

"This is a great teaching resource from the BBC. You will find lovely, clear, simple lesson plans with a short video chapter to go with each lesson. It will be a joy in the world of planning lessons. Enjoy using the pack, put your name on it and try as many of the lessons as you can. I know it will work in your classroom."

Shelley Pennington-BlairHead of PSHE Walker Technology College



Underage and Pregnant contents

Introduction	page
• Preface	3
Underage and Pregnant: Teacher's Pack	4
How to use the pack	5
Assessment and evaluation	6
Profiles	. 7
• Rebecca	8
• Toni	10
• Zena	12
• Monique	14
• Kacey	16
• Kim	18
• Jasmine	20
• Chloe	22
• Charley	24
• Caroline	26
Section 1 – How did it happen?	. 30
DVD Chapter 1	
• Lesson 1 – Who are you?	31
• Lesson 2 – Starting out	38
• Lesson 3 – Once is enough	44
• Lesson 4 – Conception and condoms	46
 Lesson 5 – Sexually Transmitted Infections (STIs) and contraceptives 	49
Section 2 - Choices	. 57
DVD Chapter 2	
Lesson 6 – Deciding what to do	58
• Lesson 7 – Abortion debate	61



Section 3 – Education	68
• Lesson 8 – Education: What's it worth?	69
Section 4 – Physical and emotional impact	73
DVD Chapter 4 • Lesson 9 – Body beautiful	74
Section 5 – Money	76
DVD Chapter 5 • Lesson 10 – Money, money	77
• Lesson 11 – Education v Money	85
Section 6 – Social life	87
DVD Chapter 6	0.0
• Lesson 12 – Before and after	88 91
 Lesson 13 – Aspirations and practicalities Lesson 14 – Self-esteem in relationships 	94
Section 7 – Preparing for birth	97
DVD Chapter 7	0.0
Lesson 15 – Getting readyLesson 16 – Looking after yourself in pregnancy	98 102
Section 8 – Bringing up baby	109
DVD Chapter 8	
 Lesson 17 – Good parents Lesson 18 – A child is for life 	110 115
Further information	
Useful linksAcknowledgements	118 121
Nemiowicagonionio	اكا

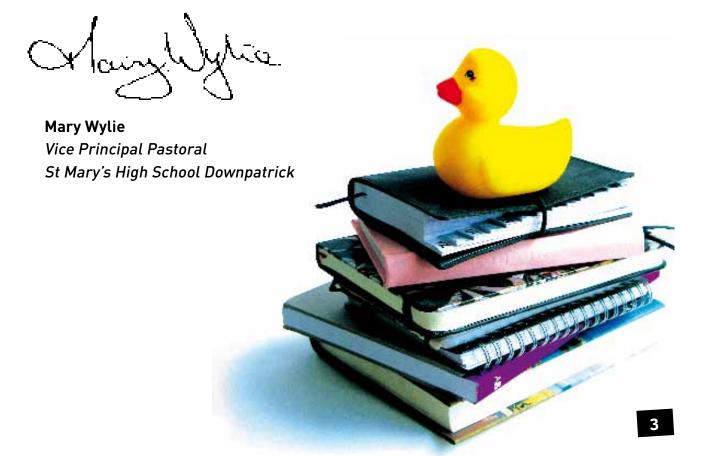


Underage and Pregnant teacher's pack

Underage & Pregnant provides teachers with an excellent set of interactive materials which deal sensitively with the issues in question and is designed to facilitate a dialogue between teachers and students about the realities of teenage pregnancy and parenthood.

The *Underage & Pregnant* pack is designed for use with KS3 and KS4 pupils, but is equally as relevant to Post 16 classes. Although a PSHE resource, elements of it can be used across a range of subjects including science, religious education, child development and health & social care.

I consider this pack an excellent resource to help address a very difficult issue.'





Underage and Pregnant teacher's pack

Originally broadcast in the summer of 2009 as part of BBC Three's Adult Season, the *Underage and Pregnant* series delved beyond the sensational headlines to discover what it is really like to be underage and pregnant in the UK. The series explored the boundaries between being an adult and a child, showing the consequences of early parenthood.

Purpose of the pack

The pack uses some of the best clips from the series, accompanied by a selection of lesson plans to support the PSHE curriculum in Key stage 3 and 4. The range of topics covered within the lessons complement the curriculum for each nation of the UK, and address a number of learning outcomes in the following subjects:

- England: PSHE (Personal Health and Economic Education)
- Northern Ireland: Learning for Life and Work (Personal Development and Religious Education)
- **Scotland:** Health and Wellbeing (Relationships, Sexual Health and Parenthood)
- Wales: Personal and Social Education (Health and Emotional Wellbeing).

The topics also encompass the biological aspects of the statutory science curriculum, specifically areas relating to human reproduction and healthy bodies. Additionally, a number of the lessons include activities that can be used to help pupils attain greater knowledge and understanding in aspects of mathematics, English language and ICT.

This pack has been designed and produced in collaboration with education and sexual health experts, following the success of BBC Learning's 2008 teacher's pack, *The Baby Borrowers*, which explored issues around relationships and parenting. 99% of teachers who evaluated *The Baby Borrowers* pack said that they would welcome more PSHE content from the BBC, specifically a resource tackling teenage pregnancy. The *Underage and Pregnant: Teacher's Pack* is a direct response to this request.



How to use the pack

make-up.

The lessons are designed to encourage you to pick and choose topics that fit within your own scheme of work. Each 60-minute lesson has been created with this flexibility in mind, and, whilst the lessons do run sequentially, each is self contained and therefore can be used as a stand-alone session. Lesson times can also be adapted to suit the needs of the class, and the methods used within the sessions are interactive to enable maximum involvement of all pupils. The Learning Outcomes for each lesson are deliberately wide to allow for differences in curricula requirements across the UK.

The structure of the lessons allows pupils to become immersed in the experiences of the teenagers from the *Underage and Pregnant* series. This enables pupils to explore their own awareness, attitudes and knowledge safely by using examples from the DVD content.

The essential ingredient of *Underage and*Pregnant: Teacher's Pack is the DVD which is produced purely from the footage provided by the BBC Three series. As this is a factual documentary series the content is based solely on the experiences of the teenagers involved and therefore there are no examples of gay couples or teenagers living alone without family support. When using these materials it is important to acknowledge different family

Some of the more complex lessons include **Teacher Guidance Sheets** and **Useful Links** to support classroom work and enable further research.



Assessment and evaluation

Before starting the programme, teachers are encouraged to carry out a needs assessment with their class in order to identify the appropriate level for the group. Teachers may also wish to consider other issues such as: the balance of boys and girls in the class, ethnic origin and cultural values, literacy levels, learning styles, language skills and other special educational needs. It is good practice to assess pupils' learning throughout the programme.

Suggested tools for group assessment include: mind mapping, questionnaires and facilitated discussion.

Suggested tools for individual pupil assessment include: private reflection and self-evaluation in diary entries; informal and formal review by teachers.

Useful links

'Are you getting it right? A toolkit for consulting young people on sex and relationships education' www.ncb.org.uk/dotpdf/open_access_2/sre_audit_toolkit.pdf

Ground rules

Each session is designed to be used with ground rules in place. It is essential for the success of the sessions that a safe and supportive environment is created in which all pupils can discuss sensitive issues.

You may wish to use the following ground rules as a starting point:

- Respect each other's rights, beliefs, values and experience
- Listen to one another
- Nobody has to share anything personal
- Each person must take responsibility for what they share
- Confidentiality if you have been told something in confidence, or have been asked to keep something confidential, this means not talking about it to anybody else

The ground rules should also form the basis for asking and answering any questions in the class.

The teacher is bound by this agreement too, except where a pupil discloses something that the teacher is obliged to report under Child Protection Laws or Guidance.

Some schools may have agreed guidance about how to answer questions on specific topics such as contraception or abortion.





Rebecca[16]

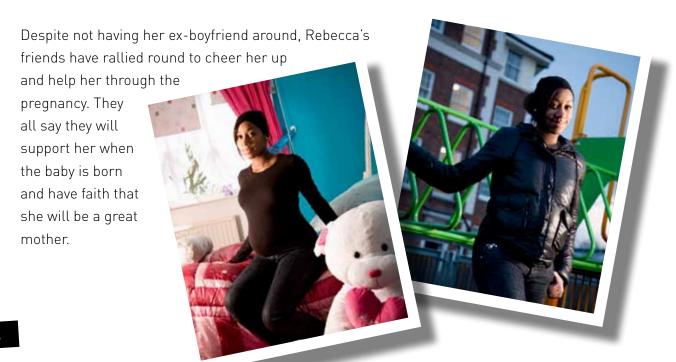
Rebecca (16) from South London lives with her mum and younger sister Courtney. Following a six-month relationship with an older boy at her school, she found herself pregnant with her first child.

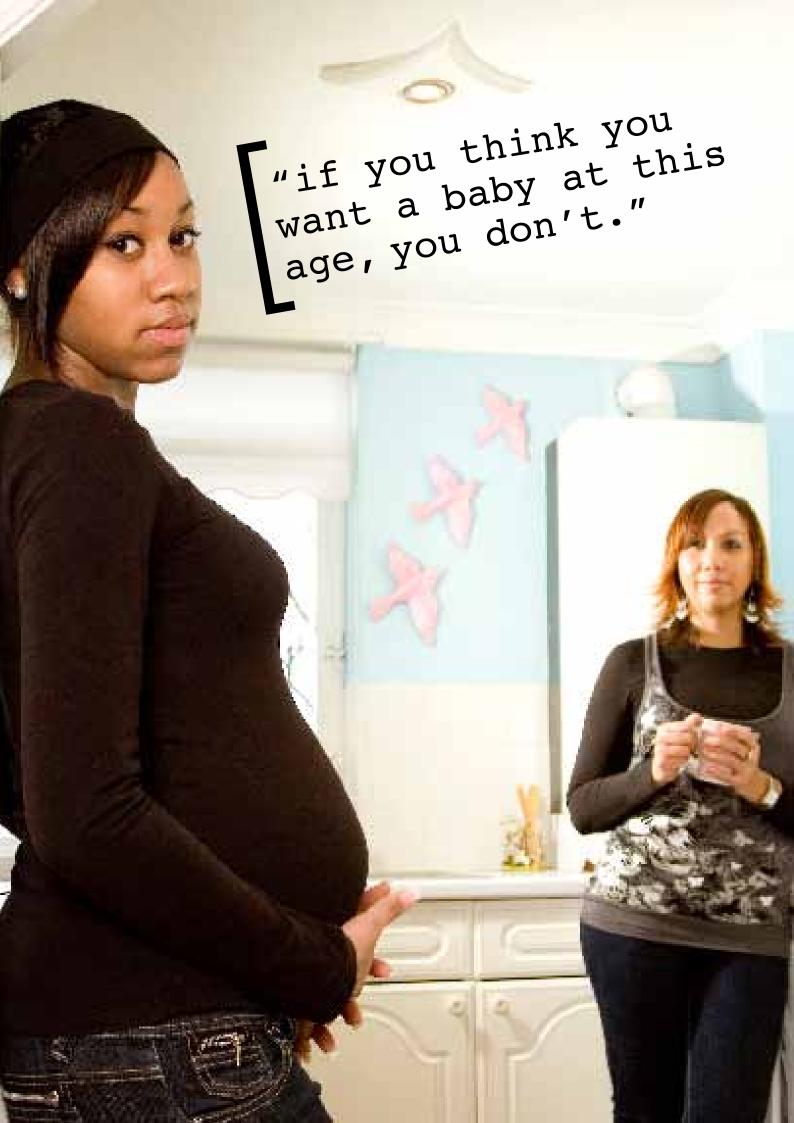
Rebecca, who is passionate about horses and hopes to become a vet, is adamant that having a baby will not affect her goals in life and won't force her to miss out on her childhood. "I get a bit scared about the fact I'm going to be a mum. I don't want to feel like a grown-up, I still want to be a child – even if I'm having a child", she says.

Coming from a large extended family – her grandmother has 86 grandchildren and 80 great grandchildren – Rebecca has lots of support around her. In fact, her cousin Monique is also pregnant, and the girls help each other to cope with their situations. Monique also features in the series.

But one person who hasn't been there for her is the father of her unborn child. A month after she fell pregnant, he left to attend university and the couple split up. "It really upset me but I ain't going to cry about it 'cause at the end of the day it's his child and if he really wanted to be there he could."

Her older sister, Shaneen, who had her first child at the age of 19, has been there to support Rebecca through her break up. "He was Rebecca's first love and basically just broke her heart, man. It's like he wasn't interested – at first he just wanted Becca to have an abortion and she weren't having none of it. She was, like, 'do you know what, at the end of the day you can just go away then' but deep down she was well upset, she was gutted."









Toni[15]

Toni (15) is from Newcastle. She lives with her mum Dawn, dad Brian and her younger sisters. She also has an older sister, Joanne, who lives with her boyfriend nearby.

Toni first had sex when she was 14 and met Dan (18) just after she turned 15. Toni hadn't been with Dan, a friend of Joanne's, for long when she fell pregnant: "We just used to sit around cuddling and stuff. I think it was a week after I started seeing him that I fell pregnant". Since finding out that Toni was pregnant, Dan has finished their relationship. "He just didn't want it to be his, he just didn't want to know", reveals mum Dawn.

As her bump begins to show more, Toni thinks boys are starting to treat her differently and feels more self-conscious about her appearance. "You look in the mirror one day and you think you look really nice, and then the next day it's, like, 'Oh God, I look a mess again'."

Toni's mother believes that if she could turn back time then she would do. Prior to falling pregnant, Toni was a very sociable teenager, always out with friends having a laugh, but now her friends treat her differently and don't want to know her. She has even had to move schools because of bullying. Toni admits that since finding out that she was pregnant her life has changed a lot. "I'm not me at all compared to what I used to be. I used to be out every night... I just can't do that anymore. So I'm just not me whatsoever", she confesses.

Although she has now settled into a new school for teenage mums and made some new friends, Toni would tell any girl her age not to get pregnant. As her pregnancy progresses she is trying to be more positive and, despite feeling isolated from her old friends, and terrified of the labour, Toni is excited about seeing her baby and hopes that it will all be worth it in the end.





Zena[15]

Zena (15) lives in Great Yarmouth with her mum Angie and dad Lawrence and has wanted a baby since she was eight years old. "Basically, that's all my ambition is, to have a family and be a housewife and full-time mum", she says. From the first time she met her boyfriend of two years, Chris (19), she was honest and upfront about her plans for the future. "I thought there was something special about her and she obviously thought the same, and we've been together ever since", Chris says. "Something clicked inside and basically I knew he was the one", Zena adds.

The couple, who live apart, started trying for a baby five months into their relationship. It took a further 18 months for Zena to fall pregnant, but she describes finding out she was expecting as the happiest moment of her life, "because I knew basically my dream's going to finally come true".

Zena cannot believe she is going to have her own baby and she worries frequently about complications with the pregnancy. She also worries about Chris who has been diagnosed with depression which leaves him unable to work. Chris admits to this condition, but says that "as soon as the doctor tells me I can go back to work, that'll be my first priority after looking after Zena and the baby – I want to start work so I can provide for my family".

Zena left school two years ago at the age of 13 because of the malicious bullying she incurred. "I've never been one of the popular ones. Basically, the way I see it is: if the face don't fit, they don't like you."

But her face fits for Chris: "On her 18th birthday I'd like to get married to her", he confesses. "He's already asked me to marry him, and I said yes", she adds.









Monique[16]

Monique (16) lives with her mum Susan, a born-again Christian, and four sisters in Woolwich, South London. She is the cousin of Rebecca who also takes part in this series.

Monique had high hopes of doing a photography course at college, and had achieved good grades at GCSE level when, at 15, she fell pregnant to her on-off boyfriend. The couple have since split up. Monique's ex-boyfriend gets in touch with her sporadically to find out the progress with his unborn child.

Monique was adamant that she did not want to have a baby at the age of 15. In fact, she even called a local clinic to request a termination. "I wanted an abortion", Monique admits, "I booked the appointment for an abortion and then my mum wouldn't let me go through with it." Her mother claims this is because of her religious beliefs, but says that she would have supported Monique whatever her decision.

Although Monique now feels that she made the right choice by not going through with the termination, she admits it can be hard. The baby's father is also still not as involved as she thinks he could be. "We're getting on just as friends. I wouldn't really like to get back with him because I think things are fine how they are."

Rebecca and Monique offer each other constant support, as does the rest of their extended family. As her baby is due before Rebecca's, Monique hopes to share her experiences of being a new mum with her cousin and prepare her for the imminent arrival of her child.





