

SEXUALITY, STD AND PREGNANCY PREVENTION

SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skill assessment, review it with your team and identify those skills you would like to strengthen.

	<i>I do not know about this</i>	<i>I need to know more about this</i>	<i>I know about this</i>
1. Know the myths and facts about sex.			
2. Know the risks and facts regarding STD's, including HIV/AIDS.			
3. Know how to say "no" to a boyfriend/girlfriend who wants to get more sexually involved than I do.			
4. Know that one can love somebody without having sex.			
5. Am aware of consequences of teen pregnancy.			
6. Know that parenting is a lifelong responsibility.			
7. Know how to prevent pregnancy and sexually transmitted diseases.			
8. Know where to turn for help with questions or problems with STD's.			
9. Know where to turn for help with questions about pregnancy.			
10. Know what ovulation is.			
11. Know when during a woman's menstrual cycle ovulation occurs and she can get pregnant.			
12. Know that there are a number of birth control methods for males and females <u>and</u> the advantages and disadvantages of each.			
13. Understand that pregnancy occurs when a male sex cell (sperm) unites with a female sex cell (ovum/egg).			

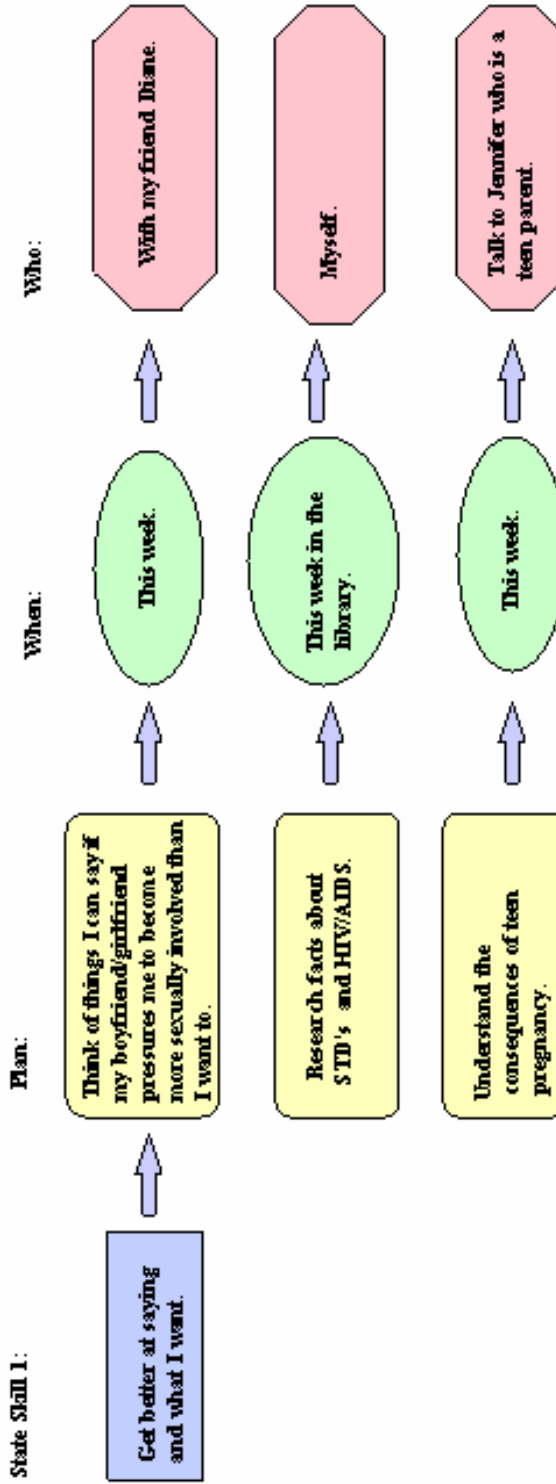
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14. Understand that a missed period following sexual intercourse may mean pregnancy.
15. Know why some condoms are more effective than others in preventing pregnancy.
16. Know what sexually transmitted diseases (STD's) are, how to protect against them and which ones are curable.

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You have now completed the assessment section and identified those pregnancy and STD prevention skills that you would like to strengthen in order to make better decisions on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop, and with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

EXAMPLE
GOAL: WORK ON PREGNANCY & STD PREVENTION



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GOAL: WORK ON PARENTING SKILLS

State Skill 1:
To be developed
and/or improved.



Plan:
How do you plan to learn,
develop and improve this skill?



