AN INVESTIGATION INTO THE EFFECTIVENESS OF A COORDINATED SCHOOL BASED DELIVERY SYSTEM IN MEETING THE SOCIAL, PSYCHOLOGICAL, AND PHYSIOLOGICAL NEEDS OF PREGNANT TEENAGE GIRLS

A Practicum

Presented to

the Faculty of Graduate Studies and Research

The University of Manitoba

In Partial Fulfillment

of the Requirements for the Degree

Master of Education

by

Mary L. Fleming

June, 1981

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ABSTRACT

The purpose of this practicum-based investigation was to investigate the effectiveness of a coordinated school based delivery system in meeting the social, psychological, and physiological needs of pregnant teenage girls.

The study involved an assessment of instruction in Family Relations education with core concepts of values, decision-making, relationships, pre- and post-natal care, nutrition and social services.

The study involved an interview protocol of persons directly concerned with the "Class for Pregnant Students". The purpose was to identify the needs for education, pre- and post-natal care, nutrition and social service. A pre-questionnaire was developed to assist in the development of a Family Relations curriculum. Pre- and post tests were developed to evaluate student change in knowledge, attitude and behavioral intentions. Responses to the interview protocol, pre-questionnaire and pre- and post tests were analyzed.

The results of the analyses indicated a need for a Family Relations curricula including core concepts of values, decision-making, relationships, pre- and post-natal care, nutrition and social service be taught to pregnant school age girls. The analyses also revealed that teachers need to draw attention to the students' real concerns at the affective level.

This practicum recommends that sex education be introduced as part of regular junior and senior high school curriculum in each province and that "prevention" be the focus of such a program.

ACKNOWLEDGEMENT

The writer would like to thank the following people for their assistance and encouragement in the completion of this practicum; Mrs. Phyllis Thomson, Mrs. Joyce MacMartin, Dr. Winston Rampaul, Dr. A.M. McPherson.

The writer is indebted to Mrs. Agnes Hall and staff members of the "Y" School "Class for Pregnant Students" for their assistance and guidance in completing this study.

My thanks are directed to the principal of the Adult Education Centre, Dr. Heather Sharman for allowing me the opportunity to conduct this study with the "Class for Pregnant Students" located at the Y.W.C.A. and administered through the Adult Education Centre, Winnipeg School Division #1.

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CHAPTER I

INTRODUCTION

Purpose

The purpose of this practicum-based investigation is:

To investigate the effectiveness of a coordinated school based delivery system in meeting the social, psychological, and physiological needs of pregnant teenage girls.

The program goal of the Adult Education Centre implies that such a delivery system does exist. In its present format there is considerable input from outside agencies; therefore, an attempt will be made to design a Family Relations curriculum which coordinates the current structure with additional components to meet the diverse needs of the class of teenage pregnant students.

Terminal Objective

To maintain the student's interest in and desire to continue formal education by providing an academic program and personal support system suited to her abilities and scholastic background.

Objectives

To assist the student to:

1. deal with stress related to her condition
2. establish realistic expectations
3. develop a positive self-image
4. develop a positive attitude towards (her own) sexuality
5. develop an awareness of pre- and postnatal care
6. foster practical parenting skills.

Background of Practicum Setting

The Winnipeg School Division #1 offers a special program for pregnant school age girls from various socioeconomic backgrounds. The program is administered through the Adult Education Centre and housed in the Young Women's Christian Organization (YWCA). While the program was set up to meet the needs of girls from the Winnipeg School Division, each year a number of non-resident girls are enrolled. Enrollment in this class has remained quite constant over the past ten years - varying from a low of 26 to a high of 42. Presently, there are 52 girls enrolled.

The writer became involved in the program because of concern for the high incidence of teenage pregnancy among the junior and senior high school population.

The intent of the practicum research is to compare a program of study for a class of pregnant teenage students enrolled in the Winnipeg School Division #1 with a similar program in Canada and the United States so that a new curriculum could be developed to assist the students to achieve a more positive lifestyle.

Existing Programs

Ohio, Canton

Now in its fifth year of operation, the Canton Program for Pregnant Girls allows pregnant adolescents in grades eight through twelve to continue their academic work and also to receive much needed extra instruction in hygiene, nutrition, and preparation for parenthood. Girls may choose to attend either morning or afternoon sessions with a hot lunch included - - the preparation and serving of lunches becomes part of the girls' nutrition training.

A variety of high school level courses is offered in the area of science, social studies, and mathematics. For girls interested in clerical and business training, bookkeeping, typing, English, and shorthand are taught. The home economics course includes instruction in foods and home management. Seventh and eighth grade girls receive instruction in reading, spelling, language, social studies, and science. A special education program at this level is offered for educable mentally retarded girls.

In addition to regular school curriculum, all girls participate in the health course that is taught by a certified nurse/teacher. The course focuses on personal hygiene, prenatal and postnatal care, and child care. Group counselling is provided by a social worker who also visits the girls' homes to interview their parents. Legal aid is arranged by the social worker when necessary.

The program is located in an elementary school. Enrollment for the first semester of the 1971-72 school year was 59, with ages of the girls ranging from 13 to 18.

Funds for the program are supplied largely through State Disadvantaged Pupil Program funds and Special Education funds.

Alberta, Calgary

Adult Day Centre

"The Association for Assistance to Teenage Mothers"

The Adult Day Centre is a combined program co-ordinated by the Calgary Board of Education with the co-operation of the City of Calgary, Local Board of Health, the Federation of Family and Community Counselling Services, and Alberta Social Services.

General Goal & Objective:

To provide an integrated, interdisciplinary service to respond to the needs and problems of pregnant teenagers and teenage mothers. The approach is intended primarily to serve as an alternative to dropping out of school in the case of the pregnant teenager, or, as in the case of the single teenage mother, to provide an opportunity for re-entering or continuing her education.

Specific Goals & Objectives:

1) Education

(Grades VIII to XII)

To provide prescribed courses of study for the students to meet their educational needs while pregnant so that they can re-enter the regular school system with a minimum of dislocation; in addition, to provide these courses to meet the educational needs of single teenage mothers who would not otherwise continue in school.

2) Health

To provide comprehensive pre- and post natal care to the pregnant teenager by Public Health Nurses. In addition, to provide a comprehensive child care program for teenage single mothers to meet their needs in the parenting role.

3) Individual, Family & Group Counselling

To provide the needed legal and personal counselling for the student, her family, and other important people in her life. The social workers on staff are able to provide information and assistance to the girls and their families in making important decisions and in planning constructively for the future.

Additional Services for those Interested:

A number of boarding homes are available for girls from out-of-town or girls unable to remain in their own homes, but the ADC is not a residential school.

Fees

There is no fee for attendance at the ADC, but girls are responsible for their own transportation costs.

"Y" School - Winnipeg, Manitoba

The "Y" School is administered by the Adult Education Centre but is housed by the Y.W.C.A. It is a day school only. It is funded entirely by the Winnipeg School Division through the budget of the Adult Education Centre. The staff consists of 2 half-time high school teachers (equivalent of one full time) and a half-time Business Education teacher (5 half days per week). Weekly instruction in prenatal care, child care and nutrition is given by public health nurses and a nutritionist. A craft program is offered one afternoon each week. Group counselling/discussion sessions are offered by a social worker from Children's Aid. These sessions cover information on such topics as legal aid, adoption services, etc. The girls earn a Family Studies credit through their participation in these classes.

Most girls are from schools within the Winnipeg School Division. They live at home, with relatives, in group homes or with their boyfriends and are given bus tickets to enable them to attend the "Y" which is located downtown. Some girls are referred by other divisions but in order to attend from outside the Winnipeg Division, an out-of-resident fee of $165.00 per month must be paid by the sending division.

Counselling is provided by a Children's Aid worker who comes in once a week or oftener if a girl wishes to see her. The girls are not encouraged to either keep or relinguish their babies.

The regular high school program provides individualized instruction in major academic courses and students are encouraged to study independently. An increase in junion high students in recent years means that the teachers are giving instruction from grades 7 through 12.

Girls who do not complete the course before the baby is born may return to classes until courses are complete or until the end of the regular school year in June. Most girls would return to their home schools at the beginning fo the semester after delivery of their babies. Facilities are provided in the same building for continued education of the new mother and child care for her baby.

This adds a significant dimension for the pregnant girls through their involvement in direct practice of child care, and through assistance in positive ways to "mother" infants. The girls can obtain a Physical Education credit through their daily exercise program and swim classes. Another distinguishing feature of the program is the use of a swimming pool, kitchen facilities and a cafeteria housed in the same building. The girls may buy nutritious snacks or a well balanced meal if so desired or prepare their own.

CHAPTER II

REVIEW OF THE LITERATURE

In recent years, a nationwide concern over the "epidemic of teenage pregnancy has developed. Explanations for this phenomenon have ranged from poor sex education to promiscuity."

The current problems with teenage pregnancy cannot be appreciated fully without understanding adolescent sexual behavior and the secular changes that have taken place. From 1900 to the early 1960's, sexual behavior in the unmarried, teenage population changed. A review of the earlier literature indicates that a significant increase in the incidence of sexual intercourse among single, teenage girls occurred in the early part of this century (Hoffman, 1978). Measureable changes in the attitude of adolescents toward sexuality became strikingly apparent in the 1960's. The double standard practices by males began to disappear; currently, the percentage of sexually active males and females is similar. Teenagers are becoming more sexually active, and at an earlier age. These changes in sexual behavior among adolescents involve all segments of society (Pediatrics, 1979).

It is interesting to note that in Canada more than one hundred teenage pregnancies occur each week with the majority of teenagers being under sixteen years of age (Damude, 1979). Of these one hundred pregnancies, 80% will keep their babies.

Some provinces may appear to have a larger pregnancy rate than others. In 1974, Nova Scotia ranked highest of any province in its rate of teenage pregnancy, exceeded only by the Northwest Territories. In 1974, more than one in six babies or 17.6% of births were to teenage mothers. While the general birthrate in Nova Scotia has been declining, the percentage of

births to teenagers have increased steadily over the last 20 years. In 1952, it was 9.7% compared to 17.6% in 1974. Manitoba, in 1978 had more than twenty-one hundred babies born to teenage girls under the age of 19 years. Of these, thirteen hundred babies were illegitimate babies (Planned Parenthood, 1980).

Teenagers between age 15 and 19 average 50,000 to 55,000 pregnancies annually in Canada, of which about one-third end in abortion. Abortion represents the ultimate failure of birth control. As there are not available statistics regarding the number of unplanned teenage pregnancies, abortion statistics are our prime indicator. Roberts (1977) reports that in 1971 Toronto Hospital for Sick Children* saw twenty-one pregnant young women. None had practiced any form of contraception. In 1973-74 the same clinic saw 182 young pregnant women. The Hospital for Sick Children indicated that over 90% of the patients elected to terminate their pregnancies. Further recent statistics from the Central Abortion Referral Education Service show that in 1974 it counselled 1300 women.

A random study of 844 of these women indicated that 209 or 31.3 per cent of these women were in their teens, six girls were less than 15 years of age (Hopper, 1975). Whereas requests for birth control were an oddity only five years ago, they are now an everyday occurrance (Roberts, 1977) and yet there has been overwhelming concurrance form all sources that although annually more and more teenagers are using birth control services an astounding number of unmarried adolescents are engaged in unprotected intercourse.

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*Hospital for Sick Children, Division of Adolescent Medicine Report of Activities, May 1, 1973 to April 30, 1974, page 4.

Current interest in adolescent pregnancy has not been matched by an expansion of information about the problem or by the development of effective programs to help resolve unwanted pregnancies (Furstenberg, 1976). Although the volume of literature is extensive, its utility may be questionable.

Some of the more frequent causes of the alarming rise in teenage pregnancy include (Ryan and Sweeney, 1980; Rosenstock, 1981):

(1) Ignorance concerning contraceptive methods.

(2) Ignorance concerning the risks of pregnancy.

(3) Inaccessability of contraceptives.

(4) Desire for pregnancy.

(5) Moral objection to the use of contraception.

(6) Medical contraindication to the use of contraception.

(7) Fear that contraceptive techniques would interfere with sexual pleasure.

(8) Sense of denial about entering a sexual relationship.

(9) Sexual acting out.

Generalizations that adolescent pregnancy is declining is not warranted according to Boss et al. (1980). An increase in pregnancy is occurring among just those adolescents who are least able to cope with pregnancy and parenthood. First of all, very young teenagers lack the emotional readiness to parent since they have not been fully parented themselves. Second, they lack the social readiness to parent since they are without access to formal and informal networks and institutions that support more adult parents. Third, these teenagers are usually unprepared to take on the economic responsibilities of parenthood. Fourth, their biological readiness to parent has been called into question, particularly by the medical commu-

nity which points to increased incidence of birth defective infants born to very young mothers (McKenry et al., 1979; McGanity, 1978).

The birth of a baby to a 14-, 15-, or 16-year old is problematic for many others as well: the baby, the father, the mother's family, the father's family and society. Part of the difficulty expriënced when trying to deal with problems of teenage pregnancy arises from an unwillingness to acknowledge increased sexual activity in young adolescents (Boss et al., 1980). Furthermore, there is an unwillingness to recognize that, for many the prevailing value with regard to sexual intercourse among today's adolescents is "permissiveness with affection", that is, sexual intercourse is accepted as long as the partners feel affection for each other. It must be recognized by parents and educators that this value prevails among our adolescents of today, even though it might be quite different from the value educators and parents hold for themselves and the ideals they wish were maintained.

As parents and educators, we must become aware, then, that there is a split between the real and the ideal in our thinking about adolescent sexuality. Today many young adolescents are involved sexually (the reality); many adults, however, wish teenagers would remain virginal until marriage (the ideal).

