

ACTIVITY GUIDELINES

FLOUR SACK BABY

Rationale:

The focus of the activity in this curriculum is centered on preventing teenage pregnancies and in developing an awareness of the serious responsibilities and demands of parenthood. If some type of intervention is not made until high school, in many cases, it is too late. Too many teenagers become pregnant and drop out of school during the 9th, 10th, and 11th grades. The goal is to reduce those numbers through early intervention and awareness. This activity is one step toward that goal. This activity has great impact upon students during this unit. Parents have been extremely supportive--in fact, some have recommended the activity be conducted for two months! However, it is suggested the activity be carried out for one week.

The Logistics of the Activity:

A week before the activity begins, put a copy of the **TEACHER LETTER** on page IV-D-9 in each teacher's box so they will be aware of what is happening, why it is happening, and not be offended by the activity.

A week before the activity begins, give each student a copy of the **FLOUR SACK BABY ASSIGNMENT** (pages IV-D-10 and IV-D-11) and go over the ground rules with them. Clarify any questions that arise.

Cut the **BOY/GIRL SLIPS FOR DRAWING THE SEX OF THE CHILD** (page IV-D-12) apart and place them in a bowl. Have the students close their eyes, draw a slip, and note the time his/her baby is born. Then have the students record the time of the birth on the **BIRTH CERTIFICATE** (page IV-D-14).

If the student draws a baby with a "Y" behind the gender, the baby was born with a congenital condition and the student needs to draw from those listed on page IV-D-13. If the student draws a baby with a "Z" after the gender, the baby was born with a birth defect and the student needs to draw from those listed on page IV-D-13. These parents will need to research the conditions and special care requirements that accompany this defect or condition. This information needs to be recorded in the **PARENTING LOG BOOK**.

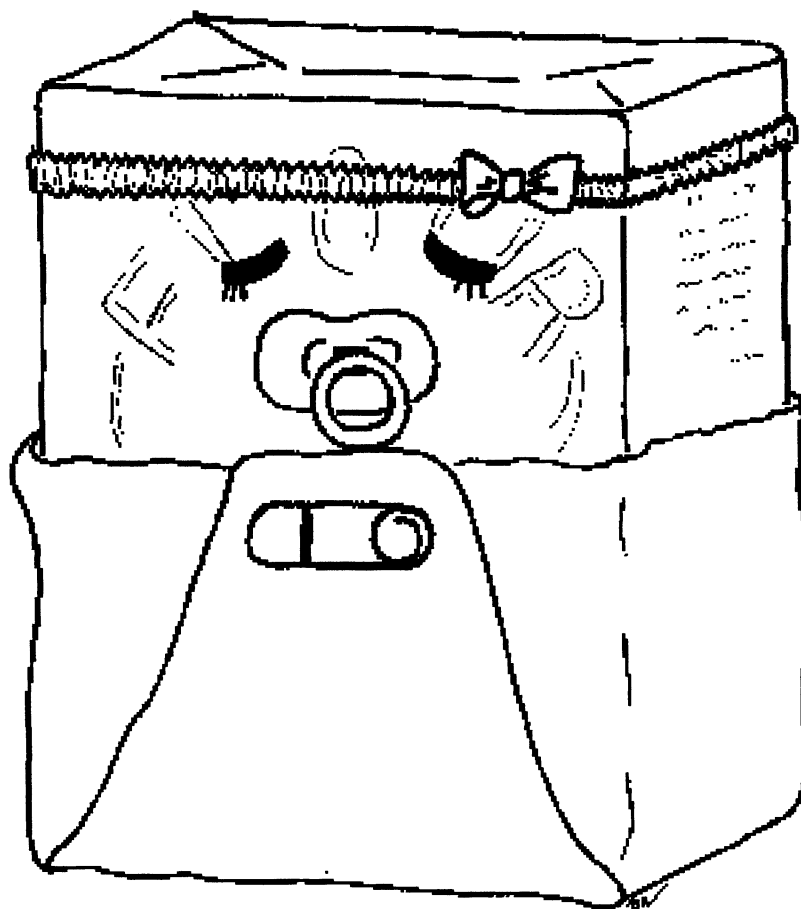
On the first day the students bring their flour to class, have them introduce their children to the class and tell their names. Emphasize the fact that the **PARENTING LOG BOOK** (page IV-D-15) must be with them at all times. The students are to record the baby's care and whereabouts every hour. It is good to review some of the care requirements for newborns with the students. (See top of page IV-D-11.) Have copies of the **BABYSITTING FORMS** (page IV-D-16) ready for the students to pick up.

ACTIVITY GUIDELINES

FLOUR SACK BABY - Page 2

About three days into the assignment, cut apart the **FLOUR SACK ILLNESSES** (pages IV-D-17 and IV-D-18), place them in a bowl and have the students draw an illness. They can call a family doctor or nurse, ask a parent to help them take care of the baby, or consult a baby care book or family medical guide. The students are to record the illness drawn and the care given in the **PARENTING LOG BOOK**.

