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ABSTRACT

Because bearing a child as a teenager presents a threat to a young American Indian woman's health, her education, her financial independence, her freedom to choose, and her ability to develop her potential, this unit on sexuality deals with the following: (1) sexuality as it affects one's life; (2) history of birth control; (3) matriarchal societies; (4) attitudes that affect the rate of teenage pregnancies; (5) physical readiness of teenage girls to bear children; (6) Wisconsin state laws on education for pregnant teenage parents; (7) nonmarital sex; (8) birth control; (9) venereal disease; and (10) homosexuality, masturbation, and abortion. It presents a history of the use of birth control by various tribal groups and data on infant birth and mortality rates among Wisconsin Indian people. The unit is primarily designed for girls 15 to 18. The leaflet "Your Life" and the "Ropes and Ladders" game are appropriate for girls 12 to 18 years old. Five charts, illustrating birthrate by age and infant mortality rates for Wisconsin Indians, are included. Slides on birth control methods and handbooks on venereal disease and birth control are available for use with the unit. The leaders' guide contains concepts, objectives and background information for learning activities. (Author/CM)

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Just For You

by Cathaleen Finley
illustrated by Vicki Wayman

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Choices & Careers Free To Choose

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Just For You

Book III

by Cathaleen Finley
illustrated by Vicki Wayman

About The Author

Cathaleen Finley is an associate professor in the Department of Family Development at University of Wisconsin—Extension. Vicki Wayman, a member of the Lac du Flambeau Band of Lake Superior Chippewas, did the illustrations for the unit.

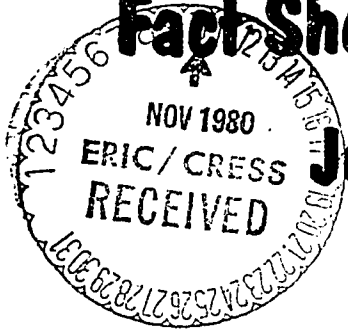
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About The Program

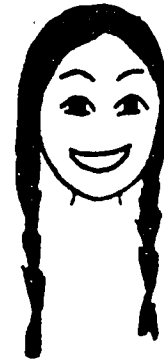
"Just For You" has been developed as part of the project, Choices & Careers, Free to Choose, a career development project for tribal girls. The project was developed with the assistance of tribal women in Wisconsin and was funded with special needs funds from Extension Service-USDA.

W3G012

Fact Sheet



Just For You - Unit For Girls Choices and Careers Free To Choose



Teenage pregnancies are not uncommon. Bearing a child as a teenager presents a threat to a young woman's health, her education, her financial independence, her freedom to choose, and her ability to develop her potential.

This unit on sexuality deals with the following concepts:

1. Sexuality as it affects one's life
2. Some history of birth control
3. Matriarchal societies
4. Attitudes that affect the rate of teenage pregnancies
5. Physical readiness of teenage girls to bear children
6. Wisconsin state laws on education for pregnant teenage parents
7. Nonmarital sex
8. Birth control
9. Venereal disease
10. Homosexuality, masturbation, and abortion

The unit includes information on birth control and on the attitudes surrounding teenage pregnancies. Some history concerning the use of birth control by various tribal groups is included, as are data on infant birth and mortality rates among Wisconsin Indian people.

The unit is primarily designed for girls ages 15 to 18. The leaflet "Your Life" and the "Ropes and Ladders" game are appropriate for girls both 12 to 14 and 15 to 18 years old.

W1GZ12

The unit includes a leaflet "Your Life," W4GZ12, for girls 12 to 14, and a booklet "Just For You," W3G012, for girls 15 to 18, a game called "Ropes and Ladders," W7GZ12, and a set of five charts, WKGZ12 1-5, illustrating birthrate by age and infant mortality rates for Wisconsin Indians.

A slide set on birth control methods may be ordered from Community Programs, 432 North Lake Street, Madison, Wisconsin 53706.

The VD Handbook and Birth Control Handbook are useful references and may be ordered from P. O. Box 1000, Station G, Montreal, Quebec H2W 2N1. At \$10 per 50, the minimum order is 50 copies of each handbook.

About The Author

Cathaleen Finley is an associate professor in the Department of Family Development, University of Wisconsin—Extension. Vicki Wayman, a member of the Lac du Flambeau band of Chippewas, did the art work for the unit.

About The Program

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Just For You



You can't really be serious about your life plans, or career if you are of childbearing age unless you deal directly with your sexuality. You have to make unique decisions about your sexuality, because it is you and only you who are actually involved.

You cannot decide your sexual behavior only by what others do. Rather you decide by who you are and who you want to be. All of your understanding about your sexuality must be part of your understanding about everything about you.

You are a sexual being before anyone asks you to share a sexual relationship. You are a sexual being whether you are asked or not. You are the one who must deal with the question of your sexuality, sexual relationships, and contraceptives.

You may well decide not to have sexual relations right now. But if you do decide on having sexual relations, protect yourself by using a form of birth control.

Attempts at birth control have been around for thousands of years. Tribal groups in the past practiced some forms of birth control. Roots and herbs were sometimes used. Also, some tribes, long ago, were matriarchal societies. In such groups of people, women had the main responsibility for bearing and rearing children. Help in doing so came from the



mother's side of the family, not the fathers.

It is not just the use of birth control that decides whether a young woman becomes pregnant or not. Rather, it is often her attitude toward herself. Girls who think love-making should be spontaneous may be taking on a responsibility—a child that will be with them for a long time. A responsibility that lasts for so long should have more planning than being the result of a spontaneous act.



Fear of seeing a doctor about birth control is not a very good reason for bringing a child into the world. Or forgetting to take the pill each day is a small detail in comparison to caring for a child every day. While babies are precious beings, they also cry, get wet and dirty, and caring for them must be

done day in and day out. Having a child before you are ready means that you may not be able to do all the things you would like to do.

As a teenager you are still physically growing. Babies born to teenagers may not be as strong or as healthy as they should be. In fact, more babies who are born to teenage girls die than those born to any other age group of women.

What about birth control methods? There are several from which you can choose. One very effective birth control method is the "pill." To get the pill you need to get a physical examination from a doctor. If it is medically safe for you to use the pill, he will give you a prescription for about one year. If you use the pill, it is very important for you to follow the directions. If the pill is to be effective,

you must take it every day at the same time. You usually take the pill for 21 days, go for a week without taking it, and then start another 21-day cycle.

An IUD is another form of birth control. A physician inserts the IUD into the uterus. IUDs are not usually prescribed for teenage girls.

A diaphragm is worn inside the vagina during the sexual intercourse. The diaphragm is a good birth control method and possibly is the best method for a young woman who has infrequent and unforeseen sexual relations. To get a diaphragm, visit a physician and have him fit you with one.

Foams are put into the vagina to prevent the fertilization of the egg. While vaginal foams are not as effective as the pill, they do have certain advantages. They are harmless, and they can be bought in almost any drug store without a prescription.

Another method of birth control is the condom. The male partner wears the condom over his penis like a sheath. It prevents sperm from entering the vagina.

One of the older forms of birth control is the rhythm method. This is not a very effective method because a woman's menstrual cycle is not always regular. Even if her cycle is always regular, she can still become pregnant at any time in the cycle because she may ovulate early or late. If a woman menstruates every 28 days, she should not have intercourse from the 10th day of the start of her period until the 17th day, if she relies upon the rhythm method.

Douching is not a method of birth control. Withdrawal is not a trustworthy method, partly because only a small amount of semen can cause a girl to become pregnant.

Girls who have sexual relations and do not practice a reliable

form of birth control may well be forced to choose between having a child or having an abortion.

