LESSON

2

Reproductive Health and Disease Education Unit

Abstinence, Birth Control, and Consequences of Teen Pregnancy

HEALTH SKILLS - PERFORMANCE SCALE – HOPE Course – Lesson 2

Learning Goal Outcome from State Standards:
Demonstrate ability to comprehend and use concepts for health promotion, disease prevention, interpersonal skills and decision-making to reduce or avoid health risks.

Lesson 2 Learning Goal Target:
Explain responsible interpersonal, decision-making, and prevention skills in order to reduce or avoid reproductive health risks

Directions: Using the Performance Scale checklist below. **Start at Level 1**, check off those you can do and work on those you need more practice. Then move up the levels as you build both knowledge and skill competency. Time and practice may be necessary to reach Target Mastery at level 3.

Level	Learning Target Tasks: I can: ✓
4 beyond desired effect	○ Demonstrate understanding of the skills needed to be responsible decision-makers regarding our health behaviors and choices ○ Demonstrate understanding of reproductive health risks and prevention of disease
3 level of desired goal	**Explain responsible interpersonal, decision-making, and prevention skills in order to reduce or avoid reproductive health risks.** ○ Explain the skills needed for strong decision-making and prevention of reproductive health risks ○ Explain the use of interpersonal skills to reduce or avoid reproductive health risks
2 This is the **foundational** level tasks, practice of skills, cues, vocabulary needed to get to required goal	○ Explain risks and consequences of teenage pregnancy ○ Understand how our health behavior decision-making can either increase our health risks or decrease them ○ Explain key highlights of pregnancy (and disease) prevention ○ Explain some benefits to delaying sexual activity ○ Explain some ways to reduce reproductive health risks ○ Understand that abstinence is the only 100% effective way to prevent pregnancy and sexually transmitted infections and diseases ○ Identify some advantages and disadvantages to various birth control methods ○ Identify the different contraception/birth control categories ○ Identify some life skills and how they relate to decisions associated with reproductive health and disease prevention
1 Beginning cognitive and physical	○ Recognize that abstinence is the only 100% effective way to prevent pregnancy and STIs ○ Recognize how decisions impact physical, mental/emotional, intellectual, social, financial, spiritual etc. dimensions of health ○ Recognize some strong self-esteem/self-worth characteristics ○ Recognize some responsible health decisions ○ Recognize some life skills critical to reproductive health and growth and development

START HERE — CHECK OFF THOSE YOU CAN DO

Lesson Learning Targets:

I can:

- Identify that abstinence is the only 100% effective method to prevent pregnancy and sexually transmitted infections
- Identify the benefits of abstinence
- Identify different types of contraception and their effectiveness at preventing pregnancy and STIs
- Identify risks and effects associated with teen pregnancy

Lesson Start Up



- Which 10 of the life skills provided in the word cloud, or any others you may think of, would be good to develop as a teen?
- Explain why?

Benefits of Abstinence

- Abstinence is refraining from all sexual activities.
- Sexual activity increases your health risks and can have lifelong impacts, such as teen pregnancy, STIs/STDs, and various effects beyond your physical health, including mental/emotional, intellectual, social, spiritual, and financial impacts.
- There are many benefits to refraining from sexual activities prior to marriage, some may include out of wedlock pregnancy, sexually transmitted diseases, and possible emotional, familial, social, physical health issues, and financial hardships.
- Florida Statute requires teaching abstinence from sexual activity outside of marriage as the expected standard for all school-age students as well as the benefits of monogamous heterosexual marriage.

Contraception

Contraception, or birth control, includes a variety of methods used to prevent an egg from being fertilized by a sperm cell. A majority of American men and women who are sexually active use some type of birth control, but no single contraceptive method is best for everyone. Decisions about contraceptive use should take into account many factors, including cost, side effects, effectiveness, convenience, ease of use, and protection against both pregnancy and sexually transmitted infections (STIs). The only contraceptive that is 100 percent effective against both pregnancy and STIs is abstinence—refraining from vaginal sex, oral sex, anal sex, and naked genital-to-genital rubbing ("outercourse").

Before using any contraceptive, make sure to read all of the directions and information on the packaging. If you have further questions contact a medical care provider.

Contraceptives fall into four main categories: barrier, hormonal, informational, and permanent. As their name suggests, barrier contraceptives create a barrier that blocks sperm from entering the female's cervix (neck of the uterus); they include female condoms (figure 9), male condoms (figure 9) , diaphragms (fit over the cervix to provide a barrier) (figure 10), cervical caps (figure 10), sponges (figure 11), and spermicides (figure 12).