At the end of the assignment, give extra points for flour donated to the Family and Consumer Sciences Department or for a note signed by a parent stating that the flour sack made it home safely and the flour has been put to good use.



TEACHER LETTERS

Dear Fellow Teachers,

During the week of _____ my Teen Living classes will be carrying "Flour Sack Babies". If you could find a space in your room that could serve as a nursery during your class, that would be great. We don't want to cause unnecessary amounts of disruption. The class assignment will end on _____.

The focus of the activity in this curriculum is centered on preventing teenage pregnancies and developing an awareness of the responsibilities and demands of parenthood. Too many teenagers are becoming pregnant and dropping out of school. The goal is to reduce those numbers through early intervention and awareness and this activity is one step toward that goal.

The students are responsible for the care of their "flour sack baby" at all times. It is to be considered a newborn infant, is never to be left unattended, and certainly is not to be subjected to any type of child abuse. If you observe a student not caring for his/her baby in an appropriate manner, please make a note of it and report it to me.

I appreciate everyone's cooperation. _____
Teen Living Teacher

Dear Fellow Teachers,

During the week of _____ my Teen Living classes will be carrying "Flour Sack Babies". If you could find a space in your room that could serve as a nursery during your class, that would be great. We don't want to cause unnecessary amounts of disruption. The class assignment will end on _____.

The focus of the activity in this curriculum is centered on preventing teenage pregnancies and developing an awareness of the responsibilities and demands of parenthood. Too many teenagers are becoming pregnant and dropping out of school. The goal is to reduce those numbers through early intervention and awareness and this activity is one step toward that goal.

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I appreciate everyone's cooperation. _____
Teen Living Teacher

FLOUR SACK BABY ASSIGNMENT

Objective: The purpose of this assignment is to demonstrate that a parent has the responsibility to care for and protect his/her children at all times. One form of child abuse is called neglect. Neglect is when a parent does not provide the necessary things, both physically and mentally, that a child needs to maintain a healthy and happy life. Some of these things are love, food, shelter, and safety. Safety is one element that a child needs in order to grow up healthy and strong. This is the element we will be focusing on for the next week.

**For the next seven days,
you will be completing the following assignment:**

- You will obtain a 10-pound sack of flour and wrap it in plastic or duct tape. Put your name on the bottom of your flour sack. (If there is a problem getting the flour, check with the teacher.)
- The sack of flour must be wrapped in a piece of cloth or you may dress it if you desire. The flour sack must have a face either glued or attached to it.
- The sack is to be cared for at all times. If you can't watch the baby, you must get a babysitter. However, your baby cannot be tended by someone else more than **FOUR TIMES** during the week of your experience. Babysitters must be paid a minimum of \$____ an hour. You must fill out the necessary babysitting form and include that in your log book. Points will be deducted for unattended babies. Flour sack babies are not to be left at school--ever!
- Any damage to the sack or mistreatment (tossing, punching, leaving unattended, etc.) will be considered child abuse and points will be deducted.
- Record the baby's care and whereabouts in your **PARENTING LOG BOOK** each hour and turn it in at the end of the week. (See page 2 for instructions)
- You will be given 35 points a day or a total of 245 points for the whole assignment. Points will be awarded for properly filling out the log book and caring for the flour sack.
- If you are not mature enough to handle the assignment (throwing sack at others, emptying contents, etc.), you will be excluded from the assignment and given a "0" grade.
- After the assignment, the flour sack is to be immediately taken home or given to the teacher. No flour is to be left at school!

FLOUR SACK BABY ASSIGNMENT - Page 2

Baby Log Book:

- * Your log book can be a spiral notebook or folder with the necessary pages kept in it.
- * There should be a page for each day with each hour marked on each page and the date at the top of the page.
- * An entry should be made hourly as to where baby is, how the baby is doing, care the baby has needed, and who is with baby. (See example below)
- * Remember, you are totally responsible for this flour sack baby for seven days.
Newborn infants need to be bathed at least once a day, their diapers changed every 2 to 3 hours, fed about every 3 hours for 10 to 15 minutes, dressed, their formula prepared, and held, loved, and comforted several times a day.

HOUR	WHERE IS THE BABY?	HOW IS THE BABY DOING?	CARE NEEDED BY THE BABY	WHO IS WITH BABY?
1:00 A.M.				
2:00 A.M.				
3:00 A.M.				
4:00 A.M.				
5:00 A.M.				
6:00 A.M.				
7:00 A.M.				
8:00 A.M.				
9:00 A.M.				
10:00 A.M.				
11:00 A.M.				
12:00 A.M.				

**PARENTING LOG BOOK AND FLOUR SACK BABIES
ARE DUE _____**

Parent Signature

BOY/GIRL SLIPS FOR DRAWING SEX OF CHILD

Directions for teacher: Duplicate this sheet as needed to accommodate all of the students in your class. Place the cut slips in a bowl and have each student draw one to determine the sex of his/her flour sack baby. The piece of paper is then glued to the birth certificate as proof of sex. One set of twins can be born per class. The babies marked with an "X" have birth defects, and the babies marked with a "Y" have congenital conditions.

