



Public Health—Lesson Plan

Student Outcomes

At the conclusion of this lesson, students will be able to:

- Define *contraceptive education*.
- Give an example of how extremely personal decisions can affect society as a whole.
- List at least three reasons to support and three reasons to oppose contraceptive education in schools.
- Differentiate between abstinence-only and *comprehensive sex education* programs.
- Explain why some parents might support or oppose a school's providing their children with information about contraceptives.
- Identify areas of agreement and disagreement with other students.
- Reach a decision, individually and collectively, on the deliberation issue using evidence and sound reasoning.
- Explain the importance of deliberating this question in a democratic society.

Question for Deliberation

Should our democracy require schools to provide sex education programs that include contraceptive education?

Topic Materials

- Reading
- Glossary—Supplemental Handout
- Teen Pregnancy Statistics—Supplemental Handout
- Sexually Transmitted Diseases—Supplemental Handout
- Political Cartoons— Supplemental Handout
- Selected Resources

Deliberation Materials

- Deliberation Procedures
- Handout 1—Deliberation Guide
- Handout 2—Deliberation Notes
- Handout 3—Deliberation Reflection



Public Health—Reading

Should our democracy require schools to provide sex education programs that include contraceptive education?

“I didn’t know how you get pregnant.... I didn’t know what was happening. I felt something moving in my body, and I saw my tummy was getting big.”

~ Rebecca from South Africa.

Surprised to learn she was pregnant at age 15, Rebecca did not receive the medical care she needed. After four days of labor, her pregnancy ended tragically.¹

“Either I didn't have [a condom], didn't have the money to buy one, or we got into the mood and didn't think about possible outcomes.”

~Uniquek from the United States of America.

He wasn't ready to be a father at 19. He now lives in his parents' living room with his wife and baby.²

“I didn’t know how [contraceptives] looked or where to buy them.”

~ Norma from Mexico.

*She is 19. She and her boyfriend never used **contraceptives**. Now she has a three-year-old son. When she became pregnant, she dropped out of high school. She now struggles to pay her bills and care for her child.³*

“I wasn't using [birth control pills] right....When you are young....you think nothing is going to happen....but it does happen, and you can't change your life.”

~ Yolanda from the United States of America.

She did not plan to become a mom at age 15. She wishes she had waited to have sex and become a mother.⁴

“I had to put my life on stand-by plus [I] exposed myself to several diseases. I wish I had a sexual education orientation. Three girls in my class got pregnant too.”

~ Claudia from Guatemala.

She gave birth at 16. She describes her situation as “complicated.”⁵

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- 1 Sometimes very personal decisions made by individuals can affect society as a whole. When
 - 2 teenagers make decisions that lead to **unintended pregnancy**, they can negatively affect the
 - 3 **common good**. Teenage pregnancy is a major public health problem around the world. Many
 - 4 governments are trying to find solutions. One option is for schools to provide sex education
 - 5 programs that teach students about **contraceptives**. But such programs have sparked heated
 - 6 debate in many countries.

7 Citizens of a democracy expect the government not to interfere in their personal lives. They
8 have personal *autonomy* to make decisions about what they believe and what they want to teach
9 their children. They expect *privacy* in their homes. They expect government to let them make
10 their own decisions on personal matters.

11 How to balance individual freedoms with the common good is a controversial issue in many
12 countries with high teen pregnancy rates.

13 **Teen Pregnancy: A Personal and Public Problem**

14 Teenage pregnancy is a personal health problem. Medical studies show that teenage girls are
15 not as well prepared to cope with pregnancy as women in their 20s. For this reason, teenagers are
16 much more likely to suffer complications or death during childbirth. For example, in Latin
17 America, teen mothers under 16 years of age are four times more likely to die in childbirth than
18 older women.⁶

19 Abortion also threatens teen health. Teenagers are more likely to suffer serious health
20 complications from abortion procedures.⁷ In the United States of America in 2006, more than
21 200,000 teenage girls had abortions.⁸ Worldwide, around 2.5 million teenagers have *unsafe*
22 *abortions* – abortions not performed in a medical setting – each year. In Latin America, where
23 abortion is illegal, teenagers account for up to 20 percent of hospitalizations due to abortion.⁹

24 Babies born to teenage mothers are also at risk. They are 50 percent more likely to die than
25 babies born to older mothers. In addition, research shows that the children of teen mothers are
26 more likely to have long-term health and behavior problems. Many teen parents try to give their
27 children care and opportunities. Yet their circumstances are often very difficult. Children of teen
28 parents are more likely to drop out of school, go to jail, live in poverty, and become teenage
29 parents themselves.¹⁰

