief that young people have the right to accurate sexuality information are parents whose teens will delay the initiation of intimacy and use contraceptives when they choose to become sexually active.”

Advocates for Youth’s website contains a Parents’ Sex Ed Center with information and resources, www.advocatesforyouth.org.

Huberman was among the speakers at the recent Teen Pregnancy Prevention Strategic Planning Forum, see page 5.

photo by Deborah L. Perry

Article reprinted with the permission of Advocates for Youth.

Facing an unplanned pregnancy?

Understand your options.

Birth Parent Counseling at Children’s Friend
childrensfriendri.org
401.276.4300

Don’t wait. Call and speak to someone today.
As an expert in teenage parenting and adolescent medicine, what are you most proud of professionally? “Being able to be in a leadership position that will allow me to really do the work that I want to do. To help the medical community understand the importance of the larger community. To help residents understand the importance of the context of children’s lives. That has been a persistent piece of my own professional work. I think I am in a position now to really move that message out into the public, in a way that I couldn’t before.”

What do pregnant and parenting youth need in order to be successful? “I think it doesn’t take long working with this population before you realize that in order to really optimize the outcomes, it’s much more than just shots and ear infections and rashes and antibiotics. It’s looking at housing. It’s looking at education. It’s helping them continue their adolescence . . . It’s a broader context, if you want to be successful. In fact, so many of them really are successful – in part because of the supports either through their family, the community, or both. I think of it as scaffolding. It holds them up while they continue their own growth and development. It keeps them on track. It keeps their baby on track.”

Tell me about the creation of the state teen pregnancy coalition? “I’m really excited about The Rhode Island’s strengths? “On the one hand, we are small enough so that we should be able to tackle this very successfully. There’s about 150 births a year to mom’s 16 years and under . . . With The Rhode Island Alliance, we now have a place in the state that we can look to. We really need to study what we do and only fund the things that really work. We know so much right now about what does work. I think we can begin to lower our rates - helping young women have control over their fertility.”

What kinds of programs work? “There are basically three pillars to teenage pregnancy prevention: 1. High quality comprehensive sexuality education. 2. Access to contraception (and health care). 3. Opportunity (a reason not to get pregnant).”

Are you a parent? “Yes. My kids right now are 20 [female], 21 [female], and 22 [male]. [When the topic of sex came up during a dinner conversation], the girls would love to watch their brother blush.”

How did you approach this topic with your own children? “I think [with my husband], we tried to make it clear that it was okay. That we recognized it’s a hard conversation to have. ‘I’m curious. I’m interested. I can help you.’ We had a lot of discussions from early on about reproductive choice, about decision making, and sharing yourself or not . . . It’s not ‘the’ conversation, its many conversations. Start early with answering their questions and asking them about their lives.”

How do you assist a community in enhancing the health and wellbeing of our youth? “It is about healthy youth and sexuality is such an integral part. The more we can understand each other through that lens, the better off we will be . . . Whether it’s the faith communities or whether it’s the school communities, the notion that we want our young people to be healthy is common ground . . . I think everyone has a role.”
**YWCA PROVIDES AN ALL DAY YOUTH ENRICHMENT PROGRAM FOR CHILDREN AGES 6-15 WHEN SCHOOL IS IN SESSION.**

**BEFORE / AFTER KINDERGARTEN CARE**

**Start Date:** 9/7. Transportation provided. Before and After Kindergarten Care offered for the academic year 2010-11. Qualified, friendly staff will provide enrichment activities for your child in safe indoor and outdoor environments. Licensed by Rhode Island Department of Children, Youth and Families.

**BEFORE / AFTER SCHOOL AGE CARE**

**Start Date:** 9/7. Transportation provided. The APPLE curriculum includes Academics, Physical education/recreation, Prevention, Leadership and Empowerment. Our philosophy is to provide a developmentally appropriate program for children in Kindergarten to age 15. Program focuses on a youth's individual needs. We provide a safe, nurturing and enriching program, which parents can rely upon throughout the year, especially after school, school vacations and during the summer. Program encourages healthy social, emotional, physical and cognitive development. Licensed by Rhode Island Department of Children, Youth and Families.

**EARLY CHILDHOOD LEARNING CENTER**

Now open for child care at 6:30am. For details on child care, pre-preschool or preschool call Mary Anne Deslauriers, Director of Early Childhood Education, at 769-7450.

**CHILD CARE**

**INFANT/TODDLER**

Our philosophy is to provide a developmentally appropriate program for children 8 weeks (6 weeks with pediatrician consent) to 3 years that focuses on a child's individual needs. We provide a safe and nurturing program, parents can rely upon throughout the year. The Early Childhood Learning Center encourages healthy social, emotional, physical and cognitive development. Licensed by the Rhode Island Department of Children, Youth and Families.

**PRESCHOOL**

**Start Date:** 9/7. The YWCA preschool is a developmental program for children age 3 to 5. Our philosophy is reflected in a "hands on" approach to learning through interactive experiences with peers, the environment and adults. Our most important function at the YWCA preschool is to ensure that each child's first school experience is safe, joyful and enriching. Two, three and five-day options available. Licensed by the Rhode Island Department of Education and by the Rhode Island Department of Children, Youth and Families.

**STEPPING STONES**

**Start Date:** 9/7. Registration open for the Stepping Stones academic year 2010-11. Unique transitional program for children whose parents are postponing Kindergarten entrance. YWCA Stepping Stones is a developmentally appropriate setting where children participate in a program designed to enhance growth and development socially, emotionally, cognitively and physically. Small class size (maximum 15) allows for much individual attention and teacher/peer involvement. Program meets Mon.-Fri., 1-4pm. Licensed by the Rhode Island Department of Education and by the Rhode Island Department of Children, Youth and Families.