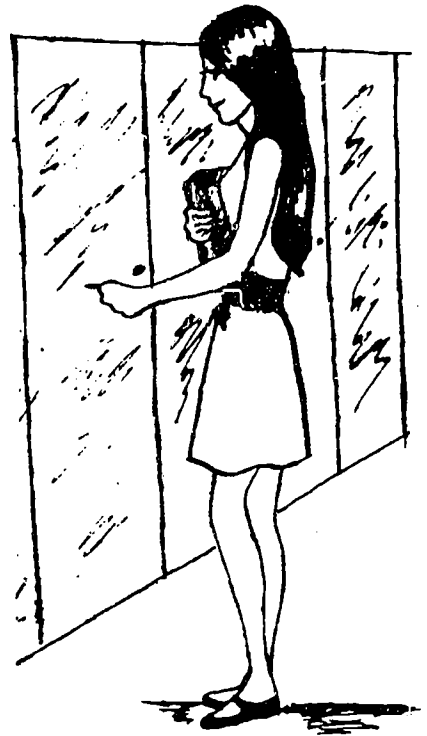
What if a high school girl does become pregnant? There is now a law in Wisconsin that makes it unlawful for a school to require a pregnant girl to leave school. So if you are pregnant and a student -- stay in school.

Homosexuality and masturbation are two value-laden sexual activities. For some young teenage girls, close friendships with other girls is very normal behavior. Such friendships do not mean a girl is a homosexual. Masturbation is not harmful. It does not cause acne, insanity, sterility, or any other problems that some myths would have you believe.

In fact, nearly all men and many women masturbate at one time or another.

There are a few diseases that are passed from one person to another almost entirely by sexual intercourse. They are called VD, or venereal diseases. The organisms that cause them are well known, and cures are readily available. Yet some people hesitate to get treatment.

Syphilis is one venereal disease. The period between exposure and development of symptoms is usually two to three weeks and the primary form of the disease appears first as a sore on the genitals. This is more easily noticed on the penis than in the vagina. In fact, a girl may not know that she has the disease unless her partner tells her. The primary sore may heal without treatment, but the infection reaches the bloodstream



and eventually many organs of the body, including the heart and brain. The disease may be diagnosed by examination of the primary sore, or later, by a blood test. A course of penicillin treatments will cure the disease in any stage.

Much more common and now epidemic among sexually active youths is gonorrhea. After an incubation period of two to six days, a discharge of pus appears from the penis in the male or the vagina in the female. Frequent urination with burning is common to both. In later stages, the infection may spread to other parts of the reproductive tract, eventually causing sterility if untreated. This disease is also cured by penicillin and by several other antibiotics.

Only a doctor can diagnose venereal disease and give the necessary treatment. Go for help immediately if you suspect that you may be infected.

In your teen years, come to value your own sexuality. The notion of being swept off one's feet is romantic but immature.

As you plan for your years as an adult, keep in mind that the earlier you become deeply involved, the more likely you are to have adult responsibilities without the chance to develop your own special talents and to become your own special person.





Activity Section

How Can A Woman Be ?

AGREE	DON'T KNOW	DISAGREE	
_____	_____	_____	1. A career for a married woman is most appropriate after her children are grown.
_____	_____	_____	2. A woman can best achieve full self-development by ignoring men.
_____	_____	_____	3. The world can be much more efficiently run by women than by men.
_____	_____	_____	4. It is a good idea for a woman to marry someone in the same field of work—in order to be a helpmate.
_____	_____	_____	5. The husband should be willing to move if the wife's job demands it.
_____	_____	_____	6. A father in a two-career family is likely to be closer to his children than is one who is the sole breadwinner.
_____	_____	_____	7. A woman should be able to have an abortion on demand.
_____	_____	_____	8. Women have special talents just because they are women.
_____	_____	_____	9. A woman should be free to pursue whatever interest or job she pleases, providing it does not inconvenience her husband.
_____	_____	_____	10. Women's natural work is in the home, but men should now and then assist women with their work.
_____	_____	_____	11. Women are just naturally motherly.
_____	_____	_____	12. Women should be educated but not try to become powerful or influential in public activity.
_____	_____	_____	13. Women's most useful work is to do the community-minded things often neglected by men.
_____	_____	_____	14. Women can and should try to be like men.
_____	_____	_____	15. Girls should be raised in such a way that they will be proud to say that their sole job is being wife and mother.

From Long Ago

TRUE FALSE

- | | | |
|-------|-------|--|
| _____ | _____ | 1. In ancient Greece, people thought birth control was important. |
| _____ | _____ | 2. Birth control is mentioned in the Bible. |
| _____ | _____ | 3. Condoms made of linen, animal gut, or leather were used long ago. |
| _____ | _____ | 4. Indian people practiced birth control long before the white man arrived. |
| _____ | _____ | 5. Roots and herbs were used as contraceptives by Indian people a long time ago. |

Is She Responsible?

1. Mary is having sexual relations with Ted. She plans to continue to do so. She knows she should use the pill, but she just can't bring herself to go to the family doctor. She doesn't want to be examined. She's afraid the doctor might disapprove of her behavior.

Is this responsible behavior? Why or why not?

2. Martha has a prescription for birth control pills. She frequently has sexual relations with Bob. She knows she needs to take a pill every day at the same time for 21 days. However, she often gets so busy that she forgets to take the pill, and so she may miss three or four pills in her cycle.

Is this responsible behavior? Why or why not?

3. Roberta occasionally has sexual relations. However, she never really plans to. It just happens. She thinks that it is awful to really plan to have such relations, so she is opposed to using any form of birth control except withdrawal.

Is this responsible behavior? Why or why not?

4. Lois is unconcerned about using any form of birth control. She is sure that getting pregnant is something that happens only to other girls.

Is this responsible behavior? Why or why not?

- 5. Sarah believes that truly meaningful relationships are spontaneous. She thinks any precautions that are taken ahead of time are unnatural and also would make sex less exciting. Thus, she has no intentions of doing anything about using a method of birth control, even though she occasionally has sexual relations.

Is this responsible behavior? Why or why not?

- 6. Sandy feels very unhappy and lonely. She wishes she could do something to make herself less unhappy and less lonely. She thinks that having a baby will be good company and cheer her up. So she has half decided to have sexual relations but not to use any method of birth control.

Is this responsible behavior? Why or why not?

- 7. Tillie really likes Tom. In fact she thinks she loves him. But Tom really doesn't pay much attention to her. Tillie figures that if she becomes pregnant Tom will surely marry her and then she will have him for her very own.

Is this responsible behavior? Why or why not?

- 8. Monica feels unloved and unwanted. Nobody pays much attention to her. She thinks that if she were to have a baby that she would become somebody and more people would pay attention to her.

Is this responsible behavior? Why or why not?

- 9. Jill really feels guilty. She believes sexual intercourse should be saved for marriage. Lately for some reason, she has been having relations with several young men. She feels she should really have a child because she is guilty of poor behavior.

Is this responsible behavior? Why or why not?

Time To Have A Baby?

YES

NO

- 1. Are you under 19 years of age?
- 2. Are you bored with school?
- 3. Would having a baby make you feel more worthwhile and important?

YES NO

- ____ ____ 4. Do you have the income to support a baby?
- ____ ____ 5. Do you hope that becoming pregnant will help you to capture his father?
- ____ ____ 6. Does it interfere with your pleasure to have sexual intercourse without the possibility of pregnancy?

A Student & Pregnant

1. Sara is a junior in high school and finds herself pregnant. She has been taking a secretarial course. She wants to quit school and stay with her family and take care of her baby.

She should

- a. quit school.
- b. ask for a special education course.
- c. continue school as usual.

Why? _____

2. Mary has been an honor student in high school. She has done particularly well in science courses. She finds out that she is pregnant.

She should

- a. quit school.
- b. ask for a special education course.
- c. continue school as usual.

Why? _____

3. Bonnie is in her senior year of high school. She has been going with Ted, who is 26, for a year and plans to marry as soon as she graduates. After a few bouts with morning sickness she realizes she is pregnant.