When:
When, where, and how often will you
work on this skill and by when will you
have mastered this?

Who:
Who will assist you?

State Skill 2:
To be developed
and/or improved.



Plan:
How do you plan to learn,
develop and improve this skill?



When:
When, where, and how often will you
work on this skill and by when will you
have mastered this?

Who:
Who will assist you?

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SEXUALITY

Adolescence is a time of sexual awakening. During your teen years, you will discover in yourself a whole new range of sexual interests, feelings, and urges due to the maturation of the sexual and reproductive systems in your body. You will become aware of your own sexual orientation which most psychologists agree has been set since the age of five or six, and you will experience sexual attraction based on that orientation. The issues of relationships and sexuality are very complex. They not only include your physical development, but your personal skills, cultural issues, and expectations as well. You will face important decisions about relationships and intimacy which will have a great impact on the rest of your life. You have to be prepared to make them!

Making the right decisions and choices may prevent you from getting hurt, engaging in unhealthy or destructive relationships, an unwanted pregnancy, and sexually transmitted diseases. Many of you probably struggle with your own identity and expectations in regard to relationships and sexuality. Some of you might have made some poor choices. However, many skills to make good decisions which promote healthy relationships can be learned and will be addressed in the following section.

Myths and Misconceptions

Knowledge about yourself and personal skills regarding relationships and love form the foundation to develop a healthy sexuality. Unfortunately, the term “sexuality” is often misunderstood as “sleeping with someone.” Like relationships in general, the issue of sexuality is not about having sex. Sexuality includes how we deal with our sexual feelings and the decisions and boundaries that we make. It involves respect, communication, and the many ways we can give and receive love. Sex is glorified through the media, through movies and television, and we encounter many messages about sex throughout the day whether we like it or not.

Why do you think that is?

There are many myths and misconceptions about sex. All too often people think that love and sex are interchangeable when they are really two vastly different notions.

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How do love and sex differ?

- Is it possible to have a healthy sexuality, love someone, and not sleep together? **Absolutely!**
- A second common misconception is that everyone is having sex and it really isn't a big deal. A recent study shows that more and more teens decide to wait to have sex until they are older or get married. Sex is a complex and intimate step to take, one which requires not only physical maturity but emotional and mental maturity as well.
- A third misconception is that sex is always a wonderful and pleasurable experience. The truth is that often, particularly if you are not ready, it is not and you will end up getting hurt. Making the right decisions about sex is more important than ever, not only to protect you from negative experiences or unwanted pregnancy, but also from potentially deadly sexually transmitted diseases.
- Some people might think that having sex will help to keep someone in a relationship. The reality is that if a relationship is not working without sex, it won't work anyway. Sex has so many complex implications that it can be disastrous for a relationship that isn't on solid ground.
- Another misconception is that some people try to become closer and find love through sex. The act of sex itself will not provide anyone with the love they are looking for.
- People will often feel that they have to live up to their partner's expectations. They might believe that if their boyfriend or girlfriend is ready to have sex, they should be ready as well. The only expectation you have to live up to is your own!
- The last of the common misconceptions is that many people think that kissing and fondling inevitably leads to sex when most often it is just a sign of affection. We all set our own boundaries as to how far we're willing to go and what we can handle emotionally. It is important that both partners respect those boundaries.

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ABSTINENCE

There are many different ways to show someone we like and love him or her. How would you show your affection for someone without having sex?

I would:

While it might not always be easy to say “no” and wait to have sex, it is the right decision for many of you! There are many health and personal reasons which make abstinence an important option.

Can you think of reasons to not engage in a sexual relationship at present?

Some of your reasons might include:

- Abstinence coincides with your personal values and beliefs.
- Abstinence is 100% effective in preventing pregnancy. (No other method of birth control is infallible.)
- Abstinence greatly reduces serious health risks like STD’s and cervical cancer.
- Abstinence can show that you are a strong and mature person by not giving in to peer pressure. It can also show that you have can exert control over your own impulses.
- Abstinence can help partners to develop a better friendship and evaluate their feelings for each other.
- Abstinence might help prevent you from getting hurt emotionally. You will have the satisfaction of knowing that you have not compromised your values, that you’ve done nothing that you did not want to do.

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Prevention of STD's:

There is only one sure way to protect yourself against the risk of infection, and that is to have no sexual contact. Abstinence is the surest, safest, and most effective method of prevention. However, if you do have sex, you must protect yourself. Here are some recommendations. These are not guaranteed methods of preventing STD's, but if you use them in combination, you will lower your risk of infection.