**EXTENDED DAY PROGRAMS**

The YWCA offers extended day programs to help accommodate a parent or guardian's schedule.

**EARLY BIRDS**

Children enjoy morning activities in a classroom environment from 6:30am-9am, then are escorted to respective classrooms. $6/hour/day.

**LUNCH BUNCH**

Children eat lunch in a social environment then are offered center activities from noon-1pm. Lunches are brought from home. $6/day.

**AFTER PRESCHOOL CARE**

Children are engaged in age-appropriate activities including gross motor play in play-ground from 4-6pm. $6/hour/day.

**PARENTING PROGRAM**

For details, call Deb Smith, RN and Parenting in Progress Site Coordinator, at 769-7450.

**PARENTING IN PROGRESS (PIP)**

Start Date: 9/22. An alternative education, life skills and job training program housed at YWCA in collaboration with Woonsocket Education Department, Project RIRAL, BVCAP, Connecting for Children and Families, Young Voices and area businesses. Eligible applicants must live in Woonsocket and be pregnant or parenting young women under 21 years old. Mon.-Fri., 9am-1pm.

**PIP YOUNG VOICES**

In conjunction with Young Voices, this is a six month leadership transformation academy where youth learn advanced research, public speaking, and debating skills.
Let Debbie Fay set up and run a party for BIRTHDAY PARTIES DURING THE WEEK and space availability. Prices set by usage.

Walking to 3 years old

JUMPING BEANS
Gymnastics play with parent.
Tues. 9-10am $36/6wks
Thurs. 10-11am $36/6wks

JUMPING BEANS GETS MESSY
One hour of gymnastics play with parent then 1/2 hour of messy activity - crafts or cooking.
Fri. 9-10:30am $54/6wks

2 1/2 to 3 1/2 years old

Independent classes for your child (do not have to be toilet trained).

IDDY BIDDY SNACK ATTACKERS
Come run, have a snack, make a craft and run some more.
Mon. 9-noon $54/4wks

IDDY BIDDY SPORTY CRAFTY CHEFS
Combination of Small World, crafts, games and cooking your own lunch. Come jump and crack some eggs. Non stop action.
Wed. 9-noon $81/6wks

SMALL WORLD I, II, III
Children offered opportunities for socialization, creativity and toilet training. Includes storytime, songs, crafts, playtime, and snack.

SMALL WORLD I
Deb Nault
Thurs. 9-10am $18/6wks

SMALL WORLD II
Deb Nault
Thurs. 10am-noon $36/6wks

SMALL WORLD III
Deb Nault
Fri. 9am-noon $54/6wks

3 to 5 years old

LUNCH WITH THE STARS
Come play a game of Alligator Pit or Polar Bear. One hour of active gym time followed by making your own lunch and eating with the “Stars.” Enjoy some playtime. Stuffed animal characters: Dora, Clifford, Cookie Monster, Blues Clues, etc.
Mon. noon-2pm $40/6wks

PRIMO
CHEERLEADING WITH POM POMS
Learn some cheers and pom pom skills used in cheerleading with an introduction to tumbling. Give me a Y, give me a W, give me a C and give me an A.
Mon. 3:30-4:30 pm $24/4wks

FUN ’N FRUITY ON THE FLY
Action packed fun on the trampoline, rope or obstacle course. Play a game of alligator pit, t-rex or maybe even polar bear. Each child goes home with a piece of fruit for a snack after supper.
Mon. 4-5pm $24/4wks

4 to 7 years old

BEGINNER GYMNASTICS FOR GIRLS AND BOYS
A great all around introductory gymnastics program. Students have the opportunity to advance to higher levels.
Fri. 4:30-5:30pm $36/6wks
Sat. 9-10:15am $45/6wks

GYMNASTICS ACADEMY

GYMNASTICS - BASIC

3 1/2 to 5 years old

BEGINNER GYMNASTICS
For girls and boys
A great all around introductory gymnastics program. Preschoolers have the opportunity to advance to higher levels.
Fri. 3:30-4:30pm $36/6wks

4 to 7 years old

BEGINNER/INTERMEDIATE GYMNASTICS FOR GIRLS AND BOYS
A great all around introductory gymnastics program. Students have the opportunity to advance to higher levels.
Thurs. 4:30-5:30pm $36/6wks
Sat. 10:15-11:30am $45/6wks

5 to 12 years old

SPORTSTASTIC
A new sport every week, socialization and lunch making for your child.
Wed. noon-2pm $60/6wks

TUMBLING CRAFTY COOKS
Beginner gymnastics skills training combined with cooking and eating.
Tues. noon-2pm $60/6wks
Thurs. noon-2pm $60/6wks

GYMNASTIC FANTASTIC
Fantastic activity packed class. An hour of gymnastics followed by lunch, craft and playtime.
Fri. noon-2:30pm $75/6wks

6 to 12 years old

CHEERLEADING AND TUMBLING
Learn some cheers and tumbling skills used in cheerleading. Give me a Y, give me a W, give me a C and give me an A.
Mon. 4:30-5:30pm $24/4wks