GIRL	BOY	GIRL	BOY	GIRL	BOY	GIRL
BOY	GIRL	BOY	GIRL	BOY	GIRL	BOY
GIRL	BOY	GIRL	BOY	GIRL	BOY	GIRL
BOY	GIRL	BOY	GIRL	BOY	GIRL	BOY
GIRL	BOY	GIRL	BOY	GIRL	BOY	GIRL
BOY	GIRL	BOY	GIRL	BOY	GIRL	BOY
GIRL	BOY	GIRL	BOY	GIRL	BOY	GIRL
BOY	GIRL	BOY	GIRL	BOY	GIRL	BOY
GIRL	BOY	GIRL	BOY	GIRL	BOY	GIRL
BOY	GIRL	BOY	GIRL	BOY	GIRL	BOY
GIRL - Y	BOY - Y	GIRL - Y	BOY - Y	GIRL - Y	BOY - Y	GIRL
BOY - X	GIRL - X	BOY - X	GIRL - X	BOY - X	GIRL - X	BOY
TWIN BOYS		TWN GIRLS		TWNS BOY/GIRL		

BIRTH DEFECTS

Congenital Heart Murmur

Webbed Fingers

Hearing Impaired

Sight Impaired

Birthmarks

Downs Dyndrome

Cleft Palate

Spina Bifada

CONGENITAL CONDITIONS

Premature

Low Birth Weight

Jaundice

Fetal Alcohol Syndrome

AIDS

Hemopheliac

Drug Addicted

Underdeveloped Lungs

BIRTH CERTIFICATE

STATE OF UTAH
DEPARTMENT OF FAMILY AND CONSUMER SCIENCE
TEEN LIVING
VITAL STATISTICS
CERTIFICATE OF BIRTH

1. Child's Name: First _____ Middle _____ Last _____ Date of Birth (mo.,day,yr) _____ Hour _____
 Sex _____ Multiple Birth? _____ County of Birth _____
 4. _____ 5. _____ 6. _____
 City or Location of Birth _____ State of Birth _____ School Name _____
 7. _____ 8. _____ 9. _____
 Name of Parent _____ State or Country of Parent's Birth _____
 10. _____ 11. _____
 Residence-State _____ City _____ Address _____
 12. _____ 13. _____ 14. _____
 Doctor's Name _____ Date Signed _____
 15. _____ 16. _____

Name _____ Period _____ Date _____

BABY LOG BOOK

HOUR	WHERE IS THE BABY?	HOW IS THE BABY DOING?	CARE NEEDED BY THE BABY	WHO IS WITH BABY
1:00 A.M.				
2:00 A.M.				
3:00 A.M.				
4:00 A.M.				
5:00 A.M.				
6:00 A.M.				
7:00 A.M.				
8:00 A.M.				
9:00 A.M.				
10:00 A.M.				
11:00 A.M.				
12:00 A.M.				
1:00 P.M.				
2:00 P.M.				
3:00 P.M.				
4:00 P.M.				
5:00 P.M.				
6:00 P.M.				
7:00 P.M.				
8:00 P.M.				
9:00 P.M.				
10:00 P.M.				
11:00 P.M.				
12:00 P.M.				

NOTE: This sheet can be duplicated and given to the students if desired.

BABYSITTING FORMS**BABYSITTING FORM**

Baby's Name_____
Parent's Name_____
Sitter's Name_____
Hours tended____Amount paid_____
Sitter's Signature_____
Parent's Signature_____
This form must be included in log book!

BABYSITTING FORM

Baby's Name_____
Parent's Name_____
Sitter's Name_____
Hours tended____Amount paid_____
Sitter's Signature_____
Parent's Signature_____
This form must be included in log book!

BABYSITTING FORM

Baby's Name_____
Parent's Name_____
Sitter's Name_____
Hours tended____Amount paid_____
Sitter's Signature_____
Parent's Signature_____
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BABYSITTING FORM

Baby's Name_____
Parent's Name_____
Sitter's Name_____
Hours tended____Amount paid_____
Sitter's Signature_____
Parent's Signature_____
This form must be included in log book!

FLOUR SACK BABY ILLNESSES - Page 1

Teacher Directions: Duplicate these pages of 27 infant illnesses, cut them apart and place in a bowl for the students to draw.