- A male should use a condom (a "rubber" or "skin") during sex, including foreplay.
- A female should use a diaphragm and spermicidal jelly or cream.
- A male should urinate and wash his genitals with hot, soapy water immediately before and following sex.
- A dental dam should be used during oral sex.

Protect yourself! This is not the time to be shy. Talk about what protection you and your partner will use. If he or she refuses to use protection, then you refuse sex. **Do not allow yourself to be used. The risk is too great.**

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At any point in your life, your choice of whether or not to have sex should be a conscious and informed decision. It is important that you evaluate whether or not you are ready and are aware of possible consequences. You should know how to reduce risks of pregnancy and STD's.

SEXUALLY TRANSMITTED DISEASES

Sexually Transmitted Diseases (STD's) are one of the risks you run when you have sex without the proper protection. There are a number of serious diseases that are spread by sexual contact - gonorrhea, syphilis, herpes, chlamydia, etc. Many of them can be quickly and efficiently cured by a doctor or clinician but become quite dangerous if they are not treated.

Here are some facts you should know about STD's:

- In America, more than 12 million people get an STD every year.
- STD's (including the HIV virus which causes AIDS) can be spread through all manners of sexual contact. In terms of sexually transmitted diseases, sexual contact is described as any kind of intimate contact involving these four areas of the body: penis, vagina, mouth, or anus.
- You can be infected with an STD more than once and can even have more than one STD at the same time. Treatment for an STD does not make you immune from getting it again.
- You cannot develop immunity to any of these diseases, and there is no vaccine to prevent them. In the case of Herpes, the disease is **permanent** and there is no cure.
- STD's cannot be contracted by sitting on toilet seats or touching door knobs. Most STD's need to occupy warm, moist places to survive, which is why they affect the areas they do.
- Statistically, the prime candidates for STD infection are between 15 and 24 years old and sexually active (often with more than one partner).
- STD's can affect men, women, and children. A pregnant woman can infect her baby.
- STD's can result in infertility or sterility if left untreated. It is important to get treatment even if the symptoms of the STD go away. The STD will remain transmissible and may continue to affect the body until it has been treated. **NO** STD will go away by itself.
- Your risk of getting an STD increases with the number of sexual partners you have.
- A person who has been diagnosed with an STD must contact all his or her sexual partners so that they, too, can get the necessary medical treatment. Symptoms of STD's may not always be noticed.
- In Massachusetts, minors may be examined and treated for an STD without parental consent.

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What can someone say when his/her partner is unwilling to use condoms?

Here are some examples of possible responses:

<p>He Says: “You don’t trust me.”</p>	<p>You Can Say: “I trust you to use a condom.”</p>
<p>She says: “But I love you, we don’t have to use condoms.”</p>	<p>You Can Say: “I love you enough to use a condom.”</p>
<p>He Says: “Condoms aren’t romantic.”</p>	<p>You Can Say: “Worrying about AIDS isn’t romantic.”</p>
<p>She Says: “But we’ve never used a condom before.”</p>	<p>You Can Say: “I want to start using condoms now so we’ll be safer.”</p>
<p>He Says: “We’re not using condoms, that’s it.”</p>	<p>You Can Say: “Okay, you know how to play cards?”</p>

From “Condom Facts,” Harvard Community Health Plan Foundation, 1994.

The following chart presents some basic information about the more common sexually transmitted diseases. If you discover any of the listed symptoms, call your doctor or clinic.