HOT SHOTS
4 to 9 years old

TEAM A
Sat. 11am-1pm $54/6wks

TEAM B
Sat. 11am-1pm $54/6wks

TEAM C
Sat. 11am-1pm $54/6wks

TEAM D
Sat. 11am-1pm $54/6wks
WELLNESS PROGRAMS

EXERCISE

16+ years old

AEROBIC DANCE
Improve your aerobic fitness. Benefits include increase in heart health, muscular endurance, mood, energy level and a decrease in shortness of breath. Fees reflect member rates, nonmembers pay an additional $20.
Colette Doura
Mon., Wed., 7:15-8:15pm $60/9wks, class begins 9/13

BELLY DANCING I
Learn exciting moves of ancient Middle Eastern art form: snake arms, figure eights, hip circles, traveling steps and shimmies. Class is for first time students or those wanting to continue with basics before moving on to more advanced skills. No previous dance experience required. Fun, supportive environment.
Donia, Tues., 6:30-7:30pm $36/6wks

BELLY DANCING II
Continue to learn and evolve in the timeless beauty of the belly dance. We will perfect the techniques. Lots of laughs! After the games, come share some free appetizers at Box Seats.
Thurs., 6:30-7:30pm $36/6wks

VINAYASA YOGA
All levels class will focus on flowing yoga postures linked with the breath. Get a great workout and reduce stress. Yellowstone poses, breathwork and seated meditation.
Samantha Sipura
Sat., 9:00-10:15am $45/6wks

EXERCISE FACILITY

17+ years old

WOMEN’S WORKOUT ROOM
Enjoy the privacy of a women’s only facility with a stack machine, bicycles, free weights, treadmills and showers. You must pay a $20 introduction/processing fee and attend an introductory session in order to be eligible to use room. YWCA adult female membership required. For appointment, call Samantha Piscatelli at 769-7450.

VOLLEYBALL LEAGUES

All volleyball leagues are under the direction of Debbie Fay, Physical Education Director. Come prepared to play on organizational nights. Dates subject to change due to weather or other uncontrollable circumstances. To verify times/dates, call Debbie Fay at 769-7450.

VOLLEYBALL pick-up games for YWCA members. Front desk will collect names and phone numbers of players interested. Night and time will be decided by players availability. $5 each week you play.

INTERMEDIATE MIXED CO-ED
Sundays: Organizational night will be held November 7, from 6-8pm. League play will begin November 14. Bring in your own teams. If you don’t have a team, we will help you get on one.
$112/20 wks & playoffs/plus membership fee

ENCOREplus®
ENCOREplus® is a systematic approach to women’s health promotion, in particular breast and cervical cancer education. The YWCA offers community outreach, breast and cervical health education, linkage to clinical screening services and assistance in accessing and navigating diagnostic treatment services when necessary. The YWCA also offers support during diagnosis and treatment.
If you are over age 40 and have no health insurance or your insurance does not cover breast and cervical screenings every year, you may qualify for FREE services. The Rhode Island Department of Health Women’s Cancer Screening Program provides a women’s health exam including clinical breast and pelvic exams, pap smear, mammogram and follow-up services (a repeat mammogram, pap smear, breast ultrasound, colposcopy and biopsy). For more details call Joyce Dolbec, YWCA Health Consultant, at 769-7450. If hearing/speech impaired call 1-800-745-5555.

MINORITY HEALTH PROMOTION CENTER
YWCA Northern Rhode Island has been designated as a Minority Health Promotion Center by the Rhode Island Department of Health. It is the only organization in northern Rhode Island to receive such a designation. Our Association develops and implements health information, health education and risk reduction activities that improve the quality of life and eliminate health disparities for Woonsocket’s racial and ethnic populations.
Call the YWCA Health Office for more information, 769-7450.

SMOKING CESSATION
Supportive/educational one hour meeting weekly for 8 weeks held in northern Rhode Island area. Call the YWCA Health Office to register, 769-7450.

YOUTH ANTI-TOBACCO ADVOCACY GROUP (YATAG)
YouthAnti-Tobacco Advocacy Group trains youth as effective, articulate anti-tobacco advocates. To sign-up or for questions, contact Nathan Smith, Youth Enrichment Program Coordinator, 769-7450.

WOMEN’S CLUBS

APRES-MIDI
Club provides opportunities for women to share activities, information and gain new friendships. Activities include guest speakers, outings, restaurant tours, luncheons and demonstrations. Membership is open to women 30 years of age and over. Meetings held on alternate Thursdays at 1:30pm from September through June. Call YWCA for details, 769-7450.

WALKING CLUB
The Walking Club begins at John Dionne Track on Cumberland Hill Road, Woonsocket. Look for Jeanne and Bev on Tues., Wed, and Fri. at 10am. Mon. and Thurs. at 6pm. Call YWCA Health Office for details, 769-7450.
World YWCA global strategy on Sexual and Reproductive Health and Rights, and HIV and AIDS

In February 2009, the World YWCA convened a consultation, supported by United Nations Fund, to strengthen the World YWCA Global Strategy on Sexual and Reproductive Health and Rights (SRHR), and HIV and AIDS including Condom Programming. Building on the outcomes of this consultation, the World YWCA commits to promoting comprehensive approaches for SRHR, HIV and AIDS and violence against women that focus on prevention strategies and women’s empowerment.

www.worldywca.org
shining with
Elaine Card, MSW

“I loved working with the kids. Anybody that works with teenagers would tell you that they can be difficult, but they’re full of energy. They’re full of life, impetuosity, sexuality, sensuality, humor, and playfulness. It’s a gift I’ve had these 25 years working with these kids. I am one fortunate person.”