30 These problems carry heavy social and economic costs to society. The United Nations
31 Population Fund (UNPFPA) says teenage pregnancy is a major cause as well as an outcome of
32 poverty.¹¹ It is the number one reason teenage girls do not finish high school. Over their
33 lifetimes, teen mothers have lower levels of education, employment, and earnings than women
34 who have children later in life.¹² They are more likely to live in poverty, and their children are
35 likely to repeat the cycle of poverty.¹³

36 For this reason, teen pregnancy is expensive. Governments spend a lot of money on health
37 care and social welfare programs for pregnant teens and their children. According to the U.S.
38 Department of Health and Human Services, teen pregnancy costs U.S.A. taxpayers up to \$15
39 billion per year.¹⁴

40 **Sex Education Overview**

41 Many teenagers lack good information about sexual health and *reproduction*. Many young
42 people are not aware of the risks and potential consequences of sexual activity. To address this
43 problem, many governments have implemented sex education programs in high schools.

44 Some sex education programs only teach *abstinence*. Abstinence – avoiding sex completely
45 – is the only method of preventing pregnancy that is 100 percent effective. “Abstinence-only”
46 educational programs encourage students to refrain from having sex until marriage. They do not
47 teach students about contraceptives, such as birth control pills or condoms.

48 The correct and consistent use of contraceptives is also effective at preventing pregnancy. In
49 recent years, many groups have begun to advocate for *comprehensive sex education* programs,
50 which provide students with information about when, why, and how to use contraceptives.
51 These programs may teach students where and how to get contraceptives. In some cases, school
52 nurses may even distribute contraceptives.

53 **Sex Education around the World**

54 Research shows that sexually active teenagers who do not use contraceptives have a 90
55 percent chance of becoming pregnant within a year. In the United States of America, seven out
56 of 10 teenagers have had sexual intercourse by age 19. Between 2006-2008, most teens aged 15–
57 19 had received some formal instruction about abstinence and STDs. Yet, one in four U.S.A.
58 teenagers did not receive any instruction about contraceptives.¹⁵

59 Almost every country in Latin America has a law that requires schools to provide sex
60 education programs. Many of those laws also require contraceptive education. However, studies
61 show that the information provided is often inadequate and impractical. Information about
62 contraceptives is often not provided. One Venezuelan teacher said, “I’ve seen for myself that
63 kids reach the age of 14 or 15 with almost no knowledge whatsoever about these issues....”¹⁶

64 Statistically, Western European countries tend to have the best sexual health outcomes for
65 teenagers. The teen pregnancy rates in France and Germany are three times lower than in the
66 United States of America. The teen pregnancy rate is even lower in the Netherlands, where sex
67 education begins in preschool. In these countries, students are given explicit instructions on the
68 use of contraceptives, which are often available in schools.¹⁷ In France, students can obtain birth
69 control pills from a school nurse or condoms from a vending machine in the bathroom.¹⁸

70 **Contraceptive Education: Supporters and Opponents**

71 Many supporters of contraceptive education believe that an individual’s control over their
72 own body is a human right. They believe that sexuality is a natural part of being human and
73 that teenagers are entitled to information that will allow them to make good choices about their
74 sexual health. They argue that failing to provide students with knowledge about sex and its
75 consequences would be immoral.

76 Supporters also argue that contraceptive education can greatly improve public health. Some
77 teenagers will have sex no matter what. Teaching them how to access and use contraceptives
78 will result in fewer teen pregnancies and STDs. That translates into fewer health complications
79 and deaths associated with the unintended consequences of sex.

80 Supporters also argue that contraceptive education is the key to reducing poverty. According
81 to the World Health Organization (WHO), “studies have shown that delaying adolescent
82 [teenage] births could....generat[e] broad economic and social benefits.” Fewer teen pregnancies
83 mean more young girls will be able to finish school and lift themselves out of poverty. Their
84 children will be less likely to repeat the cycle of poverty.

85 Advocates also say sexual health and contraception education programs will save society
86 money. If there are fewer uneducated and unemployed teenage mothers, fewer children will end
87 up in poverty or in jail. Providing contraceptive education to prevent pregnancy is cheaper than
88 the costs of birth or abortion. While one unsafe abortion in Guatemala can cost the state \$4,000
89 in medical treatment for the mother, providing sex and contraceptive education at school would
90 only cost \$10 a year per student.¹⁹ For every dollar spent on this type of education in the United
91 States of America, three dollars are saved on pregnancy-related care.²⁰

92 Opponents of contraceptive education do not deny that unintended teen pregnancy is a
93 problem. However, they believe that contraceptive education will only make the problem worse.
94 They argue that it increases the likelihood that teens will engage in risky sexual behavior.²¹ By
95 promising to reduce the consequences of sex, contraceptive education can have the effect of
96 enticing teens to have sex at a younger age, before they are married, and perhaps with multiple
97 partners.²²

98 Data show that the contraceptive failure rates among teens are much higher than adults.²³
99 They argue that teenagers' brains are not sufficiently developed to use contraceptives correctly
100 and consistently. They act impulsively. Therefore, contraceptive education only gives teens a
101 false sense of security and actually increases the chances of teens becoming pregnant or
102 acquiring an STD.