SEXUALLY TRANSMITTED DISEASES

Disease:	How it is Spread	Symptoms in a Woman	Symptoms in a Man	Risks If Not Treated
Gonorrhea <i>Cause:</i> bacteria	Sexual contact.	Pus-like vaginal discharge, vaginal soreness, low abdominal pain, painful urination	Pus-like discharge from the penis.	Sterility, scar tissue. Women: Pelvic Inflammatory Disease (inflammation of the tubes), blindness in newborn.
Syphilis <i>Cause:</i> spirochete	Sexual contact, congenital.	Rashes appearing almost anywhere on the body, including palms of hands and soles of feet. Chancre (lesion) on or in vagina, anus, or mouth. Loss of facial or scalp hair in patches.	Rashes or hair loss in the same pattern as in women. Chancre on or around penis.	Brain damage, paralysis, heart disease. A pregnant woman can pass syphilis to her baby causing a variety of birth defects including damage to skin, bone, eyes, liver, and teeth
Herpes Simplex II <i>Cause:</i> virus	Direct contact with virus in blisters or with virus being shed and no blisters	Painful, fluid-filled blister (or cluster of blisters) on, in, or around vagina. Often accompanied by swollen glands in groin area. Painful urination and fever.	Same as in women, only on or around penis.	Genital herpes is caused by a virus and cannot be cured. Eventually, the blisters and infection will get better. The infection will return. Flare-ups may be caused by stress and fatigue. Genital herpes may be passed from an infected pregnant woman to her newborn during birth, causing infant death or neurological damage.
Non-specific urethritis (called NGU, NSU) <i>Causes:</i> chlamydia, bacteria & others	Sexual contact.	Symptoms similar to those caused by gonorrhea.	Occasionally, heavy pus-like discharge. More frequently a mild watery discharge.	Women: Pelvic Inflammatory Disease. Male: Chronic urinary tract infection. Possible sterility in men and women.
Trichomonas Vaginalis (called Trich) <i>Causes:</i> protozoan	Sexual contact.	Heavy, frothy, often yellow, foul-smelling vaginal itching, often severe and continuous.	Most often none, occasionally mild discharge from the penis.	Skin irritation and gland infection. Cervical tissue may be damaged.
Monilial Vaginitis (yeast infection) <i>Cause:</i> fungal	Sexual contacts and non-sexual conditions, i.e. antibiotics, diabetes, pregnancy, birth control pills.	Women: cheesy discharge, itching, scratching.	Usually no symptoms.	Secondary bacterial infection from scratching. Infection of newborn in untreated mother
Venereal Warts <i>Cause:</i> virus	Sexual contact, hands to sex organs.	Wart-like growths. Sometimes with itching and irritation.	Same.	The openings of the vagina, penis, and rectum may be blocked.
Pediculosis Pubic (crabs) <i>Cause:</i> louse	Sexual contact, occasionally from bedding and clothing.	Intense itching. Crabs and eggs attached to pubic hair.	Same.	Skin infection from scratching.

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Pelvic Inflammatory Disease (PID)

PID is the most common serious infection involving a woman's reproductive system (the fallopian tubes and/or ovaries). Some sexually transmitted diseases (STD's) cause the development of PID. If it is not treated quickly, PID can damage the reproductive system, limiting or ending a woman's ability to have children.

Any of the following can be symptoms of PID (the first three are especially important):

- Abdominal pain or tenderness
- Increased menstrual cramps
- Pain in lower back
- Change in menstrual cycle (period)
- Bleeding much greater than usual during menstruation
- Vaginal bleeding at times other than menstruation.
- Nausea, loss of appetite, and vomiting
- Vaginal discharge
- Burning during urination
- Chills
- Fever

If you think you might have PID, call your doctor, or go to a clinic or hospital emergency room. Don't wait! Tell the doctor what your symptoms are and what you think you might have.

Basic Facts About HIV/AIDS

- AIDS (Acquired Immune Deficiency Syndrome) is caused by a virus called HIV (Human Immunodeficiency Virus).
- This virus weakens the body's immune system, destroying its ability to fight infection.
- The virus allows other infections (such as pneumonia or cancer) to attack the body.
- AIDS damages the brain and the nervous system.
- The HIV/AIDS virus is present in blood, semen, and vaginal secretions of anyone who has been infected.
- You cannot tell by anyone's appearance whether or not s/he has HIV or AIDS. Many people who are infected look and feel fine.
- The disease incubation period (the span of time before it becomes an active disease) can take from several months to more than ten years.
- HIV/AIDS is not a gay disease. It affects people regardless of color, age, and sexual orientation. AIDS is a serious problem for all people of all ethnic groups. The disease affects more than 10,000,000 people worldwide, most of them heterosexual.

How Is HIV/AIDS Spread?

There are three ways the virus is spread:

- Having unprotected sex of any kind with a person who is infected with the virus. Any exchange of blood, semen, or vaginal discharge can spread the virus.
- Sharing needles, syringes, cookers, or cotton balls for drug injections.

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- HIV-infected mothers can pass the virus on to their babies during pregnancy or birth.

How To Protect Yourself Against HIV/AIDS

Use your communication skills, decision making skills, and values to say **NO** to sex and drugs. Abstinence is the only 100% effective way to protect yourself from getting HIV/AIDS.