Kacey[16]

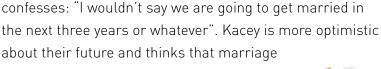
Kacey (16) and Chris (20) are from Cardiff. The couple met in November 2007 on Chris's 19th birthday when he was dared to run naked through the new shops in the precinct. During his naked dash, Chris ran straight into Kacey and they have been together ever since. The couple live apart: unemployed Chris lives with his parents, while Kacey, the youngest of five children, lives at home with her mum Sharon and dad Andrew.

Kacey describes herself as a pretty rebellious teenager: "I was quite forward for my age, there was a couple of boys before Chris, but not to the extent that you could say, 'ahh, slapper!'"

The pair had been together for six months when, on her 16th birthday, she found out she was pregnant. They admit it was a huge shock, and discussed in great depth whether or not to keep their unborn child. "My first thought was 'scared' really", Chris admits and Kacey does worry about his ability to cope with a baby, particularly when it comes to changing the nappies: "I don't think he'll be able to do it, he seen a bit of fat on the meat yesterday and he was gagging!"

Despite this they are both looking forward to the birth of their child. Their future as a couple, on the other hand, is something they are not so positive and united on.

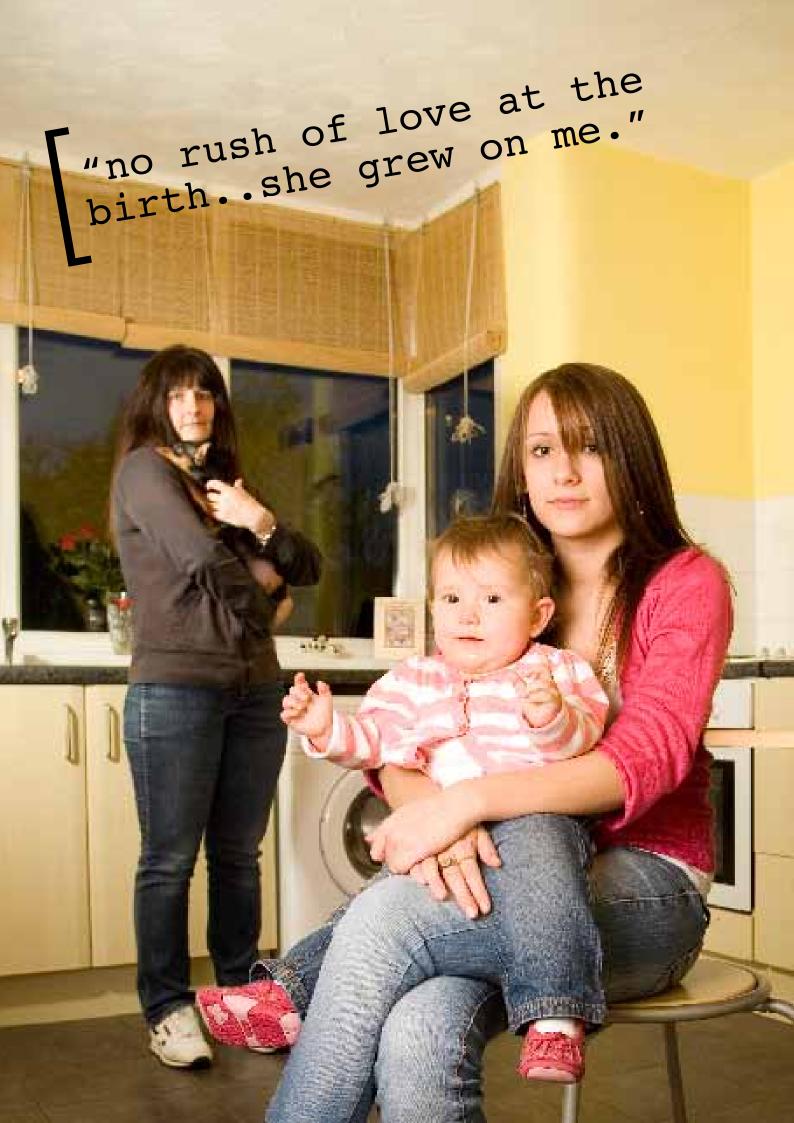
Whilst she knows that the baby may not bring them closer together, Kacey is worried that its arrival may drive them apart. "I wouldn't say we are madly in love with each other." Chris, who values his freedom and time spent alone with friends and family,



in a few years' time: "I do love him, I would like to spend my life with him, but people change, I can't sav for sure that we will".









Kim[16]

Kim (16) lives in Staffordshire with her mum, Sally, and her seven-month-old daughter, Heidi. Kim's ex-boyfriend, the father of her baby, lives in Benidorm, Spain.

Kim grew up in Benidorm living a party lifestyle: she started drinking and smoking at the age of 12. "Anything my mum said 'don't do', I did. I used to say I was stopping with friends and go out clubbing all night, every night of the week." But everything changed for Kim when, at the age of 14, she discovered she was pregnant and moved back to the UK.

Now, Kim only has one night out with friends a week and has recently started seeing a boy called Sam. "I thought 'I'm never going to have a boyfriend again, no one's going to want to go out with someone who's got a baby, especially not my age'," she reflects. However, things with Sam seem to be going well: "It's such a nice change to have somebody who actually cares", she confesses.

With help from Sally, Kim manages to juggle spending time with Sam and looking after Heidi with school work. "I would really, really love Kim to do her A Level English and do a degree in English", says Kim's mum, Sally. "Worst case scenario for me would be for Kim to drop out of education." Kim's not quite so sure that education is the best option for her: "I hate not having a job. I really want to just finish college, get my GCSEs and whatever at the end of this year, then I can get a job. I just really want some money".

Although Kim feels ready to start working for a living, she isn't so keen on doing the housework. "I don't bother cleaning my room up. If I make a mess, my mum'll clean it up", she giggles. Sally agrees that she does spoil Kim by tidying up after her: "Kim is the untidiest person I

know", she says. "I'll sit there and I'll say 'put this away', 'in a minute, in a minute, in a minute!' That's not a young mother thing, that's a teenage thing!"





Jasmine[16]

Jasmine (16) lives with her mum Barbara and dad Terry on the Isle of Sheppey, Kent. She also has three brothers and her older sister, Jade, lives nearby. Boyfriend Tom (15), an apprentice at a metal works, lives in the same town.

Tom and Jasmine had been together for 18 months, when she realised her period was late. She says she knew instantly that she was pregnant, and when the couple bought a pregnancy test kit in town, the result confirmed her suspicions. "I knew straight away I wanted to keep it", she says, despite attempts by her mother, father and older sister to persuade her to have an abortion. "I said 'you've got your whole life, you can settle down with Tom and have children later on when you've got your education, you're just going to ruin it for yourself'", mum Barbara says.

"I'm glad I didn't listen to anyone, I just went with my own instincts at the time", Jasmine says, and mum Barbara also admits to being excited about the baby's imminent arrival.

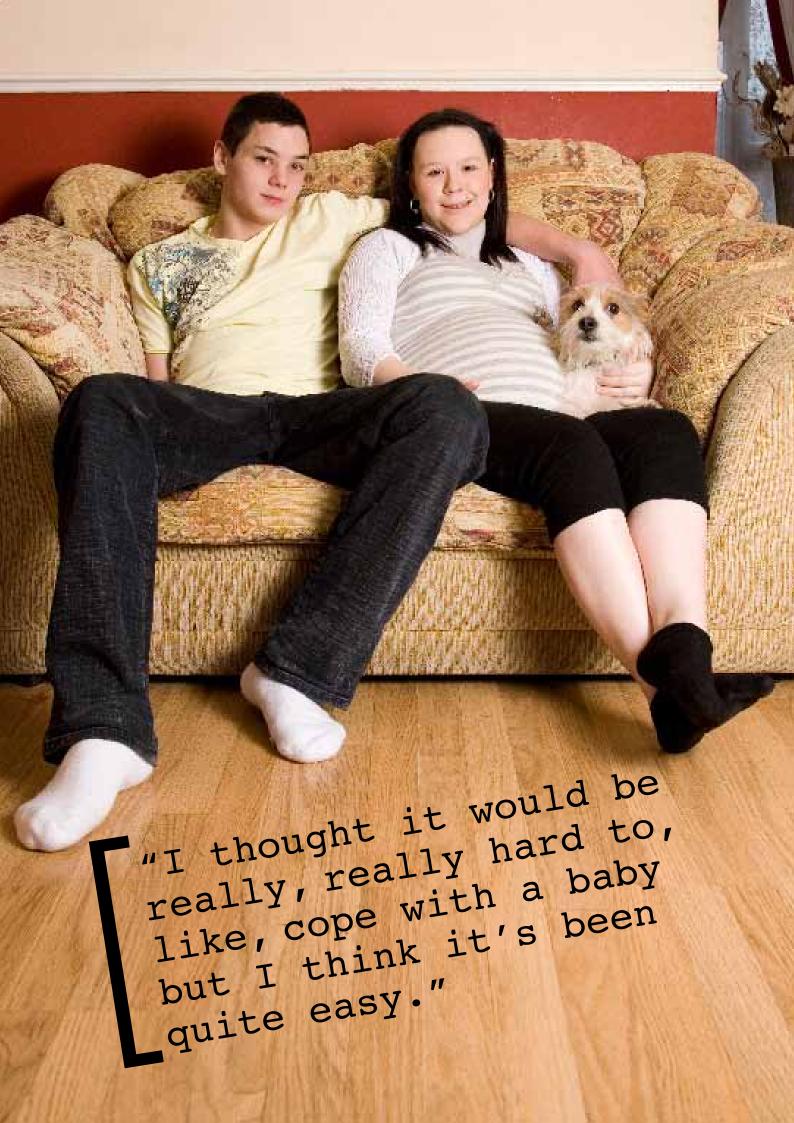
Tom, who did not wish to take part in the series, and Jasmine know that they are expecting a boy. The couple had previously agreed that if the baby was a boy Tom could choose the name, and if it was a girl Jasmine would decide. "I did say that Tom could pick the name obviously it being a boy and everything." However, it seems the final say on their baby's name will be a joint decision: "He said he likes Harvey, but I don't like it", she adds.

Jasmine has now finished school. She completed her GCSEs in the early stages of her pregnancy. Initially she had considered becoming a model but, since falling pregnant, she has been looking at alternative career options. Top of her list is joining the police force, although she thinks this may

thinks this may
be too dangerous
with a baby and so
is contemplating
midwifery. During her
own pregnancy, she
has had four midwives
and thinks it is a
career that could be of
interest to her.









Chloe[15]

Chloe (15) lives with her mum Lisa, sister Rebecca and brother Jamie in Dereham, Norfolk. She's been with boyfriend Gary (19), a friend of her brother, for 10 months. Gary lives on the outskirts of town with his parents.

Chloe, who is currently on study leave, suffered bullying and had abusive graffiti written about her pregnancy, and is therefore unsure whether she will return to school after her baby is born. She wanted to be involved in Underage and Pregnant to show the girls at her school that there is nothing wrong with being a teen mum.

"We were going out about two months when she got pregnant, I think. We weren't together at the time and I was sort of getting to know someone else", Gary reveals. He admits that initially he was unsure that the baby was his, but once he realised that there was no question who the father was he broke off his other relationship to make a go of things with Chloe. "We got back together and we have a few arguments every now and again, but apart from that we get on alright", he says.

The couple are nervous about having a child together and aren't sure what to expect from the labour. "Someone told me it's like having a stomach bug but like a little bit worse", Chloe volunteers. Gary is keen to be at Chloe's bedside when their baby is born, holding her hand and supporting her as much as he can: "I don't really know what to expect at the moment, but I'll find out".





Charley[15]

Charlotte (Charley) (15) and Lewis (15) from Newton Abbot in Devon met at school and have been together for two years. When their son Kenzie-James was born nine months ago, Lewis moved in with Charley and her family: identical twin sister Ally, mum Leslie, who looks after Kenzie in the daytime, dad Dave, younger sister Shana and Reg the dog.

Charley describes herself as a typical teenager. When she's at school she just hangs around with her friends and has a laugh, but after school she goes into responsible mode: "In the day I'm a kid and then, as soon as I get in, I'm mum again".

The pair admit that being teenage parents is tough and, as well as having to juggle school work, childcare and household chores, being under 16 means that the law sees them both as children themselves. As such they aren't able to earn much money, drive or buy their own house – they can't even take Kenzie swimming on their own!

But Charley and Lewis aren't the only teen parents in Devon facing these problems: 14 girls at Charley's school have become pregnant that she knows of. Charley thinks that nowadays girls in Devon see being pregnant as a fashion accessory and a clever way to keep their boyfriend – "...but of course it doesn't work like that", she says.

No one knows this better than her identical twin sister Ally. Just five months after Charley gave birth to Kenzie, Ally fell pregnant to her boyfriend of three months, Cory. Ally worries that their relationship isn't as strong as Charley's: "Lewis is, like, absolutely

amazing and having them around when they've got this perfect little family thing is kind of, like, hard", she

admits.

Charley's education and relationship with Lewis are really important to her. She is already planning for their future together with baby Kenzie, and would like them to have two more children at a later date. She hopes to do a childcare course, and save up enough money to buy a car and a house with Lewis. "I am really lucky", she says, "he's been there all the way through".





" .. it was like my first time as well, which made it even more difficult."





Caroline[15]

Caroline (15) and Caine (15) from Bracknell met at school and have been together for nearly two years. Caine lives with his parents while Caroline shares her family home with dietician mum Judy, plumber dad Allan and sisters Jennifer and Maria.

Just over a year ago, Caroline's dream of becoming a model was placed on hold when she discovered she was pregnant. She discussed her options with Caine, her doctor and her parents: her mum Judy even considered pretending that the baby was hers. Ultimately, the couple chose to continue with the pregnancy and Caroline gave birth to a baby boy, Stanley, nine months ago.

Since having Stanley, Caroline has returned to school, and mum Judy looks after the baby in the daytime. When it comes to dividing up the remaining hours of childcare, Caroline admits she does more than Caine and this does lead to the couple having stronger arguments than most people their age: "Usually about looking after Stanley, me wanting to go out, him wanting to go out", says Caroline.

But Caine feels as though he has made a lot of changes to help with looking after the baby. "My life before Caroline got pregnant was easy really, just like any other teenager's life, joking around with your friends, staying out late, playing football", Caine confesses, "but now Stanley's here it's mostly changed". The pair are trying to find ways to share the responsibilities as Caine is keen to be a hands-on dad.

"I don't really have any worries about the future at the moment", he says when questioned about what lies in store for the couple. "The main thing is getting a job and supporting Caroline and him, I can't really say

life. I hope we'll stay together." Caroline is of a similar opinion when it comes to their future: "I think me and Caine will stay together for a while", she adds.





"Working on the series was great experience for the whole team. All the girls and their boyfriends, families and friends were very generous about letting us into their lives.

They were open, honest and the whole team were incredibly impressed at how the teens coped with being pregnant and then with looking after their children. It was very moving to be at the birth or be one of the first to meet their newborn babies. Of course at times things were difficult, emotional and challenging for people. But what really struck us was how everyone just got on with it. Once they were over the shock they rallied round to make things as normal as possible."

Hannah Wyatt
Executive Producer, *Underage and Pregnant*





This section explores myths and facts surrounding sex and relationships, contraception, pregnancy and sexually transmitted infections (STIs)

DVD Chapter 1

Here the teenagers talk frankly about getting pregnant, delivering their parents the news and facing up to the big challenge of becoming young parents. Their mums and dads also talk about coming to terms with their newly acquired responsibilities as grandparents.

"Having sex that young, I know it's illegal and everything but we knew everyone else was doing it." [Caine, Caroline's boyfriend]

section one: how did it happen?



■ Rebecca and mum Sharon

Kacey with parents Sharon and Andrew ▶

Kacey with boyfriend Chris ▶▶



Caroline and mum Judy ▶

Zena, her boyfriend Chris and her parents Angie and Lawrence **V**



◀ Caroline and boyfriend Caine



Charley with her parents Lesley and David and baby Kenzie ▶

Charley with boyfriend Lewis and baby Kenzie ▶▶





lesson 1: who are you?

Aim:

To learn about the teenagers who appear in Underage and Pregnant

Learning Outcomes:

 To consider why teenagers form relationships and how those relationships might develop in the future

What you will need:

- Teenager photo cards
- Pregnancy discussion map

1. Introduction

- Establish ground rules (see page 6 for guidance)
- Explain to pupils that they are going to explore why people form relationships
- Briefly explain the *Underage* and *Pregnant* series

2. Opening activity Introducing the teenagers

- Give each pupil a different photo card
- Ask them to read through the profiles and record some interesting facts
- Encourage pupils to move around the classroom and introduce themselves as that teenager to as many people as possible. Tell the class it is important that they ask open ended questions to find out some basic information about each other

For example:

- How old are you?
- Where do you live?