She should

- a. continue in school as usual.
- b. ask for a special education course.
- c. quit school and marry Ted.
- d. quit school and not marry Ted.
- e. continue in school and marry Ted.

Why? _____

4. Mary Beth is a sophomore in high school and is 16 years old. She has been making barely passing grades. She learns she is pregnant. Joe is the father of the child and has joined the Armed Forces and is off across the country.

She should:

- a. quit school.
- b. go across the country and try to find Joe.
- c. continue in school as usual.
- d. ask for a special education course.

Why? _____

Birth Control IQ

AGREE	NOT SURE	DISAGREE

1. I think the use of contraceptives is morally wrong.
2. The woman is the one who should be responsible for using a contraceptive.
3. All children should be planned for.
4. Children should just happen.
5. Sexual intercourse purely for enjoyment is OK.

Venereal Disease IQ

TRUE FALSE

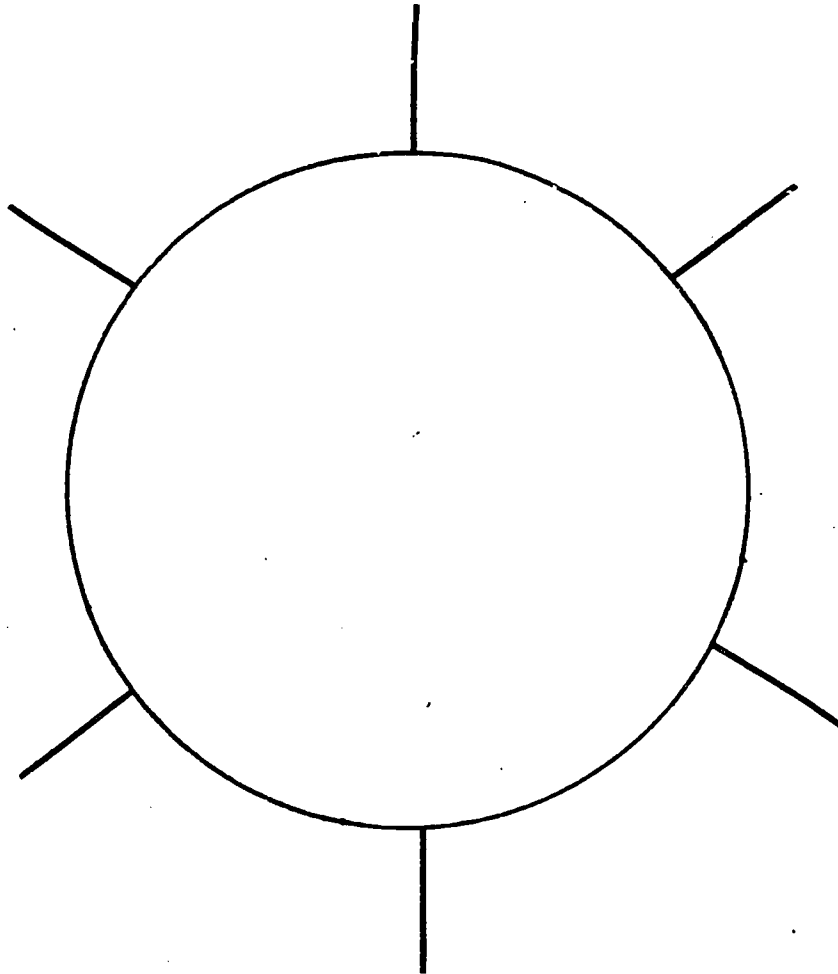
- 1. VD is not a significant risk to me if I limit my sexual contacts to only those I know well.
- 2. Like most infections, VD will either get worse or go away.
- 3. Men are more likely to know if they have VD than are women.
- 4. VD can be transmitted through toilet seats and dirty glasses.
- 5. If you are a minor and are treated for VD, your parents will likely be informed.
- 6. The complications of gonorrhea sometimes include sterility, while those of syphilis may include brain damage or death.
- 7. Self-administered doses of oral penicillin are usually sufficient to cure gonorrhea or syphilis.
- 8. The incidence of gonorrhea is twice that of syphilis.
- 9. Getting an annual blood test is usually sufficient to detect the presence of VD.
- 10. VD can result from oral-genital contact.
- 11. A condom is 100 percent protection against syphilis or gonorrhea.



What I Think

1. When it comes to the opposite sex...
2. Loving someone is...
3. Living together is...
4. Most people consider nonmarital sex as...
5. In a relationship, nothing is so frustrating as...
6. Ten years from now, nonmarital sex will be...
7. I am most affectionate when...
8. The double standard is...
9. Nonmarital sex causes guilt feelings when...
10. Virginity is...
11. Promiscuity is...
12. If I became pregnant...
13. I see marriage as...
14. "Technical virginity" is...

Wheel Spoke Activity



Write in the circle the word suggested by the leader.

On each spoke, write a word or phrase that comes to your mind first when you hear or see or think about the word. Write quickly.

Circle the words and phrases you feel are most significant.

Elaborate here on the significance and meaning to you of the circled word(s).

Choices & Careers Free To Choose Leaders Guide



Just For You Unit For Girls

By Cathleen Finley

Just For You – Unit For Girls

Concept

Sexuality is related to the roles that women and men carry out in life.

Objective

Girls will become aware of their personal feeling regarding sex roles.

Background Information

A young woman can't be truly serious about life plans, if she is of child-bearing age, without dealing directly with her sexuality. Each girl has to make unique decisions, unique because it is that girl and only she who is actually involved. Sexuality is not separated from one's plans for her life or from career planning or decision making.

Everyone knows that the pill and abortion are available but that teenage girls still bear children. There are many reasons for this. Unless a young woman does what she wants to do, she does not have sexual freedom. Having sexual relations only because a boy wants to, or because all the kids do, is not sexual freedom.

Girls are sexual beings before anyone asks them to share a sexual relationship. They are sexual beings whether they are asked or not. Girls are the ones who must deal with the question of their sexuality.

Learning Experience

For Girls 15-18 Years Old

1. Have each girl complete the activity sheet "How Can a Woman Be?"

on pages 7 and 8 of Book III. Remember that each girl has a right to her own opinion. The purpose of the activity sheet is to help the girls think through their own feelings about sex roles. Have the girls work either in groups of three or four or as a total group and debate their answers, pro and con, for each statement.

Concept	Throughout history, there were attempts to practice birth control.
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Objective

Girls will understand that efforts at birth control are not something brand new.

Background Information

While the use of the pill is new, the desire for birth control is not particularly new. In fact Aristotle, the ancient Greek philosopher, thought that birth control should be practiced. It can be assumed that long ago people didn't know why a baby was born. In fact there may still be people who do not realize that the act of sexual intercourse is related to birth.

In ancient Rome and ancient Greece, one suggested method of birth control was for the woman to wear a magic charm made from the womb of a lioness, a cat's liver, or the tooth of a child. In Europe in the Middle Ages, women were instructed to rely on the heart of a salamander, or on rings made of precious stones, or on myrtle wreaths worn at the time of marriage.

Several types of medicine have been prescribed as methods of birth control. Roots of various types and teas made of leaves were

tried. Froth from a camel's mouth was swallowed hopefully by the women of North Africa.

One of the first methods of birth control which had some success was withdrawal, in which the man interrupts the act of intercourse just before his orgasm to prevent his semen from getting inside the woman. This technique is so old that it is mentioned in the Bible.

Much less effective were early techniques by which the woman took some action designed to stop the sperm from having effect. One method was to jump up and down after intercourse to dislodge the semen. A Greek physician of about 1900 years ago recommended a dual technique: the woman was told to hold her breath during the man's orgasm, in the hope that muscle tension would stop the semen from going into the womb, then to sneeze afterward to get rid of the semen.