If you should have sex, play it safe or **safer**. *There is no such thing as safe sex.* You should discuss the danger of AIDS with your partner. Talk about what you are feeling; get to know one another. You'll feel less nervous and more in control. Talk about what protection you'll use. Remember, the responsibility is not hers or his, it's yours!

- Use latex condoms or rubbers. They will greatly lower your risk of becoming infected with the AIDS virus. (Sheepskin condoms won't work. They cannot prevent the virus from spreading.)
- Use contraceptive foam, jelly, or cream with the ingredient Nonoxynol-9 along with a condom. (Nonoxynol-9 appears to kill the AIDS virus in laboratory tests.)

Drinking alcohol and using drugs can make you do things you'll be sorry about later. They also weaken your immune system making you more vulnerable to HIV infection.

Don't share drug needles or syringes. Any infected blood, even a drop left in the needle, could enter your bloodstream and, as a result, infect you with the virus.

BIRTH CONTROL/STD PREVENTION

METHOD	PROS	CONS	COST	EFFECTIVENESS	STD PROTECTION
Continuous Abstinence	Only 100% safe & effective method of birth control & STD protection No side effects.	May be affected by peer pressure	NONE	100%	YES
Condoms					
Unlubricated	Easy availability. Effective STD prevention.	Might tear. Ineffective if used incorrectly or with oil-based lubricant (Vaseline).	\$.50/ea	90%	YES
Lubricated	Easy availability. Effective STD prevention.	Might not stay in place. Ineffective if used incorrectly or with oil-based lubricant	\$.50/ea	90%	YES
Sheepskin	Easy availability.	No STD prevention	\$2.50/ea	90%	NO
Female Condom	STD protection. Easy Availability. Effective in STD prevention. Gives females more control	Possible difficulty with insertion. Might not stay in place	\$2.50/ea	72-97%	YES
Spermicidal Cream, Jelly, Foam	Easy availability.	Possible irritations. Ineffective STD Prevention. Should be used with a condom	\$8.00	72-97%	NO

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METHOD	PROS	CONS	COST	EFFECTIVENESS	STD PROTECTION
Norplant	6 Capsules inserted in a female's arm that protects against pregnancy for 5 years.	Does not protect against STDs. Medical procedure is needed for insertion. Possible hormonal side effects include headaches, depression, weight gain.	\$500-\$600	99.9%	NO
Depo Provera	Hormone shot which protects against pregnancy for 12 weeks.	No STD prevention. Possible side effects include weight gain, headaches, and depression.	\$30 - \$75	99.7%	NO
Pill	Can help protect against certain cancers, pelvic Inflammatory disease and ovarian cysts. Can help menstrual cramps & acne.	No STD prevention. Must be taken daily to be effective. Rare health risks like heart attack & stroke.	\$8 - \$25 per month	99.9 %	NO
Diaphragm or Cervical Cap	Can last for several years.	No STD prevention. Needs to be fitted to a Women's body. Needs to be used with spermicidal jelly or cream to be an effective form of birth control. Might cause irritations. Might be difficult to use.	\$20 plus \$8 for spermicidal jelly or cream	82 – 94%	NO

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METHOD	PROS	CONS	COST	EFFECTIVENESS	STD PROTECTION
IUD (Intrauterine Device)	Can protect against pregnancy for up to eight years after physician inserts device in the uterus.	No STD prevention Chance of tubal infection and puncture of uterus wall. Might increase cramps. Medical procedure needed for insertion and removal	\$150.00	98%	NO
Sterilization (Women)	Operation which blocks the tubes for permanent pregnancy prevention.	No STD prevention. Permanent procedure Which should not be considered by anyone who might want to have children in the future Chance of medical complications.	\$1,200 Usually at least partially covered by Medicaid or insurance	99.7%	NO
Vasectomy (Men)	Operation which blocks the tubes which carry sperm for permanent pregnancy prevention	No STD prevention. Permanent procedure which should not be considered by anyone who might want to have children in the future Chance of medical complications	\$300 Usually at least partially covered by Medicaid or insurance	99.7%	NO

METHODS THAT DO NOT WORK

Occasional Abstinence

If abstinence is not practiced continually, it loses its effectiveness in preventing pregnancy and STD's. Be realistic about yourself and your behaviors. If you think you are not able to abstain 100% for any reason, you should consider other birth control/STD prevention methods.

Withdrawal

Withdrawal is not an effective method of birth control or STD protection.

Douching

Douching immediately after sex is not a method which prevents STD's or pregnancy.