• Do you have a boyfriend / girlfriend?

- Place the photos of all the teenagers on the board.
- Ask the class to feedback
- Match up the photos of the teenagers who are in a relationship

3. Development activity Discussion map

Using the Pregnancy discussion map, encourage the class to think about all the different issues the teenagers from the series might have faced when they first started a relationship / had sex / found out that they were having a baby.

Areas to think about could include:

Why do some young people have sex? Is it different for couples and singles? What is the age of consent? Do people often have relationships with boys / girls older than they are? What is a 'safe' age difference?



activities

4. Reflection and review

- Ask the class to think about whether they would be able to cope with having a baby
- Hand out post-it notes and ask pupils to write down three reasons why they would or would not be able to cope
- Ask them to place their post-it notes on the wall
- Invite a volunteer to read out the class's thoughts

5. Summarise

- Relationships are different for different people
- The teenagers in the series have a great deal to think about, and a number of choices to make when considering their relationships



[Teenager photo cards]



Charley



Name: Charlotte (Charley)

Age: 15

From: Newton Abbott, Devon

Relationship status: has been going out

with Lewis for two years

<u>Lives with:</u> her boyfriend, their son, mum,

dad, identical twin sister, younger sister

Baby: Kenzie-James

Interesting info: fell pregnant on her

14th birthday

Kacey



<u>Name:</u> Kacey

Age: 16

From: Cardiff

Relationship status: has been going out

with Chris for a year and a half <u>Lives with:</u> her mum and dad

Baby: Seren

Interesting info: texted her mum to tell her

she was pregnant

Lewis



<u>Name:</u> Lewis

<u> Age: 15</u>

From: Newton Abbott, Devon

Relationship status: has been going out

with Charley for two years

Lives with: his girlfriend's family

<u>Baby:</u> Kenzie-James

Interesting info: Lewis wants to get a job

so he can save up for a motorbike

Chris



Name: Chris

Age: 20

From: Cardiff

Relationship status: has been going out

with Kacey for a year and a half <u>Lives with:</u> his mum and dad

Baby: Seren

Interesting info: met Kacey whilst doing a naked dash through Cardiff city centre



[Teenager photo cards]



Caroline



Name: Carolíne

<u>Age: 15</u>

From: Bracknell

Relationship status: has been going out

with caine for a year

Lives with: her mum, dad and two sisters

Baby: Stanley

Interesting info: Caroline had signed up to a modelling agency before she found

out she was pregnant

Monique



Name: Monique

Age: 16

From: South London

Relationship status: single

<u>Lives with:</u> her mum and four sisters

Baby: Naomí

Interesting info: Monique is Rebecca's

cousin

Caine



Name: Caine

Age: 15

<u>From:</u> Bracknell

Relationship status: has been going out

with Caroline for a year

Lives with: his mum, dad and sister

Baby: Stanley

Interesting info: Caine thinks that he fights more with Caroline now that they've had their baby

Rebecca



Name: Rebecca

Age: 16

From: South London

Relationship status: single

Lives with: her mum and sister

<u>Baby:</u> Cameron

Interesting info: Rebecca's grandmother

has 80 grandchildren and 86 great-

grandchildren



[Teenager photo cards]



Zena



Name: Zena

<u>Age:</u> 15

From: Great Yarmouth

Relationship status: has been going out

with Chris for two years

Lives with: her mum and dad

Baby: James

Interesting info: Zena has wanted a baby

since she was 8 years old

Chloe



<u>Name:</u> Chloe

Age: 15

From: Dereham, Norfolk

Relationship status: has been going out

with Gary for nine months

Lives with: her mum, younger brother and

younger sister <u>Baby:</u> Morgan

Interesting info: Chloe took part in

underage and Pregnant to show that she

will be a good mum

Chris



Name: Chris

Age: 20

From: Great Yarmouth

Relationship status: has been going out

with Zena for two years

Lives: by himself

Baby: James

Interesting info: Chris wants to marry

Zena on her 18th birthday

Gary



Name: Gary

Age: 19

<u>From:</u> Dereham, Norfolk

Relationship status: has been going out

with Chloe for nine months Lives with: his mum and dad

Baby: Morgan

Interesting info: Works most days on a

dairy farm to support Chloe



[Teenager photo cards]



Kim



<u>Name:</u> Kím

<u>Age:</u> 16

<u>From:</u> Stoke-on-Trent

Relationship status: single Lives with: her mum and daughter

Baby: Heidi

<u>Interesting info:</u> found out she was pregnant in Burger King toilets

Toni



Name: Toní

<u>Age:</u> 15

From: Newcastle

Relationship status: single

Lives with: her mum, dad and younger

sísters

Baby: Kenzie-James

<u>Interesting info:</u> Toni thinks her baby is going to be a footballer because he's

always kicking

Jasmine



<u>Name:</u> Jasmíne

Age: 16

From: Isle of Sheppey

Relationship status: has been going out with Tom for 18 months – Tom didn't want to take part in underage and

Pregnant

Lives with: her mum, dad and brother

Baby: Tommy

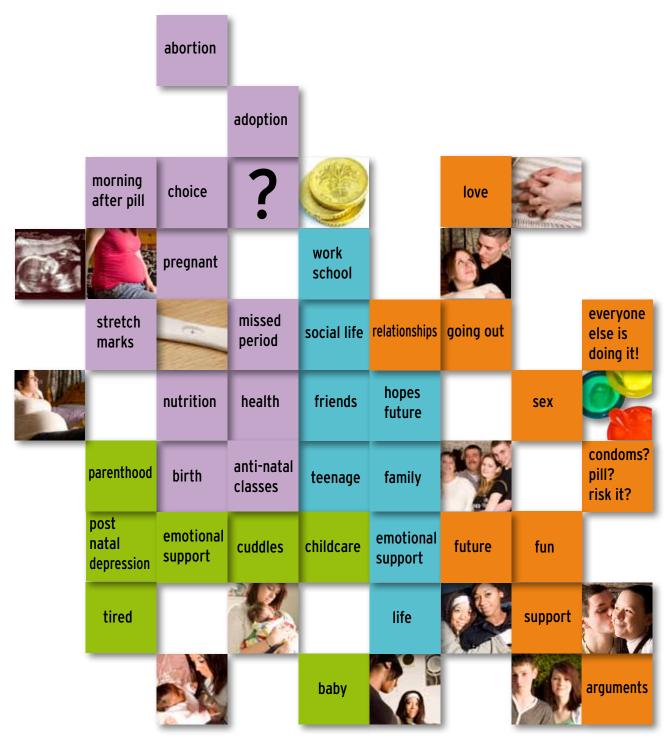
<u>Interesting info:</u> knew that if she ever fell pregnant she would never have an

abortion



[Pregnancy discussion map]





lesson 2: starting out

Aim:

 To understand the basic laws relating to young people's sexual health and relationships



Learning Outcomes:

To explore the laws relating to young people and their sexual health

What you will need:

- 'It's the Law' statement cards
- Teacher Guidance: 'It's the Law'
- True / False / Debatable cards

1. Introduction

- Establish/revisit ground rules (see page 6 for guidance)
- Explain to pupils that they are going to look at the law relating to young people and their sexual health

2. Opening activity It's the Law

- Split the class into small groups
- Hand out the 'It's the Law' statement cards and ask each group to sort them into three piles: TRUE, FALSE,

DEBATABLE

Ask each group to feedback

3. Development activity Values Continuum 12–40

- Display a selection of numbers between 12 and 40 around the classroom
- Ask the class to stand by the number

that represents the age at which they think the following are appropriate:

- To have a boyfriend / girlfriend
- To start having sex
- To have a baby

If it is not possible to move around the room, this activity can be done by holding up number cards and asking for a show of hands.

4. Reflection and review

As a class, discuss the views expressed and emphasise that decisions about sex and relationships are personal and different for everybody. They may be affected by a number of factors, e.g. beliefs, faith, culture, friends, sexuality and peer pressure. It is important for each person to make choices in their own time.



activities

5. Summarise

- Relationships are different for different people
- The average age for the first time people have sex is 16

homework extension

Research the age of consent in three other countries (e.g. Italy, USA, Netherlands). What reasons are given for the age of consent being set as they are in the chosen countries?



['It's the Law': Statement cards]



1

The age of consent is different for heterosexual and homosexual people.

2

Having sex with someone who is under the age of 13 could result in life imprisonment.

3

If a person is prosecuted for having sex with someone underage, they can defend themselves by claiming they thought that person was 16.

4

Doctors and nurses can provide contraceptive advice and treatment to under-16s.

5

If a girl under 16 asks for an abortion, the doctor has to tell her parents. 6

Only men can commit rape.

7

The time limit for abortion is 24 weeks.

8

A person has to be 16 or over to buy the emergency contraceptive pill from a pharmacy.

9

You can get condoms for free from sexual health clinics.



[Teacher Guidance: 'It's the Law']





1. The age of consent is different for heterosexual and homosexual people

FALSE - In the UK the age of consent – the age at which heterosexual and homosexual people can agree to have sexual intercourse – is 16.



2. Having sex with someone who is under the age of 13 could result in life imprisonment TRUE - Sexual Intercourse

It's illegal for anyone to have sex with someone under 16 even if both people are under 16. At any age in the UK it is illegal to have sex unless both people agree to it. The law also says people must have sex in private.

A boy (over the age of 10 in England, Wales and Northern Ireland and over the age of 8 in Scotland) who has sex with a girl under 16 is breaking the law – even if she consented. If the girl is between 13 and 15, he could go to a Young Offenders Institution / Youth Detention Centre / prison for up to two years. If she is under 13 the boy could be sentenced to life imprisonment.

In Scottish law, sexual intercourse with a girl under 13 is classed as rape, (even if it was consensual). This also applies to anyone having sex with a boy aged 13 and under.

Sexual Touching

It is also an 'offence' to sexually touch a young person aged between 13 and 15. 'Touching' covers all sexual, physical contact and penetration, even if it's through clothing. If the offender is found guilty they could face:

- 14 years' imprisonment if they are over 18
- 5 years' imprisonment if they are under 18

Sexual touching not involving penetration of someone under 13 could result in 14 years' imprisonment. Sexual touching involving penetration of someone under 13 can result in life imprisonment.



3. If a person is prosecuted for having sex with someone underage, they can defend themselves by claiming they thought that person was 16.

FALSE - Across the UK there is no defence of mistaken belief about the age of the child for those under 13 (12 in Scotland) but there is for those aged 13–15 years.



4. Doctors and nurses can provide contraceptive advice and treatment to under-16s.

TRUE - In England, Wales and Northern Ireland, Fraser Competence is used to assess if a person is capable of understanding the medical procedure and / or treatment. Therefore, an under-16 year old is entitled to confidential advice and treatment, provided that:

- he / she is mature enough to understand what is involved
- the health professional has explained the importance of discussing this with her / his parents but s/he does not feel able to
- the young person is likely to begin or continue to have sexual intercourse
- without contraceptive advice or treatment the young person's physical or mental health will suffer.

In Scotland, under the Legal Capacity Act 1991, those under 16 may consent to medical treatment if in the health professional's opinion they are capable of understanding the health consequences of the procedure or treatment. There is no specific government guidance.



[Teacher Guidance: 'It's the Law']





5. If a girl under 16 asks for an abortion, the doctor has to tell her parents.

FALSE – Across the UK young people under the age of 16 can consent to an abortion once they have been assessed with the Fraser Competence (abortion in Northern Ireland is only legal in very exceptional circumstances). Although the health professional will encourage the young person to speak with her parents, she has the right to consent for herself. However, it is not common for an abortion to be performed without any parental or adult involvement.



6. Only men can commit rape.

TRUE - Women cannot be charged with the offence of rape as this is defined as penile penetration but in England, Wales and Northern Ireland she could be charged with another offence such as causing a person to engage in sexual activity without consent.



7. The time limit for abortion is 24 weeks.

TRUE - In England, Wales and Scotland (abortion in Northern Ireland is only legal in exceptional circumstances) termination of pregnancy may be carried out up to 24 weeks, provided two registered doctors agree that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family. Only in very exceptional emergencies will an abortion be carried out after 24 weeks.





FALSE – Anyone can buy emergency contraception in a pharmacy. In certain parts of the country schemes operate to provide free emergency contraception to young people.

9. You can get condoms for free from sexual health clinics.



TRUE – Condoms are available free of charge from Brook Centres, family planning clinics and young people's centres. Anyone can buy condoms from shops or vending machines, and there are condom distribution schemes in many areas of the UK.

Useful links

bbc.co.uk/ethics/abortion

www.thesite.org/sexandrelationships/safersex/unplannedpregnancy

www.fpa.org.uk/Information/Factsheets/lawonsex

www.brook.org.uk/content/M1_sexandthelaw.asp

www.ruthinking.co.uk/the-facts/search/articles/sex-and-the-law.aspx

NB: In Scotland a new bill, Sexual Offences (Scotland), is currently being considered by the Scotlish Parliament and there will be changes, projected timescale is for autumn 2009. Information provided here is current at time of publication.



[True / False / Debatable cards]



true

false

debatable

ı

activi.

lesson 3: once is enough

Aim:

To recognise and consider the importance of relationships

Learning Outcomes:

- To consider stages in a relationship including when conception might occur
- To discuss the reasons why some young people become pregnant

What you will need:

- DVD Chapter 1: How did it happen? (running time 7'50")
- A4 paper
- Post-it notes or pieces of card



1. Introduction

- Establish / revisit ground rules (see page 6 for guidance)
- Tell the class that they are going to explore the different stages of relationships and why some young people become pregnant
- Briefly explain the *Underage and Pregnant* series

2. Opening activity Relationships timeline

- Draw a timeline on the board: at one end write 'Meeting someone special' and at the other end 'Having a baby'
- Ask for a couple of different stages in a relationship and write these on the timeline (e.g. dating; moving in together)
- Working on their own or in pairs, ask pupils to produce their own timeline of an ideal relationship
- Ask for feedback

Points to discuss:

- Which is the most important stage in a relationship?
- How long might a relationship take to develop?
- At what point might a couple discuss having sex/using contraception?
- Is there any difference between heterosexual and homosexual couples?

3. DVD Chapter 1: How did it happen?

Show DVD Chapter 1 asking pupils to focus on the reasons the teenagers give for becoming pregnant.

Discuss the content and explore the following issues:

- Why do condoms split?
- Did any of the teenagers seek advice after having had unprotected sex? If so, from whom?



activities

4. Development activities Review the timeline

Ask pupils if they would like to make any changes to their timeline in light of what they've just seen? Encourage pupils to think specifically about the time it might take to build a strong relationship and when to discuss sex and contraception.

Protect yourself

Display the following statements on the board and, as a class, discuss thoughts on each:

- Condoms are 98% effective if used properly
- Any time someone has unprotected sex, it is possible to become pregnant
- Young people can seek confidential advice on pregnancy from GPs,

- counselling services, specialist phone lines and sexual health clinics
- One in five young men and nearly half of young women aged 16-24 say they wish they had waited longer to start having sex

5. Reflection and review

- Hand out post-it notes and ask pupils to write down three things that think are important in a relationship
- Stick these up on the classroom wall

6. Summarise

- Relationships are different for different people and take time to develop
- The *average* age for the first time people have sex is 16
- Contraception is extremely effective if used properly

homework extension

Draw a spider diagram of what makes a good relationship, considering qualities such as trust, sense of humour, kindness, passion and communication.



lesson 4:

conception and condoms

4

Aim:

To consider how a condom protects against pregnancy and infection

Learning Outcomes:

- To explore some of the myths and facts surrounding conception
- To understand how conception occurs
- To know how a condom works and how to use it

What you will need:

- DVD Chapter 1: How did it happen? (running time 7'50")
- Post-it notes
- Condom checklist
- Condoms and demonstrators (your PSHE Coordinator, school nurse or local sexual health clinic may be able to supply these)



1. IntroductionEstablish / rev

- Establish / revisit ground rules (see page 6 for guidance)
- Explain to pupils that they will be looking at some of the myths and facts about how people become pregnant, and that they will explore different methods of contraception
- Briefly explain the *Underage* and *Pregnant* series

2. Opening activity Conception Myths

 Ask pupils individually, or in small groups, to write on post-it notes any statements they've heard about how someone can get, or avoid getting,

- pregnant (e.g. 'you can't get pregnant if you have sex standing up')
- Place the post-it notes on the classroom wall
- Ask for feedback and sort the statements into two columns headed 'Myth' and 'Fact'

Ensure the class understand how conception occurs. You may wish to use pictures of the reproductive organs to illustrate this. Include the information that a woman can get pregnant before a man ejaculates, because of preejaculate (pre-cum), and that the withdrawal method of contraception is not reliable.



activities

3. DVD Chapter 1: How did it happen?

Show DVD Chapter 1 asking pupils to focus on the reasons the teenagers give for becoming pregnant.