Of all the methods used in the ancient world, the most sophisticated was a device that would do what the modern diaphragm does—that is, form a mechanical barrier, inserted before intercourse, to prevent sperm from entering the womb. In crude form, this technique was known to the Egyptians about 4000 years ago. It was also developed in many other civilizations around the world.

Various substances believed to kill sperm were inserted before intercourse. Aristotle recommended the use of oil of cedar or frankincense mixed with olive oil, and other Greek writers prescribed a mixture of peppermint juice and honey, gum of cedar or ground pomegranate rind. Also used in this way have been lemon juice, alcohol, opium, and vinegar.

Another barrier between sperm and womb, the device now known as the condom has a long history. The first of them may have been worn by women rather than men; they were loose pouches, made of the mem-

branes of animals and used to line the vagina and catch the sperm. This type of device, made from the bladder of a goat, is mentioned in Roman literature.

Condoms for use by men are much newer, probably because of the difficulty of finding a suitable material for their manufacture. In 1564, an Italian recommended the use of a linen sheath. Some of the early ones were made of animal gut or leather.

It was not until the vulcanization of rubber, which was introduced in 1844, that condoms were used to any wide extent. Today, most are made of synthetic rubber, and they are used by millions all over the world.

Despite such efforts in the past, it was a high mortality rate that really controlled the population.

Vogel writes that various Indian tribes used forms of birth control long before white people arrived in America. He states that the Europeans refused to acknowledge this, simply because they knew of no oral contraceptives.

Isaac de Rasieres wrote in 1628 of the New York Indians that "it is a wonder when a woman has three or four children." At the beginning of the 19th Century, Humboldt said that a leading cause of the depopulation of mission Indians at Orinoco, who had not been reached by smallpox, was "the practice of preventing pregnancy by the use of herbs."

Hrdlicka reported that "Among the White Mountain Apache a woman desiring to have no children, or to stop bearing, swallows now and then a little of the red burned earth from beneath the fire. This means is used mostly by the dissolute unmarried, but also by sickly or very poor married women. Some of the Huichol women drink the tea of a

certain plant to prevent childbearing. Cora women, for the same purpose take internally the scrapings of the male deer horn."

The long periods of nursing infants, three years or more, is one indication that children were spaced. It is reported that if an Isleta (pueblo) woman did not wish to conceive, "she will not have intercourse for nine days after menstruation . . . nor during pregnancy, nor for six months after child birth." Some Indians were aware of "safe periods" for intercourse, and the Hopis believed that the time just before menstruation offered the least likelihood of conception taking place.

Numerous herbal substances were used by Indians as oral contraceptives. The Cherokees believed that chewing the root of spotted cowbane for four days would induce permanent sterility. To use it, however, was considered "nothing less than a crime." An oral contraceptive, stoneseed, was used by one of the Nevada tribes. The Indian women drank a tea of the roots for a period of six months.

De Laszlo and Henshaw listed several dozen fertility-affecting drugs. Following are some of them: boiled roots of Indian turnip; a tea of boiled root and rhizome of wild ginger ("North America"); a tea of milkweed plant was drunk after child birth (Navajo); "twisted medicine," a tea of roots boiled and drunk by women during menstruation, and also used by men (Navajo); poson arum; Indian paintbrush, "a tea of this plant was sometimes used—as it dried up the menstrual flow" (Hopi); boiled root drunk by women during menstruation to prevent conception used by both sexes (Navajo); deer's tongue "a half cupful taken once in awhile" as a contraceptive (Nevada Shoshonean); stoneseed; a cold-water tea of roots taken daily for six months to insure sterility (Nevada Shoshonean); and rosemary, a tea of this plant and

"ocean artemisia" taken for fertility control (Opata of Mexico); bark, leaves, and fruit used to expel placenta; roots used by Indians to induce expulsion (Oaxaca); thistle, brewed and taken as tea (Quinault Indians); squaw roots, powdered root taken to expedite menstruation (Chippewa); rosemary (Opata); American mistletoe, tea made from leaves (Indians of Mendocino County, California).

Learning Experiences

For Girls 15-18 Years Old

1. Tell the girls about some of the early attempts at birth control. Why did people struggle so hard to discover a successful form of birth control?
2. If it is available, use the tape on birth control from the materials "Tribal Women: Yesterday, Today, Tomorrow." Use the discussion guide as a follow-up to the tape.
3. Have the girls discuss any tribal customs relating to birth control which they may know about. They might like to ask some older women what they remember about such customs.
4. Have girls complete the activity sheet "From Long Ago." All the answers are true. It is on page 9 of Book III.

Concept

In matriarchal societies, a woman's family was more important than the father of her child.

Objective

Girls will understand the differences between a matriarchal marriage and an equalitarian marriage.

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Background Information

Long, long ago, some Indian tribes were matriarchal societies.

In a matriarchal society, a woman's family --her mother, her brothers, and her sisters, and her uncles and aunts on her mother's side were far more important than the man who fathered her children. Likewise, the father of the children gave his loyalties to his mother's family rather than to his own children.

The man in such societies had little in common with the mother of his children. It was their mother and her family who raised the children. It was uncles from their mother's side of the family who helped raise the children rather than their fathers.

Learning Experiences

For Girls 12-14 and 15-18 Years Old

1. Discuss the above ideas with the girls.
2. Do the girls think that some of these ideas are practiced in their tribe today? Why, or why not?
3. Usually Indian women do not suffer as much from social disapproval for pregnancies outside of marriage as white women do. Do the girls think that matriarchal societies have this effect? Why, or why not?
4. Ask the girls to discuss the question "Even if pregnancies outside of marriage are not morally disapproved of, what disadvantages do they present for a teenage girl?"

Concept

Factors other than knowledge of contraception account for teenage pregnancies.

Objective

Girls will become consciously aware of what attitudes cause them to become pregnant.

Background Information

A girl may have an adequate sex education—may know just how pregnancy occurs and how to prevent it—and still not use this information to protect herself. One recent study of sexually active 15- to 19-year-olds revealed that, though most girls knew all about birth control, over half had used no contraceptive at their last experience of intercourse.

Teenage pregnancies happen for a variety of reasons. One reason is simply embarrassment about going to a doctor. (What if he lectures her or, far worse, tells her parents?) Some girls refuse to take the pill, regarding it as "unnatural," and some use it incorrectly or carelessly. Missing the pill for three or four days during a cycle means a girl is unprotected. Very common among the young is the attitude that sex is supposed to be absolutely spontaneous. Taking precautions in advance, in the expectation of intercourse, is seen as cold, calculating, unromantic. ("If I'm swept off my feet by love," the argument goes, "nobody can blame me for getting pregnant. It's not as if I'm the kind of girl who pops a pill every day just in case") For some, the element of risk adds to the excitement of sex. Then there's the teenager who regards herself as invulnerable. Getting pregnant is something that happens to other girls.

But not all unplanned teenage pregnancies are unwanted. Some girls allow themselves to become pregnant in the hope of "catching" a man. Then there's what some researchers call the "willful exposure to

unwanted pregnancy." This may occur with a lonely, unhappy girl who longs for love. Half-consciously or unconsciously, she feels a baby will satisfy her need. It can occur also with a girl who feels worthless. Nobody notices her now, but if she gets pregnant she'll attract attention, be somebody. A girl who feels she's bad may become pregnant as a way of punishing herself. And a girl angry with her parents may become pregnant as a way of punishing them.