Natural Family Planning

This highly complex system of monthly calendars and body temperature has a very high likelihood of failure and does not protect against STD's.

Chances, Wishing, and Hope

Relying on chances, wishes, or hopes will not prevent pregnancy or STD's. If you are sexually active and use no means of birth control or STD prevention, you must be prepared for pregnancy and disease. It can happen to you!

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SEXUALITY, STD AND PREGNANCY PREVENTION

ACTIVITY: Answer True or False to each of the statements below. (Answers follow the questions.)

1. A woman cannot get pregnant if she has sex during her period.
2. If a woman has sex while she is nursing her baby, she cannot get pregnant.
3. Using Vaseline with a condom (skin, prophylactic, safe, rubber, sheath) is as effective as using contraceptive foam.
4. The only way to not get pregnant or get some pregnant is to not have sex.
5. Withdrawal is a safe method of birth control.
6. A woman should always leave her diaphragm in 8 hours after sexual intercourse to ensure protection against sexually transmitted diseases.
7. A woman cannot get pregnant the first time she has sex.
8. Using spermicidal jelly/cream with a condom is the best protection against sexually transmitted diseases.
9. Every year, 2.5 million teenagers (about one teenager in every six) contract an STD.
10. Nine out of ten people having sex without using birth control will get pregnant within 1 year.
11. Douching and/or jumping up and down after sex is an effective method of birth control for a woman.
12. The use of birth control pills is the most effective protection against pregnancy and sexually transmitted diseases.

ANSWERS

1. FALSE. Another myth. Since the male's sperm can live up to 3-5 days in a warm, dark place (within a woman's body), pregnancy is a possibility at just about any time sexual intercourse occurs.
2. FALSE. Another myth. Nursing provides no protection against pregnancy.
3. FALSE. Vaseline should not be used with a condom. It does not give any protection against pregnancy or STD's and is likely to weaken the condom, possibly causing rip or tear.
4. TRUE
5. FALSE. Enough semen may escape before ejaculation to cause pregnancy.
6. TRUE. Some sperm can live for a period of time after intercourse and can travel up the vagina.
7. FALSE. Yet another myth. During intercourse, a male can ejaculate semen containing anywhere from 200 to 500 million sperm cells. If only one sperm succeeds in fertilizing the woman's egg, pregnancy can result.
8. TRUE
9. TRUE
10. TRUE

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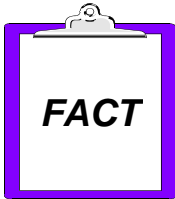
11. FALSE

12. FALSE. Birth control pills protect against pregnancy in most instances, but they offer no protection against sexually transmitted diseases.

PREGNANCY PREVENTION



Before engaging in any kind of sexual relationship, it is important to be aware of the risk of becoming a teen parent. Parenthood is a choice that must be very carefully evaluated, as it is the biggest responsibility one can assume. Since babies and children depend completely on their parents, mothers and fathers have to be mature, hard working, and willing to sacrifice many of their desires to meet the needs of their children. Parenthood is a life long commitment and all aspects involved need to be very carefully considered. So let's evaluate some of the facts related to being a teen parent.



Many teenage mothers will drop out of high school.

A Day In The Life Of A Teen Mom



5:30 a.m. Jess is hungry and cries so I have to get up again to feed her. I am so tired, but I might as well stay up now because it doesn't make any sense to go back to bed. I have to leave at 6:45 a.m. to bring her to day care.



6:00 I am dressing her. She is fussy so it takes me awhile. Just when I am done, she spits up all over. Now I have to clean up and change her outfit.

6:30 I just finished getting ready myself. I'll have to take a shower later. I just don't have time and my hair looks a mess. Who cares?

7:00 Jess and I are sitting on the bus going to day care. I've got her diaper bag, bottles and everything. She's sitting next to me in her "car" seat. She looks like she's smiling. She is so cute.



7:30 I dropped Jess off at day care. It is kind of hard to leave her, but is the only way I'll be able to finish school.

8:00-8:50 I am in school. I couldn't finish my homework yesterday because I had to take Jess to the doctor for her immunizations. The other kids are kind of rude as always. The girls talk about me and think that I slept around because I got pregnant and none of the guys even talk to me.

I got a "D" in my math test. It is hard to find time to study. I am just too busy.



8:55-9:45 *English class*

9:50-10:40 We have health and talk about pregnancy prevention. Everybody looks at me. They giggle and say, "Well, it is too late for her!"