Discuss content and explore the following issues:

Is it just luck whether a condom splits or not?

Why might young people have unprotected sex?

Who or what might influence young people to have sex?

Apart from condoms what other types of contraception were mentioned in the DVD?

Explain to the class that the pill and the condom are extremely effective if used properly – it is human error which usually causes them to fail.

4. Development activity Condom demonstration

Remind the class that condoms not only prevent pregnancy but are also the most effective way of protecting against sexually transmitted infections.

- Ask the class to identify the three main things to check for before using a condom: expiry date, damage to the packet and quality/kite mark
- Demonstrate use of a condom
- Ask the class to practise putting condoms on the condom demonstrators
- Consider practising with a blindfold to learn about using condoms in the dark
- As a class create a condom checklist
 see page (48)

5. Summarise

- Any time someone has unprotected sex, it is possible to become pregnant
- Use trusted information sources to seek advice about sexual health.

homework extension

Make a comic storyboard using a sequence of six drawings and words, to describe how to put on a condom.

Myths and facts

useful links

www.thesite.org/sexandrelationships/sexuality/awareness/sexmyths www.ruthinking.co.uk/the-facts/search/articles/sex-myths.aspx

Pictures of reproductive organs:

www.kidshealth.org/misc/movie/bodybasics/bodybasics_female_repro.html www./kidshealth.org/misc/movie/bodybasics/male_repro.html

Demonstrations of how to put on a condom correctly:

www.condomessentialwear.co.uk/contraception-contraceptives/put-on-condom or www.shine.nhs.uk/movies/movies.php?mov=condom





condom checklist

[Use reputable rather than novelty condoms]

- Avoid penetration before the condom is on
- Check kite mark / CE mark (this means condom has been properly manufactured)
- Check expiry date
- **Take** the condom out of the packet carefully, taking care not to tear or scratch it (this can be done by pushing the condom to one side inside the packet before opening)
- Check the condom is the right way round so that it will roll down easily
- Pinch the top of the condom to squeeze out any air, leaving room for the semen
- Unroll the condom to the base of the penis
- After ejaculation withdraw while the penis is still erect taking care to hold the condom in place to avoid spilling contents
- Tie a knot in the condom and place in the bin, not in the toilet

additional points

- Avoid using oil-based lubricants use water-based lubricants (available from clinics)
- Avoid any oil-based products when touching a condom (e.g. baby oil, massage oil, hair product, lipstick) as these weaken the fabric of the condom, making it more likely to split
- Avoid storing in a warm place e.g. in trouser pocket for long periods of time
- Never use two condoms together
- Never use a condom with a Femidom (female condom)



lesson 5:

STIs and contraceptives

STIs = Sexually Transmitted Infections

5

Aim:

 To consider some contraceptive options and whether they protect against sexually transmitted infections (STIs)

Learning Outcomes:

- To recognise different STIs and know some of the symptoms
- To know about different kinds of contraceptives and consider their relative advantages and disadvantages
- To know about sexual health services available for young people

What you will need:

- Teacher Guidance: Sexually Transmitted Infections
- Teacher Guidance: Finding a Sexual Health Service
- Contraceptive picture cards
- Contraceptive activity sheet
- Access to computers*

activitio

1. Introduction

- Establish / revisit ground rules (see page 6 for guidance)
- Tell the class that they are going to learn about the symptoms for different STIs, how to avoid catching one and where to go to get tested
- Explain that they will also explore the various forms of contraception available to them

2. Opening activity Sexually Transmitted Infections (STIs)

Ensure the class understands what is meant by the words 'Sexually Transmitted Infection' (STI).

- Draw or display outline pictures of the male and female body on the board
- Ask the class to suggest as many STIs as they can think of and to mark the areas of the body that are affected by

^{*} If ICT resources are not available, the information on Teacher Guidance: Sexually Transmitted Infections, or STI / contraceptive leaflets from GP surgeries or family planning clinics can be used within the relevant exercises as an alternative.



activities

- each; ensure you include penis, vagina, groin area, urethra, bladder, cervix, anus, mouth, pubic hair, skin / body (rash)
- Explain that STIs can be transmitted in a number of ways (body fluids, physical contact, oral and penetrative sex)
- Ask the class to suggest what someone should do if they think they have an STI
- Explain about local clinics/sexual health services for young people and how to find them

3. Development activity Contraceptives

- Divide the class into seven groups and give each group a different contraceptive card
- Ask pupils to complete the contraceptive activity sheet for their allocated method
- Tell each group that they work for an advertising agency and need to produce a one-minute script for a TV advert promoting their method of

- contraception
- Invite groups to present their advert to the rest of the class, either by reading the script aloud or acting out the advert

4. Reflection and review

As a whole class discuss:

- What do pupils feel is the most effective method of contraception?
- What is the biggest difference between condoms and other methods?
- Do the class think it is difficult to talk to their partners about contraception?
- Who takes more responsibility for contraception: men or women?

5. Summarise

- You can rarely tell by looking at someone whether they have an STI
- It's not how many people the person has slept with; it's how often they use protection effectively
- Talk to your partner and seek advice from your GP / clinic about which type of contraceptive is best for you
- Condoms are the most effective protection against STIs

Contraceptives

bbc.co.uk/health/sexual_health/contr_index.shtml www.brook.org.uk/content/M2_1_Contraception.asp www.likeitis.org.uk/contraception.html www.condomessentialwear.co.uk

useful links



Teacher Guidance: Sexually Transmitted Infections [STIs]

infection	what is it?	getting it	signs and symptoms	getting tested	how is it treated?
Chlamydia	Chlamydia is the most common STI affecting young people. One in ten under-25s has it.	Chlamydia is passed on during sex or oral sex. Anyone who is sexually active can get it and pass it on - you don't need to have slept with lots of people. You can't catch it from kissing, hugging, sharing towels, toilet seats or from sharing cups, plates or cutlery.	Most people don't get any symptoms at all. Women may have: • bleeding between periods, and during or after sex • lower adominal pain / painful sex • unusual discharge Men may have: • a white / cloudy or watery discharge from the tip of the penis • pain when passing urine • swollen / painful testicle(s)	You can only be certain you don't have chlamydia if you have a test. A free test can be done at: • a GUM or sexual health clinic • GP surgery • contraceptive and young people's clinics	Uncomplicated chlamydia is treated by a single dose of antibiotics.
Gonorrhoea	Gonorrhoea is often called 'the clap'. In 2007, 50% of all gonorrhoea diagnoses across the UK were in young people.	Gonorrhoea is normally passed on during sex. Anyone who is sexually active can get it and pass it on - you don't need to have slept with lots of people. You can't get it from kissing, hugging, sharing baths or towels, swimming pools or from sharing cups, plates or cutlery.	Wost people don't get any symptoms at all. Women may have: • watery yellow or green vaginal discharge • pain when passing urine • bleeding between periods, and during or after sex • lower abdominal pain / painful sex Men may have: • a white, green or yellow discharge from the tip of the penis • pain when passing urine • swollen / painful testicle(s)	You can only be certain you don't have gonorrhoea if you have a test. A free test can be done at: • GUM or sexual health clinic • P surgery • contraceptive and young people's clinics	Uncomplicated gonorrhoea is treated by a single dose of antibiotics.
ніу	HIV (Human Immunodeficiency Virus) damages the immune system. Once someone is infected with HIV, it stays in their body for the rest of their life. There are an estimated 20,000 HIV-positive people in the UK who don't know they have it. In 2007, 11% of all new HIV diagnoses were in young people.	HIV is passed on when blood, semen, pre-ejaculate (pre-cum), vaginal fluids or breast milk of an infected person enters the body of an uninfected person. One of the most common ways of passing it on is through unprotected sex and oral sex. Anyone who is sexually active can get it and pass it on - you don't need to have slept with lots of people. You can't catch it from kissing, hugging, sharing bath or towels, swimming pools, toilet seats or from sharing cups, plates or cutlery.	Most people with HIV look and feel healthy for a long time, and have no symptoms at all. About 50% of people have flu-like symptoms, such as a fever, swollen glands and rash when first infected.	You can only be certain you don't have HIV if you have a test. A free test can be done at: • a GUM or sexual health clinic • GP surgery • contraceptive and young people's clinics • rapid testing clinics	There is no cure for HIV, but there are a number of drugs and therapies available that reduce the level of HIV in the blood, making living with the condition easier and preventing the onset of AIDS.
Trichomonas vaginalis	Trichomonas vaginalis, or TV, is an STI.	TV is passed on during sex. Anyone who is sexually active can get it and pass it on - you don't need to have slept with lots of people. You can't catch it from oral or anal sex, or from kissing, hugging, sharing cups, plates or cutlery, toilet seats or towels.	Most people don't get any symptoms at all. Women may have: Soreness, inflammation and itching in and around the vagina • a change in vaginal discharge Men may have: • a discharge from the penis • pain or a burning sensation when passing urine	You can only be certain you don't have trichomonas vaginalis if you have a test. A free test can be done at: • a GUM or sexual health clinic • some GP surgeries • some GP surgeries and young people's clinics	Trichomonas vaginalis is treated by a course of antibiotics.



Teacher Guidance: Sexually Transmitted Infections [STIs]

getting tested how is it treated?	You can only be certain you have gentlal warts if a doctor or nurse tooks at the warts and confirms you have the infection. • a GUM or sexual health clinic • some contraceptive and young people's clinics you will only be offered treatment if you have visible warts. Depending on the severity these can be removed by putting a liquid or cream onto the warts, freezing, heat treatment, surgery and laser treatment. Wart treatments sold at the pharmacy should not be used to treat genital warts.	You can only be certain you don't syphilis is treated by a single have syphilis if you have a test. A free test can be done at: • a GUM or sexual health clinic • GP surgery	You can only be certain you treatment for genital herpes if you have a screen when you've got signs or symptoms. A free test can be done at: • a GUM or sexual health clinic a week after the symptoms have cleared up, so you don't pass it on. It is important to pass it on. It is important to pass it on. It is important to know that people's services may shed the virus even when	If you're not sure whether you have pubic lice, you should go and have a test: A free test can be done at: • a GUM or sexual health clinic • GP surgery
signs and symptoms	Not everyone who has the virus will develop visible warts: Women and men may have: oo • small, fleshy bumps, growths or skin changes anywhere in or on the genital or anal area. • • 6 • 5 p	Syphilis may be asymptomatic. It has three stages, but the symptoms, which are the same for men and women, can be difficult to spot: • First stage: One or more sores will appear on the body - normally at the site of infection • Second stage: A painless rash, often on the palms of the hands and soles of the feet and flurlike Illness • Third stage: This latent stage is very rare in the UK, but can cause very serious damage to the heart, brain, eyes and bones. It can even lead to death.	Not everyone who has the virus will develop visible signs. Men and women may have flu-like symptoms, followed by: if small, fluid-filled blisters in the genital or anal area which may crust.	Some people don't get any symptoms at all. Men and women may have: itching in the infected area black powdery droppings in underwear brown eggs on pubic or other body hair •
getting it	Genital warts are easily passed on during sex, and can also be spread by close genital contact. Anyone who is sexually active can get it and pass it on - you don't need to have slept with lots of people. You can't get genital warts from kissing, hugging, sharing baths or towels, from swimming pools, toilet seats or from sharing cups, plates or cutlery.	Syphilis is passed on during sex or by direct skin-to-skin contact with someone who has the infection. Anyone who is sexually active can get it and pass it on - you don't need to have slept with lots of people. You can't catch syphilis from kissing, hugging, sharing baths or towels, swimming pools, toilet seats or from sharing plates, cups or cutlery.	Genital herpes is passed on during vaginal or anal sex, from close genital contact, or oral sex. Anyone who is sexually active can get it and pass it on - you don't need to have slept with lots of people. You can't get it from hugging, sharing baths or towels, swimming pools, toilet seats or sharing cups, plates or cutlery.	Public lice can be passed from one person to another by close body or sexual contact. Occasionally it can be passed by sharing clothes and bedding. Anyone who is sexually active can get it and pass it on - you don't need to have slept with lots of people.
what is it?	Genital warts are the second most common STI amongst young people, but not everyone who contracts the virus develops warts. In 2007, 55% of diagnoses were amongst young people. For most people the virus will be cleared from the body over time and it is rare for genital warts to cause any long-term problems.	Syphilis, which is sometimes called 'the pox', is an STI. It's not as common as other STIs but if left untreated it can cause very serious health problems in both men and women.	Genital herpes is a common STI, caused by the Herpes simplex virus - from the same family that causes cold sores	Pubic lice are an STI, more commonly known as 'crabs'. Catching pubic lice has nothing to do with poor hygiene.
infection	Genital warts	Syphilis	Genital herpes	Pubic Lice



[Teacher Guidance: Finding a sexual health service]



Interactive option – display a map of the local area on the whiteboard and use this to mark the school, nearest hospital(s), family planning clinic(s), young people's clinic(s), doctors' surgeries. Use the 'Find a Clinic' section on the websites below to identify the nearest clinics to your school.

In an urban area, such as Glasgow, the map will probably need a 3–5-mile radius; in more rural areas, the map will need to cover an area of up to 25 miles' radius to ensure the closest major towns are included.

www.condomessentialwear.co.uk/protection/condom-tips?WT.id=search

Locate clinics by entering postcode – site specifically for young people.

www.ruthinking.co.uk/

Locate clinics and local services by entering postcode in the 'find help in your area' section – site specifically for young people.

www.brook.org.uk/content/M1_gotobrook.asp

There are Brook Clinics around the UK specifically for young people up to 25 years.

www.fpa.org.uk/Findaclinic

Locate clinics by entering postcode, not specifically for young people but young people clinics/ sessions included.

Some of the clinics will run drop-in sessions; others need a phone call first to book an appointment. Some run sessions in the evenings, and all welcome under-16s.

Alternatively contact the school nurse or local Primary Care Trust (PCT) and ask them to provide local information. In many areas there are sexual health outreach workers who can arrange clinic visits so that young people can see first-hand what the clinic is like and how they can access them when they need to. Contact your local clinic or Brook Centre for further information.

It's important to remind young people that they are entitled to confidential treatment and advice at all of the above clinics, unless they are deemed to be 'at risk'.



[Contraceptive picture cards]



Male Condom:

98% effective if used correctly



How it works

Made of thin latex, the condom goes over erect penis and stops sperm entering the woman's vagina

Advantages

- Available free from lots of clinics, and can be bought widely
- · Protects against most STIs
- · No medical side-effects

Disadvantages

- Putting it on can interrupt sex
- · May slip off or split if not used correctly
- Man needs to withdraw before penis goes soft and take care not to spill any sperm

Femidom:

95% effective if used correctly



How it works

Thin sheath that lines the vagina and covers the area just outside stopping sperm from entering Advantages

- Available free from lots of clinics and can be bought from pharmacies
- · Protects against most STIs
- · can be put in any time before sex
- · Oil-based lubricants can be used with it
- · No medical side-effects

Disadvantages

- · Putting it in can interrupt sex
- Need to ensure penis enters the condom and not between it and the vagina
- · May get pushed into vagina

Combined pill:

Over 99% effective if taken according to instructions



How it works

The main way the combined pill works is by stopping the ovaries from releasing an egg each month

Advantages

- · Doesn't interrupt sex
- Can reduce period pains and pre-menstrual symptoms
- Reduces the risk of cancer in the ovary, colon and uterus
- · Reduces acne in some women

Disadvantages

- · Doesn't protect against STIs
- Possible temporary side-effects of headaches, nausea, mood changes and breast tenderness

Contraceptive injection:

Over 99% effective



How it works

The main way the injection works is to stop the ovaries from releasing an egg each month <u>Advantages</u>

- · Doesn't interrupt sex
- You don't have to think about contraception until your next injection is due
- May protect against cancer of the uterus <u>Disadvantages</u>
- · Doesn't protect against STIs
- · Períods may stop, be irregular or longer



[Contraceptive picture cards]



Contraceptive implant:

Over 99% effective



How it works

The implant is a small flexible rod put under the skin of the upper arm that releases progestogen. This stops the ovaries releasing an egg each

Advantages

- · Doesn't interrupt sex
- · Works for 3 years
- You can use it if you're breastfeeding

Disadvantages

- · Doesn't protect against STIs
- · Períods are often irregular, much longer or stop
- · Acne may occur
- · It requires a small procedure to fit and remove it

IUD (coil):

Over 99% effective



How it works

Small plastic and/or copper device put into the womb. The main way an IUD works is to stop sperm reaching an egg

Advantages

- · Doesn't interrupt sex
- · Works as soon as it is put in
- · Can stay in place 5-10 years
- · You can use it if you're breastfeeding

Disadvantages

- Doesn't protect against STIs
- It requires a small procedure to fit and remove it
- · Períods may be heavier, longer and more painful

IUS:

Over 99% effective



How it works

Small, T-shaped, plastic device which slowly releases

progestogen when put into the womb. It works by:

- · thickening cervical mucus to prevent sperm reaching egg
- · thinning lining of uterus to prevent implantation Advantages
- · Doesn't interrupt sex
- · Works for five years (unless removed)
- · Periods usually become lighter, shorter and less painful
- · You can use it if you're breastfeeding Disadvantages
- · Doesn't protect against STIs
- · Irregular bleeding or spotting common in first six months



[Contraceptive activity sheet]



en given
. How does the method prevent pregnancy?
Personal big continuous titus method protect against STIs 2 If so how?
. Does this contraceptive method protect against STIs? If so, how?
. How effective is the method?
. What are the advantages and disadvantages of this method?
. Why is this method good for a young person?



