

Ms. McKenny

English 101

12 November 2014

Great  
Citation!

Azar, Beth. "Adolescent Pregnancy Prevention: Highlights From A Citywide Effort." *American Journal Of Public Health* 102.10 (2012): 1837-1841. *Academic Search Premier*. Web. 5 Nov. 2014.

Azar points out the main issue of adolescent pregnancy. She talks about how everywhere you look in society, there are teenagers who are parents, on TV, magazines, books, and in reality. Azar debated whether or not media helps the situation or makes it worse. In an attempt to decrease the birth rate from teens in Milwaukee, a goal was set in 2008 to drop 65% by 2015. The goal was most aimed for teenagers and in return, they received more classes and interventions. By 2010 the birthrate had dropped 24%. Azar also talks about the effects of adolescent pregnancy on the teen, their family, and their community. She says as more teens have children, taxes will continue to rise due to government assistant to those families. Because of the consequences to many people, more people are willing and committed to help make a change and support prevention programs for adolescent pregnancy. The prevention plans that are set in the United States are effective because more people are willing to support and they are evidence based and have facts from reality. They are also effective because they reach out to everyone in the community and everyone is aware of the problem and the intervention. The programs should have goals based on past plans. Azar explains how to be effective in a prevention program and how to continue to be successful.

Azar is a science writer. She got her information from a few reliable sources such as articles from medical doctors and pediatrics. Her goal in this is to use information from up to date demographics and medical facilities to identify a problem. Then she uses a current solution and explains how it is effective and supports the issue. good

The issue is the same issue I am covering in my proposal. She identifies a solution that is very effective and could be possibly be the best solution. Azar's article is very helpful to me. I received useful facts and information to include in my paper.

Clear, Emily, Corrine Williams, and Richard Crosby. "Female Perceptions Of Male Versus Female Intendedness At The Time Of Teenage Pregnancy." *Maternal & Child Health Journal* 16.9 (2012): 1862-1869. CINAHL with Full Text. Web. 5 Nov. 2014.

The main issue in this article is pointed out immediately. It says the birth rate for teen mothers is ridiculously high and unintended. But the problem is more than teenagers having children; it's the underlying factors that are the real issues. The authors point out more issues in teenage pregnancy such as fetal death or abnormalities, single parents, low incomes, and little education. She also includes the fact that some teenagers intend on becoming pregnant or are taking no effort in seeing that they do not get pregnant. A study was done on teen mothers, their partner, and her mother to see the cause for adolescent pregnancy that was intended. The hypothesis was the cause of teen pregnancy was caused by either the mother of the teen was less educated or the teen's partner was much older. The study was done by a team at the University of Kentucky. The results of the study showed one of the main causes of teenage pregnancy was pressure from the male partner who was older than the female. The study did not include whether or not contraception was used. The authors come to a conclusion based on their findings that prevention should also include pregnancy intentions of the male and female partners.

✓  
of the authors are doctors at the University of Kentucky. Clear and Williams are both in the  
Department of Obstetrics and Gynecology and studied in the College of Medicine. Williams and Crosby  
are in the Department of Health Behavior and studied in the College of Public Health. They also found  
research and information from a list of other doctors who studied in similar fields. The study and data  
was collected from Clear, Williams, and Crosby.

The article states a method of prevention that is different than mine. But, it uses some of the same  
evidence and support I proposed. The issue it points out is the same. I can use this article as a source for  
my paper, showing the numbers and statistics of teen pregnancy. good

no caps  
COYLE, KARIN K., et al. "Condom Use: Slippage, Breakage, And Steps For Proper Use Among Adolescents In  
Alternative School Settings." *Journal Of School Health* 82.8 (2012): 345-352. *Academic Search Premier*.  
Web. 5 Nov. 2014. ✓

✓  
Coyle used a study in her article on how condom usage is effective. The study was based on HIV and STD  
preventions. The study showed how some teens that use condoms use them correctly. It also showed  
some teens that use condoms did not use them effectively in that they were put on wrong, torn, broken,  
or slipped. The explained the study and how different teens answered different questions about their  
use and their experiences with condoms. ✓

✓  
Coyle has a PhD as well as the other authors who were involved in the study. They all studied in the field  
of science research. Coyle, Franks, and Glassman studied at ETR Associates. Stanoff studied at California  
Lutheran University.