10:40-10:45 *Break.* I call day care to see how Jess is doing. They say she is doing fine.

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10:45-11:35 *History class*

11:35-12:05 *Lunch*



12:05-12:55 *Physical Education.* I hate Phys. Ed. Jess was born by C Section. I still feel a bit uncomfortable. Plus, I gained 35 pounds during pregnancy and I just can't lose it.

12:45 Only ten more minutes, then Phys. Ed. will be over.

1:00-1:50 *Home Room.* I am trying to do some work but I can't concentrate. I am almost falling asleep.



1:50-1:55 Waiting in the hall for my science teacher. The other kids are talking about going out to the movies after cheerleading and football practice.

1:55-2:45 *Science class*

3:00 *School is over.* I am back on the bus to day care.

3:30 I pick Jess up from day care. They said she had a good day.



4:00 Home again. I am calling my friend, Kendall. She tells me about this great guy she just started dating. Jess starts crying so I have to hang up.

4:15 My parent aide is here. We work on parenting skills and things I need to know to be a good parent.

4:30 I am still working with my parent aide. We're talking about safety issues.



5:00 I am feeding Jess.

5:30 I am bathing Jess.

6:00 I am changing Jess.

6:30 I am having dinner and keeping an eye on Jess at the same time.



7:00 I am playing with Jess.

7:30 I am singing to Jess.

8:00 I am taking Jess to bed.

8:30 I am doing homework.

9:00 I am still doing homework.



9:30 I am studying for the next math test.

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10:00 I fell asleep in front of the TV.

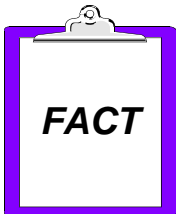
10:30 I am in bed.

Midnight Jess is crying. She needs to be changed and fed.

2:30 Jess is crying. I have to comfort her until she goes back to sleep.



Do you think Kendra will finish high school? Why? Why not?




Most babies born to teenage mothers will grow up in poverty. Teen mothers will earn much less money than women who wait until their twenties to have children.

What do you think the average monthly cost of maintaining a child is at:

age 1 \$, age 3 \$, age 7 \$, age 12 \$?

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oving a child is crucial, undoubtedly one of the most essential aspects of parenting. But having enough money to feed and clothe a child, pay rent for an apartment, pay for essentials, such as medical care is indeed a very basic need.



FACT

Many fathers of children born to teenage mothers will not be involved in their upbringing.

A Day In The Life Of A Teen Dad



4:30 a.m. The alarm goes off I am so tired. I just want to turn over and go back to sleep, but I have to get up.



5:00 I am out on my bike. It is freezing cold. My nose hurts from the icy wind. But they pay me pretty well for delivering the newspaper.

5:30 I am still delivering papers and my hands and feet are completely numb.

6:00 I am almost done.

6:30 I am having breakfast while trying to finish my homework.



7:00 I almost missed the bus to school.

7:30-8:15 *In school. Assembly.*



8:20-9:10 *First class – English.* Most of my classes are College Prep. It has been really hard lately to keep up with all the work – with the baby and all. Even though he doesn't live with me (He lives with his mother, Lisa.), he is a huge responsibility and lots of work. Sometimes I wonder if I will ever make it to college.

8:45 *Still English.* The teacher asks about my homework. When I tell him that I didn't get it all done, he makes a comment about the consequences and changing diapers. I didn't hear it all, but everybody, of course, grins.

9:15-10:05 *Math.* I enjoy math and for awhile I even forget how tired I am.

10:10-11:00 *Social Studies.* We talk about the importance of good environments for kids. I am feeling kind of guilty and am wondering if I can ever give my son what he needs so he can have a chance in life.

10:40 *Still Social Studies....*and I'm still wondering.

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11:00-11:05 Break. There she is – right at the lockers, Diane. I want to go over and just ask her out. Kenny’s mom and I broke up before he was born. I still care about her and stuff, but the whole baby thing was too much for us. We started arguing a lot. Now we are getting along - sometimes. But I have to do what she says or she won’t let me see Kenny as much as I would like to. If she found out that I asked someone out, she probably wouldn’t let me see the baby at all. She still always wants to know what I am doing and whom I am with. Well, Diane probably wouldn’t even talk to me anyway. Who wants a boyfriend with a baby and the responsibility and costs that go along with being a parent?

11:05-11:55 Chemistry



12:00-12:30 Lunch. Everybody is talking about tonight’s hockey game. I played varsity – before Kenny. Practice is at 5:00 a.m. because that’s when the ice time is the cheapest. I feel totally left out.