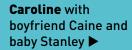
This section looks at contraception and explores the dilemmas young people have when faced with an unplanned pregnancy.

DVD Chapter 2

Here the teenagers share how they dealt with finding out about their pregnancy and reveal the difficult choices they had to make along the way.

section two:
the choices

"I went to see
the doctor who
said I had
three options,
abortion,
adoption or
keep it." [Caroline]



Caroline and mum
Judy with Stanley







◀ Jasmine with mum Barbara and baby Tommy



◀ Kim with mum Sally and baby Heidi

Toni and mum Dawn



◀ Monique and mum Susan



Rebecca and mum Sharon





lesson 6:

deciding what to do

Aim:

 To explore the issues raised by unintended pregnancy and discover where young people can go if they need help and advice

Learning Outcomes:

- To know some basic facts about emergency contraception
- To understand the choices presented by an unintended pregnancy
- To know what support services are available locally

What you will need:

- DVD Chapter 2: The Choices (running time 6'15")
- Teacher Guidance: Emergency contraception
- Teacher Guidance: Finding a sexual health service (see page 53)
- Pregnancy Testing Kit
- Flipchart paper and pens



1. Introduction

- Establish / revisit ground rules (see page 6 for guidance)
- Explain to pupils that they are going to explore the choices available to someone who has unprotected sex or an unintended pregnancy
- Briefly explain the *Underage* and Pregnant series

2. Opening activity The day after...

Display the following quotes on the board:

• Rebecca: "Yeah, we was using contraception and, yeah, we was. Just • Display some key facts on the board that time we didn't."

- Chris: "We were using contraception but she kept on forgetting to take her pill."
- Caine: "I was using contraception and it obviously split."
- Caroline: "I didn't bother trying to get the morning-after pill because I felt I was too young and I'd just be a bit embarrassed getting it."
- In pairs, ask pupils to discuss the options that would have been available to the teenagers the day after they had sex; three days later; five days later
- Ask for feedback
- about emergency contraception

activiti 0



activities

3. Development activity Pregnancy Test

- Hold up a pregnancy testing kit and check the class understands what it is
- Discuss how a couple might feel whilst waiting for the result of a pregnancy test.
- Explain how a test works, when it can be used and where to get one

4. DVD Chapter 2: The Choices

Show DVD Chapter 2. Discuss content and explore the following issues:

Were any of the girls encouraged to make their own decision?

How much influence did their partners have?

How much influence did their parents have?

Is it important for a person to make their own decision about which option to choose?

5. Reflection and review

- Ensure that students know there are services specifically aimed at young people which can give them advice and support on contraception unintended pregnancy and sexual health
- Display a map of the local area and identify services for young people

6. Summarise

- If someone thinks they might be pregnant, it is important to act fast
 whatever their final decision might be
- They should talk to someone they trust.
- Young people can visit a health professional (e.g. school nurse, sexual health clinic) to discuss their options objectively; doctors and nurses are legally obliged to keep what they are told in confidence, unless the person is under 13 or at risk



[Teacher Guidance: Emergency contraception]



Emergency contraception can be used if a woman has sex without using contraception, or if a contraceptive method fails. There are two different types of emergency contraception: the emergency hormonal pill and the emergency intrauterine device (IUD). Both methods prevent pregnancy by stopping or delaying ovulation or preventing fertilisation or stopping a fertilised egg from settling in the womb.

Emergency hormonal pill – often known as 'the morning-after pill', this pill can actually be taken up to three days (72 hours) after unprotected sex. It is more effective the earlier it is taken after sex.

Emergency intrauterine device – A copper IUD (Intrauterine Device), commonly known as 'the coil', can be inserted into the womb by a trained doctor or nurse up to five days after unprotected sex. It is up to 99% effective. The IUD can either be removed at the next period or can be left in place as an ongoing contraceptive method.

Emergency contraception is available free from: young people's clinics (e.g. Brook), GP surgeries, sexual health clinics, some hospital A&E departments and some pharmacies.

Useful links

Emergency contraception

bbc.co.uk/health/sexual health/contr_emergcontr.shtml



lesson 7: abortion debate

Aim:

 To consider some of the cultural, religious, moral and medical issues around abortion

Learning Outcomes:

- To understand the choices presented by an unintended pregnancy
- To consider the range of issues raised by abortion

What you will need:

- DVD Chapter 2: The Choices (running time 6'15")
- Abortion debate cards
- True / False / Debatable cards (see page 43)
- Teacher Guidance: Abortion debate
- Teacher Guidance: Abortion laws in different countries



activities

1. Introduction

- Establish / revisit ground rules (see page 6 for guidance)
- Explain to pupils that they will be looking at the abortion debate
- Briefly explain the *Underage* and *Pregnant* series

2. DVD Chapter 2: The Choices

Show DVD Chapter 2 asking pupils to focus on the different options offered to the teenagers when they found out they were pregnant.

3. Opening activity Abortion Debate

- Divide the class into small groups and give each group a set of Abortion debate cards
- Ask each group to sort the cards into three piles: TRUE; FALSE; DEBATABLE

 Invite each group to feedback their thoughts

4. Development activity Choice Graffiti

- Display the following quotes from Underage and Pregnant on the board:
- Monique: "I booked the appointment for an abortion and then my mum wouldn't let me go through with it."
- Kim's mum Sally: : "I told her –
 you've got two choices now: if you
 keep it, you'll have to be in at night,
 you'll have to get up early in the
 morning, you'll have a baby to see to,
 you're gonna have no life; if you don't
 keep it, your life stays the same."
- Kacey: "At first he wanted me to get rid of it and I wanted to get rid of it."
- Caroline: "I went to see the doctor who said I had three options:



activities

abortion, adoption or keep it."

 Divide the class into three groups and give each group a piece of flipchart paper with one of the following words written on it:

Abortion; Adoption; Parenthood

- Encourage the groups to write any word / fact on the paper that comes to mind when they consider this option
- Ask for feedback

5. Summarise

- Women choose to have abortions for many different, and often complex, reasons
- In countries where abortion is legal, the law is about a woman's right to choose – not whether abortion is right or wrong

homework extension

Ask students to conduct online research into the abortion laws in different countries. How do they differ within the UK? How do they differ outside the UK? Examples of countries to focus on could include Republic of Ireland, Northern Ireland, USA and Iran.

useful links

The Youth Coalition produces a document outlining a youth perspective on abortion in different countries: www.youthcoalition.org

Education for Choice has a useful website with a downloadable factsheet on different faith opinions on abortion: www.efc.org.uk



[Abortion debate cards]



1

An under 16 year old may have an abortion without parental knowledge or consent. 2

A doctor can refuse to help any woman seeking an abortion.

3

One in five pregnancies end in abortion every year. 4

Most abortions are carried out in private clinics, which means you have to pay for them.

5

90% of abortions are carried out at 12 weeks or less.

6

Men have a legal right to prevent a woman having an abortion.



[Abortion debate cards]



7

Abortions make you infertile.

8

Women who choose to end pregnancies have no compassion.

9

worldwide, 200 women a day die from illegal, unsafe abortion. 10

Having an abortion leads to psychological problems and depression.

11

All faiths condemn abortion. 12

A mother has a greater right to life than her unborn foetus.



[Teacher Guidance: Abortion debate]





1. An under 16 year old may consent to an abortion without parental knowledge or consent.

TRUE - In England, Scotland and Wales a girl under 16 may consent to an abortion without parental knowledge or consent if both the doctors concerned agree that she has sufficient maturity and understanding to appreciate what is involved. However, they will always be encouraged to involve a parent or other adult carer.



FALSE - In Northern Ireland abortion is only legal in very exceptional circumstances. If they travel to England or Wales for abortion, the above rules will apply.



2. A doctor can refuse to help any woman seeking an abortion.

FALSE – Doctors and nurses who have a strong moral objection to abortion are not obliged to be involved in the procedure. However, they do have an obligation to make arrangements for their patient to see another doctor who is willing to advise about abortion.



3. One in five pregnancies end in abortion every year.

TRUE - England, Wales and Scotland

Around one in five pregnancies end in abortion every year.

England and Wales 2007

198,499 abortions were carried out

The abortion rate was highest for women aged 19. 36 of every 1,000 pregnancies for this age group ended in abortion.

Scotland 2007

13,703 abortions were carried out

The abortion rate was highest for women aged 16-19. 25 of every 1,000 pregnancies for this age group ended in abortion.



FALSE - Northern Ireland

In Northern Ireland abortion is only legal in very exceptional circumstances.

Northern Ireland 2007

1,343 women travelled to mainland UK for an abortion



4. Most abortions are carried out in private clinics, which means you have to pay for them.

FALSE – In 2008 38% of all abortions in England and Wales were carried out in NHS hospitals, 53% were in independent clinics but paid for by the NHS and only 9% were paid for by the woman. In Scotland in 2006, 99.3% of all abortions were carried out on NHS premises.



5. 90% of abortions are carried out at 12 weeks or less

TRUE – In England and Wales in 2008, 90% of abortions were carried out at 12 weeks or less and 73% were under 10 weeks. In Scotland in 2006, 67% of abortions were carried out under 10 weeks.



6. Men have a legal right to prevent a woman having an abortion.

FALSE – Legally it is the woman's choice about whether to have an abortion or not. Ideally a partner will be involved but ultimately the decision is the woman's.



[Teacher Guidance: Abortion debate]





7. Abortions make you infertile

FALSE - 'For most women an abortion is safer than carrying a pregnancy and having a baby. All medical and surgical procedures have risks, but the earlier in pregnancy you have an abortion, the safer it is.' – Royal College of Obstetricians and Gynaecology. There is no proven association between abortion and infertility or ectopic pregnancies (where the foetus develops outside of the womb).



8. Women who choose to end pregnancies have no compassion.

FALSE / DEBATABLE - The decision to end a pregnancy is never an easy one for any woman, particularly when issues of the health of the child are involved. This is a very individual decision and may be viewed differently by different people and there is no simple answer.



9. Worldwide, 200 women a day die from illegal, unsafe abortions.

TRUE – Worldwide, there are 19 million unsafe abortions a year, and they kill 70,000 women (accounting for 13% of maternal deaths), mostly in poor countries.



10. Having an abortion leads to psychological problems and depression.

FALSE / DEBATABLE - What a woman feels like after an abortion is dependent on the circumstances of her abortion, her beliefs, her reasons for having it, the support she has received and how confident she felt about her decision. If a woman sought support and felt fully supported in making her own decision, she is less likely to have a moral dilemma.



11. All faiths condemn abortion.

FALSE – Each religion has its own teachings and beliefs about abortion. Ultimately it is an individual decision and a woman will need to balance her personal circumstances with her religion and make her own decision. Only three faiths prohibit abortion outright: the Roman Catholic Church, the Jehovah's Witness and Evangelical Christians. All other faiths place restrictions on abortion to a varying degree. The argument often used is that a mother has a greater right to life than her unborn foetus does.



12. A mother has a greater right to life than her unborn foetus.

DEBATABLE - Legally the law on abortion says that an abortion can be carried out if the woman is at physical or mental risk or there is a risk to any existing children in her family.



[Teacher Guidance: Abortion laws in different countries]



Republic of Ireland

Abortion is illegal in both the Republic of Ireland and Northern Ireland, unless the pregnancy is a threat to the woman's life if she continues with it. However, two amendments to the Irish constitution have guaranteed the 'right to travel' (to the UK, for example) to have an abortion and the 'right to information' about abortion in Ireland.

Northern Ireland

The law here is not the same as the rest of the UK. Abortion is still illegal unless the pregnancy is in threat of endangering the life of the woman through continuance of the pregnancy. Only 70–80 abortions are performed in Northern Ireland each year; around 2,000 women pay £450–£900 to have an abortion in England or Wales.

USA

The Abortion Act in US gives all women the right to choose under the Right to Privacy.

Iran

Pregnancy can be terminated in the first four months if the foetus is mentally or physically handicapped. This is a relatively new change to the law and abortion used to be illegal.



"If I got a job now I'd be bringing in crap money, I don't wanna risk it. So it's so much better to stay in education than just go out and get a job."[Kim]

section three: education

This section looks at how being a young parent can impact on education and future prospects.



DVD Chapter 3

The girls talk about their hopes for education, career and for the future. They contemplate the compromises they have to make as young mums



Charley with mum Lesley and baby Kenzie►►





Kim with mum Sally and baby Heidi





lesson 8: education: what's it worth?

Aim:

 To consider how becoming a young parent can affect a person's education

Learning Outcomes:

- To explore different views about the value of education
- To consider the impact of becoming a young parent on a person's future

What you will need:

- DVD Chapter 3: Education (running time 5'27")
- Agree / Disagree cards
- Education: case study activity sheet
- Rebecca, Charley and Kim photo cards (see pages 33-36)



1. Introduction

- Establish / revisit ground rules (see page 6 for guidance)
- Tell pupils that they are going to explore a range of different views on the value of education
- Briefly explain the *Underage* and *Pregnant* series

2. Opening activity Education Values Continuum

- Explain the concept of a continuum there is an imaginary line down the centre of the classroom. Place 'agree' on the front wall and 'disagree' on the back wall
- Read out the following statements and ask pupils to stand in position on

the imaginary line depending on how much they agree or disagree with each statement:

- Most people think it's cool to not like school
- A good education is essential for a successful career
- Money is the most important thing
- University is just for clever people
- All parents think education is important for their children
- There's no point in staying at school if you become a young parent
- After each statement ask students to explain why they have chosen their position

activities

If it is not possible to move around the room easily, this activity can be done by displaying the statements on the whiteboard and asking for a show of hands.

3. DVD Chapter 3: Education

Show DVD Chapter 3 asking the class to listen to what the teenagers say about their aspirations for the future.

Discuss content and explore the following issues:

What are Rebecca's plans for her career? What are her feelings about childcare?

Why do you think Kim was so keen to leave school and start earning money? Do you think this is a common view amongst teenagers generally, or is it to do with her being a teenage parent? Why did she change her mind? Charley's family help her with Kenzie: how do you think her situation would be different if she was on her own? What impact does her relationship with Lewis have on her aspirations?

4. Development activityDVD Case Studies

• In pairs ask pupils to choose one of the following case studies from the film:

Rebecca – Animal management course at college

Kim – A Levels and university to study journalism or interpretation **Charley** – Childcare course at sixth form

- Encourage the pairs to discuss how the girl they have chosen will achieve her goal
- Use the Case Study activity sheet to explore the challenges that she will face along the way. Encourage pupils to see this as a realistic but achievable goal that does not rely upon things that are outside their control, such as winning the lottery or going on a reality TV show
- Ask for feedback. Group feedback under three headings for each girl: 'Problems they might face', 'People who can help', and 'Knowledge and skills'

5. Summarise

- In the UK two out of three mothers aged 16–19 are not in education, employment or training
- These three girls are clearly determined to make something of themselves, despite becoming parents before they've finished their education
- A better education and more qualifications usually mean a better paid, potentially more fulfilling job as education opens more career choices



[Agree/Disagree cards]





disagree



Education: case study activity sheet



We have chosen to discuss







She wants to What might make this difficult to achieve? What can she do to overcome these problems? Who can help her and how? What else does she need to know and be able to do? How will her parenting responsibilities change over the years? How long do you think it will take her to reach her goal?



"My legs are getting fatter my boobs are getting bigger, I've got stretch marks now that look really horrible." [Toni]

section four: physical and emotional impact

This section looks at psychological and physical changes during pregnancy.

DVD Chapter 4

The teenagers discuss: hormonal changes, worries about pregnancy, the unborn child, changing body image, as well as their expectations for the future.