Red swollen, watery eyes; sneezing, headaches, spasmodic coughing; hives, rash, eczema	Thick mucus is secreted; breathing becomes difficult, labored; wheezing, coughing. Attacks most common at night.	Low-grade temperature usually accompanies cough. Cough usually loose; may be dry, hacky. Loss of appetite; lethargy; headache.	Fever may appear 1 day prior to observance of initial skin lesions. Lesion is small, clear blister, about the size of a match head. Usually starts on face and scalp and moves downward. Appear in crops. Blisters easily broken, quickly form itchy crusts or scabs on spots.
Sneezing; running or stuffy nose; flushed cheeks; dull-looking eyes; little appetite; may have a slight fever or cough.	Hard, persistent crying; red face; and hard abdomen.	Sudden onset, usually without fever; starts with a barking cough; difficulty in breathing; usually occurs at night when child is lying down.	
Small red pimples or patches of rough, shiny, itchy red skin. Pimples may develop whiteheads or become raw. Tissues may swell. Diapers will have an ammonia smell.	Frequent, loose watery bowel movement. Stools may become green or contain mucus or blood. Abdominal discomfort, irritability, restlessness, lethargy, refusal to eat, fever. Skin, tongue and lips become dry.	Cold may precede infection; infants become irritable, fussy; sleep short intervals; awaken crying; act hungry; may pull at ears.	Patches of light red or tannish-pink rough thick, scaly skin on face, in folds of arms, and backs of knees. Scales like dried salt. Scales later become moist, deeper red, and itchy.
Mild fever, headache, nasal discharge, and enlarged glands behind ears, head and neck. Small red spots appear on the face and spread rapidly to neck, trunk and arms, and legs. There may be some rash inside the mouth.	Swelling of eyelids, lips, hands, feet; raised welts, pale in center; may itch unbearably.	Starts as a small runny blister, often on the face. Sometimes develops into infected sore. Generally has light tan or honey-colored crust.	Onset is abrupt; usually high fever; fretfulness; irritability; poor appetite. Does not appear seriously ill; may be playful. On 4th day, fever drops to normal. Blotchy red rash appears on head and trunk. Lasts for 3 days. Usually appears in infants or children under 3.
	Difficulty breathing; deep, dry cough, pain in chest or abdomen not unusual; vomiting may occur.		

FLOUR SACK BABY ILLNESSES - Page 2

<p>1st symptom: usually earache and fever before swelling noticed. 2nd symptom: swelling beneath ear at angle of jaw; spread out onto face, behind jaw, frequently under chin, one or both sides involved.</p> <p>-----</p> <p>Red, tender, swollen eyelid; usually comes to a head, breaks and requires no further treatment.</p> <p>-----</p> <p>Sore red eyes; yellow discharge.</p> <p>-----</p>	<p>Begins with a mild cough and gradually increases in severity. Cough is more frequent at night. Not until the end of the second week do the coughing paroxysms and respiratory whoop appear.</p> <p>-----</p> <p>Stiffness of muscles in neck and jaw; inability to open jaw; difficulty in swallowing and speaking follow rapidly; severe, repeated convulsions; some fever.</p> <p>-----</p> <p>Fever; fleeting pains in joints which are frequently red, swollen, hot; fatigue, irritability; loss of appetite; skin rashes; nosebleed.</p> <p>-----</p>	<p>Bacterial; sudden onset; relatively high fever; later in illness sore throat; difficult swallowing bad odor to breath; mushy-sounding voice.</p> <p>-----</p> <p>Small white sores in mouth like spots of milk. If severe, mouth may be quite sore; child may refuse to nurse vigorously.</p> <p>-----</p> <p>Small clusters of pink, raised rash; first appear on neck and shoulders. Tan-looking rash may appear later.</p> <p>-----</p>	<p>Sore throat; fever; lethargy; loss of appetite; possible vomiting. Fine pinpoint rash appears within 24-48 hours. Most noticeable under arms, abdomen, thighs; face usually flushed, pale around mouth; tongue has strawberry-like appearance.</p> <p>-----</p> <p>Gradual onset; preceded by hoarseness during the day; fever usually present.</p> <p>-----</p>
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FLOUR SACK BABY ILLNESSES - Page 1

TEACHER KEY

<p>Red swollen, watery eyes; sneezing, headaches, spasmodic coughing; hives, rash, eczema</p> <p>Allergies</p> <p>Sneezing; running or stuffy nose; flushed cheeks; dull-looking eyes; little appetite; may have a slight fever or cough.</p> <p>Common Cold</p> <p>Small red pimples or patches of rough, shiny, itchy red skin. Pimples may develop whiteheads or become raw. Tissues may swell. Diapers will have an ammonia smell.</p> <p>Diaper Rash</p> <p>Mild fever, headache, nasal discharge, and enlarged glands behind ears, head and neck. Small red spots appear on the face and spread rapidly to neck, trunk and arms, and legs. There may be some rash inside the mouth.</p> <p>German Measles</p>	<p>Thick mucus is secreted; breathing becomes difficult, labored; wheezing, coughing. Attacks most common at night.</p> <p>Asthma</p> <p>Hard, persistent crying; red face; and hard abdomen.</p> <p>Colic</p> <p>Frequent, loose watery bowel movement. Stools may become green or contain mucus or blood. Abdominal discomfort, irritability, restlessness, lethargy, refusal to eat, fever. Skin, tongue and lips become dry.</p> <p>Diarrhea</p> <p>Swelling of eyelids, lips, hands, feet; raised welts, pale in center; may itch unbearably.</p> <p>Hives</p> <p>Difficulty breathing; deep, dry cough, pain in chest or abdomen not unusual; vomiting may occur.</p> <p>Pneumonia</p>	<p>Low-grade temperature usually accompanies cough. Cough usually loose; may be dry, hacky. Loss of appetite; lethargy; headache.</p> <p>Bronchitis</p> <p>Sudden onset, usually without fever; starts with a barking cough; difficulty in breathing; usually occurs at night when child is lying down.</p> <p>Croup</p> <p>Cold may precede infection; infants become irritable, fussy; sleep short intervals; awaken crying; act hungry; may pull at ears.</p> <p>Ear Infection</p> <p>Starts as a small runny blister, often on the face. Sometimes develops into infected sore. Generally has light tan or honey-colored crust.</p> <p>Impetigo</p>	<p>Fever may appear 1 day prior to observance of initial skin lesions. Lesion is small, clear blister, about the size of a match head. Usually starts on face and scalp and moves downward. Appear in crops. Blisters easily broken, quickly form itchy crusts or scabs on spots.</p> <p>Chicken pox</p> <p>Patches of light red or tannish-pink rough thick, scaly skin on face, in folds of arms, and backs of knees. Scales like dried salt. Scales later become moist, deeper red, and itchy.</p> <p>Eczema</p> <p>Onset is abrupt; usually high fever; fretfulness; irritability; poor appetite. Does not appear seriously ill; may be playful. On 4th day, fever drops to normal. Blotchy red rash appears on head and trunk. Lasts for 3 days. Usually appears in infants or children under 3.</p> <p>Roseola</p>
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FLOUR SACK BABY ILLNESSES - Page 2