103 Many opponents also believe that contraceptive education presents a moral position that
104 contradicts their religious expression. Many world religions do not condone the use of
105 contraceptives outside the context of marriage. Some religions prohibit their use altogether
106 because they teach that the natural purpose of sexual intercourse is to have children.
107 Contraceptive education sends the message that casual sex is okay, which results in a loss of
108 morality. Teaching students how to use and where to get contraceptives is contrary to many
109 families' religious beliefs and should not be included in public education.

110 Similarly, opponents of contraceptive education say it gives the government too much
111 control over personal decisions. Government intrusion into personal matters could lead to a total
112 loss of privacy or violations of personal autonomy in the name of the common good. This
113 happened in Peru in the 1990s when the government *sterilized* many thousands of indigenous
114 women against their will.²⁴ Opponents believe that families, not schools, should decide if, how,
115 and when to teach children about sex and contraception.

116 Governments must find ways to protect the general welfare of its citizens even when
117 individual beliefs conflict. How they respond to public health crises such as teen pregnancy is an
118 important issue to be deliberated in all democracies.

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- ⁴ “The Youngest Parents: The San Joaquín Valley’s Continuing Struggle with Teen Pregnancies,” *Vida el Valle: The Latin Voice of California’s Central Valley* (May 11, 2011), <http://www.vidaenelvalle.com/2011/05/11/904652/the-youngest-parents.html> (accessed June 15, 2011).
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- ⁸ “Facts on American Teens’ Sexual and Reproductive Health,” *In Brief: Fact Sheet* (New York: Guttmacher Institute, January 2011), <http://www.guttmacher.org/pubs/FB-ATSRH.html> (accessed June 21, 2011).
- ⁹ Moya.
- ¹⁰ “About Teen Pregnancy” (Atlanta, GA: Centers for Disease Control and Prevention, April 21, 2011), <http://www.cdc.gov/TeenPregnancy/AboutTeenPreg.htm> (accessed June 15, 2011).
- ¹¹ “Experts Caution about Rise in Teen Pregnancies in Latin America,” Press Release (New York: U.N. Population Fund [UNFPA], October 9, 2009), <http://www.unfpa.org/public/News/pid/3991> (accessed June 16, 2011).
- ¹² Elizabeth Kronen, “Kids Having Kids Unravels the Complex Consequences of Teen Parenthood for Individuals and Society,” Press Release (Washington, DC: The Urban Institute, October 23, 2008), <http://www.urban.org/publications/901199.html> (accessed June 15, 2011).
- ¹³ *Millennium Development Goals Report 2010* (New York: United Nations, 2010), <http://www.un.org/millenniumgoals/pdf/MDG%20Report%202010%20En%20r15%20-low%20res%2020100615%20-.pdf> (accessed June 16, 2011).
- ¹⁴ *Healthy People 2010: Reproductive Health* (Seattle, WA: State Family Planning Administration, October 2010), http://www.hhs.gov/opa/pubs/hp2010/hp2010_rh.pdf (accessed June 15, 2011).
- ¹⁵ “Facts on American Teens’ Sexual and Reproductive Health,” *In Brief: Fact Sheet* (New York: Guttmacher Institute, January 2011), <http://www.guttmacher.org/pubs/FB-ATSRH.html> (accessed June 21, 2011).

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- ¹⁶ Diego Cevallos, “Latin America: Let’s (Not) Talk About Sex,” Inter Press Service (April 18, 2006), <http://ipsnews.net/news.asp?idnews=32929> (accessed June 15, 2011).
- ¹⁷ Amy Feijoo, *Adolescent Sexual Health in Europe and the United States: The Case for A Rights. Respect. Responsibility* ©Approach (Washington, DC: Advocates for Youth, March 2011), <http://www.advocatesforyouth.org/publications/419?task=view> (accessed June 15, 2011).
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- ¹⁹ Rivera.
- ²⁰ *Healthy People 2010*.
- ²¹ “Does Contraception Actually Increase Teen Pregnancy?” *Irish Times* (March 27, 2010), 16 (accessed via SIRS Researcher May 31, 2011).
- ²² Peter Hitchens, “More Sex Education Means More Teenage Pregnancies...Always,” *MailOnline* (March 3, 2010), <http://www.dailymail.co.uk/debate/article-1254248/PETER-HITCHENS-More-sex-education-means-teenage-pregnancies--always.html> (accessed June 15, 2011).
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Public Health—Glossary

Abstinence: Refraining from all sexual intercourse.

