SEVENTH/EIGHTH GRADE
LESSON XI
TEEN PREGNANCY

Objectives
Students will
• Discuss the consequences of teenage pregnancy and responsibilities of parenthood
• Discuss pregnancy prevention

Concepts
1. Adolescent sexual involvement can hinder the potential of the teenager. Physical concerns, such as disease and pregnancies, and emotional concerns, such as guilt and apprehension, can add unnecessary pressures to growing up.
2. Pregnant teens have many difficult and serious decisions to make, such as
   A. terminate pregnancy
   B. deliver baby (parenting the child)
   C. deliver the baby (adoption)
   D. marry
   E. continue schooling
   F. support baby financially
   G. living arrangements
   H. other financial concerns
3. A decision to be sexually active requires responsible behavior. That decision plus a contraceptive “misuse” or lack of use may cause a variety of serious problems.

Materials
• “Teenage Parenting” worksheet
• Contraceptive List and Chart

Activities
2. Discuss differences between a teenage pregnancy (which probably was unplanned) and a planned pregnancy within a marriage.
3. Read and discuss the Contraceptive List and Chart.
4. Discuss “misuse” of contraception and the possibility of serious problems that may result.
5. Review the advantages of abstinence.
6. Discuss decisions made relating to an unplanned teen pregnancy: considerations must be made for individual personal/moral and religious values. All decisions are serious and difficult ones.
7. Using the following information, discuss the effectiveness, and convenience of birth control methods against pregnancy and Sexually Transmitted Infections.
8. Exceptional Education Inclusion Activities
   A. Read the worksheets to the students.
   B. Have the students make a list of items a baby needs and the cost using a catalog.
CONTRACEPTIVE LIST

A. Birth Control Pill-a hormone in the pill suppresses the release of FSH from the pituitary gland and therefore reduces the chance of ovulation (very effective), or thickens cervical mucus to prevent sperm from joining the egg. It does not protect against STDs
B. Nonoxinol 9 is a spermicide found on some condoms
C. Spermicide is a foam, cream, jelly, film, or suppository that is inserted deep into the vagina shortly before intercourse to immobilize sperm and keep them from joining the egg
D. Diaphragm, Cap and Shield are prescription barrier methods that are a soft rubber, latex, or silicone barrier that covers the cervix and blocks sperm from entering the uterus
E. Contraceptive sponge-a non-prescriptions, soft, round shaped sponge that contains a spermacide which kills sperm. Sponge may be inserted well ahead of intercourse and may be left in after intercourse.
F. Withdrawal-the act of withdrawing the penis from the vagina before ejaculation; a form of birth control that is not recommended for teens
G. Douching-rinsing out the vagina-not effective, not recommended
H. Intra-Uterine Device (IUD) a small plastic T-shaped device that is inserted into the uterus and keeps sperm from joining the egg. An IUD becomes effective when inserted and remains effective until removed.
I. Condom (male) A thin sheath of rubber or animal tissue that prevents sperm from entering the vagina. Many contain spermicide. Condoms, when used correctly, provide some protection against STIs, either gender may use them. (Female) -a lubricated loose-fitting pouch that lines the vagina and is designed to created a physical barrier against sperm and sexually transmitted diseases by surrounding the penis during intercourse. The female condom is about three inches wide and six to seven inches long (larger than a male condom) with a flexible ring at each end. The female condom is inserted by hand into the vagina up to eight hours before intercourse.
J. Fertility Awareness-Based Methods (Rhythm Method) - involves determining the fertile days of a woman’s menstrual cycle and not having intercourse during those days. Also known as natural family planning.
K. Implants - Lovonorgestrel implants consisting of six flexible plastic capsules, each about the size of a cardboard match, inserted by a specially trained health care provider under the skin of the upper inside part of one arm. The implants are usually inserted during the first seven days of a menstrual cycle.
L. The Shot (DMPA or Depo-Provera) is injected in a muscle of the patient’s arm or buttock, and during the next three months, the hormone slowly diffuses out of the muscle into the bloodstream. It prevents pregnancy by halting ovulation, thickening the cervical mucus and stopping the implantation of fertilized eggs in the uterine lining.
M. The Patch (Ortho Evra) is a thin plastic patch on the skin of the buttocks, stomach, upper arm or upper torso once a week for three weeks in a row. It will release hormones that protect against pregnancy for one month.
N. The Ring is a small flexible ring inserted into the vagina for three weeks and removed for the fourth week. It releases combined hormones that protect against pregnancy for one month. It usually prevents ovaries from releasing an egg or thicken cervical mucus to prevent sperm from joining egg
O. Cervical Cap (similar to diaphragm and shield) is a latex cup sold by prescription. It fits over the cervix and is always used with a spermicidal cream or gel. Obtaining a cap requires a pelvic examination, Pap test, and fitting by a health care provider. It is thimble shaped.
P. Vasectomy is male sterilization that involves cutting the vas deferens so no sperm will leave the testes.
Q. Tubal ligation is female sterilization done by cutting and tying off the fallopian tubes so no eggs reach the uterus.
## FAMILY PLANNING CHART

<table>
<thead>
<tr>
<th>METHODS OF EFFECTIVENESS</th>
<th>HOW IT WORKS</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>Sperm never enters vagina; egg cannot fertilize.</td>
<td>No cost or side effects; 100% effective against HIV and other sexually transmitted diseases.</td>
<td>None</td>
</tr>
</tbody>
</table>

**Fertility Awareness-Based Method (Rhythm Method)**

Minimally effective if not carefully adhered to. 75-99% effective

- Abstinence during mid-cycle days when women most likely get pregnant.
- Does not require use of contraceptive devices.