That teenagers experience more pressure now than in prior generations from peers and the media to experiment with sex has been clearly documented (Vincent, 1961; Shouse, 1975). Although promiscuity is implied, it seems reasonable to conclude that young people are prone to sexual experimentation with someone they know well, for it seems clear that as the age of steady dating decreases, the age of initial pregnancy is decreasing (Vonder Ahe, 1963).

Why are so many sexually active adolescents not using birth control?

Presented with the evidence that such a large number of adolescents are sexually active and not consistently protecting themselves against unwanted pregnancy, one must ask why. Is it only our presumption that adolescents are well informed and are aware of ways of avoiding pregnancy? In reality what have they learned and where? Some adolescents may claim to have had some kind of sex education at school. Because we do not legitimize sexuality as a fundamental value in our society, there is little or no on-going discussion of sex-related issues nor opportunities to process the contingencies of varying sexual situations (Hacker, 1980). Without such training, there is poor development of contraceptive problem-solving ability and therefore no consistent approach for handling different types of sexual encounters. A recent study by Byrne (1977) indicated that young people who responded with comfort to sexually explicit films were better contraceptors than those who responded negatively. This would seem to support the hypothesis that a greater acceptance of one's sexuality would correlate with better contraceptive use. It should be made clear that the quality and intensity of sex education within the school is largely contingent upon the school board, the principal, and the individual teacher. Many teachers who feel unqualified to teach human sexuality are not contacting planned parenthood or other agencies with qualified and competent staff who are more equipped to deal with the issues. Often, however, the school board has attempted to regulate the responsibility of sex education to the parents. Swan (1980) reports that:

1) Parents do not sit down with their children and explain the various components of human sexuality, nor do they even explain the "facts of life" to them and

2) Parents are confused about what they should tell their children, especially with regard to the non reproductive aspects of human sexuality.

Some parents cannot or will not face the reality of their son or daughter being sexually active. Generally, parents are appalled by the evidence of youthful sexuality yet somehow secure in the knowledge of their own adolescent's innocence of this behavior. Ultimately, it seems that the sex education of our youth is a hit-and-miss affair. Some teenagers manage to pick up bits and pieces of information; some from school, some from parents and some from friends. Clearly, many receive the information too late. There is, a predominance of teenagers who feel they are magically protected and think that 'It can't happen to me'. Hopper (1975) comments, "that there is difficulty in getting sexually active adolescents to make the connection between sex and procreating". Somehow even though they know that intercourse causes pregnancy they just can't relate it to themselves. Many young adolescents are unaware of the where's and how's of obtaining effective contraception. An adolescent is sensitive to the responses of others. Roberts (1977) suggests that many will avoid using a service for fear of judgemental, moralistic or preaching attitudes. Adolescents might feel too embarrassed to go to their family doctor or a family planning clinic to ask for help. It can be noted that most put off the request for service until they are afraid (The Pregnancy Scare). At this time the level of anxiety regarding the late period overrides the anxiety regarding the medical examination (Peach, 1980). Parents and teenagers are notorious for their inability to communicate, but when communication deals with sex it is at an all-time low. Today's adolescent now stresses that intercourse should be a spontaneous and unpremeditated

event (Nye, 1980). Using birth control clearly means premeditation of sexual intercourse and many are unwilling to admit that advance preparations are made.

Although in the short run becoming pregnant may seem to solve problems and conflicts, it may create them in the long run. When relations with her parents are unstable, a pregnancy may constitute proof that a girl is an adult; it may be a declaration of independence from parental supervision or interference; it may test her parents love as well (Schlesinger, 1977). When the home situation is unhappy or strained a pregnancy may allow a girl to leave home and move to the promised security of a marriage. Thus pregnancy may trap the partner into a more committed relationship or it might be used as an ego booster to prove a girl's femininity. Depending on the degree of fantasy bound up in a young woman's thinking, most of these 'mentioned opportunities' usually backfire and become a heavier burden than the original problem.

Physiological

The general health of adolescent girls contributes to the likelihood of their becoming pregnant. Generally, improved living conditions, nutrition and health care are reflected in the precocity of physical development in children of all ages. If it is possible for girls to become pregnant at earlier ages, it should not be a surprise that they do become pregnant earlier. In fact, early menarche has been cited as a causal factor in early adolescent pregnancy (McKenry et al., 1979). The prolonged period of adolescence, due to early menarche and later marriages, results in more pregnancies, not just at earlier ages, but at any age during adolescence. In addition to early menarche improved overall health is responsible for a higher incidence of adolescent pregnancy (Cutright, 1972).

Psychological

Although several theoretical frameworks have been utilized in the study of adolescent pregnancy, the psychoanalytic framework is unquestionably, predominant in the examination of psychological factors. Ego strength and family relationships are the factors most often discussed in attempts to explain why adolescents do or do not get pregnant. Weak ego strength results in sexual acting out and, logically, pregnancy may occur. Adolescent males who have little sense of personal worth may use sex as an escape from their sterile existence and girls who do not know and accept themselves are less able to use and plan for contraception (McKenry et al., 1979).

The family relationships most often mentioned as being related to pregnancy are; colseness to father, not close to mother, and generally unstable relationships (Cutright, 1972) father absence and strong bond with mother accompanied by resentment of mother (Barglow et al., 1968).

Although is is difficult to assess, some hold that girls who become

pregnant have an unconscious desire to be pregnant. The suggestion to predisposition of pregnancy is also evident in the conclusion that girls who are highly dependent and have a great need for affection are more likely to become pregnant. Also, social and/or psychological stress is believed to trigger attitudes and behaviors which are likely to lead to pregnancy (McKenry et al., 1979).

Social

Sex is put in the open and it affects every school child - young and old. As many as 55 per cent of our teenagers are engaged in premarital sexual intercourse (Thomas, 1980). Sex is the most 'hip' thing today. If you are not with it you're a square. To be a girl in this day and age means knowing how to cope with sex when it is presented to you (Schlesinger, 1977). Perhaps this is how most teenagers perceive sex. From this excerpt it almost seems that peer pressure has made sex an obligation for young people, just to keep up with the crowd. Irrefutably, today's youth is overwhelmed with exposé to sex. In Toronto, one must only walk down Yonge Street, to view the many body-rub parlours and strip joints, watch the baby blue movies, or go to any cinema to be confronted, almost assaulted, by a sex saturated society. By and large the image created by the media, however, is not matched by reality (Roberts, 1977). Just how are teenagers coping with and absorbing this bombardment? We need to concern ourselves primarily with the fraction of the teenage population whose sexual behavior entails the risk of unwanted pregnancy. Interestingly, available literature deals predominantly with the inevitable results of unprotected intercourse: pregnancy. For discussion of teenage pregnancies, two themes follow almost invariably: abortion and unwed mothers (Tietze, 1979; Zelnick and Kantner, 1980).

Very little has been written from a preventative perspective - that is contraceptive counselling for the nulliparous yet sexually active adolescent. The literature situation has been reflected by a reluctance, until very recently, on the part of services to assume responsibility for contraceptive service to this age group. It is readily noticeable as well that public acknowledgements of adolescent sexuality focuses on unfortunate consequences.

If we want to help this age group to avoid unwanted pregnancies, we must have a clear understanding of what the situation is, and why.

Medical Risks

The number of illegitmate births to adolescent girls has risen considerably over the past twenty-five years. To add to this increasing problem, single adolescent mothers are more frequently deciding to keep their infants and raise them themselves (Hendley et al., 1980).

A primary concern of society for adolescent pregnancy centers on the assumption that pregnancy subjects the adolescent female to greater medical risks than for women in their 20's. Also, it is widely held that an adolescent pregnancy poses a greater medical risk to the child than the pregnancy of a woman in her 20's (McKenry et al., 1979).

Adolescents usually fail to seek adequate prenatal care (Ross, 1980). Ignorance, pride, lack of motivation and resistance have been identified as the most common reasons for this phenomenon. Sociological factors such as socioeconomic status and ethnicity may also affect the adolescent's attitudes towards seeking prenatal care (Hendley et al., 1980). Frequently identified complications which have been associated with inadequate prenatal care for adolescent mothers include: excessive weight gain, premature labor, increased morbidity and maternal mortality, iron deficiency anemia,

toxemia, prolonged labor, cephalopelvic disproportion, vaginal infections and vaginal lacerations (Battaglia et al., 1980). Complications for the neonate include: prematurity, low birth weight, neonatal morbidity and/or mortality (Stevenson, 1973). Prematurity has been related to the age of the adolescent mother and besides increasing the mortality risk for the child, it has been linked to such conditions as epilepsy, cerebral palsy, mental retardation, blindness and deafness (McKenry, 1979). The infants of adolescent mothers frequently have been identified as being more prone to a variety of physical and neurological defects. Mothers less than 16 years of age have been found to be 2.4 times more likely to give birth to children with neorological defects than young adult women. Neurological defects are thought to be related to prenatal care, socio-economic status and nutrition as well as age (Segal, 1980).

Inadequate prenatal care and nutrition among pregnant teenagers may be held responsible for the risks observed.

Studies of adolescent pregnancy and delivery outcome have suggested that problems associated with adolescent pregnancy may be due to factors other than mother's age, particularly, the quality of prenatal care (Baldwin et al., 1980). These studies point to the heavy influence of nonbiological factors - especially the quality of prenatal care - on the relationship between mother's age and risk to the new born.

There is an intriguing pattern of relationship of adolescent child-bearing to child development. Previous debates on the role of biological and environmental factors, especially prenatal care, have not been totally resolved, but the evidence is strong for the predominant influence of prenatal care on neonatal outcome. The fact that some programs show no negative effect - and even some positive effect - of young age is persua-

sive, but raises additional research and policy issues involving the level and cost of prenatal care required to compensate for the high risk involved in early childbearing. Research on the role of family structure strongly suggests that the presence of adults other than the young mother in some way mitigates the deleterious health and other effects on the child associated with teenage childbearing (Nye and Lamberts, 1980). We need to know more about why some adolescent mothers have familial or other supports available, and why some choose to accept those resources and others do not.

The apparent relationship of early childbearing of the mother with early childbearing of her offspring is disturbing since it implies some generational effect. Do the large numbers of births to adolescents in recent years mean future waves of early childbearing? It is not possible to assess this fact since there is little evidence to show the effects of intervention programs.

Non-Medical Risks

As a single parent the adolescent may be expected to fulfill the role of both mother and father while still grappling with the maturational crisis of adolescence (Hendry et al., 1980). Any expectation the adolescent might have of her infant's ability to meet her own personal needs as a mother may all-to-soon be disappointed. When the reality of motherhood differs from the fantasy, the shock of real life may cause the unprepared young mother to blame her infant for her difficulties, e.g., interference with educational or career goals (de Lassovoy, 1973). The adolescent mother may be more dependent than ever on support systems such as family and friends. However, she may find herself socially isolated at a time when she most requires social contact and understanding. Hendry et al.,

(1980) feel that utilization of infant health care resources as a support system may vary considerably for the adolescent mother as a result.

Findings from a study conducted by Stevenson (1973) from infant health care data identified that adult mothers mainly sought well-baby care, whereas the adolescent mothers sought episodic-illness care most frequently. This may suggest that the adolescent mothers were less confident in their ability to deal with certain aspects of the infant's care (e.g., feeding, colds and crying). Perhaps more formal parental teaching by health professionals would increase adolescent mothers' confidence in this area and assist them in meeting their infant's needs themselves.

The timing of the first birth is of crucial importance in the lives of young women because taking care of a baby's needs severely limits ability to take advantage of opportunities that might improve their lives. A pregnant adolescent has much of her life's script written for her - truncated education, excess fertility, low-paying job or unemployment, forced marriage, and marital instability (Guttmacher Institute 1976, Campbell, 1968).

The accelerated role transition of early motherhood is closely associated with family instability and marital dissolution. Teen marriages have been found to be two to three times more likely to break up than marriages occurring after age 20 (McKenry et al., 1979). Typical problems of adolescent marriages include feeling robbed of adolescence, education, or social position; mistrust of marital partner, and the projection of blame on one another; and low self-esteem, depression, and withdrawal (Nye and Lambert, 1980).

Adolescent pregnancy has also been associated with negative parenting styles. The transition to parenthood at any time can be difficult. Several

factors have been identified as being directly related to the ease of transition to parenthood including socioeconomic status, family planning, age, timing of parenthood in the marital career of the woman, marital adjustment, and a high commitment to parental role (Russell, 1974). In terms of these factors, adolescent parents are at a disadvantage. In addition, adolescent mothers have demonstrated little knowledge of the normative development of children; have unrealistic early development and behavior expectations; appear impatient, irritable, and insensitive; and are prone to use physical punishment (de Lessovoy, 1973). As a result, the children of adolescent parents are at risk for child abuse, child neglect, retarded physical and emotional development, poor school performance, and serious delinquent behavior. In defense of adolescent parenting, Osofsky and Osofsky (1970) found that there were areas of maternal strength, such as warmth and physical interaction. These authors suggested that the major area of weakness, verbal interaction, may in fact, be related to infant development problems. The children of teenage mothers are relatively likely to spend a considerable part of their childhood in one-parent households; and they are more likely themselves to have children while still adolescents (Baldwin et al., 1980). Adverse impacts can be observed long into the children's lives - that is, adverse effects are most likely to occur when the teenage mother raises her child without help from the father or her own parents.

The Unmarried Mother and Her Child

Although it is nearly impossible to determine how many unmarried mothers keep their babies, it is estimated that one-half of the girls who are seen at Canadian social agencies are keeping their children. Again, there is no way of knowing what percentage of all unmarried mothers keep their babies (Schlesinger, 1975).

The single girl who does keep her child is aware that her decision is socially rebellious and violates traditional norms and conventions. The feelings of isolation and rejection are acute. She is separated from society, split off from the "acceptable" or "in group", with little hope of every gaining acceptance again. The low sense of self-esteem and despair about being trapped in this status leads some of these girls to implusive, unsatisfactory marriages.