Hormonal methods of contraception usually use estrogen and progestin together; some use progestin only. They can be administered in various forms such as a pill (figure 13), skin patch (Ortho Evra), shot (Depo-Provera), or intrauterine device (IUD) (figure 14). Hormonal contraceptives such as the birth control pill can also be used to ease menstrual pain or regulate the menstrual cycle, and some doctors prescribe birth control pills for acne and other medical conditions.

Pause and Read Text



FIGURE 9 Female condom (top) and male condom (bottom).



FIGURE 10 Cervical cap (left) and diaphragm (right).



FIGURE 11 Contraceptive sponge.



FIGURE 12 Tube of spermicide jelly.



FIGURE 13 Birth control pills. Bill Crump/ Brand X Pictures

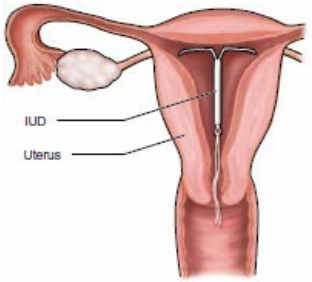


FIGURE 14 Placement of the IUD in the uterus.

Contraception

- **The only contraceptive that is 100% effective against pregnancy and STIs is abstinence**
- Contraception is defined as the deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse.
- Contraception includes a variety of methods used to prevent an egg from being fertilized by a sperm cell.
- If making decisions on contraception, consider the following: cost, short and long-term side effects, effectiveness, convenience, ease of use, and protection against pregnancy and sexually transmitted infections (STIs).

Pause and Read Text

The third category—informational contracep-tion—includes fertility awareness and withdrawal (see table 1 for more about these and other methods of contraception). These approaches do not work as well as the barrier and hormonal methods—especially with teens—as the fertility awareness method is only effective with a woman who has a regular menstrual cycle. Many teen girls do not have a regular menstrual cycle and the withdrawal method is difficult sometimes since the man must withdraw his penis prior to ejaculation. Sperm can be present even prior to ejaculation.

Permanent contraceptive methods include **female sterilization** and male sterilization (**vasectomy**) (see figures 16 and 17). These methods are used by adults who do not wish to have any more children. See table 1 for a listing of contraceptives and their advantages and disadvantages.

At different stages of people's lives, they may have different needs for contraception. Some people, for example, choose a particular method (e.g., condom use) because they wish to prevent both STIs and pregnancy.

FIGURE 16 One method of female sterilization is a laparoscopic procedure where the fallopian tubes are cut or blocked to prevent eggs from reaching the uterus.

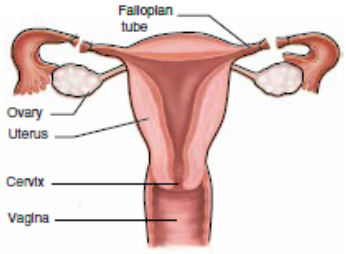
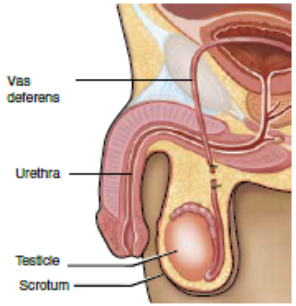


FIGURE 17 In a vasectomy, the vas deferens is cut or blocked to prevent sperm from being ejaculated.



Surgical methods (sterilization), on the other hand, are generally chosen by people who already have the size of family they want.

Given the importance of your decisions about whether and when to use contraception, you should make them in consultation with someone who is knowledgeable about the pros and cons of each method. That person might be a parent, teacher, school counselor, older sibling, medical professional, or other trusted individual. Of course, it is also extremely important for you to communicate with your sexual partner about your wants, needs, and expectations. Becoming sexually active shouldn't be determined by statistics or by what others do; it should be determined by your values, your relation-ship with your partner, and other determinants that are important to you and your partner. After all, it's your health and your future at stake.

Unfortunately, much inaccurate information is available on the web, in the media, and from friends and peers; therefore, you need to be careful about where you get your information. This book's chapter titled Health Care Consumerism offers you some guidelines for finding reliable and useful information.