TEACHER KEY

<p>1st symptom: usually earache and fever before swelling noticed. 2nd symptom: swelling beneath ear at angle of jaw; spread out onto face, behind jaw, frequently under chin, one or both sides involved.</p> <p>Mumps</p> <p>-----</p> <p>Red, tender, swollen eyelid; usually comes to a head, breaks and requires no further treatment.</p> <p>Sty</p> <p>-----</p> <p>Sore red eyes; yellow discharge.</p> <p>Conjunctivitis</p> <p>-----</p>	<p>Begins with a mild cough and gradually increases in severity. Cough is more frequent at night. Not until the end of the second week do the coughing paroxysms and respiratory whoop appear.</p> <p>Whooping Cough</p> <p>-----</p> <p>Stiffness of muscles in neck and jaw; inability to open jaw; difficulty in swallowing and speaking follow rapidly; severe, repeated convulsions; some fever.</p> <p>Tetanus</p> <p>-----</p> <p>Fever; fleeting pains in joints which are frequently red, swollen, hot; fatigue, irritability; loss of appetite; skin rashes; nosebleed.</p> <p>Rheumatic Fever</p> <p>-----</p>	<p>Bacterial; sudden onset; relatively high fever; later in illness sore throat; difficult swallowing bad odor to breath; mushy-sounding voice.</p> <p>Tonsillitis</p> <p>-----</p> <p>Small white sores in mouth like spots of milk. If severe, mouth may be quite sore; child may refuse to nurse vigorously.</p> <p>Thrush</p> <p>-----</p> <p>Small clusters of pink, raised rash; first appear on neck and shoulders. Tan-looking rash may appear later.</p> <p>Prickly Heat</p> <p>-----</p>	<p>Sore throat; fever; lethargy; loss of appetite; possible vomiting. Fine pinpoint rash appears within 24-48 hours. Most noticeable under arms, abdomen, thighs; face usually flushed, pale around mouth; tongue has strawberry-like appearance.</p> <p>Scarlet Fever</p> <p>-----</p> <p>Gradual onset; preceded by hoarseness during the day; fever usually present.</p> <p>Laryngitis</p> <p>-----</p>
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TEEN PARENT STORIES - No. 1

A Note To Your Teen Living Class:

As a Teen Living teacher for many years, one of the highlights of each semester is the day the teen mothers come to my class to share their stories. My students are always amazed and very sympathetic with the teen mothers, even under the best circumstances. I would like to share some of the most memorable stories and circumstances in the hopes you can learn from them.

Sincerely,
A Teen Living Teacher

Brandy was 17 and had a pretty face and an athletic body. In fact, she loved all types of sports, but especially basketball. She attended a local high school and had played on the high school team as a 9th, 10th, 11th, and 12th grader. At least, she began the season her senior year, but wasn't able to complete it.

Brandy had been offered a full scholarship from U.C.L.A. which would also have paid for her room and board. And, she was offered a job working for the P.E. department there. She could hardly believe it and was very excited. All of her dreams were coming true.

Then the nightmare began. She suspected she might be pregnant and had confided in a friend who bought her an early pregnancy test. When the results came back positive, she could hardly believe it.

Her boyfriend had been offered a scholarship, also. He told her he was really sorry it had messed up her plans, but how could she expect him to turn down his scholarship and stay here to help her? He would send what money he could to help, and maybe things would work out later.

Brandy had a cute baby boy and is raising him in her parents' home. The scholarship offer was revoked. Her life is certainly not over, but it has definitely changed directions.

TEEN PARENT STORIES - No. 2

Tawny and her boyfriend had been dating for almost a year and they were very devoted to each other. They had been intimate only once. When her monthly period did not begin, she told him she might be pregnant. Even though they were only 16, he was happy and told her he would marry her right away. They planned to move in with one of their parents. He would work after school and she would drop out of school and work full time until the baby came. Then she would go back to school.