Learning Experiences

For Girls 15-18 Years Old

1. Have the girls discuss the case studies called "Is She Responsible?" on pages 9-10 of Book III. They can do this in groups of three or four or in a total group. Help them with terms they may not understand.
2. Have the girls complete the activity sheet "Time to Have a Baby." It is on page 10 of Book III. After the girls finish, have them discuss the questions. Following are some ideas for discussion:
 - a. A teenage girl is not fully matured physically. The infant mortality rate for babies born to teenage mothers is much higher than for women between 20 and 30.
 - b. Motherhood has many rewards, but escape from dull routine isn't one of them. It has its own boredom built in. It's routine work caring for a baby.
 - c. Don't use pregnancy to ward off depression or as a means to be the center of attention. This is childish and unfair to the mother and the baby.
 - d. Wait until you have the income to support a baby. On welfare, a baby's first year costs over \$1000. The average child costs her parents \$28,000 before she is 18. A teenager just doesn't have the job skills that it takes to care for a child.
 - e. A man and a woman need time to settle into marriage before they have a child to care for. Otherwise, they may feel later on that their child "stole their youth" or "tied them down" too soon. Whatever the rewards of parenthood, they

will never recapture these years of independent young adulthood.

- f. Is a girl going to have a child by "accident" just because subconsciously she likes the "danger" of becoming pregnant? Surely, this is irresponsible. By all means have a child—when you want it, and for its own sake—but not to add spice to your lovemaking. Have a baby by mature decision and not by accident.

For Girls 12-14 and 15-18 Years Old

1. Have the girls play the game "Ropes and Ladders." This game presents players with interrelationships of family size and family living.

Playing the Game

A minimum of two or a maximum of six players can participate.

The playing board presents a series of situations, both desirable and undesirable.

Desirable situations are rewarded by taking the player up a ladder; undesirable situations are punished by sliding the player down a rope.

Each player chooses a different token, and takes a turn at rolling the die; the player who rolls the highest number goes first, the others follow in a clockwise direction.

The first player now rolls the die and moves her token forward from the starting position the number of spaces indicated on the die.

When a player lands on a written message, she moves up or down depending upon whether there is a ladder or a rope.

The first player to reach 100 wins the game. Others may continue if they wish.

2. After the game, ask the girls what they think of the written messages on the game board.

Concept

Teenage girls are not physically ready to bear children.

Objective

Girls will understand their physical development in relation to childbearing.

Background Information

Teenage girls are still growing physically. Their bodies are still developing. While biologically girls are able to produce children, they need their strength to continue their own development.

Infants who are born to teenage girls are considered high risk infants, which means that they are more susceptible to disease and to death. Teenage mothers have the following problems:

- a. A high death rate among their children.
- b. A high death rate for themselves during or following childbirth.
- c. Many spontaneous abortions.
- d. High still-birth rates.
- e. More frequent toxemia.

Infant mortality among Wisconsin Indian people is very high.

Between 1968 and 1972, 27 percent of Indian babies born in Wisconsin were born to mothers 19 years of age or younger.

Learning Experiences

For Girls 12-14 and 15-18 Years Old

1. Show the girls the chart "Teenage Mothers" illustrating the percentage of Wisconsin Indian babies born to teenage mothers.
Discuss with the girls the health problems of teenage pregnancies.
2. Show the girls the chart "Babies Who Die, by Age of Mother." This chart illustrates the number of babies who die per 1000 live births.
Ask the girls why these babies die.

For girls ages 16 or younger, 29 babies die per 1000 live births. Note that the lowest mortality rate is for babies born to

mothers ages 20-29 and 30-34, with only 15 babies dying per 1000 live births.

3. Show the girls the chart "Fetal Death Rates, by Age of Mothers." Explain what a fetal death is. Ask the girls what causes fetal death. Point out that the lowest death rate is for women ages 20-29, with only nine deaths per 1000 babies delivered.
4. Show the girls the chart "Unmarried Mothers," which illustrates the percentage of babies born to unmarried mothers. Point out that unmarried mothers frequently have poor health care.
5. Show the girls the chart "Infant Mortality Rates in Wisconsin by Race." Note that the mortality rate for the non-white population is almost double that of the white population. Ask the girls why this is so.
6. Other suggestions for discussion:
 - a. Ask the girls how the age of the mother is related to childbirth.
 - b. Ask the girls how age affects a teenage girl's health.
 - c. Ask the girls how age affects a baby's health or his chances of living.
 - d. Ask the girls if they think that having children as a teenager is a good idea. Why, or why not?

Concept

There are state laws in Wisconsin which guarantee pregnant school girls an education.

Objective

Girls will understand that they may continue in school if they are pregnant.

Background Information

Two pieces of legislation enacted by the 1973-74 Wisconsin legislature assist school-age parents, especially teenage girls, to complete their high school education.

Chapter 319, which went into effect on July 2, 1974, makes it unlawful for a school to require a pregnant girl to leave school. In other words, no school may in any manner compel a pregnant girl to withdraw from her regular education program.

Chapter 89 affects the special education needs of children ages 3 to 21 who have exceptional educational needs. In general, the law states that school districts must ensure that each child who has exceptional educational needs be provided with the opportunity to receive special education suited to her individual needs.

The law states that a pregnant girl shall be recommended for special education only if she has not graduated from high school, if she is under the age of 21, and if she or her parents consent.

Also, Title IX means that there must be equal opportunity for education in any federally funded program.

Learning Experiences

For Girls 15-18 Years Old

1. Ask the girls what happens to pregnant teenage girls in their school. Do they continue as usual? Do they drop out? Are there special education programs for them?
2. Ask the girls how they feel students, teachers, and administrative staff treat pregnant students.
3. Explain the two new Wisconsin laws to the girls. Are their schools abiding by these laws?

(Note: You may want to pass on to your local education committee some of the reactions of the girls.)

4. Have the girls discuss the case studies called "A Student and Pregnant" on pages 11 and 12 of Book III.

Concept

Nonmarital sex is sometimes considered or engaged in by young women.

Objective

Girls will understand their feelings about nonmarital sex.

Learning Experience

For Girls 15-18 Years Old

1. Have the girls complete the activity sheet "What I Think" on page 14 of Book III. They may want to complete only five or six of the statements. When the group has finished the statements, collect the papers, shuffle them, and give each girl a paper. Then have each girl read the statements on the paper. Have the girls discuss what they think the statements mean.

Concept

Use of birth control methods can prevent pregnancy.

Objective

Girls will understand the various methods of birth control.

Background Information

Use the script for the slide set and "The Birth Control Handbook"

as references.

Learning Experiences

For Girls 15-18 Years Old

1. Show the girls the slide set on birth control methods.

BIRTH CONTROL METHODS

SLIDE

NARRATION

- | | |
|--------------------------------------|--|
| 1. Birth Control IQ | |
| 2. Teenage girl | Teenage girls may decide <u>not</u> to have sexual relations until after they are married. Some may decide to wait until they are older. Girls who aren't sure or who are having sexual relations are being very smart if they use a form of birth control. |
| 3. Chart of infant mortality rates | Having a child when you are a teenager means that the child may not be as healthy as it could be, or that the child may not live. |
| 4. Girl with graduation cap and gown | Having a child when you are a teenager means it may be more difficult to complete your education. |
| 5. ? and \$ signs | Having a child when you are a teenager means you probably won't have the job skills to earn the money it takes to support a child. |
| 6. Sketch of three women | If a girl does choose to have sexual relations, there are a number of birth control methods she can choose from in order to prevent pregnancy. |
| 7. Sketch of birth control pills | One very effective birth control method is the "pill." To get the pill, you need to get a physical examination from a doctor. If it is medically safe for you to use the pill, he will give you a prescription for about one year. If you use the pill, it is very important for you to follow the |

directions. If the pill is to be effective, you must take it every day at the same time.

8. Sketch of an IUD

An IUD is another form of birth control. A physician inserts the IUD into the uterus. IUD's are not usually prescribed for teenage girls.

9. Sketch of a diaphragm

A diaphragm is worn inside the vagina during sexual intercourse. The diaphragm is a good birth control method and possibly is the best method for a young woman who has infrequent and unforeseen sexual relations. To get a diaphragm, visit a physician and have him fit you with one.

10. Sketch of foams

Foams are put into the vagina to prevent the fertilization of the egg. While vaginal foams are not as effective as the pill, they do have certain advantages. They are harmless, and they can be bought in almost any drug store without a prescription.