How did your career begin? “I was born in Rhode Island to a middle class family just outside of Olneyville in Providence . . . I went to URI [studying sociology and philosophy] with visions of becoming a missionary. That quickly changed, but I still had that service orientation. When college finished, I applied to the Peace Corps and was accepted. Meanwhile, I got accepted to Columbia University [studying social work] with a scholarship. I couldn’t turn it down . . . I got accepted to Columbia University [studying social work] with a scholarship. I couldn’t turn it down . . . I spent 15 wonderful years in New York City . . . Some family illness brought me back to Rhode Island.”

You recently retired as dean of students at Woonsocket High School. How long were you there? “A quarter of a century.”

What were your responsibilities? “My primary responsibilities were crisis intervention, family work, and doing evaluations. I then got involved with the pregnant and parenting youngsters, shepherding them along. It was a natural thing that fell into my lap . . . My door was always open and kids knew if they had a problem, they could come. Some kids just came to check in with me and I followed them through their school years . . . I would get to know siblings. Sometimes I even knew their parents from back when they were students.”

How are you able to forge such good relationships with students, parents, and peers? “For about six years, I was in a psychoanalytic training institute. Even though there were many theories I questioned, the basic concept of what they taught was to listen, not make any assumptions, and give your total focus to that person. So when I sat with a kid or a parent, I would try to just be there for them, for that time. That was the best lesson.”

Do you currently practice social work? “I do sex abuse, sex offender evaluations . . . I do evaluations for the safety and health of children in their homes . . . I also do some work with kids in foster placement and kids in group homes.”

What are your thoughts about raising sexually healthy children? “It is a courageous and honest statement . . . I think one of the directions we need to go is to find ways to educate parents. How do you talk more comfortably and wisely about sexuality?”

I hear you are still advocating on behalf of students. Why is it important to you? “I have a vested interest in seeing the Health Hut come back [to Woonsocket], because of the services that it gave. With teenagers, you have to make things accessible - geographically and emotionally. Kids need to trust that it is confidential - pregnancy testing, STD testing, AIDS testing, and birth control consultations. What I really hope is that we can move judiciously and cautiously forward. The obstacles that teenagers face are something that group-ups sometimes don’t think about. So many things get in the way of them seeking health services – transportation, after-school activities, work, picking up siblings. They have a hard time explaining why they were not on the school bus. They don’t keep their appointment because they broke up with their boyfriend and don’t think they need it anymore. Or, they get it but skip a few days on birth control. If you had a nurse practitioner on site, they could pull a kid in, intervene, and follow-up. It is hard for kids to talk to their parents about being sexually active. Even with parents that open that door, kids are still afraid to share. The whole thing of confidentiality is so enormously important.”

Has your approach to students changed? “Over the years, I have been so concerned about the level of unprotected sexual activity. I don’t think we saw this before. Thus I’m more apt to be open with a couple, asking if they’re sexual and if so are they using protection. The kids laugh at me. Word gets around that I’ll ask the question, ‘Are you using protection.’”

Why do we have high birth rates in communities like Woonsocket? “I think it is the poverty . . . Kids with a certain lack of clear-cut ideas, plans, and hopes for their future . . . I think it has to do with the teen pregnancy cycle repeating itself over generations.”

What are the strengths in Woonsocket? “When the parents get over the shock, they rally and commit themselves to taking care of the teen. When the baby comes, they make life changes – changing work schedules, embracing the grandchild, and rallying around the young family. The other remarkable thing about this community is that there are so many like-minded agencies – the YWCA is an excellent example. The miracle here is that students don’t have to drop out of school. Programming is there for them. The YWCA has been a saving grace over many years for hundreds of parenting and pregnant teenagers. With a sense of community, the education, the inspiration, the oversight, these young women are not lost or forgotten. There are a lot of alliances in Woonsocket with NRI Community Services, YWCA Northern Rhode Island, and Thundermist Health Center – cornerstones for Woonsocket High School.”

What are you most proud of professionally? “The faculty threw a going away party for me. We could share a million stories – so many experiences . . . One of the retirement cards said, ‘you left with respect’. That is good to hear.”

What does it take to work with the students in the capacity that you do? “You know, the only way you can do this kind of work, descend into the trenches, is if you’ve got other people that have your back (as the kids say). You couldn’t do this work, if you didn’t have other people that had your back. No way. No how. I tell the kids, the guidance counselor is your best friend. [Others at the high school are] sensible, caring, and diplomatic. The only way you can make it work is with good people like I’ve had.”

What now? “I’ve got a lot of life left in me . . . I really want to stay connected to the community and kids.”
Woonsocket cares
positive steps for women, their children, and community

by Deborah Smith, RN

F or the past 15 years, it has been my privilege (and at times my challenge) to serve as the coor-di-nator of the Parenting In Progress program, a GED and life skills program for pregnant and/or parenting young women, age 16-21 years in Woonsocket.

September begins year 27 for this 20-hour a week program. It is housed at YWCA Northern Rhode Island. It is a signature program at YWCA, core to our mission, eliminating racism and empowering women. Since knowledge is power, the primary focus is on completion of their GED studies as a jumping off point for the realization of each young woman’s educational and career goals. However since each of our students faces many additional challenges, we offer a comprehensive curriculum aimed at preparing and empowering these young single parents to succeed as independent, contributing members of the community.

Students are required to attend parenting and child development workshops, anger management and conflict resolution classes, a ten-week infant massage program, a stress management course, and financial fitness workshops. Each student works with a case manager and a parent educator, both at school and in-home.