The life of a single mother is a difficult one. She is a social outcast with few avenues of self-expression or pleasure, and, although the need for satisfaction and affection is great, she has less chance of finding a satisfying relationship with a man. Dating leads to such discomforting questions as "when do I tell him I have an illegitimate child?" Because of their status, many unwed mothers become suspicious and distrustful, feeling that they are only a physical attraction to men. Some attempt to build an overly moral facade, while others become sexually involved again as if they wish to punish themselves (Schlesinger, 1975).

Although most unwed mothers are sincerely concerned about the welfare of their children, they are ill-prepared emotionally to carry the maternal role. In addition, the necessity of meeting the role requirements of both mother and father not only puts pressure on the mother, but also creates confusion and ambiguity for the child's developing sense of identity. As the child grows older, his self-image may become very negative because of his mother's status and his low sense of security.

The role of single parent goes on twenty-four hours a day and requires countless decisions, large and small. Seldom is there anyone from whom single parents can expect moral and emotional support, advice, encouragement, praise or even fault finding. Isolation from normal community life to

some degree is the fate of parents without partners. They don't seem to fit any of the normal social patterns. They are self-styled "fifth wheels of society" (Schlesinger, 1975).

Societal Costs. Economic and moral consequences have been the focus of most investigations of the societal cost of adolescent pregnancies. In some instances, investigations have assumed that the rising rate of out-of-wedlock births threatens the values necessary for the maintenance of "legitimate" family life. Others have presented evidence of the increased costs born by the taxpayer as a result of a high rate of adolescent out-of-wedlock births (Planned Parenthood, 1980).

Failure to achieve educational and vocational objectives, as a by-product of coping with adolescent pregnancy, represents a significant cost to society both in the loss of human potential and the expenses of provision of services (Menken, 1972). Considerable emphasis has been placed on the relatively greater frequency of adolescent pregnancies and greater parity over the course of the lifestyle among couples with limited education and low income. An early, unwanted birth is a significant social cost factor as it often determines a person's class position as well as attitudes toward and participation in other societal roles (McKenry et al., 1979).

Pregnant adolescents comprise a large percentage of welfare recipients costing society thousands of dollars over a lifetime. Society must hear the staggering costs of abandoned, neglected, and dependent children that are too often the result of adolescent pregnancy; current costs of placing a child in a well-baby clinic, foster home, or a residential center are high. The high risk of many of the children of adolescent mothers for various anomalies and chronic health problems cost society even more.

CHAPTER III

THEORETICAL FRAMEWORK AND METHODOLOGY

Many adolescents get into serious trouble because they don't know about contraception, contraceptives, and venereal disease. Some reduce chances for a happy adult life before they leave high school.

Observations such as these have spurred the researcher on to co-ordinate a curriculum toward insuring that individuals in our society are presented with accurate information about their own bodies, reproduction and the place of sexual behavior in human relationships.

The aim in developing this curriculum is ro prepare adolescents mentally and physically for optional sexuality: to increase knowledge of pregnancy, childbirth and parenting.

Many girls have difficulty coping with the stress that pregnancy brings. It is important that objectives are built into the curriculum to help the pregnant teenager develop a positive self image so she can deal more effectively with the stress related to her condition.

In recent years nationwide concern with the 'epidemic' of teenage pregnancy has developed. Explanations for this phenomenon has ranged from poor sex education to promiscuity. MacDonnell (1979) comments that increases in teenage pregnancy will inevitably be accompanied by a host of medical problems associated with childbearing: low birth weight babies, birth complications and increased rates of morbidity and mortality for mother and child. Pregnant teenagers are thought to have poor nutritional knowledge; inadequate knowledge of child care and severely limited ability to cope with the strains and demands of parenting. The children of these teenagers are, therefore, considered to be a high risk for child abuse.

If this portrait is accurate, and if we are truly in the midst of a teenage pregnancy explosion, then objectives which include more intensive health care and parenting skills for this group are urgent.

What can we teach adolescents, beyond facts and morals, that will be more effective in establishing realistic expectations without imposing restrictions on sub-cultural differences? Boss et al. (1980) suggests a decision-making process where students may first be allowed to express their values. Second, students must learn of the options available to them based on a variety of decisions they could make. Third, students must learn about the costs and benefits of each of their potential decisions within the context of their respective value systems.

For example, it may cost a young girl psychologically to use birth control than not to if she has been taught by her family that contraception is wrong.

This model can help students make decisions after having considered the possible outcomes of several decisions options. This process involves:

1. expressing values relating to a particular question
2. listing possible decision options for the questions
3. considering the possible outcomes for each option.

In a classroom setting, a teacher may want to begin teaching the decision-making process using questions that are interesting to students but that are personally less riskly to discuss than sexuality until a mutual tolerance is developed within a class. Knox (1980) suggests that as family life educators, we are responsible to provide our students with the most current information available to assist them in making their own decisions about marriage and parenthood. The most beneficial aspect of teaching a decision process to adolescents may be simply to stimulate and support

them in becoming conscious that (1) their options have outcomes, many of which they can be aware of beforehand, and (2) they have choices; they can decide to engage or not to engage in a particular behavior. The ability to look beyond a decision to its consequence is a skill that will be useful in teenagers' adult lives, long after they have made the first decision about premarital intercourse.

For these reasons the curriculum will stress the need for strong personal values. If teenagers know what they believe and why, they will be more prepared to avoid the dangers of sex.

The instructional program is designed for junior and senior high school girls between the ages of fourteen and eighteen who are pregnant and lacking the social, emotional and physical readiness to parent.

The study will involve an interview protocol of persons directly concerned with the "Class for Pregnant Students"*. The purpose of the interview will be to identify needs for education, social service, pre-natal and post-natal care and nutrition.

A pre-questionnaire will be developed for the teenage sample population. The students will be selected for the study on the basis of having received no previous treatment. The purpose of the pre-questionnaire will be to establish a positive rapport with the students and to identify areas considered sensitive by them.

The study will involve an assessment of instruction in Family Relations education to measure knowledge, attitudes and behavior. The program will be comprehensive involving core concepts of values and decision-making, relationships, pre- and post-natal care, nutrition and social services.

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*Class for Pregnant Students, The Winnipeg School Division No. 1., located at the Y.W.C.A.

The time frame would be six weeks of 120 minutes each session for each content area with the exception of the last unit. This will be taught by the Children's Aid Society in two 90 minute periods.

Pre- and post tests will be developed to evaluate student change in knowledge, attitude or behavioral intention.

CHAPTER IV

ANALYSIS OF THE FINDINGS

The main purpose of this practicum was to investigate the efficiency of a co-ordinated school-based delivery system in meeting the social, psychological, and physiological needs of pregnant teenager girls. The sample group chosen for the study was six girls who were currently enrolled in the "Class for Pregnant Students" at the "Y" School. The following analysis was based upon:

1. interviews held with professionals felt to be representative of the educational, social services and health fields in metro Winnipeg,
2. pre Family Life questionnaires designed to assist in the development of a Family Relations curriculum to meet the needs of the school-age mother,
3. pre- and post tests developed to evaluate student change in knowledge, attitude and behavioral intention.

It was decided that consulting professionals from the education, medical, public health, nutrition and social service sectors would help to identify the needs for girls associated with the "Class for Pregnant Students" so that an educational program could be developed and implemented.

Interviews were held with five people who were felt to be representative of the educational, medical, and health fields. More specifically they included:

Adolescent Reproductive Medicine
Public Health
Nutrition Services
Y.W.C.A. "Class for Pregnant Girls".

Data Analysis of Interviews:

1. With how many pregnant teenagers are you presently working?

The answers ranged from 50 to 60 students.

Individuals felt positive about the number of girls who are "reaching out" for help and who wanted to continue their education. Individuals expressed belief that there are many unwed teenagers 'out there' but the girls remain hidden because of lack of knowledge of existing programs and of social service agencies available to them.

2. Have the number of single pregnant teenagers that you are in contact with increased over the past year(s)?

The answer to this was yes. Individuals commented that the reason for increased numbers was the 'by word of mouth' communication from teenagers who had attended the 'Class for Pregnant Students' or who had previously been in contact with helping agencies.

3. What do you feel are the most common problems faced by these teenagers, if any?

- poor decision-making skills
- inadequate information
- lack of self esteem
- emotional stress
- socio-economic and educational limitations
- poor parenting skills/inability to cope with child.

4. What are some of the reasons for pregnancy among the teenage population?

- early menarche/improved overall health
- earlier onset of sexual activity
- lack of knowledge for the availability of contraceptives

- contraception failure/"Magical Thinking" - "it could never happen to me" attitude
- desire to become pregnant
- sexual acting out.

5. What do you feel are the most pressing problems for pregnant teengers today?

a. Lack of education: re - prenatal care (better and earlier)
- knowledge and implementation of nutrition
- child development/parenting skills so she can deal more effectively with the baby.

b. Social/Emotional Issues - Students need assistance in dealing with stress related to her condition
- to develop a positive secure self image
- to establish realistic expectations
- to locate more support systems.

6. How have you helped them to cope with these needs?

Most individuals answered "by providing a support system" for pregnant girls and therefore allowing them to utilize what resources are currently available.

7. Do you see these pregnant teenagers as having any strengths?

Yes. The greatest strengths in these girls is their determination, honesty, and rapid growth and development emotionally if given optimal conditions. When the conditions are provided there is:

- motivation to continue education and to continue for baby's sake
- a willingness to accept advice

- an ability to cope with stressful situations
- a determination to be independent.

8. Do you feel that the present education system is helping teenage girls to cope with their pregnancy?

No. Individuals felt that there could be many more support systems provided. Also there is not sufficient information provided to junior and senior high school students as to the support systems that are available in the community for girls who are pregnant.

9. Do you support the concept that a program must be developed to meet the needs of the target group?

Yes.

10. If a program were to be implemented in the school system, what do you see as the areas to stress.

- anatomy and physiology
- pregnancy, birth control
- venereal disease
- child development, parenting skills
- decision making skills

11. Would you refer girls to a school especially designed to meet their needs?

Yes. Individuals felt that each girl should be given a choice of educational instruction which offers appropriate courses.

12. Further Comment:

If special needs of pregnant teenagers were being met within the school system, there would be no need for a special school - as has been touted by school officials. Preventive education should be instituted in all schools, and earlier than grade VIII (maybe grade V).

A pre-family life questionnaire was designed to develop a Family Relations curriculum to meet the needs of the school age mother. (Appendix B).

Administering the pre-questionnaire would help to establish a positive rapport with the students and to identify areas considered sensitive by them.

See Table I.

From the analysis of the responses to the items in the Pre Family Life questionnaire the following observations can be made:

1. Girls attending the 'Class for Pregnant Students' would like more discussion on male-female relationships. (1)

2. Students would strongly favor more discussion on the physical and emotional changes that they are or will be experiencing throughout pregnancy. (2, 4)

3. Students would like more discussion on their changing attitude toward the opposite sex. (3)

4. Students did not want more information on mating and reproduction. (5)

5. Students would like more information on teenage pregnancy. (6)

6. Students would strongly favor more information on the birth of a baby. (7)

7. Students would like more information on pre-natal nutrition. (8)

8. Student responses were intermediate on information about the possible side effects of smoking, alcohol and drugs. (9)

9. Students would strongly favor information on decision-making skills.

10. Responses were intermediate as to whether teenagers need a moral code of responsible male-female relationships. (11)

11. Student responses were intermediate on the advisability of discussing male-female relationships with parents and in satisfaction to be derived from having such discussions. (12, 13)

TABLE I

PRE-FAMILY LIFE QUESTIONNAIRE - RESPONSES TO QUESTIONNAIRE

Question	Client 1			Client 2			Client 3			Client 4			Client 5			Client 6			Total		
	Yes	No	Not Sure	Yes	No	Not Sure	Yes	No	Not Sure	Yes	No	Not Sure	Yes	No	Not Sure	Yes	No	Not Sure	Yes	No	Not Sure
#1	*			*				*				*	*			*			4	1	1
#2	*			*			*				*		*				*		4	2	0
#3	*			*			*					*	*			*			5	0	1
#4	*			*			*			*			*			*			6	0	0
#5		*			*			*			*			*		*			1	5	0
#6		*		*			*				*		*			*			4	2	0
#7	*			*			*			*			*			*			6	0	0
#8	*			*			*				*		*				*		4	2	0
#9	*				*		*			*				*				*	3	2	1
#10	*			*			*			*			*			*			6	0	0
#11		*		*			*				*			*		*			3	3	0
#12		*		*			*			*				*			*		3	3	0
#13		*		*			*			*				*			*		3	3	0
#14		*			*		*				*			*			*		1	5	0
#15		*			*			*				*		*			*		0	5	1
#16			*	*				*				*	*			*			3	1	2
#17	*			*			*					*	*					*	4	0	2
#18	*			*			*			*			*			*			6	0	0
#19	*			*			*			*			*			*			6	0	0
#20		*			*			*				*		*			*		0	5	1

12. Students strongly oppose discussing male-female relationships with a family life educator or a medical doctor; however, students were not as opposed to discussing male-female relationships in a classroom situation or in small informal groups with a trusted facilitator. (14, 15, 16, 17)

13. Students felt strongly that more support systems are needed for the pregnant teenager. (18)

14. Students feel that it is important to include parenting skills in a family life education program. (19)

To evaluate the students' responses to the treatment the study included an assessment of instruction in Family Relations education to measure knowledge, attitudes and behavior. The treatment was comprehensive involving core concepts of values, relationships, pre- and post-natal care, nutrition and social services.

Pre- and post tests were developed to evaluate student change in knowledge, attitude and behavioral intention.

In order to measure the students' response to treatment, two control groups were set up. Control Group A consisted of students presently enrolled in the same program as the treatment group but not receiving educational intervention of values, decision-making and relationships. The group did receive concepts of pre- and post-natal care, nutrition and social services. Control Group B consisted of students presently enrolled in a similar program for pregnant students located at Lindenview.* Control Group B received concepts of pre- and post-natal care, nutrition and social services.