- Careful records must be kept; requires restraint from both partners. Identification of date of ovulation not totally reliable especially for teens. Various factors can affect cycle. Not effective if woman’s cycle is irregular.

| Female and male condom with spermicide. 75-95% effective when used together. | Prevents transmission of sperm during intercourse. Spermicide kills the sperm. | No medical prescription needed; available in most pharmacies and grocery stores. **Condoms and Abstinence are the only forms of birth control to offer some protection against HIV or other STIs** | Spermicides may cause an allergic reaction. Condom may leak, split, or slip off on withdrawal unless held carefully. |

| Vaginal Sponge 80% effective | A round sponge about 2” in diameter. It is loaded with spermicide; prevents sperm from fertilizing the egg. | No medical prescription is needed; available in most pharmacies and grocery stores. May be difficult to remove; may cause an allergic reaction or infection if not removed, due to high spermicide concentration. | |

| Diaphragm, cap, or shield. 84 - 94% effective when used with a | A soft rubber cup that covers the cervix and blocks sperm from | No side effects; can be inserted up to six hours prior to intercourse. May be difficult to insert and remove; may move during sex; must be in place | |


<table>
<thead>
<tr>
<th>Method</th>
<th>Action</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spermicide and fitted properly</td>
<td>entering the uterus. It should always be used with a spermicide.</td>
<td>for 8 hours after sex. Must be prescribed by a medical professional. Weight gain or loss necessitates a refitting.</td>
<td></td>
</tr>
<tr>
<td>Intra-Uterine Device (IUD) 99.4 - 99.9%</td>
<td>Prevents sperm from joining with egg or fertilized egg from implanting in uterus wall.</td>
<td>Low cost; no need for other contraceptive measures once in place.</td>
<td>Medical screening and 30-day waiting period required; may prevent ability to conceive in the future; generally not recommended for women who have not had children.</td>
</tr>
<tr>
<td>Oral Contraceptives “The Pill” 92%-99.7%</td>
<td>Stops the egg from being released and/or makes the cervical mucus thick and difficult for sperm to move through.</td>
<td>Highly effective if taken each day; may reduce menstrual cramps.</td>
<td>May cause bleeding in between periods; may delay the release of eggs for a period of time after it is stopped. Research links use with increase incidence of heart attacks, strokes and certain kinds of cancer.</td>
</tr>
<tr>
<td>Implants 99% effective</td>
<td>Works similar to “The Pill” except it is time released into the body. They are small matchstick-size containers inserted under the skin in the upper arm on the inside.</td>
<td>Extremely effective; only needs to be replaced every 3 years.</td>
<td>The skin must be cut in order to insert the containers. May be less effective when combined with some other medications or supplements. Could prevent conception long after removed.</td>
</tr>
<tr>
<td>The Shot (DMPA or Depo-Provera) 97 - 99%</td>
<td>Injected every 3 months into the buttocks or arm. Contains hormones to prevent conception.</td>
<td>Highly effective. Only needs to be re-given every three months.</td>
<td>May cause sterility long after use is discontinued.</td>
</tr>
<tr>
<td>Method</td>
<td>Description</td>
<td>Benefits</td>
<td>Side Effects</td>
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<tr>
<td>Spermicides</td>
<td>Inserted into the vagina shortly before intercourse to immobilize sperm and keep them from joining egg</td>
<td>May be bought over the counter</td>
<td>May be messy and irritate skin</td>
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<tr>
<td>The Ring (NuvaRing)</td>
<td>The ring is inserted into the vagina for 3 weeks and releases hormones that prevent ovaries from releasing egg or sperm from joining egg</td>
<td>Does not require fitting, last for one week, worn continuously,</td>
<td>Increased vaginal discharge, vaginal irritation or infection</td>
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<tr>
<td>The Patch (Ortho Evra)</td>
<td>A patch worn on the skin that releases hormones to prevent ovulation or sperm joining with egg</td>
<td>Protects against pregnancy one month, no pill to take,</td>
<td>Skin irritation, cramps, may not be effective is weight is more than 198 lbs.</td>
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<tr>
<td>Tubal Ligation</td>
<td>Surgery to close fallopian tubes. Prevents egg from entering; there tubes; therefore cannot be fertilized.</td>
<td>Eliminates need for contraceptives</td>
<td>Generally non-reversible outpatient surgery.</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>Surgery to cut vas deferens which prevents sperm from being ejaculated.</td>
<td>Eliminates need for contraceptive devices after genital tracts are free of sperm.</td>
<td>Outpatient surgery. May not be reversible.</td>
</tr>
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Effectiveness is drastically reduced in all methods if they are not used as directed by a doctor or by package directions.
TEENAGE PARENTING

Directions: Pretend that you are 16 years old and have found out that you are pregnant, or have fathered a child. Complete the following worksheet with that in mind.

1. Think about all the choices available. In your own personal situation, what would be difficult about raising the child and becoming a single parent?

2. Are you physically at peak health in preparation for a baby? (vitamins, immunizations, folic acid, regular medical care, infection free)

3. Now think about your family. How might your family feel about the pregnancy?

4. What choice do you think your family would suggest for you? Why?

5. What choice do you think your friends might suggest? Why?

6. List some people or places you could go to for help.
   a.
   b.
   c.