12:35-1:25 Physical Education. We are playing basketball. It’s fun!

1:30-2:20 Homeroom. I am trying to get as much homework done as I can. Then I still have to study for Chemistry.



2:25-3:15 History. My guidance counselor took me out of class to talk about “my situation”. He tells me how disappointed he is in my making poor choices. I tune out. I heard it all before. I am just trying to do the best I can.

3:30 Finally, on my way home, where I’ll grab a snack and then run out.



4:00 I arrive at Lisa’s house. Her mother is there. She does not like me. Lisa gives me Kenny and says she will be back in an hour.

4:30 I feed and change Kenny.



5:00 Lisa is back from the store. She tells me to make sure to give her the money on Friday because Kenny needs new clothes and a winter jacket. There goes my paycheck again.

5:30 On my way to work.



6:00 Start work at Pizza Store

6:30 Work

7:00 Work



7:30 Work

8:00 Work. Some of the guys from the hockey team come in. They are all happy because they won. I have to wait on them. They are making fun of my uniform. Diane is with them.

Independent Living Skills Module V

8:30 *Work*



9:00 I am finally out of here. I get on my bike and the same kids pass by in their cars and honk. Before Kenny was born I almost had enough money to buy a car. Then I had to use the money for baby stuff. It is so expensive. Just the crib cost \$150.00.

9:30 At home doing homework.

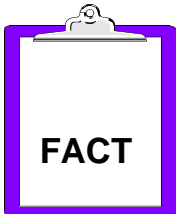
10:00 Homework

10:30 Watch the game on TV.



11:00 I have to go to bed because I have to get up at 4:30 again.

Compare your daily routine to the one of the teen mom or dad. What is different?



FACT

Many teenage parents are isolated from their peers.

Do you think that Bob will be able to go to college, work for child support and be actively involved in parenting his child? Why? Why not?

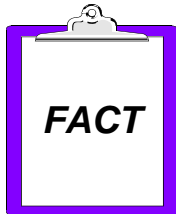
What are some common misconceptions guys may have in relation to fatherhood?

What do you think a father's responsibility towards his child should be?



Fathers are crucial in the upbringing of a child. Not only in sharing financial and parenting responsibilities, but also for the developmental well being of a child. The absence of a father figure in a child's life can contribute to developmental and emotional problems, a sense of loss, etc. Fathers and mothers bear equal amounts of responsibility in child rearing. Guys who think that they

don't have to think about responsibilities related to parenthood because they are guys are wrong and totally irresponsible.



The stress of being a teen parent is enormous and many are not able to cope with it.



To My Mom

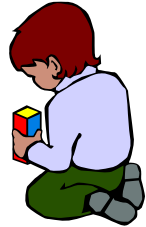


WHAT WILL HAPPEN TO ME?



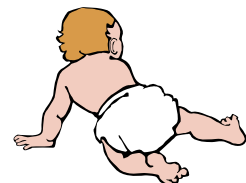
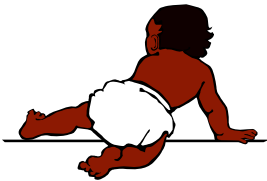
What will happen to me when the newness wears off

When I'm not quite so cute or cuddly and soft
What will happen to me at the end of the day
When you're tired and lonely and I want to play
What will happen to me when the money's all gone
And the food and the milk won't last that long
What will happen to me when your friends call
To go out on a date or just off to the mall
You can't go along, you'll have to stay home
You're a mother now, home is where you belong

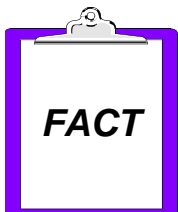


Your friends have grown tired of just stopping by

To watch you change diapers and to hear me cry
They have things to do and places to go
They have dreams to fulfill, you have nowhere to go
You have responsibilities now, my needs must come first
Even though you are angry and ready to burst
What will happen to me when you have to explode
It just isn't fair – And I'm becoming a load
Will you hit me and yell and then toss me aside
Like that guy did to you when he said that you'd lied
That the baby's not his and he has someone new
Other plans to fulfill that don't include you
Would it have been better had you given more thought
To have been more responsible while "playing adult"
What will you do – What can you be???
Instead of having to worry – "What will happen to me?"



Author Unknown



Many teenage parents do not have the parenting skills necessary to raise a child in a nurturing, loving and consistent environment.