See Table II.

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*Lindenview - Salvation Army School and Residence for Pregnant Girls. Winnipeg, Manitoba.

TABLE II - ANALYSIS OF TREATMENT

Group	Pretest	Treatment	Post test
Experimental	*	1)Values, decision-making relationships 2)Pre- and Post-natal 3)Nutrition 4)Social Service	*
Control A	-	2)Pre- and Post-natal 3)Nutrition 4)Social Service	*
Control B	-	2)Pre- and Post-natal 3)Nutrition 4)Social Service	*

The pre- and post tests consisted of sixty questions each; further divided into twenty questions each for knowledge, attitude and behavior. The number of items appearing in each category were further dependent on time allotment of actual teaching of core concepts, values, relationships, and social services.

In the pre- and post tests, multiple choice questions were used to measure knowledge. Correct responses were assigned a value of five. Attitude and behavioral intentions were measured by the Lickert scaling technique. The Lickert scaling technique assigns a scale value to each of the five responses. Statements indicating the favorable response were assigned a scaled value of five. Statements indicating an unfavorable response were assigned a scaled value of one.

To analyse the results of the pre test given to experimental groups, scored values were tabluated for each category of Knowledge, Attitude and

FIGURE I - RESPONSE OF EXPERIMENTAL GROUP TO PRE- AND POST-TEST

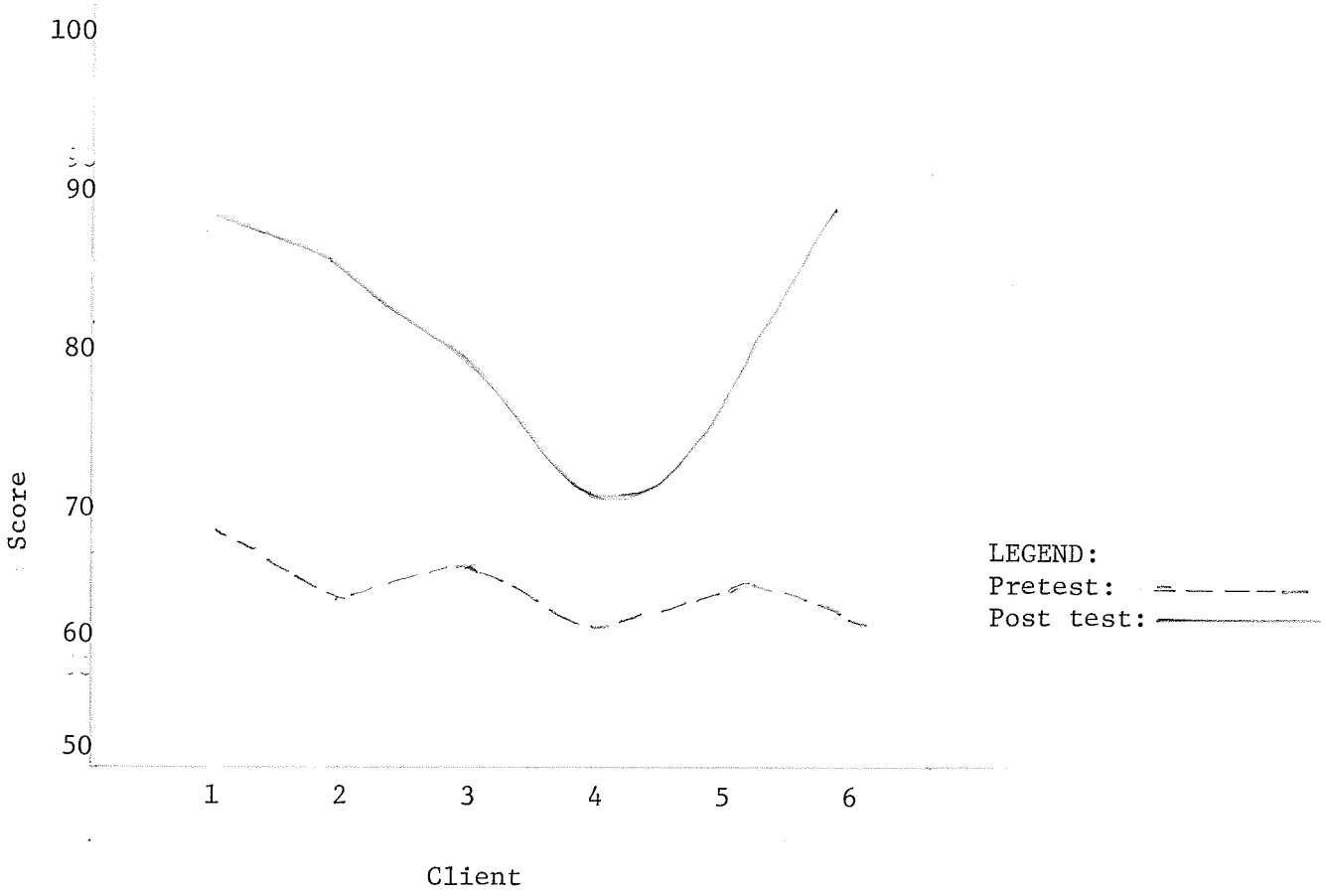
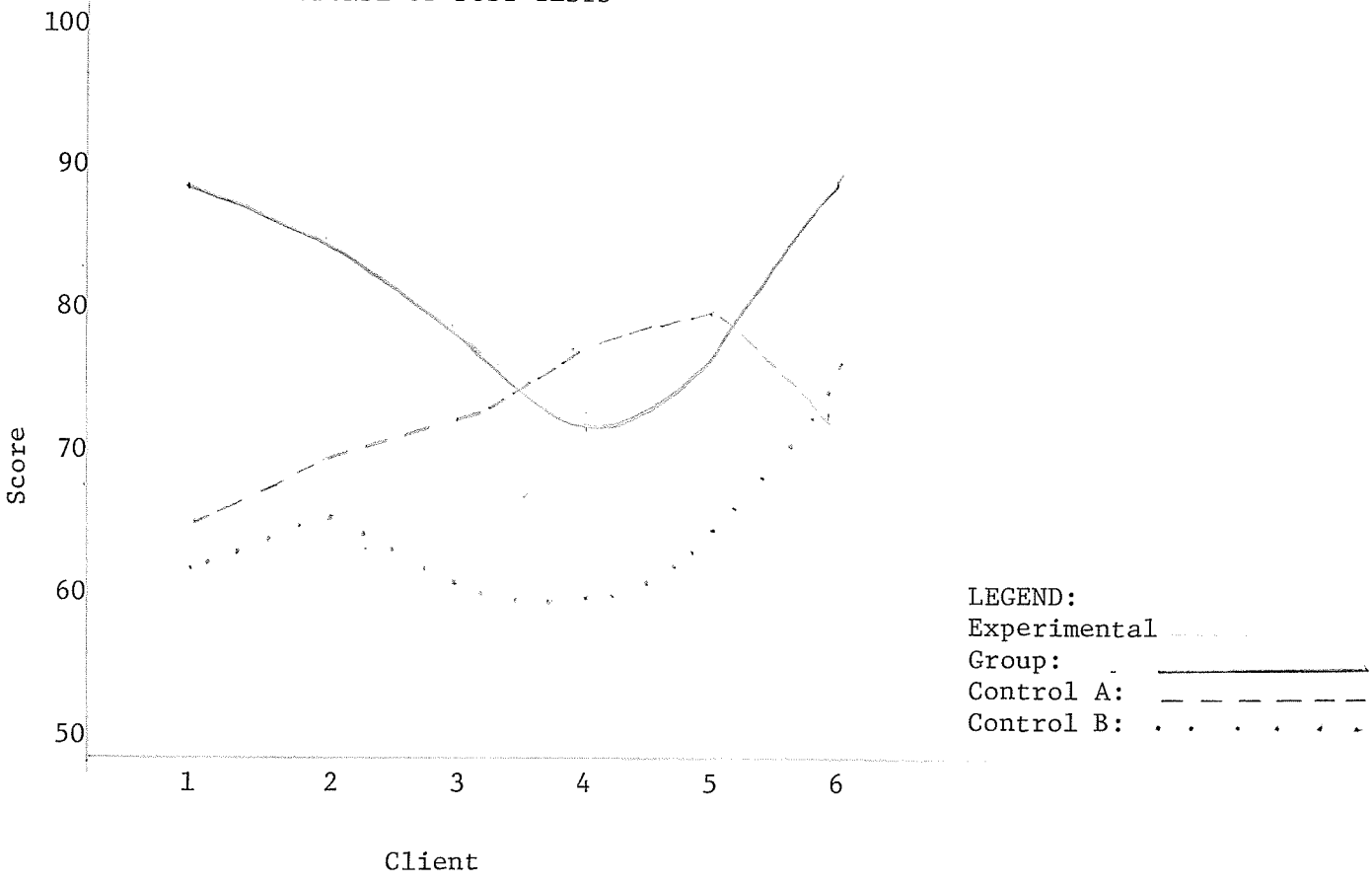


FIGURE II - RESPONSE OF POST TESTS



Behavior and the mean score was calculated. Participants then became involved in the treatment areas. Following treatment a post test was given to the experimental group to evaluate student change in knowledge, attitude and behavior. To analyse the results of the pre test and post test given to the experimental group, scored values were tabulated for each category of knowledge, attitude and behavior and the mean score was calculated. Figure I shows overall improvement of scoring between the pre- and post testing.

To measure the response of treatment with the experimental group post testing was then conducted with each of the control groups to measure the effectiveness of such an educational intervention of values, decision-making and relationship. Pictorial representation of post test - Figure II.

Students involved in the experimental group are shown to represent the higher scores. Students involved in control B having had no intervention of values, decision-making and relationships but attending the same school had scores which were lower than the experimental group; however, some scores in this group may have been higher due to some discussion with participants of the experimental group.

Control B had the lowest scores. An interpretation of results might be time of entry into the program and attendance at Lindenview. The program at Lindenview was not reviewed for components of pre- and post-natal care, nutrition and social services.

The completed pre- and post tests although not sufficient in number to hold any validity do represent a cross section of pregnant students who participate in programs suitable for pregnant adolescents.

Of the six participants who were involved in the experimental group, two girls were completing grade 8 and each of the other participants were

completing grades 9 through 12. The ages of the girls ranged from fourteen years to eighteen years. Five of the girls were living at home with their parents and one girl was living with her boyfriend. Two girls were in the second trimester of pregnancy; four were in the third trimester of pregnancy when enrolled at the "Class for Pregnant Students". All of the girls were interested in completing grade requirements rather than "dropping out" of school. The added feature of the school was a comprehensive program in pre- and post-natal care, nutrition and social services. An analysis of the pre test led to the following observations:

Client I
- demonstrated a lack of knowledge in Family Relations, birth control
- experiencing emotional stress: poor maternal nutrition
- late entry into program suggested inadequate prenantal care
- low self esteem
- low self concept regarding sexuality.

Client II
- lacked information on areas associated with Family Relations curriculum, prenatal care
- showed great emotional stress related to pregnancy
- expressed emotional immaturity, no realistic expectations
- was receiving encouragement from home to keep baby but lacks parenting skills
- made poor use of birth control (living with boyfriend).

Client III
- lacked knowledge in all areas of Family Relations curriculum
- inadequate early information on prevention of teenage pregnancy
- continued smoking during pregnancy
- alternatives to keeping baby had not been discussed with her in a realistic way

- lacked parenting skills
- experiencing lack of resources
- difficulty in getting assistance at 14.

Client IV
- lacked knowledge in all areas of Family Relations curriculum and birth control
- not emotionally ready to parent
- demonstrated an inability to cope with stress
- her relationship with boyfriend was very important
- lacked parental support
- planned to place baby for adoption.

Client V
- showed emotional immaturity, no realistic expectations
- lacked knowledge
- relationship with baby's father was important
- alternatives to keeping baby had not been discussed with her
- poor educational background
- was demonstrating "baby doll syndrome" (long range care of child "a thrill")
- had received inadequate prenatal care
- needs more pregnancy counselling whether for adopting of keeping.

Client VI
- demonstrated great emotional stress over pregnancy
- received contraceptive information too late (grade 8)
- lacked support from parents
- lacked information on all aspects of Family Relations curriculum
- had hidden pregnancy - low self esteem (had still not acknowledged the fact of pregnancy in 3rd trimester)
- lacked motivation to attend "Class for Pregnant Students".

From the analysis of the responses to the post test the following observations can be made:

Client I
- parents and family supportive
- decision to place baby for adoption
- self acceptance - realization of her inability to cope with a baby at 14 years - not fully parented herself
- has more realistic expectations
- still has "guilt" feelings over pregnancy
- strongly supports a "Family Relations" program for junior high or earlier
- expressed a need for parenting skills.

Client II
- improvement in knowledge
- still has inability to cope with stress
- decision to keep baby
- does not have the ability to think abstractly
- score was high on post test
- an interpretation of the results might reveal that the student knew the favorable answers to both attitudinal and behavior sections of the test.

Client III
- not much improvement on knowledge section - when questioned the response was inability to remember
- student was more relaxed about pregnancy
- father and family were involved in decision to keep the baby
- strong support for a Family Relations course to be taught in school
- strong support for parenting education
- has gained summer employment to help look after baby
- plans to return to school - family support in looking after baby.

Client IV - expressed more realistic expectations
- situation not "as stressful"
- decision to place baby for adoption
- decision to return to school
- relationship with boyfriend important
- boyfriend and parents were supportive of her decisions
- strongly supports a program be taught on Family Relations including values, decision-making and relationships
- strongly supports parenting education
- supports birth control education.

Client V - still needs support in deciding to keep or place baby for adoption
- not yet emotionally ready to parent
- lacks support from boyfriend
- supports the idea that a Family Relations program must be taught in school.