11. Sketch of a condom

The male partner wears the condom over his penis like a sheath. It prevents sperm from entering the vagina.

12. Sketch of a calendar.

Another form of birth control is the rhythm method. This is not a very effective method because a woman's menstrual cycle is not always regular. Even if her cycle is always regular, she can still become pregnant at any time in the cycle because she may ovulate early or late. If a woman menstruates every 28 days, she should not have intercourse from the 10th day of her menstrual cycle until the 17th day.

13. Sketch of three women

In summary, if you think you might have sexual intercourse, be prepared. Sexual relations without protection can result in pregnancy—a child for which you are responsible.

2. Discuss the girls' reactions and questions regarding the slides.
3. Have the girls complete the "Birth Control IQ" activity sheet on page 12 of Book III. Have the girls discuss their answers.

NOTE: Make sure the girls understand the rhythm method of birth control. Even though it is not one of the most effective methods, girls can use it without going to a physician. Also, it may be useful for girls who only rarely have sexual relations.

Concept

The incidence of venereal disease is increasing, particularly among teenagers.

Objectives

1. Girls will understand what venereal disease is.
2. Girls will realize the importance of having venereal disease treated by a physician.

Background Information

The reference "The VD Handbook" provides the background information for this concept.

Learning Experience

For Girls 15-18 Years Old

1. Have the girls complete the "Venereal Disease IQ" on page 13 of Book III. Discuss the answers with the girls.
 1. VD is not a significant risk to me if I limit my sexual contacts to only those I know well.

False. Anyone who has sexual contact with someone who has venereal disease can catch the disease.

2. Like most infections, VD will either get worse or go away.

False. VD can be cured only by treatment from a physician.

3. Men are more likely to know if they have VD than are women.

True. In women the signs of venereal disease are less evident. If a girl even suspects that she may have VD, she should visit a physician and ask for a test for gonorrhea and syphilis. Unless a man tells a woman that she has been exposed, she is very unlikely to know.

4. VD can be transmitted through toilet seats and dirty glasses.

False. VD is transmitted only through sexual contact.

5. If you are a minor and are treated for VD, your parents will probably be informed.

False. In Wisconsin, the law allows a physician to treat a minor for VD without telling her parents.

6. The complications of gonorrhea sometimes include sterility, while those of syphilis may include brain damage or death.

True. VD can cause insanity or paralysis or sterility. Also, VD can cause babies to be stillborn, blind, or defective. Prompt treatment can cure the disease before such things happen.

7. Self-administered doses of oral penicillin are usually sufficient to cure gonorrhea and syphilis.

False. It takes strong doses of antibiotics to cure VD. A physician will prescribe such only when he knows what he is treating. Penicillin pills for a bad sore throat will not cure VD.

8. The incidence of gonorrhea is twice that of syphilis.

True.

9. Getting an annual blood test is usually sufficient to detect the presence of VD.

False. You must ask a doctor for blood and smear tests in order to know if you have VD. It takes a specific type of test to determine VD.

10. VD can result from oral-genital contact.

True.

11. A condom is 100% protection against syphilis or gonorrhea.

False. It may be some protection, but it is not 100 percent safe.

Concept	Homosexuality, masturbation, and abortion are subjects of concern to young girls.
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Objective

Girls will articulate their feelings about such subjects as homosexuality, masturbation, and abortion.

Background Information

The subjects of homosexuality, masturbation, and abortion tend to be controversial. This is true partly because they are value-laden and because society, particularly in the past, has treated them as "hush-hush" subjects.

Homosexuality has recently been more openly discussed because of the activities of the gay liberation movement. Probably the most useful information for girls to have is that having close friendships between girls in their early teens is normal behavior. Such friendships are normal at such a time. There is nothing wrong with young girls' holding hands or walking with their arms around each other, or even having a crush on an adult woman such as a teacher. The danger comes when girls learn about homosexuality and the connotations society has about it, and then the girls make judgements about themselves which may really bother them. It would be helpful if you could assist girls in understanding this.

Masturbation is surrounded by all sorts of myths. Some myths claim that masturbation will cause insanity or that it will cause pimples and on and on. Most girls masturbate at one time or another, often without really realizing what they are doing.

Later on, when they hear some of the myths regarding masturbation, they may have unfounded but troublesome fears. Masturbation will not harm or hurt a person. Help girls to understand this.

Abortions have been going on for a long, long time. Until recently, abortions were illegal. Now with the recent Supreme Court decision, abortions are legal and readily available. There are groups of people who strongly support the right to abortion and others who strongly oppose abortions. Some say it is a woman's right to control her own body and the use of abortions is one means of doing so. Other people say abortion is destroying a human life and oppose it on that basis. It would be helpful for girls to be able to think through their own personal views on the issue.

You might point out to girls that if they are responsible and either do not engage in sexual intercourse or do use adequate birth control, chances are that they will have no need to personally consider an abortion.

Learning Experience

For Girls 15-18 Years Old

1. Have the girls use the "Wheel Spoke Activity" on page 15 of Book III as follows:
 - a. Explain the directions on the sheet. Ask the girls to write quickly the first thing that comes to their mind. They are not to ponder or think about it.
 - b. Ask the girls to write one of the following words: "masturbation," "abortion," or "homosexuality" on their sheet, then follow directions on the sheet.
 - c. Collect, shuffle, and redistribute the "Wheel Spoke Activity" sheets. Ask each girl to read aloud the words on the sheet she holds and comment on them.
 - d. Make a group list of the significant words and discuss them

with the group.

- e. Discuss the ideas presented in the background information as the "Wheel Spoke Activity" sheets are discussed.

Bibliography

- Boston Women's Health Book Collection. Our Bodies Our Selves. New York: Simon and Schuster, 1973.
- Connolly, Lisa. "Little Mothers." Human Behavior. June, 1975.
- Crowley, Lawrence O., James L. Malfetti, Ernest I. Steward, and Nini Dias. Reproduction, Sex and Preparation for Marriage. Englewood Cliffs, N. J.: Prentice-Hall, 1973.
- Diner, Helen. Mothers and Amazons. New York: Doubleday, 1965.
- Havemann, Ernest. Birth Control. New York: Time, Inc., 1967.
- Landis, Paul H. Making the Most of Marriage. Englewood Cliffs, N. J.: Prentice-Hall, 1975.
- Mitchell, Joyce Slayton. Other Choices for Becoming a Woman. Pittsburgh, Penn.: KNOW, Inc., 1975.
- Morrison, Eleanor S. and Mila Underhill Price. Values in Sexuality: A New Approach to Sex Education. New York: Hart Publishing Co., 1974.
- Nashold, Raymond D. Family Planning Needs: Selected Health and Demographic Indicators. Madison, Wis.: Wisconsin Department of Health and Social Services, 1975.
- Vogel, Virgil. American Indian Medicine. New York: Ballantine Books, 1970.
- _____. Family Planning in Home Economics. Washington, D. C.: American Home Economics Association, 1973.