◄ Jasmine with mum Barbara



◀ Toni



Charley with mum Lesley and baby Kenzie ▶ ▶



∢ Kacey with boyfriend Chris





◀ Zena with her parents Angle and Lawrence, and boyfriend Chris





lesson 9: body beautiful

Aim:

 To consider the physical and emotional impact of pregnancy on young parents

Learning Outcomes:

- To explore whether people's bodies are realistically portrayed in the media
- To consider how the female body changes during pregnancy and how this might affect the relationship between the woman and her partner
- To discuss how being a young parent might affect future relationships

What you will need:

- DVD Chapter 4: Physical and Emotional Impact (running time 7'03")
- Sugar paper / large pieces of card
- Newspapers and / or magazines
- Scissors
- Glue
- Flipchart paper and pens



1. Introduction

- Establish / revisit ground rules (see page 6 for guidance)
- Explain to pupils that they will be looking at body image and how the body changes during pregnancy
- Briefly explain the *Underage* and *Pregnant* series

2. Opening activity Body Beautiful

- Divide the class into small groups on a single sex basis
- Ask each group to make two collages, one called 'The Real Male Body' and one called 'The Real Female Body' using pictures and headings from

- magazines and newspapers
- Display the work on the wall or on tables and discuss as a class

Areas for discussion could include:

Was it easy to find a range of body shapes?

Is there such a thing as the ideal body?
What constitutes a healthy body?
Do pressures to have the ideal body
affect girls and boys in different ways?
At what points in a person's life does
the body change significantly?
(puberty, pregnancy, old age)



3. DVD Chapter 4: Physical and Emotional Impact

Show DVD Chapter 4 asking pupils to consider how the body changes during pregnancy and how this might make the girls – and their boyfriends – feel about how they look.

Discuss content and explore the following issues:

What happens to the body during the nine months of pregnancy?
What feelings did the teenagers experience?

4. Development activity Debate

The debate will focus on either the emotional or the physical impact of pregnancy, using stories from *Underage* and *Pregnant*:

Option A. Emotional impact debate

Chris: She was crying all the time and wanted to be with me every day. I just need a bit of space now and again.

Chris was right to want his own space and Kacey shouldn't expect him to be with her everyday.

Option B. Physical impact debate

Jasmine: I've got a few stretch marks on my hips ... Tom said he loved them, I said why, and he was, like, because they're just something that shows that you've... I don't know really, it's like just a memory of you being pregnant

and everything, it was just really nice. Tom is right, stretch marks are beautiful.

- Divide the class into an even number of small groups and give each group a piece of flipchart paper and pens
- Choose which option to debate and allocate half of the groups to be 'for' and the other half to be 'against' the sentence
- Ask each pupil to write down one 'for' or one 'against' argument for the debate (depending on their group) on their sheet of flipchart paper
- When the groups have finished writing down their contributions, match a 'for' group with an 'against' group and ask them to present their arguments to each other by reading out what's on their flipchart sheet and adding any further points as the debate develops
- Invite one paired group at a time to present their arguments, while the rest of the class listens

5. Summarise

- Bodies portrayed in the media are not representative of most people
- All pregnancies are unique and affect different women in different ways, physically and emotionally
- Young mothers and young fathers need emotional support from their friends and family in coping with an unintended pregnancy



"They bankrupt us that's how they cope financially. The bank of mum and dad, literally." [Lesley, Charley's mum]



This section looks at basic costs of having a baby, budgeting and the implications for the whole family.

DVD Chapter 5

The teenagers and their parents talk honestly about financial worries, accessing child benefits and footing the bill for the baby.



◀ Jasmine with mum Barbara



Chloe with boyfriend Gary ▼



Chloe with mum Lisa ▶ ▶







◄ Rebecca with mum Sharon



◄ Zena with mum Angie



lesson 10:

money, money, money

10

Aim:

To explore the real costs and implications of being a young parent

Learning Outcomes:

- To know some basic facts about the costs of having a baby and to practise compiling a simple budget
- To understand the effect having a baby can have on the finances of a young person and their family

What you will need:

- DVD Chapter 5: Money (running time 7'20")
- Budget activity worksheet
- What does it cost? information sheet
- Calculators
- Minimum wage and working hours information sheet



activities

1. Introduction

- Establish / revisit ground rules (see page 6 for guidance)
- Tell pupils that they are going to look at the basic costs of having a baby
- Briefly explain the *Underage and Pregnant* series

2. Opening activity What do I need?

• Draw 3 columns on the board:

Baby; Living; Me

- Ask the class to suggest baby related costs (e.g. cot, nappies). Write these in the Baby column
- Next, ask the class for suggestions

- of what they spend their money on (e.g. cinema, mobile phone bill). Write these in the Me column
- Finally, ask for suggestion of basic living costs (e.g. rent, food). Write these in the Living column
- What sacrifices do the class think they would have to make if they had a baby?

3. DVD Chapter 5: Money

Show DVD Chapter 5 explaining that the teenagers are facing up to the challenges of bringing up a baby with very little money. Ask the class to listen to what the teenagers say about how they buy the things they need and how

they are able to earn money.

Discuss content and explore the following issues:

What were the biggest challenges facing the teenagers?
Did they have to change their lives?
How easy was it for Lewis to get a job?
What would have happened to them without the support of their parents?

4. Development activities What does it cost?

Calculate how much money Charley and Lewis have per week.

Charley is given £7.50 per week pocket money (£30 per month).

Lewis has £15 child benefit, and his parents give him a further £25 for rent. Lewis also earns £3 / hour at the butcher's shop, and works there 12 hours per week.

Answer:

Charley and Lewis have £83.50 per week, including Lewis's rent money.

Tell the class that Charley and Lewis are considering moving out of Charley's house when Ally has her baby.

Can they afford to move out?

- Divide the class into pairs, or small groups
- Ask half of the groups to compile a weekly cost-of-living budget for Charley and Lewis, without Kenzie.

- Ask the other half of the groups to compile a weekly cost of living budget for Charley, Lewis *and* Kenzie
- Give each group a copy of the budget activity sheet and a What does it cost? information sheet and ask them to draw up a weekly budget
- Pupils should discuss which items from the list they think are essential and may wish to add some more of their own
- Ask students to add up their budgets and invite groups to share the results with the rest of the class

5. Minimum wage

Hand out Minimum wage and working hours information sheet.

- Ask pupils to work out what a person's earning potential would be at the age of 14, 15 and 16 if they were still at school
- If Lewis was older, could he earn more money?
- Remind the class that under-16s are not eligible for any benefits, although their parents can apply for a one-off Maternity Grant to cover some of the initial costs

6. Summarise

- Parents are able to apply for a one-off Maternity Grant to cover some of the initial costs
- Under-16s are not eligible for minimum wage, housing benefit or job seekers allowance



[Budget activity worksheet]



item	cost
total cost	



[What does it cost?: information sheet]









one-off baby costs			
<u>Clothes</u>	Baby Grows (pack of 3)	£3.50	
•	Bibs (pack of 3)	£5	
•	Romper suit (pack of 2)	£8	
	Socks (pack of 3 pairs)	£4	
<u>Nappies</u>	washable (one-off payment)	£45	
	Changing mat	£6	
	changing bag	£15	
Feeding	Bottle starter set (one-off payment)	£20	
	Bottle steriliser set (one-off payment)	£25	
	Breastfeeding (bra, pads)	£25	
Sleeping	Cot (one-off payment)	£60	
	Sheets and blankets (one-off payment)	£15	
	waterproof sheet (one-off payment)	£15	
	Dummy (pack of 3)	£3	
<u>Washing</u>	Baby Bath set (one-off payment)	£15	
Getting about	Pushchair (one-off payment)	£45	
	car seat (one-off payment)	£45	
<u>safety</u>	Safety gate (one-off payment)	£25	
Ţ	Playpen (one-off payment)	£45	
<u>Toys</u>	Teddy Bear	£5	
	Bouncy chair	£13	
	Teething rings	£6	
	Activity book	£5	
	Mobile	£20	
,		• • • • • • • • • • • • •	

weekly baby costs

Disposable nappies (pack of 24)	£8
Formula mílk	£Ŧ
Baby Bubble Bath	£з
Baby Shampoo	£2
Baby Lotion	£2

Number of nappies a baby needs / day (UK average) New born needs 12 nappies / day

4 - 6 month old needs 10 nappies / day

6-12 month old needs 8 nappies / day



[What does it cost?: information sheet]





average costs for one week day-to-day living costs

Rent	£90
Electricity/Gas/Water	£20
Council Tax	£15
Food (for family of 3)	£55
Transport	£10
Cleaning/washing	£14
Health care	£6
Mobile phone	£10



going out

Miscellaneous	£12
Cínema	£10
Bowling	£16
Swimming	£З
Meal out at a café/restaurant	£10
Take-away meal for two	£8
Magazine	£3
Snacks and sweets	£6



[Minimum wage and working hours information sheet]



Minimum wage

The amount of money people can earn depends on their age:

22 years and older £5.80 per hour 18–21 years £4.83 per hour 16–18 (young worker) £3.57 per hour

Under 16 (compulsory school age) Not entitled to the minimum wage

Over 13 year olds can get a job doing light work, such as babysitting, but will not receive the minimum wage until they turn16 and leave school. At this point they will be classed as a young worker.

Working hours

There are certain rules in place that state the days an under 16 year old can work on and the length of time they can spend working.

A 14 year old can work for:

- two hours on weekdays (term time)
- five hours on weekdays (school holidays)
- five hours on Saturdays

A 14 year old cannot work:

- before 7am or after 7pm on any day
- for more than two hours on a Sunday

A 15 or 16 year old who is working whilst still at school, has the same rights as a 14 year old, but is allowed to work slightly longer hours:

- up to eight hours on a week day (school holidays)
- up to eight hours on a Saturday

Useful Links

www.direct.gov.uk/en/YoungPeople/Workandcareers/index.htm



lesson 11: education vs money

Aim:

 To consider the options available to teenagers as they reach school-leaving age – should they stay in education or enter employment?

Learning Outcomes:

- To consider the advantages and disadvantages of staying at school beyond the age of 16
- To consider the effect an underage pregnancy can have on education and work prospects.

What you will need:

- DVD Chapter 3: Education (running time 5' 27")
 and Chapter 5: Money (running time 7'20")
- Observational Skills quiz sheet (Education and Money) and answer sheet





activitie

1. Introduction

- Establish / revisit ground rules (see page 6 for guidance)
- Explain that pupils will be looking at the advantages and disadvantages of staying at school beyond the age of 16, and how being pregnant can affect this decision
- Briefly explain the Underage and Pregnant series

2. Opening activity Education v Money Relay Race

• Split the class into two teams

Team One - STAY IN SCHOOL Team Two - LEAVE SCHOOL

- Put two sheets of flipchart paper on the wall and ask teams to line up facing the paper
- Get each pupil in turn to write one benefit of either staying in school or leaving school on the paper
- The first team to finish is the winner

3. DVD Chapter 3: Education

Show DVD Chapter 3 explaining that the teenagers featured in this chapter all become pregnant while still at school. Give each student a Quiz questions and answers: Education and Money' and ask them to answer the questions whilst watching the DVD.



activities

Mark the quiz questions, and use these answers to aid a whole class discussion around the difficulties of continuing education with a baby.

4. DVD Chapter 5: Money

Show Chapter 5 explaining that the girls were lucky to have the support of their family and / or partner to enable them to continue their education. Give each student an Observational Skills quiz sheet and ask them to answer the questions whilst watching the DVD.

Mark the quiz questions, and use these answers to aid a whole class discussion around the financial difficulties of being a teenage parent.

6. Development activityStaying in School vs Leaving School Debate

 Divide the class into an even number of small groups and give each group a piece of flipchart paper and pens.
 Allocate half of the groups to 'staying in school' and the other half to 'leaving school'

- Ask each student to write one argument for the discussion on their group's sheet of flipchart paper. The answers to the quiz questions will help them formulate their thinking
- When the groups have finished writing down their contributions, match a 'staying' group with a 'leaving' group and ask them to present their arguments to each other by reading out what's on their flipchart sheet and adding any further points as the debate develops
- Invite one paired group at a time to present their arguments, while the rest of the class listens

7. Summarise

- If a young person is under 16 years of age, they are not eligible for benefits.
- Babies are expensive the film stated that it costs approximately £200,000 to bring up a child to the age of 21 – and that's just for the basics!
- Becoming a parent increases a person's responsibility to find a good job and provide for their child in the future

homework extension

The government is considering making education compulsory until the age of 18. Write a letter to the Minister for Education or the Prime Minister putting forward your argument as to either i) why you think young people should stay in education until the age of 18, or ii) why young people should be able to leave education at 16.



[Quiz answer sheet: Education and Money]



Q&A; education

Here are the questions and answers for the quiz. The questions appear on a separate worksheet for you to photo copy [see page 86]

In the UK how many mothers between 16 and 19 are not in education, employment or training? In the UK two out of three mothers aged between 16 and 19 are not in

education, employment or training. What course does Rebecca want

Animal Management

3 How many days off from college will Rebecca get a week? None, except for weekends

With which member of her family does Rebecca visit the farm? Her sister, Shaneen

5 How old is Kim? Kim is 16

How old does Mike, her head of year, tell her she will be by the time she completes a journalism course? 21

Why does Kim say she wants to

To set a good example for her daughter

What grades does Charley need to get to get onto a childcare course? ⁵ Cs at GCSE

Q&A: money

1 What is the average cost in the UK of raising a baby from birth to age 21?

£200,000

2 Who does Charley say ultimately pay for a lot of things?

Her parents

3 How much pocket money does Charley get a month?

£30 / month

4 How much money does Lewis's mum give Charley's parents for rent?

£25 / week

5 Where does Gary work?

On a dairy farm

6 How many hours a week can Lewis work?

12 hours

7 Where do we see Zena and her parents shopping?

At a car boot sale

8 How much does Lewis say he gets paid an hour?

£3 / hour



[Quiz questions: Education and Money]



quiz: education 19 are not in education, employment or training? 2. What course does Rebecca Want to do at college?

1. In the UK how many mothers between 16 and 3. How many days off from college will Rebecca get? 3. Trow many usy on the family does Rebecca of her family does Rebecca

- - - 5. How old is Kim?
- 6. How old does Mike, her head of year, tell her she will be by the time she completes a journalism 7. Why does Kim say she wants to work? 8. What grades does Charley need to get onto

 - a childcare course?

quiz: money

- 1. What is the average cost in the UK of raising a baby
- 2. Who does Charley say ultimately pay for a lot of
- 3. How much pocket money does Charley get a month? 4. How much money does Lewis's mum give Charley's 5. Where does Gary work?
- 6. How many hours a week can Lewis work?
- 7. Where do we see Zena and her parents shopping? 8. How much does Lewis say he gets paid an hour?



"My ex best friend we used to be dead close until I found out I was pregnant and she's just been leaving us out, she just doesn't wanna know us anymore." [Toni]



This section explores how pregnancy can change the lives of teenagers, their families and friends.

DVD Chapter 6

Toni, Rebecca, Kim and Caroline share how their lives have changed since becoming teenage mums.



◀ Toni with mum Dawn



Caroline with baby Stanley ▶

Caine ▶ ▶







◄ Rebecca



∢ Kim with baby Heidi



lesson 12:

before and after

Aim:

• To consider the roles and responsibilities of a parent

Learning Outcomes:

- To understand how being a parent changes a person's lifestyle
- To consider the impact of being a young parent on friends and family



- DVD Chapter 6: Social Life (running time 5'33")
- Clock-face activity sheets
- Coloured pens



1. Introduction

- Establish / revisit ground rules (see page 6 for guidance)
- Tell the class that they will be exploring how being a parent changes your lifestyle
- Briefly explain the *Underage and Pregnant* series

2. Opening activity

Your time is up...

- Give each pupil a clock-face activity sheet
- Ask them to write / draw on the clockface everything that they would do on a typical Saturday; explain there are two clock-faces to cover 24 hours
- Ask for feedback

3. DVD Chapter 6: Social life

Show DVD Chapter 6 asking pupils to concentrate on the positive and negative effects of pregnancy on the teenagers lives.

Discuss content and explore the following issues:

How have the teenagers' lives changed since having a baby?

Why do you think Toni's friends have deserted her?

Why does Rebecca's friend say it's normal for teenagers to be parents now?

Caine says he can't take Stanley out because he goes everywhere on his bike – is this a good reason?

activiti

. OS



activities

Kim's mum says: "She needs to be a teenager as well as a mum": What do you think she means by this? How does she support her to do this?

4. Development activity Your time is up...continued

As a class, create a list of everything a new baby does and what attention s/he will need (e.g. sleeping, feeding – breast or bottle, nappy changing, playing, entertaining, crying, holding, washing clothes, etc.). Give students some examples of how much time in a day these activities might take.

 Ask pupils to return to their clockface and in a different colour, write what a typical Saturday would look like if they had a baby in their life

 Ask for feedback, covering the following questions:

What do you spend most of your time doing now?
When do you get a lie-in?
What if you're ill? Or your baby is ill?
How much time do you get to yourself?
Is it different for males and females?