Client VI - much improvement in knowledge section
- shows a desire to learn more
- shows greater acceptance, more confidence
- has decided to place baby for adoption (not emotionally ready to parent)
- experiencing anxiety with prospect of confinement
- boyfriend's relationship supportive
- relationship with parents still unstable
- supports a Family Relations program at junior high level.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

This chapter will state conclusions of the practicum report based on the results of the interview protocol, pre Family Life questionnaire and the author's evaluation of the pre- and post test.

Implications for future programs for single pregnant teenagers will be discussed. Several recommendations with regard to support systems of the pregnant teenager will be suggested.

From the analysis of the findings it seems evident that adolescents need to possess a knowledge base upon which to make rtional and deliberate decisions concerning the ultimate assumption of parental responsibilities. For those who decide to become parents, it is important to acquire the knowledge and skills which will enable them to perform their parental responsibilities in an effective manner. This conclusion was drawn from the following observations of students involved in the study:

1. Students feel that they are not emotionally ready to parent.
2. Students do not have the confidence to deal with certain aspects of infant care.
3. Students feel that it is important to include parenting skills in a family life education program.

It is necessary to look at a decision-model for pregnant teenagers so that they can make realistic expectations for the future. Sometimes a girl who thought she wanted to keep her baby changes her mind. Another girl may keep her baby from the start and regret her decision later while others have already made the decision to relinguish the baby yet end up keeping it. Whatever the outcome, the mother needs upport in decision-making.

Due to the nature of the study the researcher of this practicum found it necessary to gain a positive rapport with students before attempting to teach a curriculum in Family Relations with core concepts of values, decision-making and relationships.

In doing so, the researcher became involved directly with the students by tutoring in subjects areas of English, History and Geography to help students obtain individual credits before the termination of the school year.

Having made this important step it was felt possible to being teaching the concepts to the treatment group. The first attempt was a group approach to teaching which proved unsuccessful. It was found that the counselling-centered approach to education was best for pregnant girls. This approach helped the girls to meet objectives which include attitudinal changes, improvement of self-esteem, and acknowledgement of the stress related to her condition. It is important that the girls have someone to whom they can relate. Very often the girls need an outlet to express their feelings.

In teaching the core concepts of values, decision-making and relationships, objectives were read to the students at the beginning of each session. Strategies (or exercises) were designed to place students in circumstances which would facilitate decisions and provide self-knowledge and self-understanding. Each student was encouraged to participate in the experiences. Case studies and affective exercises were used in many of the sessions. This gave the students an opportunity to express themselves. In some instances, students discovered that others were experiencing similar feelings toward their pregnancy and "lifestyle" in general. Role playing was found to be an effective method of discussing relationships. Students need role playing to demonstrate the ways of saying NO without losing self-respect. Teens need skills that teach them to be assertive: to be able to say when they

want or need to. The most beneficial aspect of teaching the decision-making process was to help students become conscious thatthey have choices; they can decide to engage or not to engage in a particular behavior. If students know what they believe and why they will be able to avoid the dangers of sex.

If we further examine the education component, teachers usually feel fairly confident in helping students acquire knowledge of human sexuality, physiology and anatomy, few feel confident in dealing with students own sexual feelings. The educational component of human sexuality education may seem incomplete unless we draw attention to the students' real concerns at the affective level. This would include dealing with feelings, attitudes, values, behavior and concepts about self. This conclusion can be drawn from the following statements:

1. Many girls have difficulty coping with the emotional stress that pregnancy brings.
2. Some teenage couples become physically involved without even discussing their private feelings or wishes.
3. Peer pressure has made sex an obligation for teenagers, just to keep up with the crowd.

In promoting a student's willingness to accept herself, she is encouraged to value herself as a courageous, vital person. Often, self acceptance and accepting other's perceptions of herself also means, in a very real way, that she is able to accept herself at the moment. To be able to say, in effect, "I know what I believe and what is important to me and I accept the fact that I am pregnant" can be a very positive element in self acceptance for the pregnant adolescent.

Since a course in Family Relations with core concepts of values, decision-making and relationships is apt to uncover some highly emotional material in the learner, awareness of such available dynamics would be considered of essential importance in drawing tentative conclusions regarding the impact of a family life curriculum on knowledge, attitudes and behavior.

With adolescent pregnancies occuring in near epidemic numbers, professionals need to increase their efforts to prevent the incidence. For the fourteen-year old mother who decided to keep her baby the outlook is bleak. She is faced with social isolation from her friends, loneliness and a poor future economically. For the mother who relinguishes her baby, there remains the psychological stress of separation and loss.

Effective methods of teaching prevention of teenage pregnancy must be employed by professionals and health educators. Students must be made aware of the implications of early pregnancy: the social, emotional, economic and health risks to mother and child.

In teaching methods of contraception, importance must be given to students' behavior and values. This involves having students look at:

1. present values,
2. attitudes regarding adolescents as parents and the responsibilities of parenthood,
3. skills in decision-making regarding risks,
4. costs and benefits of contraception.

If students know what they believe and why, the will be able to make rational decisions about their sexual involvement.

In conclusion, teachers who wish to teach a Family Relations curriculum to school-age mothers must first win the student's trust and acceptance. The characteristics of teachers may be critical to program success. Teachers themselves support the contention that such professionals should not only

have adequate knowledge but certain personality and emotional characteristics as well (Munson, 1976).

Recommendations:

From the observations and conclusions it was felt that the following recommendations should be put forward:

1. that courses in sex education be introduced as part of the regular junior and senior high school curriculum in each province (courses may need to be introduced as early as grade five,
2. that "prevention" be the focus of sex education programs to be taught in the schools,
3. that professionals implement a public awareness campaign on "Prevention of Teenage Pregnancy",
4. that a need exists for realistic sex education through Parents, Schools, Churches, Youth Agencies, the Media,
5. that a decision-making model be implemented in teaching sex education courses,
6. that continued edcuational programs exist for adolescents both during and after pregnancy,
7. that location of such programs be convenient to students, and meet the needs of the program (Location may well determine "who will come"),
8. that complexity of the problems of adolescent pregnancy necessitates greater interdisciplinary co-operation among professional and social services. The multifacted problems of the pregnant adolescent require comprehensive service systems such as health, family life, and nutrition education; financial and housing assistance; vocational and personal counselling, continuing education and daycare,

9. that a parenting course be introduced through Home Economics at the junior high level and that it include concepts of child development and child care,
10. that a need exists for additional studies to build a strong theoretical base for intervention in the lives of pregnant young adolescents,
11. that teachers who wish to teach a Family Relations curriculum to school-age mothers possess not only adequate knowledge but certain personality and emotional characteristics to ensure program success.

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APPENDICES

APPENDIX A

INTERVIEW PROTOCOL

Interview Protocol

Purpose - Identification of needs for educational, social service, health programs and services for teenaged single mothers so that an educational program can be developed and implemented.

Name:

Profess. Status:

Place of Employ:

Position Held:

1. How many pregnant teenagers are you presently working with?

2. Have the number of single pregnant teenagers that you are in contact with increased over the past year(s)?

3. What do you feel are the most common problems faced by these teenagers, if any? (Indicate in rank of importance)

   1.
   2.
   3.
   4.
   5.

4. What are some of the reasons for pregnancy among the teenage population? (Indicate in rank of importance)

   1. 3.

   2. 4.

5. What do you feel are the most pressing problems for pregnant teenagers today?

6. How have you helped them to cope with these needs?

7. Do you see these pregnant teenagers as having any strengths?

8. Do you feel that our present education system is helping these girls to cope with their pregnancy?

9. Do you support the concept that a program must be developed to meet the needs of this target group?

10. If a program were to be implemented in the school system, what do you see as the area to stress?

11. Would you refer girls to a school especially designed to meet their needs?

APPENDIX B

A COPY OF THE PRE-FAMILY LIFE QUESTIONNAIRE

12. Further comment:

Adapted from:
Calgary Board of Education
Calgary, Alberta

Grade _____

Pre Family Life Questionnaire 1981

The following questionnaire has been designed to develop a Family Relations program to meet the needs of the school age mother. It consists of 20 questions.

Instructions:

(1) Please read each question carefully

(2) Each question requires only one answer

(3) Please check appropriate answer in ( )

(4) Answer all questions honestly to the best of your ability.

1.	Would you like to attend discussions on male-female relationships?	yes ( ) no ( ) not sure ( )
2.	Would you like more discussion on the physical changes you are or will be experiencing?	yes ( ) no ( ) not sure ( )
3.	Would you like more discussion about your changing feeling and attitude toward the opposite sex?	yes ( ) no ( ) not sure ( )
4.	Would you like more discussion on the emotional changes you are or will be experiencing?	yes ( ) no ( ) not sure ( )
5.	Would you like more information on mating and reproduction?	yes ( ) no ( ) not sure ( )
6.	Would you like more information on teenage pregnancy?	yes ( ) no ( ) not sure ( )
7.	Would you like more information on the birth of a baby?	yes ( ) no ( ) not sure ( )
8.	Would you like more information on pre-natal nutrition?	yes ( ) no ( ) not sure ( )

9.	Would you like information about the possible side effects of smoking, alcohol and drugs?	yes ( ) no ( ) not sure ( )
10.	Do you think that teenagers need more information on helping them to make decisions?	yes ( ) no ( ) not sure ( )
11.	Do you think teenagers need a moral code of responsible male-female relationships?	yes ( ) no ( ) not sure ( )
12.	Have you discussed male-female relationships with your parent(s)?	yes ( ) no ( ) not sure ( )
13.	Have these discussions been satisfactory?	yes ( ) no ( ) not sure ( )
14.	Would you like to discuss male-female relations with a family life educator?	yes ( ) no ( ) not sure ( )
15.	Would you like to discuss male-female relationships with your medical doctor?	yes ( ) no ( ) not sure ( )
16.	Would you like to discuss male-female relationships in a regular classroom?	yes ( ) no ( ) not sure ( )
17.	Would you prefer to discuss male-female relationships in small groups?	yes ( ) no ( ) not sure ( )
18.	Would you like to see more support systems for the pregnant teenager?	yes ( ) no ( ) not sure ( )
19.	Do you feel that it is important to include parenting skills in a family life education program?	yes ( ) no ( ) not sure ( )
20.	Would you like to list on the back of this sheet any specific suggestions on topics that should be included in the course?	yes ( ) no ( ) not sure ( )

Adapted from:
The Greater Victoria School Board
British Columbia

APPENDIX C

A COPY OF THE PRE-TEST

Attitude, Behavioral Intention, Cognitive

Survey of Teenage Pregnancy

This questionnaire is designed to identify knowledge, attitudes and behavioral intentions of the pregnant teenagers. It consists of 60 questions (20 knowledge; 20 attitude and 20 behavioral questions).

Please read the following directions carefully

Instructions:

1 - Read each question carefully

2 - Answer all questions honestly and to the best of your ability

3 - Be sure to answer each question with only one answer

4 - Indicate your answer by shading the blanks with the pencil provided

5 - If an answer is changed, Erase It Completely

6 - The information obtained in this survey is confidential

Examples:

(a) Knowledge Questions: These are multiple choice questions. Please read all choices of answers before deciding which one is correct.

In Canada, more than one thousand teenage pregnancies occur:

_____ A each day

▬▬ B each week

_____ C each month

_____ D each year

Since the correct answer is (B) each week, answer (B) would be shaded as above.

(b) Attitude/Behavioral Intention Questions: The answers to these questions are neither right nor wrong. They only indicate your opinions and attitudes about a statement.

It is important that teenagers eat well during the course of pregnancy:

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
✓				

A person who would strongly agree with the statement would indicate this choice as above.

Please Do Not Turn Page Until You Are Instructed To Begin:

Knowledge

1. The word contraception means:

_____ A for conception

_____ B against conception

_____ C avoid intercourse

_____ D preconception

2. Would you give a baby under one year

_____ A skim milk

_____ B 2%

_____ C whole milk

_____ D all of the above

3. Which one of the following causes venereal disease?

_____ A injury

_____ B body strain

_____ C germs

_____ D dirt

4. Pregnancy in teenagers has increased primarily because

_____ A teenagers have inadequate use of contraceptives

_____ B teenagers wanting to be independent

_____ C teenagers are oversexed

_____ D both A and B

5. The organs of the body that make pregnancy possible are part of the _____ system.

_____ A delivery

_____ B reproductive

_____ C skeletal

_____ D none of the above

6. Social Assistance is available to pregnant girls who are:

_____ A under the age of sixteen

_____ B over the age of sixteen

_____ C under sixteen and living away from home

_____ D not living at home and are unable to cope with expenses

7. The word for strong emotions that draw males and females to each other and make them want to touch and hold each other.