YWCA Northern Rhode Island works in collaboration with Project RIRAL, Connecting for Children and Families, the Woonsocket Education Department and the Blackstone Valley Community Action Program to formulate curriculum and facilitate the learning process.

Our life skills curriculum focuses on assisting our students to learn to make informed, responsible, and healthy choices. Sojourner House presents workshops on relationship violence, communication, and healthy relationships. The Woonsocket Prevention Coalition provides bi-monthly tobacco awareness and prevention throughout each academic year. Rhode Island Legal Services and the Office of Child Support Services furnish information about resources available to our students. The University of Rhode Island SNAP-Ed conducts a series of workshops on nutrition for mothers and children, meal planning, food shopping, and preparations skills.

Since the majority of our students enroll in Parenting In Progress because circumstances prevent them from finishing high school, their needs are often more diverse, complex, and challenging than those of other pregnant and/or parenting young women. Homelessness, lack of support systems, dysfunctional family situations, long-standing mental health issues, histories of sexual, physical and emotional abuse, and learning disabilities are concerns that students and staff deal with on a daily basis. Case management and counseling services are available and students are encouraged to utilize them.

While each young woman is truly a unique individual, many of our students have experienced long term academic and social difficulties. Consequently, poor self-esteem, trust issues, feelings of hopelessness, and lack of self-confidence are often obstacles to a student’s realization of her goals. The Young Voices Leadership Transformation Academy, which provides a weekly workshop, strives to unlock each young woman’s latent potential, giving students an authentic effective voice in every aspect of their lives. Journaling, discussions of current events, communication skills, debate opportunities, resume writing, and job interview preparation helps students to recognize their strengths and talents and builds self-confidence.

Reproductive health education is a key component of our curriculum. Repeat pregnancies not only compromise the achievement of a young mothers educational and career goals but often threaten the emotional health and physical well being of both mother and child. Accurate and non-judgmental reproductive health curricula focus on healthy, informed choices regarding prevention of pregnancy and sexually transmitted infections.

During the first week of the academic year, each student is asked to complete a personal goals sheet, enumerating her academic, parenting, and social and life skills goals. Each small success begins to build the young mother’s confidence in her strength and ability to achieve. Students begin to trust in themselves and to cautiously build trusting relationships with program staff and their peers.

We believe that the development of these attributes — self-esteem, confidence, feelings of competence and connectedness — enhance each young mothers ability to make thoughtful, informed, and healthy choices regarding sexual and reproductive health.

Parenting In Progress is an effective community-based program for pregnant and/or parenting young women. To apply or for additional information, contact YWCA Northern Rhode Island at 401-769-7450.  

“Parenting In Progress is about impacting whole lives. It’s about getting people through real crises and getting them to believe in themselves. I’m always amazed by these young women.”

Deborah Smith is the Parenting In Progress coordinator at YWCA Northern Rhode Island. She is a registered nurse with 39 years of experience working in such diverse environments as a neighborhood health center, community classroom, emergency room, operating room, geriatric care center, and on a Native American reservation. For fun, she kayaks. To renew, she enjoys the beach.

by Deborah Smith, RN

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Parenting In Progress is an effective community-based program for pregnant and/or parenting young women. To apply or for additional information, contact YWCA Northern Rhode Island at 401-769-7450.
Westerly report inspires collaborative efforts to address teen pregnancy

by Ammala Douangsavanh

"[We believed] if people knew what the issues are, more in the community would roll up their sleeves and address the needs. It’s only going to change if we start having these conversations and look for common ground." - Susan Orban

Earlier this year, the Washington County Coalition for Children (WCCC) released a report titled, “Westerly Children at Risk: A community’s self-assessment of teen pregnancy, delayed prenatal care and food insecurity rates.” The study was conducted over the course of two years, and included the collaboration of approximately 20 agencies and allies from diverse fields. The report reveals some alarming statistics:

• Westerly teens ages 18-19 are 50% more likely to have babies than the state average (66.1/1000 girls for Westerly vs. 43.2/1000 girls for state average).

• Among teens ages 15-19, Westerly’s teen birth rate is the highest in Washington County and significantly higher than the county average (31.5/1000 girls for Westerly vs. 11.8/1000 girls for Washington County).

• Pregnant women in Westerly are starting prenatal care later (after the first trimester) – if at all – than anywhere else in Washington County (11.1% of Westerly women vs. 8.7% of county average).

Teen pregnancy creates many challenges for a young person. We know teen motherhood will most likely defer academic goals and dreams, which may lead to unemployment or employment in lower-wage jobs. We know teen moms are more likely to lack the cognitive maturity and parenting skills to properly care for a child, thereby putting a baby’s health and safety at greater risk. And delayed or no prenatal care can cause serious complications for babies including premature birth, low birthweight, birth defects, or even neonatal deaths.

For Susan Orban, director of the WCCC, these findings are unfortunately not news. The WCCC has been tracking these data for a number of years. She states, “we knew there was something happening in Westerly that was different from neighboring communities.” The reasons why that “something” is happening, are not so easy to explain. Some of the factors highlighted in the report include lack of youth programming, health education, and community awareness. But there are issues unique to Westerly that many are not aware of, for example, geographic isolation and a fragmented public transportation system. When the nearest community health center is 16 miles away, and there is no reliable transportation, many residents simply go without or delay seeking care. Further, the positive correlation between poverty and teen pregnancy cannot be overstated. With Rhode Island’s unemployment rate continuing to hover around 12.4%, economic hardship is exacerbated by teen pregnancy.