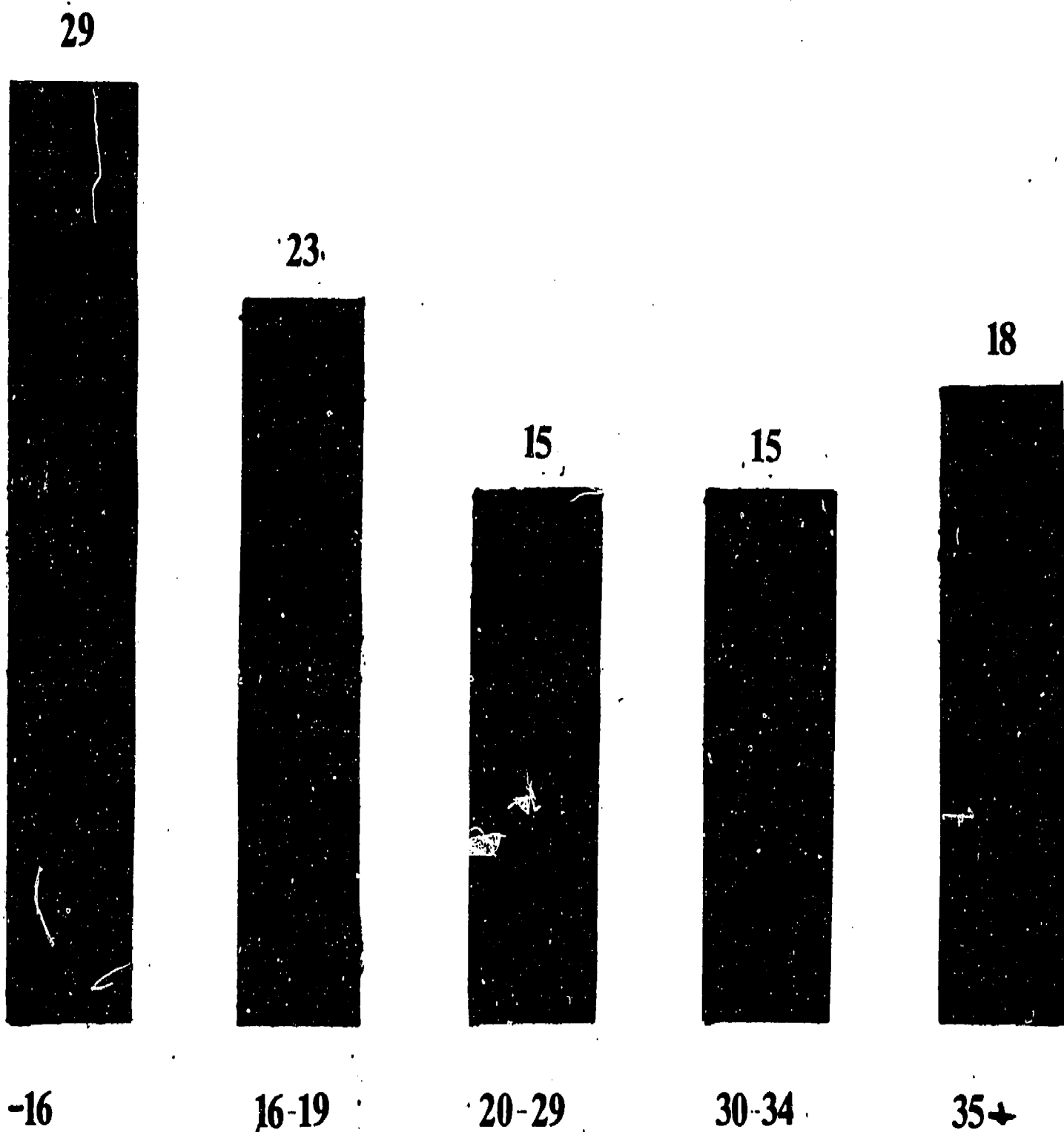
TEENAGE MOTHERS



27%

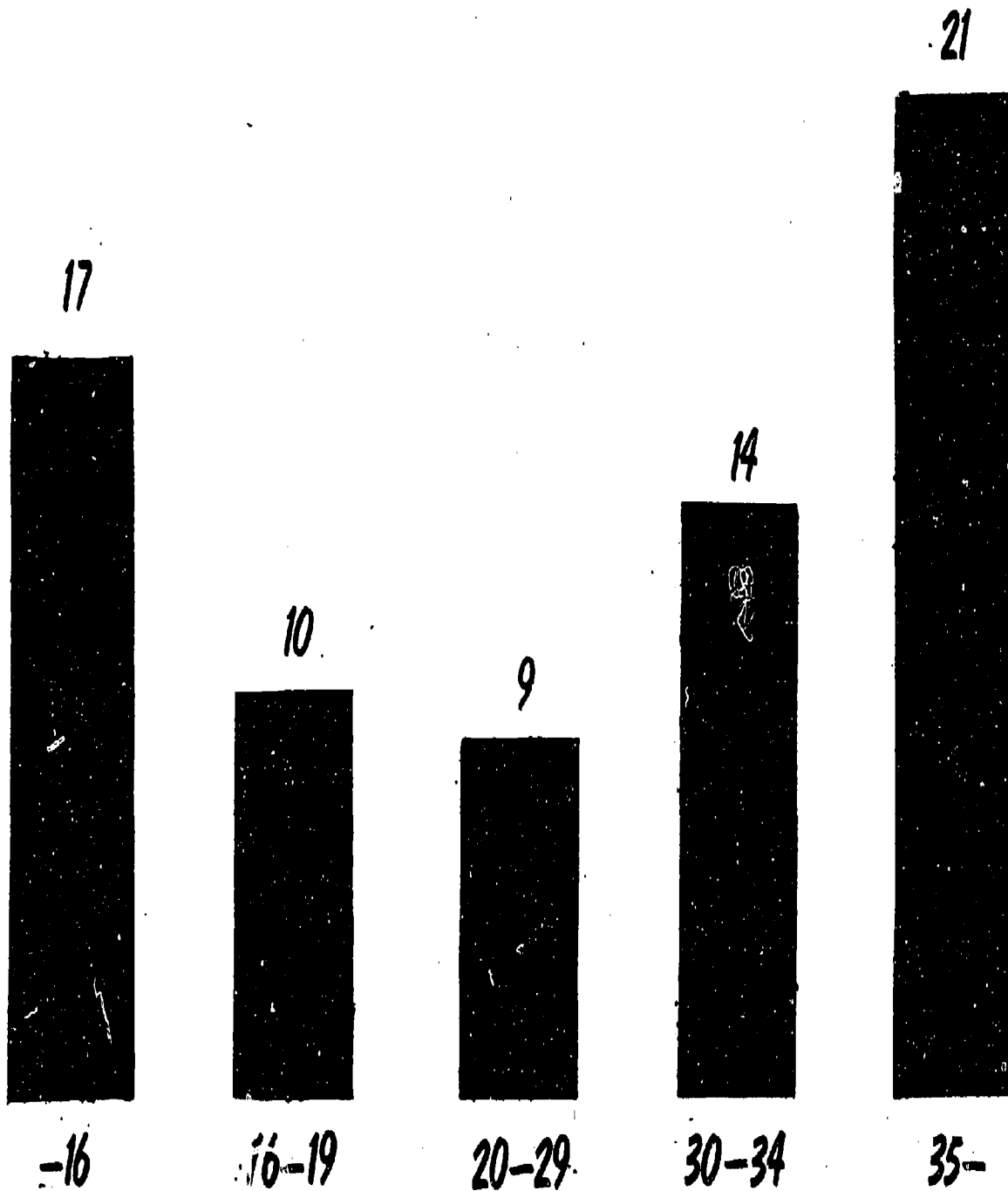
**27 Percent of Wisconsin Indian babies
are born to teenage mothers.**

Rate per 1000 live births.