_____ A intimacy

_____ B love

_____ C petting

_____ D all of the above

8. Many pregnant teenagers may need an Iron and Folic Acid supplement because of:

_____ A Anemia

_____ B swelling

_____ C high blood pressure

_____ D muscle cramps

9. Babies learn to follow objects through 180 degrees at?

_____ A weeks

_____ B 16 weeks

_____ C eight months

_____ D 1 year

10. People learn their values from:

_____ A Experience

_____ B Parents

_____ C Society

_____ D all of the above

11. The term for the muscle contraction of the uterus and abdomen that are necessary for the baby to be born is:

_____ A conception

_____ B labor

_____ C cesarean section

_____ D toxemia

12. A frequently identified complication associated with pregnant teenagers:

_____ A excessive weight gain

_____ B premature labor

_____ C anemia - iron deficiency

_____ D all of the above

13. One of the male sex glands that produce sperm cells and sex hormones

_____ A testes

_____ B Vas deferens

_____ C prostate gland

_____ D anus

14. The signs and symptoms of pregnancy are:

_____ A stomach pains

_____ B swelling of the legs

_____ C failure to have a menstrual period

_____ D both A and B

15. Which of the following is the best cure for syphilis?

_____ A a balanced diet

_____ B regularity

_____ C antibiotics

_____ D sunlight, fresh air, and rest

16. The hollow pear shaped organ in which the baby develops before it is born is:

_____ A pelvis

_____ B uterus

_____ C stomach

_____ D vagina

17. Solids should be introduced to the infant at:

_____ A 6 weeks

_____ B 4-6 months

_____ C 9 months

_____ D at any time

18. Which one of the following is not a contraceptive device.

_____ A pill

_____ B foam

_____ C diaphragm

_____ D aspirin

19. When an unfertilized ovum is not impregnated by a sperm _____ takes place.

_____ A conception

_____ B menstruation

_____ C fertilization

_____ D none of the above

20. The amount of weight gain expected during pregnancy is:

_____ A 12 pounds

_____ B between 20 and 25 pounds

_____ C 30 pounds

_____ D over 30 pounds

Attitude	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. Many teenagers have chosen abortion as an alternative to unwanted pregnancies					
2. Babies born to teenagers are mostly healthy and 'normal' in size					
3. Teenagers for the most part have healthy diets					
4. The most important thing in my life right now is a relationship with my boyfriend					
5. Values help all persons to know which decisions are right for them, no matter what the situation					
6. Most junior and senior high school students have a knowledge of sex education					
7. There is little that a girl can to to protect herself from becoming pregnant					
8. Some teenage couples become physically involved without ever discussing their private feelings or wishes					
9. A girl who experiments with sex for the first time will not become pregnant					
10. Many girls receive some form of sex education when it is already too late					

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
11. The number of reported cases of VD among the teenage population is greatly increasing					
12. Prenatal care is important to produce a normal, healthy baby and a healthy mother					
13. Peer pressure has made sex an obligation for teenagers, just to keep up with the crowd					
14. Breast feeding is embarrassing and time consuming					
15. A baby who cries a lot is seeking attention					
16. Almost everything a pregnant woman takes into her body passes through the placenta to the fetus					
17. Many girls have difficulty coping with the emotional stress that pregnancy brings					
18. Children of teenage parents are loved and well-provided					
19. A strong family structure is important to the growth and development of the child					
20. Parents do not sit down with their children and discuss the facts of life.					

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
12. I know how to 'look after' a baby from watching others					
13. Eventually, I plan to 'live with' the father of my baby					
14. My boyfriend strongly supports me now that I am pregnant					
15. I never thought 'getting pregnant' would happen to me					
16. I intend to complete my education so that I can support my child					
17. I would strongly agree that pregnant teenagers take a Family Relations Course					
18. If I suspected I had VD, I would go to the drugstore first					
19. I have discussed the topic of adoption with my parents					
20. I have discussed who will care for my baby 'after' with my parents					

Thank you for your Cooperation.

Behavior	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. I know what I believe and what is important to me					
2. When I make a choice for myself, I consider the consequences of my choice					
3. I am able to discuss my pregnancy freely with my boyfriend					
4. I am able to discuss my pregnancy freely with my parents					
5. My pregnancy has helped my parent(s) to accept my as an adult					
6. I accept the fact that I am pregnant					
7. I was afraid to receive contraceptive counselling in fear of my parent(s) finding out					
8. I am well prepared emotionally and physically to go through with this pregnancy					
9. I am frightened by the thought of delivering a baby					
10. I am concerned about my eating habits					
11. I will attend prenatal sessions to become more knowledgeable on how to take care of myself and the baby					

APPENDIX D

CURRICULUM ON VALUES, DECISION MAKING AND RELATIONSHIPS

Major Concept Value Clarification

Major Objective to understand the importance of our values

Sub-concept Creating a Values Concept I

Student Objectives

(1) to define values C.II; A. I

(2) to identify some common values held by ourselves and others C.II; A.

(3) to be able to give example of values shown by self and others C.III; A. II

Generalization

Awareness of one's value concepts

Forces inside the family that influence the values of an individual

Suggested Learning Experience

(1) Write on a sheet of paper what you think of when the word 'values' is mentioned. Share your ideas with the rest of the class. Do all of you have the same idea of what values are?

(2) Discuss such questions as: Where do we get our values?
Why do we need to recognize our values?
Can values be changed?
Should people impose their values on others?
Explain:
How do values relate to our lifestyles?
Do you think that there are any major Canadian values?
Do the values of a family change in different situations?

Give examples.

(3) List several of your values in order of their importance to you. Ask your teacher or parents etc. to list their values in order of importance. Compare your lists with others. Are they the same? different? Which values are the same? different?

Teaching Aids

1. Pretest: Values
2. Exercise on Values

For Activities: See Appendix

Sub concept Values Concept II

Student Objectives

(1) to discover values shown in various situations C.IV: A.II

(2) to analyze values displayed by self and others C.IV:A.III

(3) to recognize the effects of peer groups, school, community and media on our values system. C.II: A.II

Generalization

Forces outside the family that influence the values of an individual.

Suggested Learning Experience

(1) Guide students in identifying values that are suggested in songs. Some of these may be used:

"Ready to Take a Chance Again" - Satisfying relationship with a woman.

"I Want to Live" - Full, abundant life.

"Thank God I'm a Country Boy" - Wholesome environment.

"Homeward Bound" - Stability in life.

"Try a Little Kindness" - positive interpersonal relationships

"Luckenback, Texas" - Quiet and peaceful life, doing things for yourself and on your own, wholesome environment.

"What the World Needs Now" - Love, concern for others.

"Why Me?" - Forgiveness.

- Adapted from Illinois Teacher Sept-Oct. 1980.

(2) Case Study

(3) Fill out the chart "My Own-Family-Friends Value Relationships". Discuss with members of the class.

(4) Film strip presentation. "Sex: A Moral Dilemma for Teenagers," - probes sexual values and teenage conduct.

Teaching Aids

(1) Records - listening to songs in order to identify the value related

(2) What Do You Value? - Activity sheet

(3) Case Study I

(4) Filmstrip -"Sex: A Moral Dilemma for Teenagers"

(5) Activity - My Own-Family-Friends Value Relationship

See Appendix

Major Concept Personal Decision Making

Major Objective to be aware of one's values and decisions assists the individual in self directed growth

Sub concept Decisions . . . Decisions

Student objectives

1. to be aware of the kinds of choices and decisions one makes daily C.I: AI
2. to be aware that decisions do have consequences. C.I: AI
3. to recognize how the decisions one makes affects individuals and others C.II: AI
4. to comprehend the ways in which values affect decisions C.II: AII

Generalizations

Everyday living involves making a great deal of decisions. Decisions do have outcomes.

As individuals grow and mature, relationships affect decisions that one makes.

1. Read pages 54-55, 152-153, 188-189, Teen Guide to Homemaking
2. Almost every item we buy involves a number of choices. Choose one item (this is your first decision) and list the available choices and how to narrow them down to make a decision about what to purchase.
   (shampoo, shoes, record, candy)
3. Have students read "Did I Ever Tell You?" by Dr. Seuss and decide why Zode had a hard time getting anywhere. Did his values influence his decisions? Was he afraid to make a choice? Give a similar situation where your values were not

very clear and so you had a hard time making a decision.

4. How many decisions have you made already today? Can you analyze the reasons why you came to that decision.

   Have students read pages 219-223 in "This Is The Life"

5. Have students define: forced decisions
   automatic decisions
   voluntary decisions

6. If students are willing, talk about the conditions under which they might have tried their first cigarette...who was there, who had the cigarettes, how old you were then, and why did you take the cigarette?

Teaching Aids

1. Did I Ever Tell You? - Dr. Seuss
2. Decision-Making Check List
   Case Study II
3. Overhead transparency - Do you have the answers?
4. Activity - 5-Step Decision

See Appendix

5. Slide Tape Presentation - Mathewson, Mufty "Having Kids is Hard, when you're Alone It's Harder!

Major Concept Who Am I.

Major Objective To develop an understanding of the interrelationship of self and others in becoming a healthy teenager.

Sub concept The Real Me

Student Objectives

1. to define the term self-concept CII: AI
2. to analyze how we feel about self and others C.IV A.III
3. to comprehend how our perception of self influence the way others see us. C.II A.II

Generalization

1. Growth toward a better self image enhances growth of the individual.

Suggested Learning Experiences:

1. Read pages 66-73 in "This is the Life", and 70-71 in "Finding My Way".
2. Have students read "Who Am I?"
   You will find it helpful to understand yourself better if you describe your self-concept. Without a great deal of analysis, write down your self-concept based on what you feel is your personal self, social self, and ideal self.
3. Give examples of how a weak self-concept may cause problems for an individual when:
   (a) conversing with others
   (b) admitting she/he is wrong
   (c) expressing feelings
   (d) accepting constructive criticism

(e) expressing ideas that differ from other peoples.

4. Describe some annoying characteristics that a person might have, such as being a bully, a loud mouth, conceited, critical. Explain how these characteristics may be a reflection of a negative self-concept.

5. Did you ever dream that you were an olympic swimmer or perhaps a movie star? Could these images represent each person's ideal self and real self? How do these images affect a person's self-concept?

6. Discuss - Charlie Brown's self-concept.

7. Imagine that you are meeting a pen pal. You have corresponded for a few years but have never met formally. He or she is now coming to visit you. Discuss how your self-concept determines how you describe yourself to others.

Teaching Aids

A Checklist About Me.

Which is the Real Me?

You and What Others Think of You.

A Look At Me.

See Appendix

Sub Concept Roles People Play

Student Objectives

1. to discuss how the roles of men and women have changed over past years C.I. A.II
2. to discuss the role of today's adolescent C.I, A.II
3. to analyze how early learning influences the roles of boys and girls C.IV A.II
4. to discuss the role of relationships in today's teenager C.II, A.II

Generalizations

1. Awareness of growing equality in work, education and daily life can make for a healthier, happier life.
2. Acceptance of adolescent leads to future role of mature adult.

Suggested Learning Experience

1. Read pp. 54-63 of This Is The Life.
2. What's in a Name? What does a name say about a person? Do you like your name? How do you feel if people forget it? Do you have a nickname? Do you like it? Why? What name would you have given yourself and why?
3. Over the centuries few people questioned the right of men to be boss. Males have always fought, hunted, and ruled. Men protected their women and home. Women worked close to home and the children. Have student discuss 'history' and how the roles of men and women have changed up until the present.

4. Discuss the word stereotype. Relate situations where you have been embarassed because you viewed a situation according to a set of stereotypes.
5. Define the following:
   (1) developmental role
   (2) role
   (3) role cluster
   (4) role making
   (5) role playing
   (6) stereotyped role
   (7) traditional role
6. Film Dating - "Are we Still Going to the Movies" (15 minutes) Deals with "playing the role", respect for boy/girl friend , problems encountered, stages in a relationship.

Teaching Aids

1. Activity Sheet - Roles People Play
2. Word Search
3. Film presentation - "Are We Still Going to the Movies"

See Appendix

Sub Concept - Relating to Others

Student Objectives

1. to understand why friendships are important to you, C. II: A.II
2. to relate the effects of peer group to adolescent attitudes, values and behaviors, C. II: A.II
3. to recognize that the way people behave toward one another affects feelings of self-esteem C.I: A.I

Generalization:

1. Behavior toward others depends on perceptions of self and others.

Adapted from: Curriculum Guide for Junior High School Home Economics, Dept. of Education, Manitoba.

Suggested Learning Experience

1. List two traits most admired in a friend.
   List two traits most disliked in a friend.
   Summarize lists on board and discuss.
2. Have students in classroom set up a Bulletin board with the theme Friendship Is....
3. Discuss how friends satisfy the need to belong, and the need for recognition and approval.
4. Use filmstrip or a case study to illustrate: 1) Adolescence is a period of identity crisis, 2) Self-esteem is affected by level of maturity and environment.
5. Conduct a survey in your school to find out the characteristics young men like in young women and young women like in

young men. Discuss the results.

6. Hold a talk out regarding instant friendships, temporary commitments, lasting relationships,

Teaching Aids

1. Students set Bulletin Board -- Friendship Is....
2. Filmstrip - Teenage Identity Crisis
3. Case Study - See Appendix

Sub Concept Peer Pressure - Peer Power

Student Objectives

1. to define the meaning of peer pressure. C. II: AI
2. to identify situations in which one is being affected by peer pressure C.II: A.III,IV

Generalizations

1. Teenagers are strongly influenced by their peers.
2. Peer pressure can have both positive and negative effects on teenagers.
3. To minimize the need for peer approval, one must develop self-confidence.

Suggested Learning Activity

1. Have students take the quiz in "Peer Pressure: How Does It Affect You?"
   Discuss all eight situations and how peer pressure affects each of four answers.
2. Discuss the meaning of peer pressure. Ask students to give examples of positive peer influence and negative peer influence. Evaluate the pressures one feels when influenced by his/her peers.
3. Explain why parents may be concerned if their teenager is friendly with the "Wrong Crowd". Are these parents worrying needlessly?
4. Case Study - Peer pressure and sexuality. Answer and discuss questions at the end of case study.
5. Make a list of guidelines to follow so students will learn

to cope positively with the influence of peer pressure.

Teaching Aids

1. Case Study III - See Appendix

Sub Concept Will Anyone Love Me?

Student Objectives

1. to identify our emotions and how they relate to our daily behavior C. II; AII
2. to define love and relationships C. II; AI
3. to describe the ages and stages of romantic attachment C.I; AI

Generalization

1. Individuals become aware of the role of emotions in their mental development from birth to adulthood.

Suggested Learning Experience

1. Read pp. 95-105 in This Is The Life, on "Emotions".
2. Using the Activity Sheet "How Do You Express Your Feelings?" have students answer the questions.
   Have students share answers with a friend.
3. Have students complete "Feelings Quiz" pg. 102, in This Is the Life.
4. Given a dictionnary students will define the terms "love" and "relationship". Discuss the stages of love as described on pg. 98-102, This Is The Life.
   Ask students why they feel relationships are important in adolescense. Boys and girls might discuss what they feel is important in a relationship.
5. Have students write down on paper desirable qualities they would look for in a girl or boy.
   Boys will write down the qualities of the type of girl they would like to marry. Girls will do same of boys. Discuss.

