

CHAPTER 4: REPRODUCTION

The more young people know about reproduction, the better they will be able to decide when they want to become pregnant, and the greater the likelihood that they will have a healthy pregnancy when they do. Teens who do not understand how pregnancy occurs are more likely to have one that is unwanted. They may be pregnant for many months before they realize or acknowledge it, and this may have serious consequences. Those who continue the pregnancy to term may have gone months without prenatal care, which is one reason why teens have poorer pregnancy outcomes. For adolescents who want to abort, the delay may mean they cannot do so safely. Abortions are much safer if they are done early in the first trimester, so recognizing the pregnancy and acting promptly is vital.

Beyond the mechanics of conception, it is essential to discuss with both boys and girls what happens to a woman's body during pregnancy, including the process and risks associated with childbirth. Young women whose bodies are not fully developed are especially at risk for complications. In many countries, maternal mortality rates are still unacceptably high, especially among young adolescents. Sexuality education should ensure that participants understand how to prevent complications. This is also a good time to have participants consider the consequences of becoming a teenage parent, such as interrupted or ended schooling for the girl and sometimes the boy, decreased ability to get a good job, a poorer economic situation, marrying under social pressure to legitimize the birth, and, alternatively, single motherhood.

Teaching Tips

- Explain sexual intercourse briefly when you teach about reproduction; it is discussed in further detail in other lessons.
- Be aware that some teenagers in your class may be pregnant, may have had an abortion, or may already have children. When talking about teen pregnancy, avoid preaching or blaming and be sensitive to how the information may affect them. If they are open about their experiences, consider asking them to talk about them to the whole group.

Content Considerations

- Be very clear about how reproduction occurs. Point out that even if sexual intercourse does not take place, ejaculation close to the vagina can result in pregnancy.
- Make clear that any sexual intercourse can result in pregnancy because contraception can sometimes fail.
- Discuss myths young people may have about pregnancy. For example, a common myth is that you cannot get pregnant the first time you have sex. Another myth is that douching after sex will prevent pregnancy.
- Cover both the factual and emotional aspects of reproduction. Help participants—both male and female—think about and understand the varied feelings involved in the process of becoming pregnant, experiencing a pregnancy, and becoming a parent.
- Briefly mention any medically assisted methods of becoming pregnant that exist in your country, for example, artificial insemination or in vitro fertilization.
- Give some information about infertility among both women and men, and emphasize that untreated sexually transmitted infections (STIs) are a primary cause of infertility.
- Teach about the early signs of pregnancy and how pregnancy can be confirmed. Emphasize that if a woman thinks she might be pregnant, she should get help as soon as possible. Waiting will not make it go away. List places where adolescents and women can go for help in your community if they need it.

- Note that there are a variety of reasons why not all pregnancies are carried to term: some may be miscarried, some may result in stillbirth, and others may be aborted for personal or medical reasons. Even where abortion is legally restricted, abortions occur.
- Emphasize the importance of early prenatal care and address any beliefs or myths about pregnancy and birth in your community, especially those that are harmful. Do an inventory of these beliefs and determine whether their effects are positive, neutral, or harmful. Discuss danger signs and when to get help. To be sure that you have the right information, get assistance from a health professional who works with pregnant women.
- Discuss birth: for example, where women commonly give birth, who attends births, where women can give birth most safely and why. Emphasize the recommendations of the ministry of health, which in most places include giving birth in a health facility with a skilled attendant to ensure the best possible outcome for the woman and baby. When teaching about the process of birth, include both vaginal delivery and cesarean section. Also consider discussing controversial trends in maternity care; for example, in some countries doctors encourage cesarean sections even when they are not necessary.
- Discuss special health risks of early pregnancy and childbirth, such as premature birth, low birth weight, and obstructed labor.
- If vesico-vaginal or rectal fistula – tears between the vagina and the urethra or rectum – is a common complication of birth where you live, address what causes it, how it affects women, what can be done about it, and how it can be prevented.
- Touch briefly on important points related to reproduction and tell participants that they will learn more about the topic later (if they will). For example, tell them that people can control their reproductive lives and avoid becoming pregnant when they do not want to be and that they will learn more about this when you teach about contraception. Learn about the international agreements on reproductive rights, notably the International Conference on Population and Development (ICPD), held in Cairo in 1994, at which 179 countries agreed to the right of “all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so.”
- If at all possible, purchase or borrow a film or video on conception, like “The Miracle of Life” (available online at www.amazon.com, www.videouniverse.com, www.uln.com, www.overstock.com, or video.barnesandnoble.com for approximately \$12-20 USD, plus shipping). It provides a microscopic view of the process of conception, including a human egg actually being released from the ovary and fertilized.