If the challenges of reducing teen pregnancy are multifaceted, then Orban and her colleagues are of the philosophy that the solutions need to reflect that. Westerly Hospital, in particular has become the lead institution in coordinating these efforts. Since the report’s release, the hospital has been working on the creation of a coalition that will unite all of the community stakeholders in exploring and developing a comprehensive approach towards solutions. Some of the coalition’s goals include raising community awareness, education for parents and youth, development and distribution of outreach materials, and of course, more youth programming and social service system navigation. Susan Lovitt, director of the Women’s Health Initiative at Westerly Hospital, explains, “There’s no need to reinvent wheels, but to work together in areas that each group excels and look at ways that we can support each other.”

This central theme of collaboration is echoed among all the key partners, including Sally Mitchell, director of the Westerly Integrated Social Services Program (WISSP). Mitchell points out that all school districts are required to have a health and wellness committee, and expresses that these committees can be vehicles to increase health education in schools. She stresses the importance of access to information at every level. A few of the projects she and her team are working on include parent empowerment and character education programs. Also, Family Service of Rhode Island is working to secure funding to develop a comprehensive fatherhood program; a population that is often overlooked when it comes to talking about teen pregnancy. The program will provide the education, support, and case management needed for not only teen fathers, but also single dads. There is plenty more work being done on many different levels, but these are just some of the examples.

Citizenship, as defined by Merriam-Webster describes it as, the “quality of an individual’s response to membership in a community.” And the mark of a strong community is indicated by how well it cares for its most vulnerable. The remarkable work being done in Westerly is undoubtedly rooted in a profound sense of responsibility to insure the health of its children and families, and should be a lesson for all of us on model citizenship.

Go to www.washcokids.org, to view a copy of the report. For information and resources about teen pregnancy, go to www.thenationalcampaign.org or www.healthyteennetwork.org.

Ammala Douangsavanh is a community outreach worker for the Women’s Cancer Screening Program.

photo courtesy of Douangsavanh

she shines interview
As parents, we spend a lot of time making sure our children are healthy. We schedule regular doctor appointments, encourage them to eat wholesome foods and get the right amount of exercise and sleep.

But what about their sexual health? Are there things we can do now to help our children have healthy intimate relationships in their adulthood?

“How helping children and young adults feel at home in their bodies” is the first step, according to Susan Jacobsen, a mental health counselor who works with at-risk women and their babies, says parents start the process of helping children to develop a healthy concept of their body with simple acts of bathing and potty training. Learning to care for and respect our bodies is crucial, explains Jacobsen, as children begin to navigate setting boundaries.

“Helping children to make good sexual choices” gives them necessary tools to navigate future experiences.

Healthy boundaries are a big part of early-on sexual education, says Jacobsen. Empowering children with an understanding of “good touch and bad touch” gives them necessary tools to navigate future experiences.

According to Jacobsen, in a recent Youth Risk Behavior Survey given to all high school students nation-wide, ten percent of Rhode Island high school girls responded that their first sexual experience was forced and violent.

Promoting sexual health amid the reality that too many kids are abused is complex. “How do you talk about those two things and not make sexuality a scary topic? It’s difficult” admits Jacobsen who emphasizes the power of communication. “It’s always important to say I’m here.”

Sharing information and being willing to listen teaches children that they can come to parents and have a conversation about sex. A democratic style of parenting, one that promotes compromise and negotiation along with limits and rules, is important says Jacobsen.

In her experience, parents who have an authoritarian approach to the topic leave their children with only two choices “comply or rebel.” And overly permissive parents may unknowingly send a child the message they don’t care.

As children reach their pre-teen and teenage years, talking about sex can become increasingly complicated. Parents are afraid of being sexually inappropriate with their children, says Jacobsen, and worry that having the conversation will encourage sexual behavior.

But she explains, “We are sexual beings long before we have sexual relations.” Jacobsen says parents need to realize that talking about sex doesn’t mean discussing topics that are developmentally inappropriate or “telling all.”

She advises parents to stop worrying about having the perfect conversation and instead look for opportunities to talk and listen. Sexual health is a part of whole body health. Raising sexually healthy children requires a commitment to ongoing communication and an understanding that children may have a different perspective than their parents. The goal is to listen and inform without being overly judgmental.

“I would personally like to see a world where sex education for kids is relationship and intimacy based rather than centered on who does what to whom” says Jacobsen, who sees firsthand how painful it can be for teens questioning their sexuality.

Helping children to make good sexual choices is a vital topic for cities and towns across the state. According to national vital birth statistics, Rhode Island has the highest teen pregnancy rate in New England; the city of Providence has the third highest repeat teen pregnancy rate in the country.

In recent years, the city of Newport has made great strides in reducing teen pregnancies. Jacobsen credits city-wide programming that took “a universal approach” acknowledging that all teens, not just those in poverty, are potentially at-risk, says Jacobsen. The teen pregnancy rate in Newport has dropped by almost fifty percent over the last fifteen years.

In addition to local resources like Jacobsen’s agency, there are national resources. The Sexuality Information and Education Council of the United States is a federal agency (www.siecus.org) that provides access to research and articles on a full range of topics relating to sexual health. Parents and teens can access information by using the site’s search engine.

Whether you’re the parent of a young child or a teenager, Jacobsen’s overall advice is simple: “Share the information that children need to know and then be there when they come to you.”

Holly Howley writes on a variety of topics including parenting and women’s issues. She also leads the Idea Workshop, a workshop for people interested in exploring their creative process and ideas. For more information, she can be reached at hollyhowley@cox.net.