6. Have students answer the following questions:
   - Give three reasons why teenage romances often end so quickly.
   - Give two reasons why a girl could say no and not lose her friendship with a boy she likes.
   - State one main difference in the ways that males and females express their sexual interest.
   - List three reasons why some teens decide not to have intercourse until they are married.

   Further reading pp. 27-43, Finding My Way.

Teaching Aids

1. Transparency - Emotions.
2. Transparency - Emotional Development.
3. Activity Sheet - "How Do You Express Your Feelings"
4. Activity Sheet - "Will Anyone Love Me".

See Appendix

APPENDIX

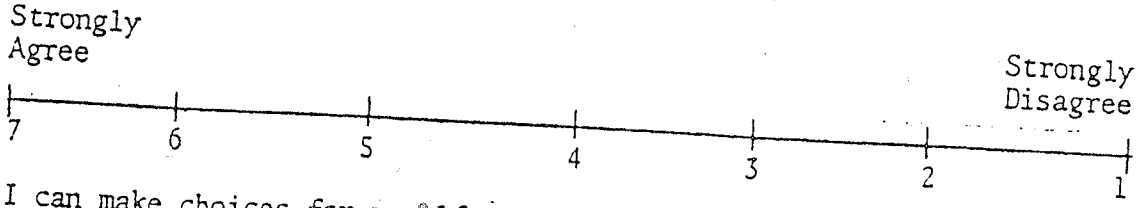
Pre-Assessment

STUDENT VALUE SURVEY

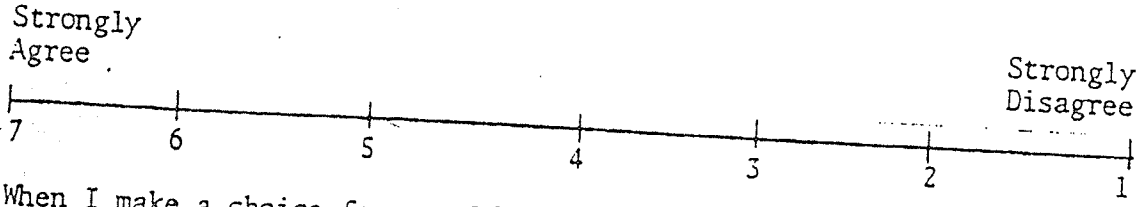
NAME _____

This is not a test, so there are no right or wrong answers. The following statements are about you and your values. If you strongly agree with the statement place an X on number seven. If you strongly disagree with the statement place an X on number one. If you are not sure where you stand on the statement, place an X somewhere on the line which best describes you. Try to avoid using number four when you are not sure about how to answer. Try to place yourself towards the end of the line which is most like you.

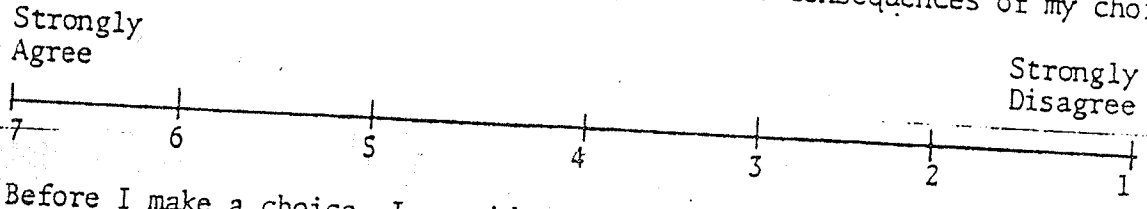
1. I know what I value and what is important to me.



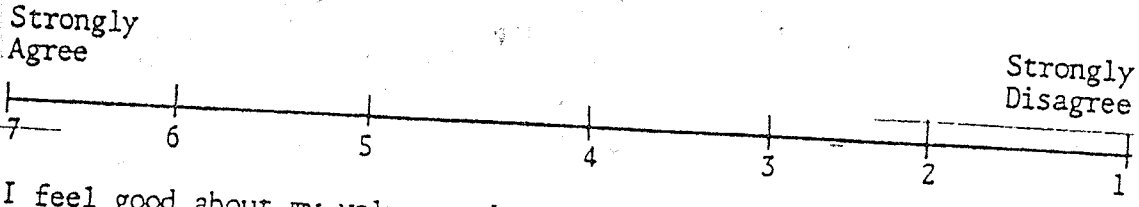
2. I can make choices for myself easily.



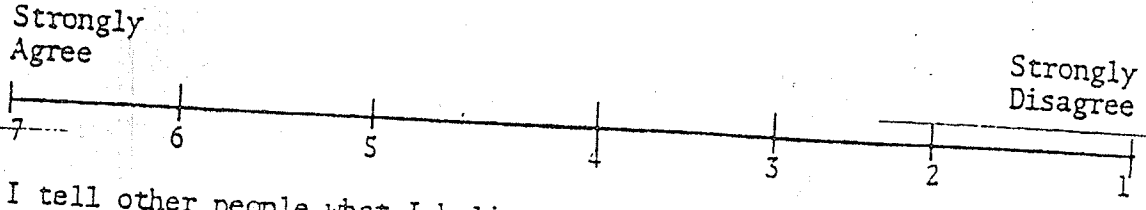
3. When I make a choice for myself, I consider the consequences of my choice.



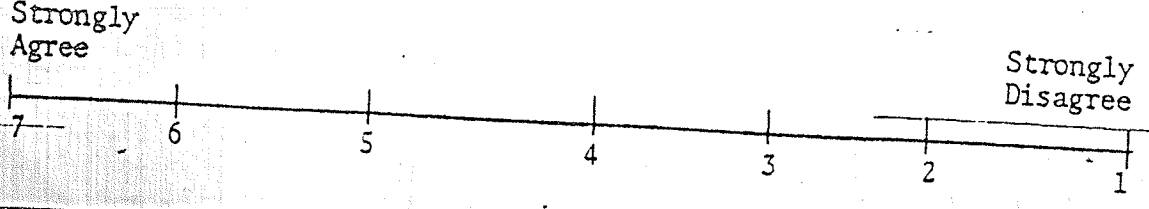
4. Before I make a choice, I consider all the different possibilities that are open to me.



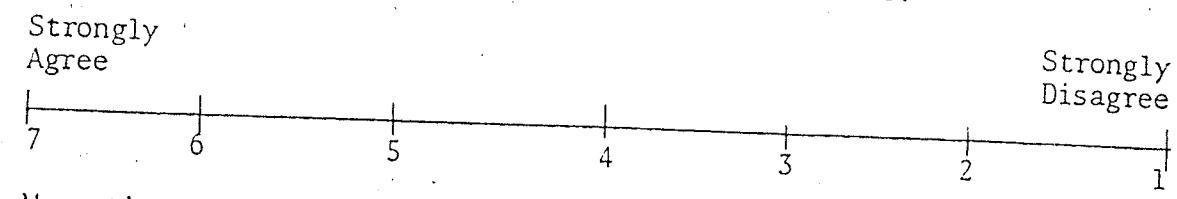
5. I feel good about my values and my beliefs.



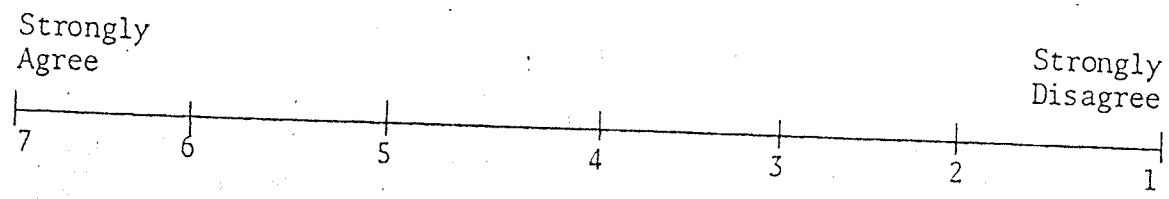
6. I tell other people what I believe and what I value.



7. I act on the basis of what I believe and what I value.



8. My actions reflect what I want to do rather than what others expect me to do.



Case Study I

"I've always been interested in girls," said Jon. "It all started with a crush on Vickie. She was the cutest girl in the first grade. The crush ended when Vickie laughed at me during class. She said I painted my frog the wrong color."

"In grade school the boys pretended to hate girls. We played a game where the girls chased the boys around the playground. As we got older, the boys became a lot easier to catch. After that the guys stood around a lot. They'd talk to girls in groups."

"In the sixth grade an unwritten law said that you had to like someone. The girls got to pick the guys. A friend dropped a hint that Cathy liked me. So I did what all the other guys did. I went out and bought a dollar ring.

The next day I passed a note asking Cathy to meet me after lunch. First I told her that I liked her. Then I gave her the ring. Our romance lasted all of two weeks. We broke up when Cathy decided to go after a better-looking guy.

When I was twelve I called a girl on the phone for the first time. My heart was pounding six times faster than normal. I talked with her for three hours because I didn't know how to say, 'Goodbye'.

People started throwing dances and parties. Dancing gave me my first chance to hold a girl in my arms. I remember thinking, "This girl stuff is going to be allright".

At age thirteen I finally spent time alone with a girl

named Denise. According to her, it took me forever to kiss her. I'll never forget the first time. The weather was cool and her lips were so warm. That first kiss was just great! I ran all the way home, dodging cars, and missing trees.

Up till then the only person I had kissed was my mother. From that time on I was hooked.

Becky was my first real date. I took her to a movie. I was nervous, and wondered what to do. Of course I had heard all the things that go on in dark movie houses. I wanted to be part of it. I managed to skoot my hand over to meet hers half-way. A sigh of relief washed over me. I clutched her hand, not daring to let go. I knew I was in love. My heart was thumping and I got goose bumps.

Becky and I double-dated mostly. Once, the four of us decided to have a kissing contest. I insisted on lights out. With my lack of experience I needed darkness to cover up my mistakes. Becky and I managed to kiss for only a few minutes. The other couple went on for sixteen.

I often wondered why I liked Becky so much. Then I realized how I needed someone outside my own family to notice my good qualities. I wanted attention, and Becky showed interest in me. Also, I was thinking about girls all the time. I have no sisters, so I had a lot to learn. With Becky I had a chance to get close to a girl. I liked that.

By age fifteen I had matured even more. My romance with Becky was over. By this time I knew enough to look for things

in a girl other than good looks. Even so, Bev was pretty. She had gorgeous brown hair and a cute shape. Bev was the first girl I really cared about. She was easy to talk to. We came from similar families. We both enjoyed the outdoors. Every weekend I rode my bike for six miles just to see her. I proved my devotion by going on cold and wet days.

With Bev I had my first experience with sex. I was nervous about touching a girl. Female bodies are still a mystery to me. We sat on the couch watching TV with the lights out. We kissed and petted. Those sessions were exciting. I did what Bev let me get away with. I heard other guys talking, and I wanted to see what it was like.

I really liked Bev. We could talk about anything. We knew that we could depend on each other. With Bev, I stopped being a kid and started acting like an adult. I began to care about her feelings. I felt responsible for her both as a friend and a person. I didn't want to hurt her or make her unhappy.

I knew that if I had asked her, Bev probably would have gone all the way with me. But I didn't ask. For one thing, I wasn't sure just how far I wanted to go myself. Also, I learned from my parents and my church to hold off on intercourse until I got married. However, almost everyone else seemed to encourage me to grab all the sex I could get. I spent alot of time thinking about what is right and what is wrong.

At that time I searched for standards to help me live a good life. But I also wanted to have some fun. I guess I'm not

the first person to be confused about decisions of this type."

Part I

List four values from the case study

1.

2.

3.

4.

Part II

List three ways people learn their values and give an example of how each is learned.

1.

2.

3.

Part III

Moral means what is right. Immoral means what is wrong. Most societies share moral laws that include the following.

- Don't lie
- Don't cheat
- Don't steal
- Don't use others for your own pleasure
- Don't use sex in a way that will harm others

Values are based on morals. Can you find a value based on morals in this study? What is it?

DID I EVER TELL YOU?
Dr. Seuss

Did I ever tell you about the young Zode
Who came to two signs at the fork of a road?
One said: To Place One, and the other: Place Two.
So the Zode had to make up his mind what to do.
Well . . . . The Zode scratched his head. And his chin. And his pants.
And he said to himself, "I'll be taking a chance
If I go to Place One. Now, that place may be hot!
And, so how do I know if I'll like it or not?
On the other hand, though, I'll be sort of a fool
If I go to Place Two and I find it too cool.
In that case I may catch a chill and turn blue.
So, maybe, Place One is the best, not Place Two.
On the other hand, though, if Place One is too high,
I may catch a terrible earache and die!
So Place Two may be best!
On the other hand, though.....
What might happen to me if Place Two is too low.....?
I might get some very strange pain in my toe!
Then he stopped, and he said, "On the OTHER hand, though.....
On the other hand.....other hand
.....other hand though!
And for 36 hours and ½, that poor Zode
Made starts and stops at that fork in the road,
Saying, "Don't take a chance. You may not be right."
Then he got an idea that was wonderfully bright!
"Play safe! safe!" cried the Zode. "I'll play safe! I'm no dunce!
I'll simply start off for both places at once!"

And that's how the Zode, who would not take a chance,
Got to No Place at All, with a split in his pants.

Case Study II

Theresa is seventeen. She decided to keep her baby and raise it with her mother's help.

"I'll tell you how I got pregnant. I really believed that it wouldn't happen to me. I was in love. I was a nice girl. I wasn't the kind who would go to bed with just any guy. I didn't believe in birth control pills. My boyfriend kept telling me that everything was all right. He would take care of it. He even promised that if I ever had a baby he would take care of both of us.