SELECTED LESSON PLAN 4.1: PRENATAL CARE—THE DIFFERENCE IT MAKES

SOURCE

“Positively Pregnant: Prenatal Care—The Difference It Makes,” by Louise Yohalem, *Filling the Gaps: Hard to Teach Topics in Sexuality Education*, Sexuality Information and Education Council of the United States (SIECUS), New York, 1998. Reprinted with permission of SIECUS. 130 West 42nd Street, Suite 350. New York, NY 10036. www.siecus.org

Suitable for ages 14 to 18

Summary

This lesson provides key information on recognizing when one is pregnant and the importance of prenatal care. The lesson covers issues facing pregnant teens, emphasizing the need to get help from a trusted individual early in the pregnancy, but it also provides information that pregnant women of any age need to know. Interactive activities illustrate the benefits of seeing a trained professional early in pregnancy, the reasons why teenagers often delay seeing a trained professional, the signs of pregnancy, and the key steps to a healthy pregnancy. The lesson also includes a story about a girl who thinks she is pregnant and people’s reactions to her, followed by a discussion. The lesson concludes with a myth-fact worksheet about prenatal care, which provides essential information about smoking, alcohol, and drug use during pregnancy as well as the potential effects of STIs.

Teaching Notes

- Think through the order of the activities that would be appropriate for your participants. Consider doing the case study before discussing the steps to a healthy pregnancy.
- To reinforce behaviors helpful to a pregnant teen, ask in step 7: “What should each character have done to help Sheila?” You could also ask: “What could they have done before she got pregnant to help her avoid an unwanted pregnancy?”
- Note that there is no exact order for the steps to a healthy pregnancy. Consider asking the participants to separate the steps into two groups: before and after conception.
- For a richer understanding of the true-false worksheet, ask participants if they can explain why each statement is true or false, providing the correct explanations where necessary.
- To add a gender dimension to the discussion, ask questions about the father’s role in prenatal health.

Adapting the Lesson

- Adapt the story so that it is plausible to your students.
- Read over the worksheet on prenatal care and adapt the statements so that they are appropriate for your community. Specifically, look at points 6, 8, and 9. Note metric equivalents for 5.5 pounds (2.5 kilos) and 25 to 30 pounds (roughly 11.5 to 13.5 kilos).

POSITIVELY PREGNANT: PRENATAL CARE — THE DIFFERENCE IT MAKES

By Louise Yohalem

Adapted with permission from Peggy Brick and colleagues, *The New Positive Images*, Planned Parenthood of Greater Northern New Jersey. For information about this and other related materials, call 201/489-1265.

RATIONALE

This lesson seeks to empower young women and men, whether now or in their future, to identify a possible pregnancy, to get help from people they trust in making decisions about a pregnancy, and to access appropriate community resources.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Review the importance of early prenatal care for the health of both the mother and the baby
- Know the early signs of pregnancy
- Understand that there are many places a young woman can turn to get help regarding a pregnancy

MATERIALS

- Large cards, each with a “Step to Healthy Pregnancy”:
 - Talk to partner.
 - Talk to good friend.
 - Talk to mother/father/other trusted adult.
 - Get a pregnancy test.
 - Make a decision regarding abortion, adoption, marriage, single parenting.
 - Begin regular prenatal care with a private doctor, midwife or family planning clinic.
 - Stop smoking.
 - Stop drinking any alcohol, including wine and beer.
 - Eat healthy food including milk, fruit, vegetables and grains.