Photo courtesy of Diane Powers
There is no way to predict who will develop cancer, and who won’t. Fortunately, the Pap smear shows early signs of the virus, and follow-up treatment along with ongoing care can help prevent cervical cancer.

In recent years, we have learned a lot more about the risks of HPV infection and the rise in HPV-related cancers in males and females younger than 40, who can carry the virus for 10 or more years. We have also learned that we can protect the current generation as they come into their early sexual age from the most common kinds of cancer-causing HPV strains. A vaccine is available for young people ages 9 through 26, which is both safe and effective.

As a cancer survivor and a mother of two children aged 11 and 13, I would do anything to protect them from cancer. In fact, my daughter has already had her first dose of the HPV vaccine, and now that it is available for boys, my son will be getting his dose very soon.

Getting children to complete the three-dose HPV vaccination series is the biggest challenge. That’s why I am so pleased to be the manager of The Partnership to Reduce Cancer in Rhode Island, a statewide coalition aimed to educate, plan, and influence policy on cancer prevention, detection and screening, treatment, survivorship, and palliative care. A main objective of The Partnership’s prevention workgroup is a 75% completion rate of the three-dose HPV vaccination series in 13-year-old children.

In 2009, the prevention workgroup focused on increasing rates of HPV vaccination among females in accordance with the Centers for Disease Control and Prevention guidelines. The workgroup collaborated with the Rhode Island Department of Health Immunization Program to increase access to HPV vaccination in schools to include all female high school students through the expansion of their Vaccinate Before You Graduate Program.

In addition, the prevention workgroup assisted the Rhode Island Department of Health Immunization Program’s efforts to include HPV tracking information on the school physical form. The workgroup initiated conversations with key stakeholders throughout the state around ways to increase rates of HPV vaccination, including expanding health insurance reimbursement of HPV vaccine costs to mass immunization companies, not just to healthcare providers. And finally, the workgroup held cancer prevention health fairs offering free HPV vaccinations to women 16 to 26 years old that included information about cancer prevention (breast cancer, skin cancer, lung cancer, and healthy weight), and interactive booths. All of the women who received HPV vaccine during the health fairs completed the three-dose series.

I am proud to share the success that this group has had in increasing HPV vaccination rates in Rhode Island. For more information on the HPV vaccine, contact Kathy Marceau at the Rhode Island Department of Health Immunization Program at 401-222-4614. For more about The Partnership to Reduce Cancer in Rhode Island, visit www.cancercoalition.ri.gov.

student speaks

“As a teen girl, see that you are beautiful. Show your confidence in everything you do.”

Resources:
www.stayteen.org
www.sexetc.org
www.girlsinc.org
www.thefocusprogram.com

Jessica Marfeo is a senior attending The Prout School in Wakefield. She is a teen ambassador for the Rhode Island Department of Health Women’s Health Advisory Committee and volunteers at Women & Infants Hospital during the summer. Marfeo attended the National Youth Leadership Forum on Medicine in Boston, for a ten-day medical student experience. It included participating in a stimulus hospital environment at Brigham and Women’s Hospital, visiting the top medical schools in the Boston area, attending seminars with renowned guest speakers, and learning the life of a resident. She met kids from around the country all with the common bond of medicine. Her ambition is to become a nurse practitioner.

photo by Agapao Productions

it’s all about you
respect yourself, your health, your body

by Jessica Marfeo

To teens, peer opinions matter. How we dress, who we date, what hobbies we pursue – our friends and classmates comment on it all. For a lot of young women, those opinions can make a girl doubt herself and her choices. But at some point, a young woman needs to recognize that she is in control of her own choices, her own health, and her own body. And we need to champion that message.

Together, every one of us can gain the knowledge to help a friend, a loved one, or ourselves. Remember, your life is all about you. Respect yourself, your health, your body.

Teen girls are saying they are pressured to become sexually active. The pressure is all around them – on TV, movies, online, friends, or a boyfriend.

As a high school student, I deal with the pressures teen girls face. In high school, many students view sex as the norm. They feel it is the grown up thing to do. Some think they are in love and it is meant to be.

Girls need to remember to listen to themselves regarding intimacy. Do they feel ready? If so, have they taken precautions by obtaining birth control? Do they want to wait, but feel pressured by their boyfriends?

Girls need to recognize that it is important to feel ready emotionally and physically before becoming sexually active. They need to put their needs for safety and security first, over the desires of their partner. Young women need to feel like whatever the decision – to be abstinent or sexually active – it is her choice, based on what is right for her, regardless of what her friends and peer group may be doing.

Teen girls need to be educated about sexuality, health, and choices. It’s not to tell them what is right and wrong, but to empower them.

Moms, aunts, grandmas, cousins, and friends can make a difference. Have an “It’s All About Me” girls night out. Let your girls know you are available to listen and answer any questions they may have about sexuality and choices. Empower them to respect themselves, their health, and their bodies. Let them know, it’s all about them!

photo by Agapao Productions
compact reflection

by Heather Sullivan

This is my assignment for class: to peer into this looking glass and see myself objectively, or perhaps I am supposed to discover some hidden nuance or flaw revealed only by such close inspection.

But this is what happens when I remove the compact from my pocket: instantly, (as I knew she would) my daughter spies the silvery disk. What’s this? she whispers while counting the bright smiley faces that decorate both sides of the circle’s surface.