5. Summarise

- If a friend gets pregnant, they need support, not rejection
- If a young mother is under 16, she will need the help and financial support of an adult

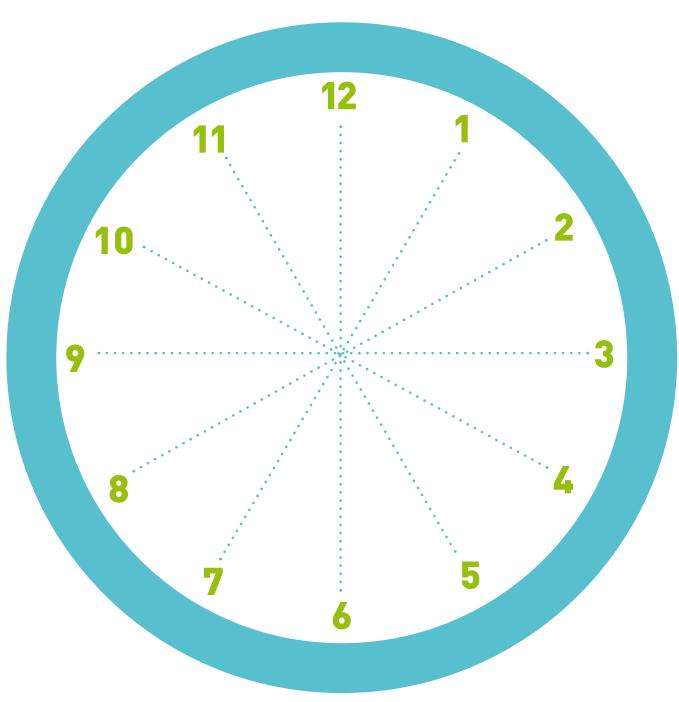
homework extension

Ask pupils to prepare some questions and use them to interview an adult they know about how they feel about being a parent or carer. Record the responses during the interview and use these to write an 'exclusive' interview for a newspaper or magazine article.



[Clock-face activity sheet]





^{*}photocopy two clocks for each student to cover 24 hours.

activities

lesson 13: aspirations

and practicalities

Aim:

To consider what makes us the people we are

Learning Outcomes:

 To explore the messages people receive throughout their lives about who they want to be

What you will need:

- Flipchart paper and pens
- Teacher Guidance: Maternity, Paternity and Parental leave

1. Introduction

- Establish / revisit ground rules (see page 6 for guidance)
- Explain to pupils that they will be exploring the types of messages people send and receive about who they want to be

2. Opening activity What makes us the person we are?

- As a class discuss how society encourages people to behave. Is this different if you are a boy or a girl?'
- Split the class into small single sex groups and give each group a piece of flipchart paper
- Ask each group to divide the paper into six sections with headings from the list below to help them think about the different messages they receive

and the people and places they are received from:

- Family
- School
- Friends
- Media/celebrities
- Sporting heroes
- Religion and faith
- Invite each group to swap their flipchart sheet with a group of the opposite sex

3. Development activity What makes us the person we are?

- Encourage pupils to explore the following:
 - similarities and differences
 - the most significant messages
 - messages they like and don't like



activities

how messages are put across either directly or indirectly

4. Summarise

- Sometimes, boys and girls receive different messages as they are growing up
- There are a number of stereotypes associated with age and gender, and across the world there are still different standards set for men and women

homework extension

Ask pupils to conduct online research into the employment rights of men and women in the UK. Do these differ to their rights in other parts of Europe, and the rest of the world?



[Teacher Guidance: Maternity, Paternity and Parental leave]



UK

Maternity Leave – (for women, who generally have been there for over a year)

Pregnant women / new mums have the legal right to take up to 52 weeks maternity leave and have their job back when maternity leave is over. Women may be entitled to receive Statutory Maternity Pay for up to 39 weeks of leave.

Paternity Leave

As long as certain conditions are met men can take either one or two weeks paid paternity leave.

Parental leave

Each parent can take up to 13 weeks' parental leave (unpaid) for each of their children up until their 5th birthday. 4 weeks per year is the maximum they can take.

Iceland

After a baby is born, parents are entitled to a total of 9 months parental leave, 3 months for the mum, 3 months for the dad (not necessarily in that order) and 3 months split between the two. During their time off they receive 80% of their salaries.

USA

Maternity leave – Actual paid maternity leave is unusual in the USA, although some companies do offer new parents paid time off, up to six weeks in some cases. Mostly, women will use a combination of short-term disability (STD), sick leave, vacation, personal days and unpaid family leave during their time away from work.

Paternity leave – most fathers take vacation time or sick days when their children are born, and a growing number of new dads are taking unpaid family leave from their jobs to spend time with their newborns.

Parental Leave – Only California offers paid parental leave. People who work in California may be able to take up to 6 weeks at partial pay to look after a new baby.



lesson 14: self-esteem

in relationships

Aim:

 To consider the significance of self-esteem in creating positive relationships

Learning Outcomes:

- To understand the importance of self-esteem and how it affects people's choices
- To consider what is appropriate and inappropriate behaviour in a sexual relationship

What you will need:

- Self-esteem cards
- Flipchart paper and pens
- Profiles for Rebecca and Charley (see pages 8 and 24)

activities

1. Introduction

- Establish / revisit ground rules (see page 6 for guidance)
- Tell the class that they will be looking at how self esteem can affect people's choices in life, and that they will be asked to consider appropriate and inappropriate behaviour in relationships
- Briefly explain the Underage and Pregnant series

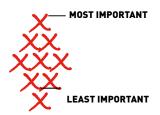
2. Opening activity

Self-esteem - Diamond Nine Ranking

• Write some definitions of self-esteem on the board, e.g.: a feeling of self-worth and self-confidence. Invite students to suggest other ideas for

definitions

- Divide the class into groups of four and give each group a set of the selfesteem statement cards
- Ask the groups to discuss the statements and to rank the cards in terms of importance, putting the most important ones at the top of a diamond and the least important at the bottom. They are aiming to make a diamond with the statements like this:



 Bring the groups back together and ask for feedback



activities

3. Development activities Identifying positive /negative relationships

Explain that choosing a partner can be one of the most important decisions a person can make.

- Divide the class into an equal number of small groups and give each group a piece of flipchart paper
- Ask half the groups to write the words
 Caring relationship at the top of their paper and the other half to write Not a caring relationship
- Encourage each group to think of as many words or phrases that could be used to describe how people act and what they do within the relationship
- Ask for feedback

Ground rules for a relationship

Relationships are even harder when there is a baby involved. With this in mind ask the groups to draw up relationship ground rules for some of the couples in *Underage and Pregnant*.

- Ask half the groups to create ground rules for how Charley and Lewis can support each other in their relationship with each other, and with Kenzie (see Charley's profile for more information)
- Ask the other half to create ground rules for how Rebecca's ex, Rahim, should support her and her baby (see Rebecca's profile for more information)
- Ask the groups to feedback their ideas to the whole class
- As a whole class decide on a definitive set of rules for each situation

4. Summarise

- Self-esteem develops as a person grows up and has a strong impact on a person's ability to make decisions
- A positive relationship should be based on mutual respect and an agreed division of responsibility

homework extension

Ask students to watch an episode of their favourite soap opera, read a magazine or tabloid newspaper and identify two different relationships, making notes as to whether the relationships portrayed are caring or uncaring.



[Self-esteem cards]



Knowing that I can achieve what I want. making
my own
decisions
and not
giving in to
peer pressure.

Feeling really good about myself.

Knowing my responsibilities and my rights. Being confident enough to cope with whatever life throws at me.

Knowing that my happiness is important to me and people I'm close to.

Feeling secure and in control of my life.

Looking after myself. Being positive about myself.



"There's no way
I can describe it
actually. Best
feeling I've ever
had in, you know,
I've had in my
life."

This section explores what feelings a young parent might have leading up to the birth and examines how a teenager might cope with the arrival of a newborn baby.

DVD Chapter 7

Kacey, Jasmine and Chloe share their feelings and thoughts about the impending birth and the arrival of their baby

[Chris, Kacey's boyfriend]

section seven: preparing for birth



Kacey ▶

Kacey with

boyfriend Chris ▶ ▶

◀ Jasmine with mum Barbara

















lesson 15: getting ready

Aim:

• To consider the lead-up to birth and the needs of a newborn baby

Learning Outcomes:

- To identify the basic physical and emotional needs of a new baby
- To explore the feelings a young parent might have leading up to the birth

What you will need:

- DVD Chapter 7: Preparing for birth (running time 11'34")
- Word cards: Baby needs . . .
- A4 paper
- Post-it notes



1. Introduction

- Establish / revisit ground rules (see page 6 for guidance)
- Tell pupils that they will be exploring what needs a new baby has, and how parents feel in the lead up to birth
- Briefly explain the *Underage and Pregnant* series

2. Opening activity - Baby needs...

- Split the class into teams
- Ask the teams to take it in turns to select a Baby Needs word card and draw the item. The first person draws an item while the rest of the team try to guess what it is. The person drawing cannot use spoken or written words, and is only able to nod or shake their head in response to questions from their team
- The first group to draw all of the things the baby needs are the winners

 As a class discuss what the mother/ father might need. It might be easy to prepare for material needs, but how do you prepare yourself for a baby's emotional needs?

3. DVD Chapter 7: Preparing for birth Part One

DVD Chapter 7 should be shown in two parts. Show part one of DVD Chapter 7 asking pupils to listen out for the teenagers describing their feelings as they approach the birth. Run from the start of Chapter 7 to the point where Chloe and Gary are at the dinner table joking about whether he is going to pass out at the birth. Pause the DVD here.

4. Development activity Diamond Nine – Feelings

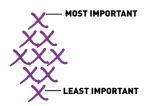
 Working in groups of four, ask pupils to write on post-it notes six feelings



activities

the mums-/dads-to-be in *Underage* and *Pregnant* experience during pregnancy

- Ask the groups to come up with three more to make nine feelings altogether
- Once groups have a set of nine feelings on post-it notes, ask them to rank these in order, putting the feelings they are most likely to feel at the top of the diamond, and the feelings they are less likely to feel at the bottom. They are aiming to make a diamond with the statements like this:



 Bring the groups back together and ask for feedback. What were the most common feelings the young parents had as the birth approached? How did the feelings of the boys differ from those of the girls?

5. DVD Chapter 7: Preparing for birth: Part Two

Restart DVD Chapter 7 after Gary and Chloe joking about whether he is going to pass out at the birth (4'22"); the commentary begins 'Most women go

into labour between 37 and 42 weeks of their pregnancy'. Watch the rest of Chapter 7 (7'12").

Discuss content and explore the following issues:

What's the average length of labour for first-time mothers? (13 hours)
How long was Chloe's labour? (57 hours).

Ask pupils how they felt when watching the girls in labour.
How do they think being at the birth

How did the teenagers feel about becoming mums/dads?

6. Summarise

affects the father?

- Every pregnancy and every birthing experience is different
- All the teenagers in this programme were lucky to have healthy babies without any serious complications
- In a straightforward labour, a mother may only need to be attended by a midwife
- In a difficult labour, the mother also requires the support of a number of other professional medical staff to ensure a safe birthing experience

homework extension

Ask students to explore what maternity services are available in developing countries such as Peru, South Africa and Cambodia. Are these health services provided free of charge? What are the maternal and infant mortality rates in these countries?



[Word cards: baby needs..]







[word cards: baby needs..]







lesson 16:

looking after yourself

Aim:

 To consider what a mother and father need to do to ensure a healthy pregnancy

Learning Outcomes:

- To identify the important aspects of a healthy pregnancy and healthy lifestyle
- To explore how pregnancy affects the pregnant woman and her partner

What you will need:

- Lifestyle cards
- Spectrum of health card
- Teacher Guidance: Risks
- Teacher Guidance: Nutrition
- Teenager photo cards (see pages 33-36)

activiti

1. Introduction

- Establish / revisit ground rules (see page 6 for quidance)
- Explain to pupils that they will be looking at how pregnancy affects both the pregnant woman and her partner
- Briefly explain the *Underage and Pregnant* series

2. Opening activity What's important during pregnancy?

- Divide the class into small groups and give each group a set of lifestyle cards and a spectrum of health card
- Ask pupils to put each lifestyle card onto the spectrum of health card to show whether they think the

- behaviour is good or bad for health. Encourage groups to think about: How this behavior will impact on the teenager and on the foetus/baby?
- Ask groups to now write down other behaviour that is good and bad for mothers, fathers and unborn babies.
 Are there certain foods / activities that they should / should not have / do?
- Ask for feedback

3. Development activity Planning for pregnancy

Divide the class into groups of four and ask them to develop a 'pregnancy plan' for one of the teens in the series. The teenagers' profiles will help with some





activities

of the planning. If there is access, they can use the BBC site on preparing for and having a baby.

bbc.co.uk/parenting/having_a_baby

Ask them to consider:

What they need to think about in relation to lifestyle, diet, money, and housing?

Who should the girls see to help them through the pregnancy? GP /midwife / hospital or all of these?
Who else can the teens talk with to

Where can they get information about

get support and information?

breastfeeding and baby nutrition?
What do the boys need to think about?
Where can they go for support?
What if the couple split up? What are paternal access rights?

4. Summarise

- Planning for pregnancy is important because lifestyle and behaviour has a direct impact on the health of the baby
- Having a baby means thinking about someone else all of the time
- Being a young parent has an impact on the health of both the baby and the parents, especially the mother

Breastfeeding online research

Q. Would the majority of women in these countries be more likely to breastfeed or bottle feed – UK, Australia, and India?

A. UK – Bottle feed: 75% of new mothers have used formula by six weeks, NHS data shows **Australia** – Breastfeed: From various state based research it appears that 84% of babies are breastfed on hospital discharge, 61% breastfeed at three months and 49% at six months.

India – Both: In India 77% of children aged between 20 – 23 months were still breastfeeding in the latest study conducted by UNICEF. However, nearly 60% of these children are also having complementary bottle feeding.

Planning for pregnancy

www.nhs.uk/Planners/pregnancycareplanner/pages/Healthinpregnancyhome.aspx **Nutrition**

www.eatwell.gov.uk/agesandstages/pregnancy/whenyrpregnant/

useful links



[Lifestyle cards]



Zena has tried to give up smoking but can't. Kim stopped drinking when she found out she was pregnant.

Rebecca loves horse riding but has to stop because she's pregnant.

Kím doesn't líke cooking, she'd much rather have some fast food.

Jasmíne doesn't smoke or drínk. Toní is worried about what she looks like and doesn't want to put on weight.



[Lifestyle cards]



Chris needs his own space and time away from Kacey to see friends and family.

caroline and caine have really strong arguments.

Caine rides his bike everywhere and likes playing football. Ally has been really ill through her pregnancy, with colds and feeling generally run-down.

Gary does smoke, but won't do it around Chloe while she's pregnant. Chris feels depressed and stays at home on his own - he just cannot come to terms with the idea of being a father.



[Spectrum of health]



essential for health





[Teacher Guidance: Risks]



Babies of teenage mothers are:

- more likely to be born prematurely
- 25% more likely to be born at a low birth weight
- at increased risk of hospitalisation for accidental injuries, diarrhoea and vomiting, developmental delays and poor nutrition in the first year of life
- at increased risk of death death rates for babies of teenage mothers are 60% higher than those for children of older mothers
- more likely to go on to become teenage parents themselves

Teenage mother are:

- three times more likely than those over 35 to smoke when pregnant
- a third less likely to breastfeed than older mothers
- at increased risk of inadequate diet during pregnancy
- three times more likely to suffer from post-natal depression
- more likely to be a lone parent and live in social housing
- three times more likely than older mothers to experience mental health problems in the first three years of the baby's life





[Teacher Guidance: Nutrition]



Diet plays an important part in the development of the foetus. If a woman does not have a good diet during pregnancy she is more likely to have a low-weight baby and there is a greater risk of infant mortality.

A good diet during pregnancy needs to be rich in essential vitamins and minerals, and should include:

- lots of carbohydrates bread, rice, pasta, couscous, cereals
- plenty of fruit and vegetables at least five portions a day
- low or reduced fat dairy products milk, yogurt, fromage frais, pasteurised cheeses
- lean sources of protein meat, poultry, fish, eggs (well-cooked), beans and pulses

• at least eight glasses of water a day

Pregnant women should avoid:

 soft cheeses such as Camembert and Brie, and blue cheese like Stilton

- pâté
- raw, or only partially cooked eggs
- raw shellfish
- too much alcohol (current guidance suggests no alcohol is best, and no more than one to two units per week at most)
- too much caffeine





"It's different when it comes to the harsh reality of screaming for eight hours at night."