Three Categories of Contraceptives

1. Barrier: blocks sperm from entering female's cervix
2. Hormonal: uses estrogen and progestin together or progestin only
3. Informational: female and male must be very aware of their bodies

Example Contraceptives

1. Barrier: male condom, female condom, diaphragm, cervical cap, sponge, spermicide
2. Hormonal: birth control pill, skin patch (Ortho Evra), shot (Depo-Provera), intrauterine device, (IUD)
3. Informational: fertility awareness

Pause and Read

Text Supplement 2.b

TABLE 1 Birth Control Methods: Advantages and Disadvantages

Type	Advantages	Disadvantages
Barrier contraceptives		
Male condom—covers the penis with a sheath of thin material (usually latex). It is about 85 percent effective in preventing STIs and pregnancy.	• Protects against both pregnancy and STIs • Readily available • Inexpensive	• May reduce sensitivity • Disrupts spontaneity • Must be used correctly to be effective
Female condom—lines the vaginal canal and collects sperm-containing fluid that is present before, during, or after ejaculation. It has a flexible ring at each end, one of which is closed and is inserted into the vagina, and the other of which is open and stays on the outside of the female's body. It is about 79 percent effective in preventing STIs and pregnancy.	• Protects against both pregnancy and STIs • Can be inserted up to eight hours before intercourse • Does not require a prescription	• May be difficult to use effectively • May not stay in place during intercourse • Is more expensive than the male condom
Diaphragm—latex rubber covering for the cervix. The diaphragm is used with a spermicide, and this combination is about 84 percent effective in preventing pregnancy.	• Can be inserted up to six hours before sex • Can be used just prior to sexual intercourse	• No STI protection • May increase frequency of vaginal infection • Must be fitted by a health care professional
Cervical cap—covering for the cervix (similar to a diaphragm). When used with spermicide, this approach is about 86 percent effective in preventing pregnancy in females who have not had children. It may be less effective for women who have given birth due to changes in the cervix.	• Can be inserted several hours before sex • May be more comfortable due to smaller size as compared to the diaphragm • Can be used just prior to sexual intercourse	• No STI protection • May increase frequency of vaginal infection • Must be fitted by a health care professional
Sponge—pillow-shaped product made of polyurethane foam that contains spermicide and fits snugly over the cervix. This approach is about 84 percent effective in preventing pregnancy in females who have not had children. It may be less effective for women who have given birth due to changes in the cervix.	• Can be inserted up to 24 hours before intercourse • Can be used just prior to sexual intercourse as well • No prescription needed (one size fits all)	• No STI protection • May increase the frequency of vaginal infection • May cause skin irritation
Spermicide—substance that kills sperm by means of the active ingredient nonoxynol-9. Forms include jellies, foams, films, and suppositories. Spermicides are inserted into the vagina and create a barrier at the cervix while killing sperm. Spermicide use is only about 71 percent effective in preventing pregnancy.	• Can be used just prior to sexual intercourse • Available over the counter • Inexpensive • Can increase the effectiveness of other contraceptive methods when used in combination	• No STI protection • May cause skin irritation
Hormonal contraceptives		
Pill—combination of estrogen and progestin delivered into the female body orally. Birth control pills must be taken at the same time each day. The Pill is about 92 percent effective in preventing pregnancy.	• Highly effective • Reduces menstrual cramps • Often results in regulated, lighter, and shorter menstrual periods	• No STI protection • Various possible side effects • Must be taken every day at approximately the same time
Patch—flexible application (as thin as a bandage) placed in one of four areas: outer side of upper arm, upper torso, buttocks, abdomen. The patch releases a combination of estrogen and progestin into the body through the skin. It must be changed once a week. It is about 92 percent effective in preventing pregnancy.	• Highly effective • Reduces menstrual cramps • Often results in regulated, lighter, and shorter menstrual periods	• No STI protection • Various possible side effects • Possible adverse reaction to the adhesive

Text Supplement - Page 8

Text Supplement 2.b (continued)

TABLE 1 > continued

Type	Advantages	Disadvantages
Shot—progestin-only injection most commonly known as Depo-Provera. The shot protects against pregnancy for 3 months. It is about 97 percent effective in preventing pregnancy.	• Highly effective • Reduces menstrual cramps	• No STI protection • Various possible side effects • Aversion to shots in some people
Intrauterine devices (IUD)—small T-shaped device inserted into the uterus to prevent pregnancy. The IUD is about 98 percent effective in preventing pregnancy.	• Long lasting form of birth control (up to 12 years) • Hormonal IUDs may reduce period cramps and reduce menstrual flow • Effective immediately upon insertion	• No STI protection • Must be fitted by a health care professional
Informational contraceptives		
Fertility awareness—information provided to help couples achieve or prevent pregnancy. The four methods are calendar rhythm, standard days, ovulation, and symptothermal. In order to prevent pregnancy, users must understand the female reproductive system and the menstrual cycle in order to know when the woman is fertile and abstain from intercourse during this time. Fertility awareness methods are approximately 78 percent to 88 percent effective, depending on which approach is used.	• No medicine to take • No side effects • Increased knowledge of the female fertility cycle	• No STI protection • Difficult to use if a person is unable to correctly interpret fertility signs or has an irregular menstrual cycle