She pries it open with her little finger, nail flecked with crimson glitter, Mama, it’s a mirror just like the one in your purse! She prances down the hallway, disappears around a corner, then clomps back in her favorite pair of my too-big platform shoes, pink sequined sack like a cloud of cotton candy slung over her shoulder just so.

Her stance: balanced confidence; her sweet brown eyes ready to drink up the world.

Of course, I will let her keep it: there is no sense in searching when my reflection is already standing before me.
The Power of Girl Strength in Providence
building healthy relationships

by Kalyana Champlain

“Being sexual [should not be looked at as negative thing – it is not a bad thing], being sexual is part of who we are and should be talked about as positive and is a good thing. However, girls typically receive messages that the only value they have is their sexuality when that is only a part of you. So we let them know . . . that being a sexual person is absolutely ok, but [reminding them] that it is only a part of who you are.”

These are the words of Sandra Malone, creator of the program GirlStrength, a part of Day One, in Providence, and an endeavor to empower young women through education. Malone has worked for Day One for over 17 years, beginning as a volunteer and moving to coordinator of prevention education. With a focus on primary prevention (stopping abuse before it begins), she creates a positive approach to educating young women about who they are and how to reduce risks and prevent violence.

Dispelling media images, exposing myths, and creating new images, GirlStrength “provides an environment where young women ages 11-14 can discuss everything from social bullying to sexual assault.” It provides a space to learn how to build healthy relationships and warning sign awareness. She believes that outreach in middle school provides a more positive high school experience, while still believing that education for high school girls is just as important.

“I see education as true empowerment,” says Malone, holder of a BA in education and MA in counseling. “These young women are excited to talk about these things. Here they have a safe environment to do so.” Given a journal, these young women begin to discuss things such as: What does self-esteem look like? Body image, gender stereotyping, and media affects on these issues. She stressed the importance of dialogue throughout this process and has seen many “light bulb moments.”

“Many young women and men do not really understand what qualifies as sexual assault and abuse. They don’t think of language or behaviors and think its just forced sexual contact or penetration and usually by a stranger . . . not [being] coerced by someone you know or like . . . Adolescents do not typically disclose abuse – Maybe you were drinking or high, doing something you shouldn’t be doing, or being someplace you were not supposed to be – and then you are afraid to tell someone because you may get in trouble . . . So all those things, the education part and understanding those issues, can really reduce – if not prevent – a lot of sexual assault from taking place.”

Tough subjects such as culture, power, and privilege are part of the discussions. “We can ask: Who has control in most of the school cliques/groups? Why? . . . How can this affect us?” Malone believes that by empowering young women internally, they can have greater opportunities to control the circumstances externally.

A fairly new program that started in spring of this year, I asked Malone what she hopes for its outcomes and future. Her reply? “We want the girls to carry this on . . . to create something, a call to action, where they can inspire other girls and impact their peers to empower them as well.”

Kalyana Champlain is a freelance writer, spoken word poet, and independent recording artist. She received a MA in communication studies at URI. Champlain is part of the Isis Storm Project, a collective of women using art as a tool of empowerment. She has an album releasing on August 26. For details, visit www.5thelament.com.
As a society we don’t want to talk about youth having sex, or the fact that nearly half (46%) of all 15–19-year-olds in the United States have had sex at least once. Or the fact that of the 18.9 million new cases of STIs each year, 9.1 million (48%) occur among 15–24-year-olds. Or that a sexually active teen who does not use contraceptives has a 90% chance of becoming pregnant within a year. We just don’t want to talk about it.

And it seems to me that the stigma around teen pregnancy results in many things including a lack of dialogue between parents and children about sexuality, teens not getting in to see doctors so they have adequate prenatal care and real options, illegal abortions, pregnant girls dropping out of school, children living in poverty, and a host of consequences to the children of teen parents. There’s a real lack of dialogue.

Many people know of the YWCA as a leader for social justice, so it’s obvious that we would take on a leadership role in the teen pregnancy discussion. We want to talk about it.

In 2008, we held a series of eight community conversations about raising sexually healthy children.

Last year we applied for and received a strategic planning grant from The Rhode Island Foundation to develop a statewide, science based, comprehensive plan to prevent teen pregnancy and support young families.

During the past nine months we held community meetings, consulted with local, regional and national experts, met with young families, parents, educators, and health officials, and conducted research and gathered data. We also formed The Rhode Island Alliance, a non-profit whose mission is to reduce rates of unwanted pregnancy among teens in Rhode Island and to support pregnant and parenting teens and their children to optimize health and educational outcomes.

But we cannot do this work alone, more people need to be involved, more people need to be engaged in a statewide conversation about developing strategies and action plans for reducing the rates of teen pregnancy and empowering young families. Maybe you’re uncomfortable talking about sexuality, teen pregnancy, and adolescent development, but it’s necessary . . . if you truly want to shape the future for our children and their children you need to talk about it. Just sayin’.

Deborah L. Perry, Executive Director
YWCA Northern Rhode Island

Source: Guttmacher Institute, www.guttmacher.org
I got tested for HIV.

Why? Because I'm in control of my health.

Don't wait for your doctor to bring it up.

One in five Americans who are infected with HIV doesn't know it.

It's your life. It's your body. Get tested for HIV.

15,000 American women are infected with HIV every year. By finding out early if you are HIV-positive, you can begin treatments now that can help you stay healthy. Free and confidential or anonymous tests are available. To find an HIV testing site near you, go to www.hivtest.org, call 800-232-4636, or send a text message with your Zip code to “KNOWIT” (566948).