The study was for prevention of sexually transmitted diseases, not pregnancy. I could use this article to  
tell how teens get pregnant if their partner's condom breaks or isn't on right. But I cannot effectively use  
this in my paper, other than to talk about access to contraception. good

Creinin, Mitchell D. "Emergency Contraception -- Keep It Simple. (Cover Story)." *Journal Of Family Practice* 56.(2007): 8-10. *Academic Search Premier*. Web. 19 Nov. 2014. ✓

This source covers the topic of emergency contraception. The main form of emergency contraception is Plan B. Anyone 18 years of age or older can get Plan B from a pharmacy with no prescription. People who use Plan B can get it from a pharmacy, but only with a prescription from a doctor. The method is best and most effective when used in less than 12 hours after unprotected sex but can still be used up to 5 five after the unprotected sex. ✓ Plan B is the only emergency contraception form that is approved by the Food and Drug Administration. The article says the problem is that too many pregnancies are unwanted and end in abortion. And the cause of those pregnancies is either that people are not well educated or they are educated and do use contraceptives but the contraceptives are not used correctly or just simply are not effective for that certain person. ✓ The article also talks about complications such as women not knowing when they are most fertile and most at risk for unintended pregnancy.

✓ The source is credible because the author, Doctor Creinin, is a Professor of Obstetrics, Gynecology, and Reproductive Sciences Director, Division of Gynecologic Specialties, Director of Family Planning, University of Pittsburgh School of Medicine, Professor of Epidemiology, University of Pittsburgh Graduate, School of Public Health Pittsburgh, Pennsylvania.

I can use this source because it provides information about available contraception. ✓ It also gives information about the contraception that is not widely known about. The source gives more causes to the problem I have proposed, ✓ such as the fact that women are not informed on the time when they are most at risk for pregnancy. ✓ I can use this source in both my problem and solution. ✓

✓ Hassall, Anna, Marie. "Reviewing Sex And Relationships Education In Your Schools." *British Journal Of School Nursing* 9.8 (2014): 396-397. *CINAHL with Full Text*. Web. 19 Nov. 2014.

This article is about making sure sexual education in school is effective. The article suggests that the Board of Education should make a standard curriculum for SRE, Sex and Relationships Education. The programs will be more effective to students if there are set regulations teachers must follow. The SRE programs will be most effective in an environment with students who are experiencing the problems and going through the times in which they experience the sexual behaviors. Students will need to be open about their needs on sexual education so the SRE program will be able to help them in a more positive way. Teachers and parents should also contribute to the targets of the program so they know what is going on and what the issues are.

The source provides a survey to SRE teachers by the Sex Education Forum. The contributors to the source are those who have graduated from the School of Nursing.

I can use this source to support my solution. My solution is to provide more sexual education in schools. This can help me to provide steps and methods of figuring out a curriculum and guidelines for sexual education that make the programs more effective.

Johnson, Sarah, Christine Pion, and Victoria Jennings. "Current Methods And Attitudes Of Women Towards Contraception In Europe And America." *Reproductive Health* 10.1 (2013): 7-15. *Academic Search Premier*. Web. 19 Nov. 2014.

The source reviews a survey done in 5 different countries, the United States being one of them. The survey was done to receive data on the awareness and the usage of contraception in women ages 25-44. The survey showed that most women were aware of the many different types of contraception. The two main methods used were the birth control pill and the male condom. The surveys also showed those two methods were also recommended by doctors. Doctors have a big effect in what method is chosen by a woman. The survey showed some women decide to change their method of contraception in the first 6-12 months because of a certain circumstance. The most common reason for changing from

birth control is because of the many negative side effects. The awareness is at a higher level for hormonal contraceptives and lower for non-hormonal contraceptives. The awareness of contraceptives is high but the usage can sometimes be low just because of the side effects that come with that method.

The authors are all credible. Johnson is a manager of the Clinical and Medical Affairs. Pion is affiliated with SPD Swiss Precision Diagnostics in Switzerland. Jennings studied at the Institute for Reproductive Health at Georgetown University in Washington.

I will not be able to use this survey much in my paper because it is based on females between the ages of 25 and 44. My main focus is on teenage pregnancy. I can use the data found on contraceptives and the awareness of them.

*good point*

Omideyi, Adekunbi Kehinde, et al. "Contraceptive Practice, Unwanted Pregnancies And Induced Abortion In Southwest Nigeria." Global Public Health 6.(2011): 52-72. Academic Search Premier. Web. 14 Nov. 2014.

This source discussed the use of contraceptives like birth control. It relates birth control to the rates of abortions and unwanted pregnancies. The goal of the study was to find out reasons for unplanned pregnancies and abortions. It also was to determine methods of contraception and how effective they were for the couple. The study explores how when a couple uses a method of contraception or planning that does not work, the couple becomes pregnant. Then they decide to go through an abortion. After the abortion, their views are different about contraception. The contraception they did not use before becomes more desired. Some couples decide to go through with the pregnancy. The study also was to find out how couples communicate about pregnancy, contraception, and abortions. The study shows that the male has a stronger effect of the decisions for contraception.