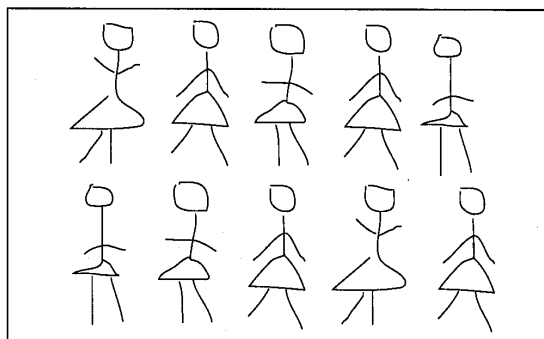
- *Pregnancy: A Case Study Worksheet*
- *The Difference It Makes: The Importance of Prenatal Care Worksheet*

PROCEDURE

- 1 Ask participants to brainstorm all the benefits for a woman who identifies her pregnancy early and knows where and how to get help. List ideas on the board.
- 2 Stress the importance of getting help, telling someone she trusts. Ask participants why, with all the advantages noted on the board, some girls do not get this help.
- 3 Note that one reason why young women do not get help with a pregnancy is that they are not sure whether or not they are pregnant or they may be denying the pregnancy. Put on the board:

PREGNANCY RISK

Note that anyone who has unprotected vaginal intercourse is at risk. Put 10 stick figures on the board.



Ask: If these figures represent women who have intercourse without using any protection for a year, how many would get pregnant? Put guesses on the board. Note that nine out of 10 would. Circle nine of the figures.

- 4 Ask for signs of pregnancy and list them on the board: tender breasts; missed menstrual period or a light/different period; general feeling of tiredness; changing hunger patterns.
- 5 Ask for nine volunteers to come to the front; give each one a “Step to a Healthy Pregnancy” card. Ask them to imagine they are a young woman who thinks she may be pregnant. Line up with the cards in the best order for steps to assure a healthy pregnancy.

DISCUSSION QUESTIONS

- Which step(s) are the hardest?
 - Why is it important for a woman to get support as soon as she thinks she may be pregnant?
 - If, after talking with people she trusts, a woman decides to continue her pregnancy, what help does she need to make certain her baby is born as healthy as possible?
- 6 Explain that participants are going to have a chance to think about all the people who may be responsible for helping ensure a healthy pregnancy. Hand out the *Pregnancy: A Case Study Worksheet*. Tell participants that you will read the story out loud. As you read, participants should rank the people from *most* to *least* responsible. After you finish reading, repeat the directions and give all participants a minute to rank the individuals. Then, divide participants into groups of five or six and ask them to reach consensus (agreement) on the ranking by trying to convince each other of the reasons for their ranking.
- 7 After seven or eight minutes, bring the whole group back together for more discussion.

DISCUSSION QUESTIONS

- Did the group reach consensus? If not, why? What did you disagree about?
- What advice would you like to give Sheila? Kevin? Any other character?
- Where could a couple go if they wanted to determine if they were pregnant?
- How could a couple find an adoption referral agency? An abortion provider?

8 Distribute *The Difference It Makes: The Importance of Prenatal Care Worksheet*. Ask participants to quickly take the test in pairs. *After five minutes, tell them that ALL the answers are TRUE!*

9 Summary

Put on board—“*The most important thing to remember about this lesson is...*”

Let five or six participants finish the sentence orally.

PREGNANCY: A CASE STUDY

In October, Sheila missed her period. Since she was only 15 and had missed her period before, Sheila didn't think much about it.

In November, Sheila missed her period again. She told her girlfriend, Sandy, who said, "That happens to all girls our age. Don't worry." Sheila felt relieved. "Missing your period is perfectly normal," she repeated to herself.