[Barbara, Jasmine's mum]

This section looks at how teenagers might adjust to being young parents and the responsibilities that come with being a carer.

DVD Chapter 8

We see the teenagers become young parents and learn to care for their baby. They tackle the daily challenge of changing nappies, night-feeds, financial worries, and experience emotional highs and lows, including post-natal depression.

section eight: and experincluding bringing up a baby

Caroline with mum Judy and baby Stanley ▶▶

Caroline with boyfriend Caine and baby Stanley V



Jasmine with mum Barbara and baby Tommy ▶

Kacey with boyfriend Chris ▼











▲ Chloe with boyfriend Gary

⋖ Kim with mum Sally and baby Heidi

▼ Chloe with mum Lisa



Toni with mum Dawn A **◄ Charley** with boyfriend Lewis and baby Kenzie Rebecca with mum Sharon and baby Cameron ▶







lesson 17: good parents

Aim:

To consider the roles and responsibilities of a good parent

Learning Outcomes:

- To consider what makes a good parent
- To explore how much support a baby needs from its parents and carers

What you will need:

- DVD Chapter 8: Bringing up a baby (running time 12'41")
- Sets of Parent Statement cards
- Agree / Disagree cards (see page 71)
- Quiz questions and answers: Bringing up a baby
- A4 paper
- Teenager photo cards (see pages 33-36)



activities

1. Introduction

- Establish / revisit ground rules (see page 6 for guidance)
- Explain to pupils that they will be exploring what makes a good parent and the degree of support a baby needs
- Briefly explain the *Underage and Pregnant* series

2. Opening activity Parents – Values discussion

Explain that this exercise will encourage pupils to explore their own values and attitudes towards parenting.

 Split the class into small groups and give a set of Parent Statement cards and Agree / Disagree cards to each group

- Ask them to set the Agree / Disagree cards out on the table, one at each end.
- One at a time pupils read a Parent Statement card aloud and place it in the space between the Agree / Disagree cards, depending on whether they agree or disagree with the statement.
- Encourage them to explain why they have placed it there. The rest of the group can then contribute their opinions
- If the group cannot agree on where the card should go, the card is placed in the middle, and the group moves on to the next statement.
- As a class feedback on the task.
 Which were the most contentious issues and why?

3. DVD Chapter 8: Bringing up a baby

Show DVD Chapter 8 asking students to focus on the parenting skills demonstrated by the teenagers towards their child. Give each student a Bringing up a baby Observational Skills quiz sheet and ask them to answer the questions whilst watching the DVD.

Discuss content and explore the following issues:

How many of the teenagers are taking full responsibility for their baby?
What support for the baby do the teenagers receive from their parents?
Do the boys or the girls find it more difficult to know what to do?
Why are good parenting skills important for a child?

4. Development activity What makes a good parent?

- Give each pupil a piece of A4 paper and a teenager profile if required
- Using one of the teenagers from Underage and Pregnant as an example, ask them to compile a list of characteristics / activities that can be identified as good parenting
- Ask for feedback
- Are there any of the teenagers who they think could be described as bad parents? Why?

5. Summarise

- Being a parent is hard
- Communication is key
- Babies and children need a lot of love and support, and so do their parents
- Parents and carers usually want what's best for you – try and communicate with them

homework extension

Ask pupils to:

Read through a newspaper or magazine to find stories or articles that show examples of good or bad parenting.

Cut out the stories to make a collage, or compile a list of the key messages the articles are highlighting.



[Quiz questions and answers: Bringing up a baby]



Here are the questions and answers for the quiz. The questions appear on a separate worksheet for you to photo copy [see page 113].

- 1 How many babies are born in the UK every year?
- Around 800,000 babies are born in the UK every year.
- 2 Name two activities we see Kacey and Chris doing with their daughter, Seren.
- Bathing, nappy changing, getting dressed, breastfeeding
- 3 What does Kacey say she wishes Chris could do?
- Kacey wishes Chris could change a poopy nappy and handle sick.
- 4 What does Chloe find a 'bit boring'?
 Chloe finds feeding Morgan a bit
 boring.
- How many times has Gary changed Morgan's nappy (according to Chloe)? According to Chloe, Gary has changed Morgan's nappy three times.

- 6 What does Barbara say Jasmine has lost since giving birth?
- Barbara says that Jasmine has lost her appetite since giving birth.
- 7 According to the voice-over, what percentage of new mums suffer from post-natal depression?
- 15% of new mums suffer from postnatal depression.
- 8 Which two mums do we see breastfeeding?
- Kacey and Rebecca both breastfeed their babies.
- 9 Which couple decide to end their relationship?
- Chloe and Gary decide to end their relationship.
- Name one piece of advice Rebecca offers to other teenagers.
- Always use contraception. If you think you want a baby at this age, you don't!



[Quiz questions: Bringing up a baby]



- 1. How many babies are born in the UK every year?
- 2. Name two activities we see Kacey and Chris doing with their daughter, Seren.
- 3 What does Kacey say she wishes Chris could do?
- 4. What does Chloe find a 'bit boring'?
- 5. How many times has Gary changed Morgan's nappy [according to Chloe]?
- 6. What does Barbara say Jasmine has lost since giving birth?
- 7. According to the voice-over, what percentage of new mums suffer from post-natal depression?
- 8. Which two mums do we see breastfeeding?
- 9. Which couple decide to end their relationship?
- 10.Name one piece of advice Rebecca offers to other teenagers.



[Parent statement cards]



Having a baby makes a relationship stronger.

Men are more likely than women to have children by a number of different partners.

Mothers are more important to young babies than fathers.

4

It's so easy being a single parent. 5

Parenting comes naturally to everyone.

6

Fathers have the same legal rights as mothers.

7 Teenagers aren't emotionally mature enough to become good parents.

8 Babies of teenage parents who don't have the support of their family should be put into care.

Parents are a chíld's most ímportant role

model.



lesson 18:

a child is for life...

Aim:

To consider the responsibilities of bringing up a child

Learning Outcomes:

- To consider the difference in responsibilities between teenagers and parents
- To consider what makes a positive environment for a child's upbringing

What you will need:

- DVD Chapter 8: Bringing up a baby (running time 12'41")
- Flipchart paper and pens
- Teenager photo cards (see pages 33-36)
- A4 paper

activities



1. Introduction

- Establish / revisit ground rules (see page 6 for guidance)
- Explain that pupils will be asked to consider what makes a positive environment for a child
- Briefly explain the *Underage* and Pregnant series

2. Opening activity Teenage and Parent mind map

- Divide the class into small groups, and give each group a sheet of flipchart paper
- Ask them to divide the paper into two
- Write the word 'teenage' in the left hand column and write down

- all words, feelings and attributes associated with being a teenager
- Repeat the process for the right-hand column, heading it 'parent'
- Ask the groups to circulate and look at each others work, and then discuss the similarities and differences between the two columns. What do they think happens when a teenager becomes a parent?

3. DVD Chapter 8: Bringing up a baby Show DVD Chapter 8.

Discuss content and explore the

following issues:

• What do you think of Chloe's mum taking over at night? What effect

does this have on Chloe's view of



activities

motherhood? Is Gary being given real opportunities to get involved?

- What do you think of the following quotes from the two young fathers: "I don't know what I'm doing half the time." (Chris) and "I don't know everything about babies...If something goes wrong you don't know what to do." (Caine).
- Jasmine was really looking forward to being pregnant and becoming a parent – how has her view changed?
 What are the symptoms of post-natal depression?

4. Development activities Relationships

 Divide the class into small groups, and give each group a set of photo cards

Encourage the group to discuss what they think about the teenage parents

and their wider family groups:

Do you think the teenagers are coping with parenthood?

Which teenager do you think is coping best? Why?

Which teenager is providing the most secure / positive environment for their child? Why?

How do the roles within the family unit differ for the different teens?
What are the most important qualities for bringing up a child?
How important is a healthy relationship between the child's parents?

6. Summarise

- Babies and children take a lot of looking after
- A parent's behaviour directly affects the behaviour of their child

homework extension

Positive progress: Write a letter from Kim to her mum or Lewis to his 'father-in-law' acknowledging / describing what it is they do for them in their new life with a baby.





Useful links

Below are some key sources of information for young people on various topics raised within this pack. Most of these sites also have links to a large number of other useful contacts and websites.

General Sexual Health Website

www.brook.org.uk/content/M1_thefacts.asp
www.ruthinking.co.uk
www.condomessentialwear.co.uk/?WT.id=search
www.likeitis.org.uk/indexuk.html
www.Youthhealthtalk.org/Sexual_Health_of_Young_People/
www.lcdisability.org/?lid=9439

Helplines

- Ask Brook 0808 802 1234 (Free from all phones, 9am–5pm, Monday–Friday) Brook Information line 020 7950 7700 (24 hours)
- fpa helpline 0845 122 8690 (9am-6pm, Monday-Friday) fpa helpline in Northern Ireland 0845 122 8687 (9am-5pm, Monday-Thursday and 9am-4:30pm Friday)
- NHS Direct 0845 4647 (24-hour telephone helpline)
- Sexwise 0800 28 29 30 (from 7am until midnight, 7 days a week)
- Children's Legal Centre The Child Law Advice Line 08088 020008 (9am–5pm, Monday–Friday)





[Information & Factsheets]

Confidentiality:

Brook - Confidentiality and advice targeted at teachers and professionals: www.brook.org.uk/content/M5_5_teachers.asp
 Further links about confidentiality: www.brook.org.uk/content/M1_sexandthelaw.asp

Contraception:

- BBC Information on all contraceptive methods: bbc.co.uk/health/sexual_health/contr_index.shtml
- BBC Slink An online magazine for teenage girls: bbc.co.uk/switch/slink/sexlovelife/index.shtml?page=az
- Brook Factsheet on contraception, with links to individual methods: www.brook.org.uk/content/M2_1_Contraception.asp
- Contraception Education Factsheets on various contraceptive methods and issues: www.contraceptioneducation.co.uk/study.asp
- fpa Information booklets on all methods of contraception: www.fpa.org.uk/Information/Readourinformationbooklets
- Marie Stopes Information about contraception: 'Like it is': www.likeitis.org.uk/contraception.html
- The Site.org Contraception: www.thesite.org/sexandrelationships/safersex/contraception
- R U thinking (Sexwise) Targeted at young people with lots of useful information: http://www.ruthinking.co.uk/

Legal Aspects:

- Brook Consent to sexual relationships: www.brook.org.uk/content/M5_1_consent.asp
- fpa Factsheets on various laws: www.fpa.org.uk/Information/Factsheets/lawonsex
- R U Thinking (Sexwise) Page on legal aspects of sex: www.ruthinking.co.uk/the-facts/search/articles/sex-and-the-law.aspx

Parenthood:

- Association for Post-Natal Depression Information and support on post-natal depression: apni.org/
- BBC Support site for parents: bbc.co.uk/parenting
- Fatherhood Institute Information and support links for fathers, including young fathers: www.fatherhoodinstitute.org/
- Gingerbread Support and information for single parents: www.gingerbread.org.uk/portal/page/portal/Website
- Home-Start Free, confidential support and help for families: www.home-start.org.uk/
- Parentline Plus: Support for all parents: www.parentlineplus.org.uk/ Helpline: 0808 800 2222
- Refugee Council A resource pack to support refugee parents (in English and Somali):

www.refugeecouncil.org.uk/practice/multilingual/parentspack.htm

- Straight Talking Young parent peer educators who work in schools (national charity): www.straighttalking.org/index.html
- Young Fathers Supporting young fathers: www.young-fathers.org.uk
- Families Need Fathers Information and support for parents: www.fnf.org.uk/help-and-support
- TheSite.org Being a parent: www.thesite.org/sexandrelationships/familyandfriends/beingaparent



[Information & Factsheets]

Pregnancy and Birth:

- BBC parenting video: bbc.co.uk/parenting/video
- Birth Choice Information on choices about where and how births can be: www.birthchoiceuk.com/
- Breastfeeding choices Information on benefits of breastfeeding: www.breastfeedingmanifesto.org.uk/
- TheSite.org Unplanned pregnancy: www.thesite.org/sexandrelationships/safersex/unplannedpregnancy
- National Childbirth Trust Information and support for pregnancy, birth and early childhood:

www.nct.org.uk/info-centre/getting-help/helplines

Relationships:

- The Site.org Life as a couple: www.thesite.org/sexandrelationships/couples/lifeasacouple
- Ask the Site Confidential relationships advice: www.askthesite.org.uk/sexandrelationships
- Queer Youth Network UK LGBT youth organisation relationships advice: www.queeryouth.org.uk/community/
- Stonewall Relationships advice for lesbians, gay men and bisexuals: www.stonewall.org.uk/at_school/

Sexually Transmitted Infections (STIs):

- Teenage Health Freak Information on STIs: www.teenagehealthfreak.org/homepage/index.asp
- BBC Wales Information on STIs in English and Welsh: bbc.co.uk/wales/comeclean/
- Brook Factsheet on STIs with links to factsheets on specific infections; www.brook.org.uk/content/M2_4_sti.asp
- fpa Factsheets on various STIs: www.fpa.org.uk/Information/Factsheets/infections
- RU Thinking (Sexwise) Advice on STIs: www.ruthinking.co.uk/the-facts/search/articles/stis.aspx
- TheSite.org Sexual Health advice: www.thesite.org/sexandrelationships/safersex/sexualhealth

Teenage Pregnancy Statistics:

- Teen Health Talk Real life experiences from teenagers: www.youthhealthtalk.org/Sexual_Health_of_Young_People/Topic/1963
- Avert Sex and STIs: www.avert.org/sex.htm
- Brook Factsheet on teenage conceptions: www.brook.org.uk/content/Fact2_TeenageConceptions.pdf
- fpa Information and factsheet on teenage pregnancy: www.fpa.org.uk/Information/Factsheets/teenagepregnancy

Termination of Pregnancy (Abortion):

- Teenage Pregnancy Unit Information on teenage pregnancy strategy and statistics:
 - www.everychildmatters.gov.uk/teenagepregnancy/
- Brook Factsheet on the law in the UK: www.brook.org.uk/content/M2 5 abortion.asp
- BPAS Information on pregnancy choices: www.bpas.org/
- Education for Choice Organisation providing in-depth information on abortion: www.efc.org.uk/Home
- fpa Factsheet on abortion: www.fpa.org.uk/Information/Factsheets/
- Voice for Choice campaigning organisation for abortion rights: www.vfc.org.uk/

acknowledgements

Thank you to the following for their expertise and advice:

Dr Rachael Jones, Consultant, West London Centre for Sexual Health. Chelsea and Westminster Hospital

Jan Etoile, Education Consultant
Shelley Pennington-Blair, Head of PSHE,
Walker Technology College, Newcastle
Alison Hadley, Teenage Pregnancy
Programme Manager, Teenage Pregnancy
Unit, Department for Children, Schools and
Families

Rachael Wyartt, Ask Brook Manager, Brook Hong Tan, London Sexual Health Programme Director

Carol Maher, Health Promotion Specialist, Vale of Glamorgan Health Promotion Team Wendy Ostler, Healthy Schools Coordinator Adran Addysg / Education Department Marina Carter, PSE/Healthy Schools Coordinator

Cheryl Joscelyne, Senior Health Promotion Specialist / Local Public Health Team, Cardiff Mark Lancett, PSE External Subject Expert / Curriculum and Assessment Division Kim Scott, Adviser Learning for Life and Work / Environment and Society CASS/SEELB

Joanna Gregg, Sexual Health Coordinators (Eastern Area)

Joe Harris, Sexual Health Coordinators (Eastern Area)

Mary Wylie, Vice Principal Pastoral,
St Mary's High School, Downpatrick
Hazel Godfrey, Teacher, Laurelhill
Community College, Lisburn
Pauline Baird, Adviser for Personal
Development and Learning for Life and Work
NFFLB

Kathryn Armstrong, Assistant Principal
Officer KS3 Personal Development
Curriculum and Assessment
Shirley Fraser, Health Improvement
Programme Manager, NHS Scotland

Special thanks to Hannah Wyatt, Executive Producer, *Underage and Pregnant*

Published in October 2009
By BBC Learning, Room MC4 A5, Media Centre, 201
Wood Lane, London W12 7TQ

Underage & Pregnant Series and specially edited DVD: Mentornmedia

BBC Learning Editorial Team: **Timuchin Dindjer** and **Lucy Britton**

Consultants and Authors: Susie Daniel and Jo McKenzie

Design: **Bev Speight**Printer: **ESP Colour Limited**

Translations and subtitling: **Red Bee** and **Trosol** DVD authoring and artwork: **Playback Media**

DVD reproduction: Golding

In addition to the free copy issued to each school, the materials in this resource can be downloaded from:

bbc.co.uk/schools/teachers