When Tawny's boyfriend left her that night, she felt nervous and scared, but thought that together they could make it. The next day her boyfriend wasn't at school. She called his house when she got home, but there was no answer. She called later that night, and there was still no answer. It got later and later, and still no answer came.

The next morning there was still no answer to her phone call, so she drove over to his home. There was no sign of life anywhere. The house was vacant. Everything was gone! Tawny stood outside the front window looking in at the empty living room. You can imagine her shock when a neighbor came over and told her that the family had started moving late the night before last, and had spent all night packing their furniture and other belongings. They were moving back to Idaho, their home state!

A few days later Tawny received a short, handwritten note in the mail that said, "I'm so sorry. I told my parents and they freaked out. We have moved back to Idaho--that's all I can tell you. I won't ever forget you. Goodbye."

Tawny delivered a healthy baby girl and is living with her parents. Her boyfriend has never been in touch with her. Even though he seemed to want to be there for her, his parents ended it.

TEEN PARENT STORIES - No. 3

Trisha is as pretty as a Seventeen model! Her story is a little different. She had the idea that she could do with her own body whatever she wanted. She chose to become sexually active with her boyfriend and they even took some precautions against pregnancy and STDs. She felt very grown up and mature--after all, she was 15.

The relationship Trisha was in was either wonderful or miserable--there was no middle ground. He was jealous, and she liked to flirt, but they were very attracted to each other and had fun together when they were not fighting. When they had been sexually active for about six months, Trisha realized she was pregnant. She told her boyfriend who asked her to marry him on the spot. She turned him down, explaining they had already made one mistake, and jumping into an early marriage might be a second mistake.

Trisha delivered her baby boy almost two months early. The doctor told her that her own body hadn't been mature enough to carry the baby to full-term. Due to the premature birth, her tiny baby had to stay in the hospital for two more months before Trisha could bring him home to her parents. The 60 days little Matthew had to stay in the hospital were very traumatic for everyone. At first, the doctor gave her very little hope that he would even live. She couldn't hold him or even touch him at first due to his paper thin skin. Her boyfriend was with her in the delivery room and spent some time with his son, but he said it made him depressed, so he stayed away.

As Trisha was able to watch the improvement in little Matt, she began to make plans to bring him home. About this time, she started to add up the hospital bills that kept coming and coming. The grand total for her delivery and the baby's hospital care came to a whopping \$60,000! She applied to the state welfare office for assistance, and they did pay for most of the bills. But, it's not an easy deal, because when she and her boyfriend both turn 18 years old, they will have to start paying the state back at \$230.00 a month until the \$60,000 is paid off.

Trisha still sees the baby's father and until recently had planned to marry him someday. She can see now that they have too many basic differences in values and beliefs for a marriage to work. She goes to school and will be one of the few teen moms to graduate from high school in 1994. (Only one out of five teen mothers end up graduating.) She plans to work, continue going to school, and hopes to get to the point she can make it on her own.

TEEN PARENT STORIES NO. 4

Often boys who become a teen parent are seen as not living up to responsibility and abandoning the girl when the situation gets difficult to handle. There are many boys, however, who are willing to take upon themselves the responsibility that comes with being a teen father. Craig is one boy who is willing to take the demanding role of a parent.

Craig made a lot of sacrifices during his senior year of high school. He arrived at school at 6:45 a.m. for jazz band practice, attended three classes and worked all afternoon as a plumber's apprentice. Twice a week, he took night classes at the local technology college.

This is not the kind of life that a lot of seniors dream about. He is one of the first Utah students to become a licensed apprentice before even graduating from high school. "I needed grounds for myself so I wasn't hit with, "What am I going to do now?" all at once. I wanted to be on top of things," said Craig.

When he receives his diploma in June, he will work full time as a plumber's apprentice, making \$10 to \$12 an hour. While he is proud of his accomplishment, he said that it was no easy task.

At the end of his junior year, Craig and his girlfriend had a baby on the way, and he started thinking about his future. "I was not thrilled about college," Craig said, adding he had trouble motivating himself to even attend high school. He decided to become a plumbing apprentice, and started looking for a job. Twenty-five companies turned him down before he found a job.

"No one wanted to take a 17 year-old apprentice," said Craig. He went to his high school counselor so he could shorten his school day to squeeze in work and the 144 hours of night classes that are part of the apprenticeship program. In his spare time, Craig said he has tried to be a normal high school student, playing drums in jazz band, going out with friends, and spending time with his 6-month-old son, Colton.

Having Colton helped him get focused. "I already planned to do something like this, but he definitely hurried it along," Craig said. He helps to support Colton, pays for his own tuition, books, and clothes, and even bought himself a Jeep.

"He really is an amazing kid," said the counselor. "I have to commend him for taking on so much responsibility. He just jumped right in, worked really hard and now he's seeing the light at the end of the tunnel. And he did all of it on his own, which is rare!"