By early December, Sheila had trouble sleeping. She wondered, "What if I'm pregnant? Maybe I should buy one of those home pregnancy tests at the drug store? But someone might see me. Who can I talk to? I've got to talk to my mom. She'll kill me. What am I thinking? I've got to talk to her." The next night Sheila tried to talk to her mom. She said that she knew a girl at school who thought she might be pregnant. Her mom said, "I don't know what's wrong with kids today. I'm glad I raised you properly so I don't have to worry about that sort of thing with you." Sheila didn't say anything else.

In January, Sheila began her health class. She was wearing baggy sweaters and sweatpants instead of her usual jeans. Sheila was glad they would be learning about pregnancy and birth control. She thought she might even speak with Ms. Jones, her health teacher. Ms. Jones began her lecture on teen pregnancy by saying, "Getting pregnant as a teenager is a very stupid thing to do! Teens are having sex before they're ready." Sheila's heart sank. She heard nothing for the rest of the period and left as soon as the bell rang.

In mid-February, Sheila mustered enough courage to call Kevin, her former boyfriend. "I think I might be pregnant," she whispered. Kevin swallowed hard. "Sheila, uh, you and me, uh, that was a long time ago. What makes you think I'm the father?" Sheila began to cry. Kevin, trying to stop her tears, came up with a plan. "Listen, I'm not sure about what you're saying, but I'll pick you up at 4 P.M. behind the cafeteria tomorrow to go to the family planning clinic, and we'll see what they say." With shaking hands, Kevin hung up the phone. "Pregnant? Me, a father? I can't be." The next day at 4 P.M., Kevin was playing basketball at the school gym. He remembered he was supposed to meet Sheila, but he kept playing. He would call her next week, or some other time, he thought. Sheila waited for Kevin for two hours and then went home and cried herself to sleep.

In March, Sheila woke up one morning with some pain on her lower right side. It hurt every time she urinated—which she had to do often. She had no idea what could be causing her so much pain. So she ignored it.

In mid-April, the pains became more general and very severe. Not knowing what else to do, Sheila went to the hospital emergency room where they discovered that she was in labor, her cervix fully dilated. She gave birth to a very premature baby (28 weeks) that was put on a respirator. The doctors are unsure whether the baby will ever walk or have a normal life. Sheila was treated for a urinary tract infection, a known cause of premature labor.

Each person, in his or her own way, has affected the outcome of this pregnancy. Rank them below on a scale of 1 to 5, with 1 being the person you believe has acted in the MOST responsible way (not to blame for the negative outcome) to 5 being the person you believe has acted in the LEAST responsible way.

Sheila

Health Teacher

Mom

Sandy

Kevin

THE DIFFERENCE IT MAKES: THE IMPORTANCE OF PRENATAL CARE

Put a T (True) or F (False) in front of each statement.

- 1. A medical checkup *before* pregnancy may benefit the woman and the baby she later conceives.
- 2. Alcohol consumption is the number one cause of *preventable* developmental disabilities.
- 3. Prenatal exposure to alcohol can lead to miscarriage, newborn death, and a group of abnormalities called Fetal Alcohol Syndrome.
- 4. An untreated sexually transmitted infection in a pregnant woman can cause mental retardation and physical defects in her child.
- 5. Babies born to women who smoke are more likely to have a low birth weight and lung problems.
- 6. Pregnant teens can get prenatal care without parent/guardian approval.
- 7. Early prenatal care is important for the health of the mother and may prevent miscarriage and birth defects.
- 8. Babies weighing under 5 ½ pounds at birth and premature babies (born before 36 weeks) are more likely to die as infants or have future health problems.
- 9. Pregnant women need to gain 25 to 30 pounds so that they and their babies will have enough vitamins and other important food elements to be healthy.
- 10. Alcohol, tobacco, and drugs are more dangerous to the fetus than to the mother.
- 11. The sooner the mother-to-be stops using drugs or alcohol during her pregnancy, the greater the chance of having a healthy baby.
- 12. A woman is more likely to have a healthy baby if she begins healthy eating and exercise, and decreases smoking, drinking, and drug use *before* she gets pregnant.