Barrier Contraceptives

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Patch—flexible application (as thin as a bandage) placed in one of four areas: outer side of upper arm, upper torso, buttocks, abdomen. The patch releases a combination of estrogen and progestin into the body through the skin. It must be changed once a week. It is about 92 percent effective in preventing pregnancy.	• Highly effective • Reduces menstrual cramps • Often results in regulated, lighter, and shorter menstrual periods	• No STI protection • Various possible side effects • Possible adverse reaction to the adhesive
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Teen Sexual Activity and Contraception Use Quick Quiz

- What percentage of teens are reporting having had sex?
  - Age 15
  - Age 16
  - Age 17
  - Age 18
- What percentage of teens report using contraception the first time they had sex?
  - Male versus Female

Teen Sexual Activity and Contraception Use Quick Quiz

- What percentage of teens are reporting having had sex?
  - Age 15 = 16 percent
  - Age 16 = 33 percent
  - Age 17 = 48 percent
  - Age 18 = 61 percent
  - **The majority of teens age15-17 are still abstaining.**
- What percentage of teens report using contraception the first time they had sex?
  - Male = 85 percent
  - Female = 78 percent
- Most common contraceptive used during first-time intercourse is the male condom.
  - *Remember the only 100% effective protection is abstinence.*

Predict and Report

- Predict and record in your notes what you think might be potential consequences for:
  - (1) Teens Dealing with Pregnancy
  - (2) A Child Born from a Teen Pregnancy
  - (3) Community Impact from Teen Pregnancies
- Read the text, "Adverse Effects of Teen Pregnancy" and record the highlights that address these 3 areas in your notes
- Discuss what disparities might have been evidenced from your prediction to your findings.

Text Supplement 2.c.

Consequences of Teen Pregnancy

The high social and economic costs of teen pregnancy and childbearing can have short- and long-term negative consequences for teen parents, their children, and their community. Through recent research, it has been recognized that pregnancy and childbirth have a significant impact on educational outcomes of teen parents.

- By age 22, only around 50 percent of teen mothers have received a high school diploma and only 30 percent have earned a General Education Development (GED) certificate, whereas 90 percent of women who did not give birth during adolescence receive a high school diploma.
- Only about 10 percent of teen mothers complete a two- or four-year college program.
- Teen fathers have a 25 to 30 percent lower probability of graduating from high school than teenage boys who are not fathers.

Children who are born to teen mothers also experience a wide range of problems. For example, they are more likely to:

- have a higher risk for low birth weight and infant mortality;
- have lower levels of emotional support and cognitive stimulation;
- have fewer skills and be less prepared to learn when they enter kindergarten;
- have behavioral problems and chronic medical conditions;
- rely more heavily on publicly funded health care;
- have higher rates of foster care placement;
- be incarcerated at some time during adolescence;
- have lower school achievement and drop out of high school;
- give birth as a teen; and
- be unemployed or underemployed as a young adult.

These immediate and long-lasting effects continue for teen parents and their children even after adjusting for the factors that increased the teen's risk for pregnancy—e.g., growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having low attachment to and performance in school.

Teen pregnancy costs U.S. taxpayers about $11 billion per year due to increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers. Some recent cost studies estimate that the cost may be as high as $28 billion per year or an average of $5,500 for each teen parent. The majority of this cost is associated with teens who give birth before age 18.

Summary Activity

- Discuss the health risks associated with choosing to engage in sexual activities or choosing to abstain.
- Using this organizer or something similar, record any health risks related to choosing abstinence or other sexual choices under each component of health and wellness listed.
- Complete 2 together as examples.

	Physical Health	Mental/Emotional Health	Social Health	Financial Health	Spiritual Health
Abstinence risks		-anxiety from pressures			
Sexual Activity Risks	- Pregnancy		- Losing friends from pregnancy/ responsibilities of being parenting		

HEALTH SKILLS - PERFORMANCE SCALE – HOPE Course – Lesson 2

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Lesson 2 Learning Goal Target:
Explain responsible interpersonal, decision-making, and prevention skills in order to reduce or avoid reproductive health risks

Directions: Using the Performance Scale checklist below. **Start at Level 1**, check off those you can do and work on those you need more practice. Then move up the levels as you build both knowledge and skill competency. Time and practice may be necessary to reach Target Mastery at level 3.

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4 beyond desired effect	○ Demonstrate understanding of the skills needed to be responsible decision-makers regarding our health behaviors and choices ○ Demonstrate understanding of reproductive health risks and prevention of disease
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