TEEN PARENT STORIES NO. 5

Nicole was 15 and not able to officially date yet for another year, but because Kurt was such a great young man, Nicole's parents didn't seem to mind all the time they spent together--in fact, they even encouraged it. Kurt had plans to go into the medical field after high school, he worked hard, and earned A's in school. He had already earned the money for a great truck, which Nicole loved and her parents thought was indicative of his ambition.

The time they spent together became more frequent and the opportunity for them to be alone became more convenient. A month before her 16th birthday and her first "real date" to be with Kurt, Nicole found out she was pregnant. Both Nicole and Kurt were shocked! How could this be happening to them? They were both good kids! How would they tell their families? What about their future? Secretly Nicole was a little relieved--maybe now Kurt wouldn't leave her to go away to college.

They began to fight more and their relationship grew distant as they agonized over what to do and how they had let their families down. Finally they made the decision to be married and try to make things work. Both families were informed and through many tears and much heartache, there was a small wedding in their grandparents' home. They both dropped out of school and attended night school together so Kurt could work and also graduate. Nicole delivered a baby boy and then continued her schooling at the school for teen parents so she could graduate.

Nicole and Kurt are still together, but life has been way different for them than what they'd thought or planned. They live in a small apartment with matted orange shag carpet, one bedroom which they share with their baby, and a small bathroom with peeling vinyl. Kurt's dreams of a medical career seem to slip farther and farther away. He works in a warehouse and doesn't have the time or money to go to school. Their truck had to be sold because it was too expensive to keep and operate. He takes the car to work. Nicole is either stuck at home all day or she catches the bus to her part-time job.

Nicole never did get to go on a "real date" with anyone else, to her senior prom, or just bumming in the car with her girlfriends. She chose teen parenting instead. Her 16-year-old friends have nothing in common with her anymore. To them, she's no fun now--she's too serious. Nicole feels very much alone at times. When she and Kurt start arguing, sometimes she just wants her Mom and to be home in her nice house and have someone take care of the meals and laundry and baby.

Kurt and Nicole have been married five (5) years now and they've made it so far, but not without sacrifices and struggles.

DISCUSSION QUESTIONS ON TEEN PARENTS

- How did the lives of these teens change due to their decisions about sexual activity?
- Where do you see each teenager ten (10) years from now?
- Has your attitude about the risks of teen pregnancy changed after listening to these stories? How?
- Was sexual activity worth the price these teens had to pay?
- Why did Tawny's boyfriend leave her? Was it his choice?
- Will it be harder for these girls to date in the future and find someone they would like to marry?
- It isn't impossible for them to achieve their goals, but how will it be more difficult?
- Were the teens and their girlfriends/boyfriends prepared for the consequences of teen pregnancy? In what ways?
- What happened to the boyfriends? How did the teen pregnancy change their lives?
- Why do some guys not live up to the responsibility of parenthood?
- Who has the main responsibility of raising a child? Why?
- What are some ways Craig showed that he was responsible?
- What did Craig value? State why you think this.
- Why is it hard for teen parents to finish school?
- What was so amazing about Craig's accomplishments?
- How did the saying: "Crisis can be a stepping stone or a stumbling block" work for Craig?

TEACHER BACKGROUND INFORMATION TEEN PARENTS AND CHILD ABUSE

Statistics indicate that teen parents contribute to the ever increasing problem of child abuse. The number one cause of death of children 0-2 years is child abuse. Many teen parents are not ready to meet the demands of parenting. They are children themselves, with parental needs and growing up to do.

Child Abuse is any mistreatment or neglect of a child that results in emotional or physical harm or injury. There are four types of child abuse:

Physical abuse is deliberately injuring a child by hitting, biting, shaking, kicking, burning, or throwing objects at the child; anything that physically hurts the child.

Emotional abuse is deliberately injuring a child's self-concept and emotional well being. This involves verbal attacks, threats or humiliation. Emotional abuse can sometimes be more damaging than physical abuse.

Sexual abuse is any sexual contact with a child, such as incest, inappropriate touching, fondling, exposure, or obscene language. Using a child for sexual pictures or showing such pictures to him/her is considered sexual abuse.

Neglect is failing to adequately provide for the child's safety, physical and emotional needs. Children who are unsupervised also fall under the neglect category.

Stress is a major factor in child abuse. Teen parents are often under the stress of being a new parent and not knowing what to do. Financial burdens also add to their stress and sometimes school or lack of schooling will contribute. Social isolation can cause lack of a support network from family and friends. Abuse of alcohol and drugs can cause teen parents to lose emotional control and it becomes easy to abuse a child. Illness, along with the burdens of doctor bills from the birth of the child and any complications that may have resulted, can place excessive financial strain on parents. All of these factors lead to high incidences of child abuse among teenage parents.

Child abuse is serious because children can suffer physically and emotionally. Sometimes physical abuse can lead to serious medical problems that can damage, permanently disable, or kill a child. Emotional abuse can leave scars that last a lifetime. Low self-esteem, emotional problems, and impaired relationships can be the result of emotional damage.

Some **physical signs of child abuse** are bruises, welts or broken bones, cuts or scrapes, burns, missing hair, injuries or redness around the genitals, or an injury that hasn't been treated correctly.