The study was done by Contraception and Abortion study team. The study was done in Africa in places like Nigeria. Participants were from the universities in the community and the public health associations.

I can use this information in my paper as far as to point out how the use of contraception, one of my solutions, is sometimes not always affective. I will not use this source as much as others because it was done in a different country and my problem is based on America's statistics.

Stanger-Hall, Kathrin F., and David W. Hall. "Abstinence-Only Education And Teen Pregnancy Rates: Why We Need Comprehensive Sex Education In The U.S." Plos ONE 6.10 (2011): 1-11. Academic Search Premier. Web. 14 Nov. 2014.

The study reviewed in this article addressed the sex education that is taught in public schools. The article suggests two options: teach comprehensive sexual education or teach abstinence-only sexual education. It mentions that teaching the comprehensive method suggests to teens that pre-marital sex is okay, as long as they use contraception such as condoms or birth control. The U.S government supports programs that teach abstinence only programs in an effort to stop sexual activity until marriage. The problem with the abstinence only program is there is no discussion of contraception and safe-sex. Some studies show the abstinence only program does not work because of this reason. The government does also provide funding for the comprehensive method of sexual education so states are able to choose which method will be taught in public school. The goals of the education programs are to reduce the risk and effects of teenage pregnancy and sexually transmitted diseases. The problem in America is growing and the government will take steps to prevent these two problems.

The study discussed was information received from the United States Education Commission.

Information put into this article was also from governmental laws and regulations. Data was also provided by the Council for Community and Economic Research program.

I can use the information and statistics from this research paper in my paper to discuss how education can help teenage pregnancy rates go down. I can also discuss the two different methods and how laws on sexual education could be changed to help decrease rates. This was a very helpful source to help decide which solution is the best for my issue. ✓

Strayhorn, Joseph M., and Jillian C. Strayhorn. "Religiosity And Teen Birth Rate In The United States."

✓ Reproductive Health 6. (2009): 14-20. Academic Search Premier. Web. 19 Nov. 2014.

I didn't really understand this <sup>OK</sup> source. It collects data from multiple sources to find the reason and causes of the higher birth rates for teenagers in America. It states that religious beliefs do not affect the rate of births because of the sexual side. They say that religious teens do not use contraception, which is why the rates are high. I thought ✓ the effect of religious beliefs would decrease the rate of teenage pregnancies. This article was really hard for me to understand.

Data for this article is collected from the Center for Disease Control, U.S. Bureau of the Census, U.S. Religious Landscape Survey. ✓

I will not be using this in my paper. I do not understand it well enough to use them effectively in my paper.

Good to acknowledge

Weiss, Josie A. "Preventing Teen Pregnancy By Avoiding Risk Exposure." *American Journal Of Health Studies* 25.4 (2010): 202-210. *Academic Search Premier*. Web. 13 Nov. 2014.

✓ The background and significance sections of this article stood out the most to me. The article introduced facts about the rates and risks of teen pregnancy. It talks about how America has the highest rate for teenage pregnancy. Most of the teenage mothers experience financial downfalls and personal health problems after giving birth. They can also endure emotional rollercoasters, balancing the life of a teenager and the life of a mother, and possibly school or jobs. Other risks of teenage pregnancy are ✓



those that affect the child. Children to teenagers are sometime born prematurely and can experience many problems such as blindness, death, ADHD, respiratory problems, and mental retardation. Studies show that children born to teenagers are commonly abused, neglected, stay behind in school, and are more likely to become pregnant in their teenage years or participate in criminal acts. The article states the problem is teenagers who grow up and are mentally immune to environments where teen pregnancy is common and not addressed as an issue are more likely to be active and at risk for pregnancy. Adolescents who are raised in an environment , in which they are taught "abstinence-only" and are forced and willing to participate in conversations and discussions about sexual activity and the risks of it, are more likely to live by that and stay abstinent. A study was done for students who were raised in the abstinence only background and they were found to be not sexually active and at a lesser risk for pregnancy. The article suggests that the background of the teenager reflects in the actions they make as far as sexual activity and other risky behaviors.

American Academy of Nurse Practitioners Foundation is the program that sponsored this research. The author of this piece is a graduate from Christine E. Lynn College of Nursing with an associate's degree.

I will use the beginning of this article for statistics of teenage pregnancy. I can use their facts to introduce my problem. I can use their idea of background and environmental influences on adolescent pregnancy as support for my second solution. My second solution is teaching and guiding students on sexual activity risks.

Great work!!  
An excellent start for  
your research paper!