He always said, 'I love you. I won't leave you.' He'd tell me anything. And for awhile he did take care of me. Now I know that it was just to get what he wanted. He still lives near here, but I haven't seen him in months.

Students will now turn to Decision Making Check List and analyze the situation presented in the case study.

Transparency - Decisions. . . Decisions

DECISION-MAKING CHECK LIST

Directions: On the check list below are listed the steps of rational decision-making. Write your problem in the space under "Big Decision". For each step list the specifics in the space provided. Check yourself. Place a check in the column under "yes" if you did the step listed; check under "no" if you did not.

"Big Decision"

Steps	Yes	No
1. Analyze situation		
2. Set goal (include standards)		
3. Get information		
4. Consider resources		
5. Consider alternatives		
6. Make plans		
7. Act on, revise, or drop plans		
8. Evaluate results		

5 Step Decision

C

1. Recognize the need to decide.

2. Gather information and form alternatives.

3. Weigh information and evaluate alternatives.

4. Make a decision and plan of action.

5. Analyze decision and evaluate actual outcomes.

A LOOK AT ME

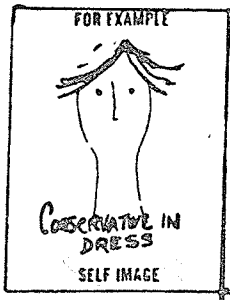
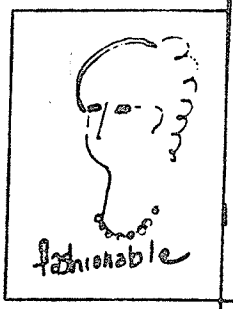
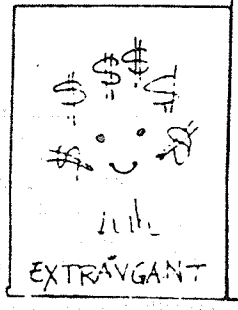
Read each of the following characteristics. Decide how you honestly rate in that characteristic, and put either E, G, A, F or P in the first column on the right.

E = Excellent
G = Good
A = Average
F = Fair
P = Poor

	Self	Others See Me	Ideal Self
1. Communicating; expressing myself			
2. Being able to learn new things			
3. Being able to listen to others			
4. Making friends easily; being friendly			
5. Being a "good friend"			
6. Making decisions; solving problems			
7. Understanding myself			
8. Accepting myself			
9. Feeling self confident			
10. Understanding others			
11. Having courage, inner strength			
12. Having perseverence or "stick-to-it-iveness"			
13. Having consideration for others; caring about others			
14. Showing consideration and caring for others			
15. Grooming, personal appearance			
16. Health			
17. Sense of humor; being able to laugh at myself			
18. Helping establish and keep good family relationships			
19. Having qualities of leadership			
20. Clearness of speech			
21. Having influence on others			
22. Sincerity; honesty			
23. Co-operation; helpfulness			
24. Integrity; trustworthiness			
25. Punctuality			
26. Self control			
27. Being able to express my feelings			
28. Being able to accept criticism			
29. Having enthusiasm, zest for living			
30. Being liked and accepted by others			
31. Being interested in others			

WHICH IS THE REAL ME?

IDENTITY IDENTITY IDENTITY

	The Way You Look	The Way You Act	The Way You Feel	The Way You Think
I FEEL I AM...				
MY FRIENDS THINK I AM...				
MY MOTHER THINKS I AM...				
MY FATHER THINKS I AM				

15?
25
13 2
1

YOU AND WHAT OTHERS THINK OF YOU

What do other people think of you? Do you care?

Most people care in some way, now and then. We may be hurt by what people say behind our backs. Or we may be afraid to say or do something because of what people might say.

_____ "I think people worry too much about what others think of them. You should do what you want. If people laugh or put you down, that's their problem."

_____ "It's easy to say 'do your own thing' and forget about others. But no one likes to be laughed at. I'm not saying you always have to go along with the crowd. But you have to, a little - for your own sake."

_____ "Let's face it. People are always going to talk about other people. No one has to get hurt. We shouldn't take things so seriously."

_____ "I really don't care what most people think of me. I just care about my close friends. What they say matters."

_____ "Some people like being talked about. They like getting attention. One girl at school doesn't wear shoes - even when it's cold out. She must want people to think she's crazy or at least different."

_____ "I think we all worry about what others say about us. Even that girl who goes barefoot. She probably has friends who think she's cool for not wearing shoes. She cares about what they think of her."

_____ "My parents worry about what people say. But things are different now. Look at clothes. You can wear what you want. It's beautiful. It's a hassle to worry about the 'right' and 'wrong' thing to do.

____ "That's true. But some people go out of their way to do the 'way out' thing. Not so much to seem cool to their friends, but to put down the straight people. It's like they're saying, 'I don't need you.'"

Roles People Play

1. Females live longer than males. (T or F)
2. Home environment, peers, and television influence and reinforce sex roles. (T or F)
3. At age four, boys are usually dependent, cooperative, and eager to please. (T or F)
4. After age eleven, girls usually do better than boys in: (a.) visual tasks, (b.) creative writing, (c.) math, (d.) science.
5. _____ occurs when a person is treated unfairly for being male or female.
6. A double _____ means that one set of rules applies to males and a stricter set applies to females.
7. Leaders of the women's movement claim that sex differences are learned, not inherited. (T or F)
8. Men cannot care for children as well as women. (T or F)
9. The role of protector, provider, and ruler has traditionally been filled by: (a.) females, (b.) males, (c.) males and females, (d.) the most qualified person.
10. Sex roles are reinforced by peer groups. (T or F)
11. Females in the United States make up: (a.) nearly one-fourth of the work force, (b.) nearly ten percent of the work force, (c.) nearly half of the work force, (d.) nearly two percent of the work force.

Put an *F* in the blank before each statement that traditionally applies to females. Put an *M* in the blank before each statement that traditionally applies to males.

12. as children they are less mature and more impulsive
13. live longer
14. are challenged to be aggressive and competitive
15. lose their temper more often when young
16. are expected to hide their tears
17. as children they learn to listen and respond
18. enjoy more emotional freedom
19. receive exposure early in life to the work world outside the home
20. suffer from greater emotional stress during their youth
21. as children they receive less physical punishment
22. they suffer less from disease and injury

Case Study III

Paul was like most of the guys. He wanted to be able to say that he made it with a girl. Gradually his attitude matured toward more responsibility. He felt less pressure to score. He wanted to find a girl he could care about.

"In junior high school I had many short affairs. The sex affair picked up gradually. None of the girls meant anything to me. I was just using them. But it didn't cross my mind at the time. I had brief sexual episodes with each. Sometimes we petted on the couch. Her parents were usually in the next room. They didn't know.

My freshman year in high school included many bouts with the bottle. I also had a lot of one-night sex stands. If I had intercourse with a girl, I rarely spoke with her again. I enjoyed the sex. But it lowered my opinion of the girl. After that I couldn't force myself to be polite. I guess I had a bad case of the double standard.

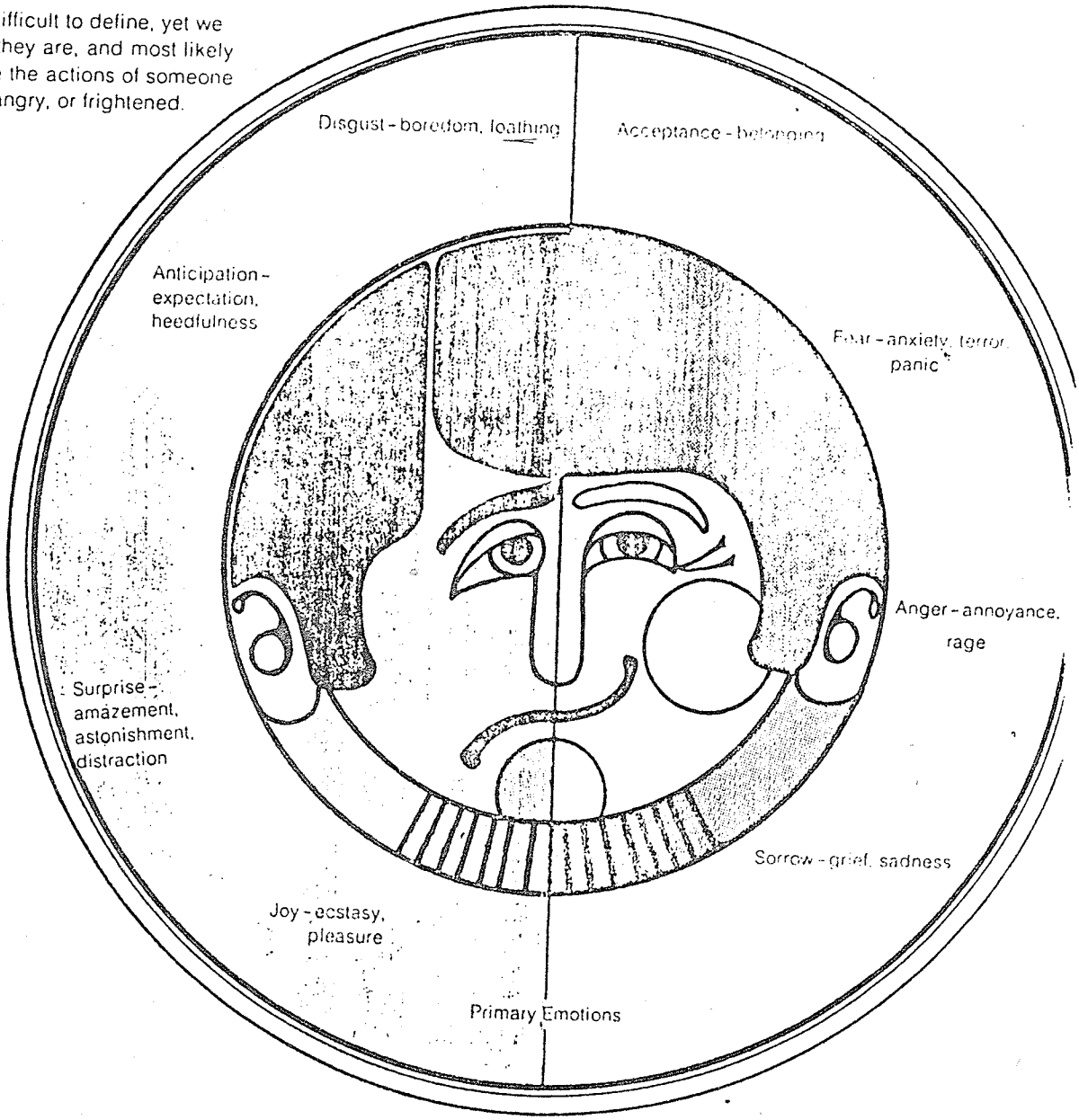
I wanted to marry a virgin, but play around myself. Then I began to look for someone I could be friends with. I wanted a girl who could satisfy my mind as well as my body. Sex was still important, but it wasn't first anymore.

When Carmen came along I really liked her. I didn't want to lose her by pushing sex on her. Even so it was still on my mind alot. One night we really got into some heavy petting. I am sure I could have scored that night. However, we had been drinking. I liked her too much to force myself on her. She thanked me for my consideration."

Peer pressure influences boys and girls in terms of their sex roles. How do you explain the fact that a boy or girl may do something just to please friends. This seems strange, especially when it's something the person doesn't want to do. Give reasons for your answer.

The case study refers to the double standard. If you were in a debate, would you argue for or against the sexual double standard? What would you consider your strongest arguments for your side of the issue?

Emotions are difficult to define, yet we all know what they are, and most likely could describe the actions of someone who was sad, angry, or frightened.



How Do You Express Your Feelings?

Recall some feelings you may have experienced. For each of these share with your small group two different ways in which you might express such feelings.

(a) something you would say that would express but not describe your feelings
(b) how you might express such feelings by actions without using words

1. When you feel bored with what is going on in a group, how does your feeling usually express itself? In words? Without words?

2. When you feel very annoyed with another person, but reluctant to say so openly, how does your feeling usually express itself? In words? Without words?

3. When another person says or does something to you that deeply hurts your feelings, how does your feeling usually express itself? In words? Without words?

4. Another person asks you to do something that you are afraid you cannot do very well. You also do not wish him to know that you feel inadequate. How do your feelings express themselves? In words? Without words?

5. When you feel fondness and affection for another person and at the same time are not sure that the other feels the same toward you, how does your feeling usually express itself? In words? Without words?

Discuss any of these situations relevant to your small group, in an effort to see how you might both express and describe your feelings, in such a way as to encourage more open communication.

Will Anyone Love Me?

1. In boy girl love relationships, the person who cares least controls the situation. (T or F)

2. The first stage of romantic attachment, which starts with an attraction to another person, is called the _____ stage.

3. The stage of romantic attachment that begins just before the teen years and includes off-again, on-again interest in the other sex is known as the _____ stage.

4. The _____ stage of romantic attachment marks the beginning of adult relationships.

5. Necking and _____ are words that refer to sexual behavior short of intercourse.

6. The word that usually implies kissing plus contact above the waist is _____.

7. The natural preparation for sexual intercourse is _____.

8. Exchanging what you think and feel with someone else is known as _____.

9. One way to keep sexual urges under control is to talk about them. (T or F)

10. Being _____ means to declare your thoughts simply and honestly.

11. Being _____ means to declare your thoughts in a way that might embarrass or insult others.

12. Boys who only think of girls and sex in terms of their own pleasure and satisfaction are known as sex _____.

13. Boys who look for sexual opportunity but show some concern about the girl's wishes are called sex _____.

14. Boys who take responsibility for their sexual behavior and treat the girl as an equal are known as sex _____.

15. The word that describes a sales pitch for sex is a _____.

16. Risks to the baby of a teen mother are much greater than in more mature females. (T or F)

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