TEACHER BACKGROUND INFORMATION

TEEN PARENTS AND CHILD ABUSE - Page 2

Some **behaviors** that may indicate child abuse are aggressive or withdrawn behavior, unusual fears of certain people or home, craving for attention, fatigue, lack of concentration, hunger, begging for food, or stealing.

Adult abusive behavior can include harshly punishing the child in public, often referring to the child as difficult or bad, lack of concern for the child, conflicting stories about injuries, or becoming defensive when asked about the child's health or well-being.

How To Find Help:

Hotlines: The National Child Abuse Hotline Number is: 1-800-422-4453

Family Service Agencies offer child care and emergency shelter. They are listed in the yellow pages under Family Services or Social Services.

Child Protective Services: This is a state agency listed in the white pages of government listings under Utah State Government Agencies.

Support Groups: Parents Without Partners and Parents Anonymous are available to help prevent or curtail child abuse. These groups are listed in the phone book.

There is much more to raising a child than just giving birth to a child. Parents have the responsibility to provide shelter, food, warmth, clothing, love, education, and emotional support for the child. Many teens have babies because they need love or need something to love. What must be remembered is that a baby does not give love--it demands that its needs are met. Sometimes those demands can be more than a teenager can handle.

There is the case of a teenage girl who was sexually active and became pregnant, but did not know for sure who the father was. When the baby was born, she still wanted to have her own life of freedom, but she was afraid to put the baby up for adoption. If she did, she feared the boy who thought he was the father would adopt it. The mother of the child did not want this to happen because the boy was on drugs. So, the mother gave the baby to her best friend to raise.

Is this responsible behavior? Could this be considered child abuse? What type of nurturing and quality of life would this young child have? Two million children suffer from some form of child abuse each year. We must stop the cycle. One way to do this is to realize that there is a time to be young and a time to have children. The time to have children is with the right person under the right conditions.



**CHILD
ABUSE**

**Any mistreatment or
neglect of a child that
results in physical or
emotional harm
or injury**

Name _____ Date _____ Period _____

TEEN PARENTS AND CHILD ABUSE

1. Define *child abuse*: _____

2. Give the four types of child abuse and their description:

Type	Description
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

3. _____ is a major factor in child abuse. Some stress is related to: _____, _____, _____, _____

4. Physical signs of child abuse are: _____, _____, _____, _____

5. Some behaviors associated with abuse are: _____, _____, _____, _____

6. Adult abusive behavior can be: _____, _____, _____, _____

7. List some services available to help victims of child abuse and/or abusers:

- a. _____
- b. _____
- c. _____
- d. _____

8. Some ways that child abuse can be prevented are:

- a. _____ b. _____
- c. _____ d. _____

Name _____ Date _____ Period _____

TEEN PARENTS AND CHILD ABUSE - Teacher Key

1. Define *child abuse*: any mistreatment or neglect that results in emotional or physical harm or injury
2. Give the four types of child abuse and their description:

Type	Description
1. Physical	1. Deliberately injuring a child by hitting, biting, shaking, kicking, burning, or throwing objects at the child
2. Emotional	2. Deliberately injuring a child's self-concept and emotional well-being. Involves verbal attacks, threats.
3. Sexual	3. Any sexual contact with a child such as incest, fondling, exposure, obscene language, or inappropriate touching
4. Neglect	4. Failing to adequately provide for the child's safety, physical, and emotional needs.

3. Stress is a major factor in child abuse. Some stress is related to: _____, _____, _____, _____
4. Physical signs of child abuse are: bruises, welts, broken bones, burns, missing hair
5. Some behaviors associated with abuse are: aggression, withdrawal, unusual fears, craving for attention, hunger, stealing
6. Adult abusive behavior can be: conflicting stories, defensive, punishing child in public, lack of concern for the child, name-calling
7. List some services available to help victims of child abuse and/or abusers:
 - a. Check local resources
 - b. _____
 - c. _____
 - d. _____
8. Some ways that child abuse can be prevented are:
 - a. No teen pregnancies
 - b. Education
 - c. Parental Preparedness
 - d. Relief sources

Name _____ Date _____ Period _____

COULD YOU MAKE IT ON YOUR OWN?

Directions: The purpose of this assignment is to find out how much it would cost to live on your own on a monthly basis. Bring the information assigned to you and share it with the class. Tabulate the results, using the accumulated class information on the lower section of this form.

My assignment is _____

Source of my information _____

How much this item costs per month _____

If it is an apartment, what is the name, and what other costs are involved?

Class Report:

Housing _____ ***Insurance*** _____

Phone _____ ***Personal Items*** _____

Gas _____ ***Baby Formula*** _____

Electricity _____ ***Clothing*** _____

Laundry _____ ***Daycare*** _____

Transportation _____ ***Food*** _____

Diapers _____ ***Other*** _____

Total _____

If you went to work full-time now, how much could you earn per month? _____

Would this be enough to live on? _____

****How much would welfare provide?*** _____

****How much would WIC provide?*** _____

****How much would your parents have to help?*** _____

**** Who pays for these programs?*** _____