BABIES WHO DIE BY AGE OF MOTHERS

Rate per thousand babies delivered



FETAL DEATH RATES BY AGE OF MOTHERS

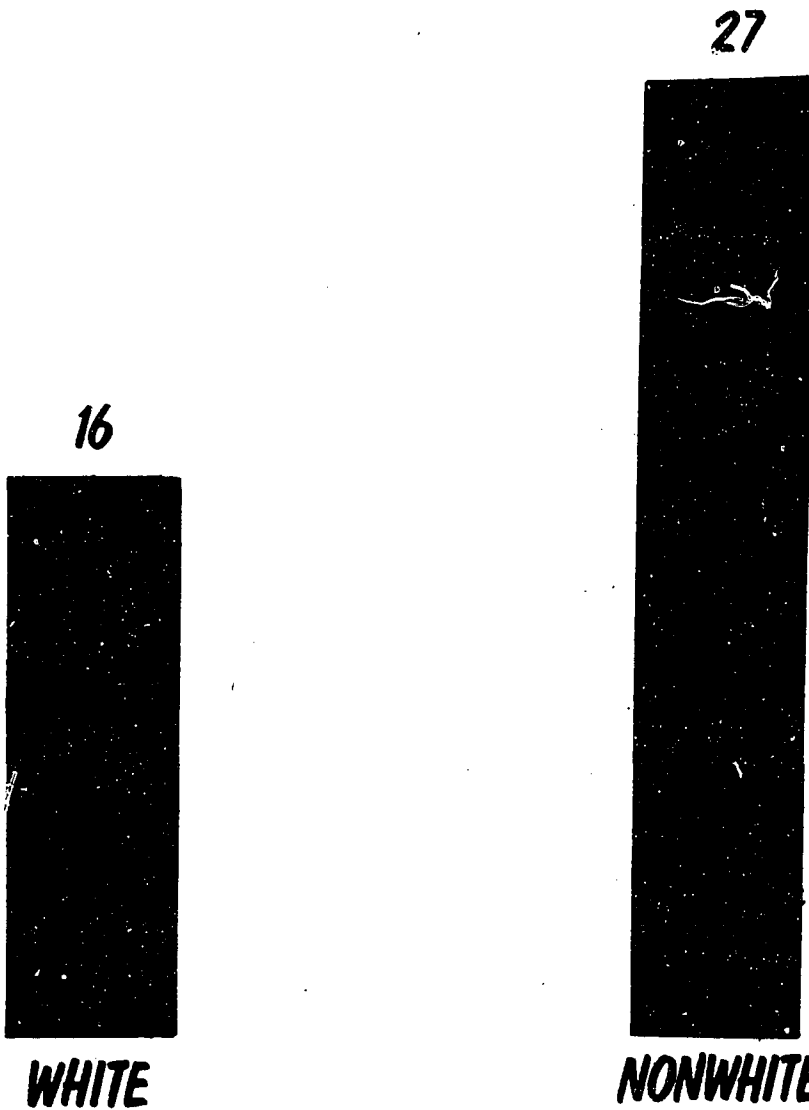
UNMARRIED MOTHERS



26%

**26 Percent of Wisconsin Indian Babies
Are Born to Unmarried Mothers**

Rate per thousand live births



**INFANT MORTALITY RATES
IN WISCONSIN
BY RACE**

So you want to be a teacher, an attorney or a writer when you grow up. Or maybe you are not sure what you want to do when you grow up, but you know you want to use your talents in a way that is special for you.

One of the things that can happen--that can stop a girl from doing what is special for her--is an unplanned pregnancy, having a child before she is ready to take on such a big responsibility.

Having a child before one is grown up can mean several things.

- It may cause a girl to drop out of school.
- It may cause a girl not to finish school at all.
- It may cause a girl not to be able to support herself or her child.
- It may cause a girl to become so disillusioned that she has another child and spends a good part of her life being dependent on others.
- It may mean that a girl will not be able to do the kind of work that she thinks is special for her.
- It may mean that a girl won't as easily be able to be her own person.
- It may mean that her mother will have an added responsibility by caring for the child.

Having a child as a teenager does not necessarily mean that one won't be able to get an education or have the job one wants, or enjoy a family later on--but it does mean:

- that one may have a harder time.
- that one may have fewer choices.
- that one has a big responsibility at the time one should be enjoying and exploring life.

Health is another thing to think about.

- A high number of babies who die are born to mothers under 18.
- The younger the mother, the greater the health risks--for her and her baby. The risks include prematurity, low birth weight, and difficult labor as well as serious illness in mother and child.
- Teenage mothers have more retarded and brain-injured children than mothers in their twenties.
- Half of teen marriages end in divorce.

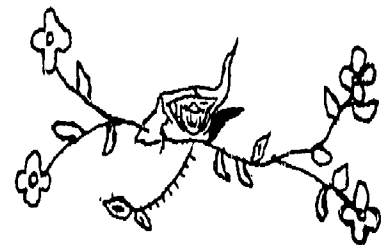
Once a girl has menstruated, she can become pregnant.

To avoid becoming pregnant, a girl can do one of two things. She can practice self control, that is remain a virgin, or use a contraceptive.

There are people who believe a girl should remain a virgin until she marries. There are others who don't feel so strongly about it.

But if a girl is to remain her own person, she needs to decide which to practice--self control or birth control.

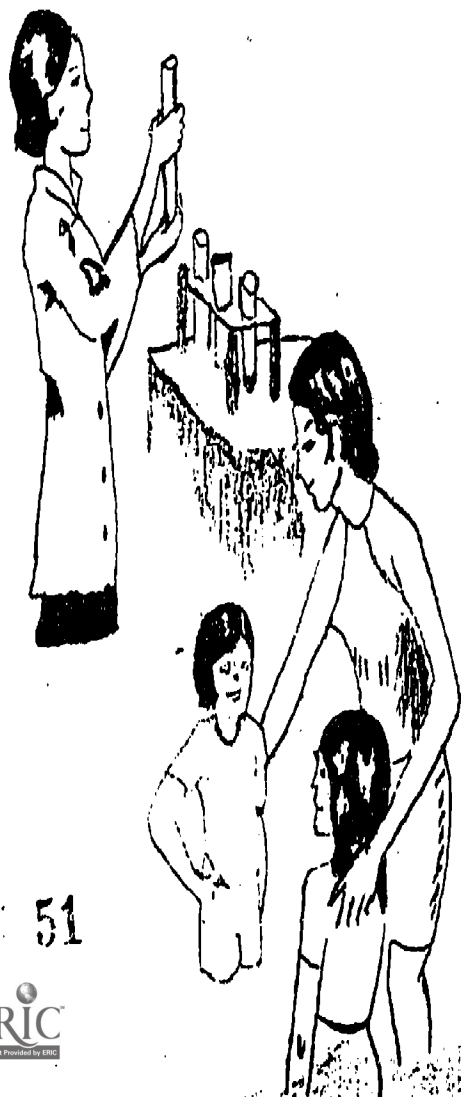
As you grow up, boys will likely become part of your world. You will probably go to parties where kids may smoke grass or use beer or liquor. If you are going to practice self control, it means that you are very careful about going to parties where there is a lot of drinking or pot. And it means that you don't get so involved with him that "it just happens".



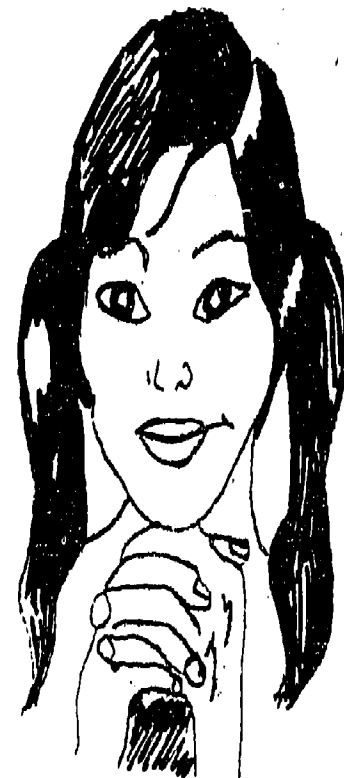
There are only two kinds of honest girls. Those who don't, at all, and those who have responsible sex. That means contraception, good contraception, medically supervised.

If a girl chooses to practice contraception, birth control, then she should talk to the Community Health Representative, or the Maternal & Child Health Assistant in her area or go to a doctor and discuss it with him.

And if a girl is too embarrassed or too scared, to decide to use a contraceptive--she had better wait. It is foolish for a girl to kid herself, she can't have it both ways.



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YOUR LIFE

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