Autonomy: Independence from government; freedom for one to make his/her own choices.

Common good: The general health, happiness, prosperity, and well-being of a group of people.

Comprehensive sex education: An approach to sex education that teaches abstinence as well as medically accurate information about reproduction, including ways to prevent pregnancy and sexually transmitted diseases, including contraceptives.

Contraceptive: A device, drug, or chemical agent that prevents pregnancy.

Privacy: The right of the individual to be free from government interference inside their home.

Reproduction: The ability of the human body to produce offspring.

Sterilize: Remove or incapacitate a person's reproductive organs to permanently prevent pregnancy.

Unintended pregnancy: A pregnancy that was unplanned or unwanted at the time of conception.

Unsafe abortion: An abortion not performed in a medical setting by a trained doctor.

Public Health—Teen Pregnancy Statistics

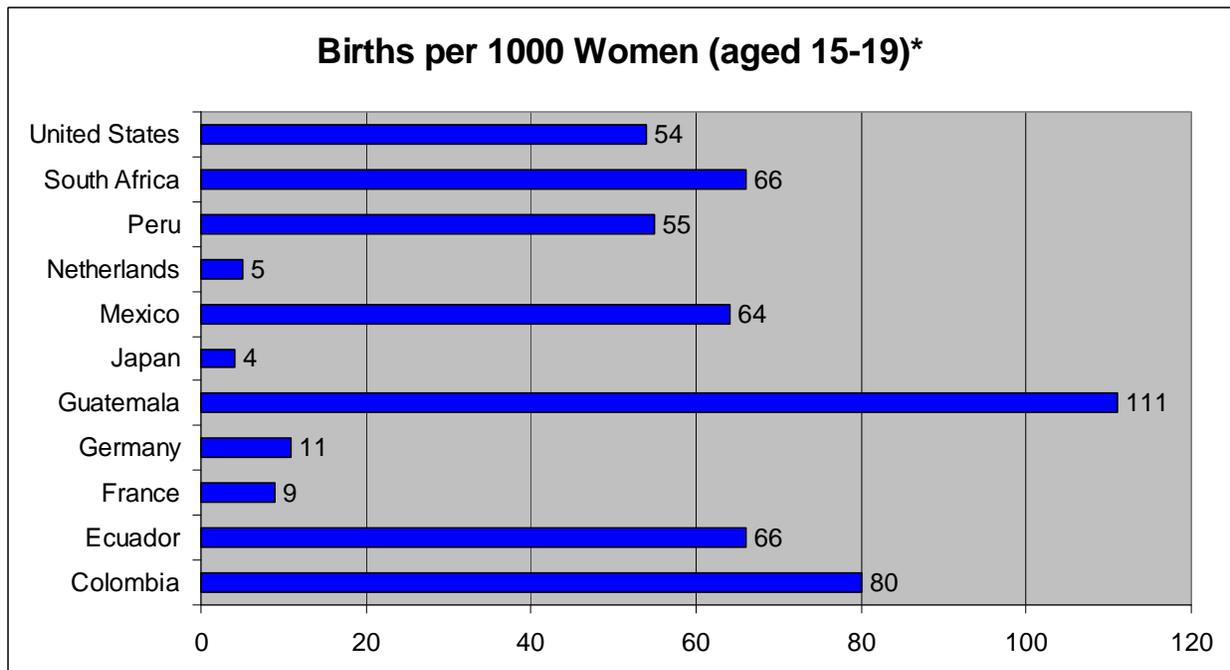
Unplanned teen pregnancy is a global problem. The World Health Organization (WHO) says about 16 million girls between the ages of 15 and 19 give birth each year. Worldwide, between 74 and 95 percent of teenage pregnancies among unmarried women are unintended.

Teenage pregnancy rates are highest in countries with the most poverty. People living in very poor countries often live with gender inequality. That means men have greater status, power, and prestige than women. People in poor countries also have fewer educational opportunities. These two factors combine with cultural traditions or taboos to increase teen pregnancy. Sub-Saharan Africa has the highest teen pregnancy rates, followed by Latin America.

Latin America is the only region in the world where teenage pregnancy rates have increased over the past 30 years.¹ On average, 40 percent of teenage girls become pregnant at least once before their 20th birthday. Up to 25 percent of children born in the region are born to teenage mothers.²

Many wealthier countries also struggle with teen pregnancy. Approximately one million U.S. teenagers have unintended pregnancies each year. Half of those pregnancies end in abortion.³ The teen pregnancy rates in the United States have declined in recent decades. However, the U.S. Centers for Disease Control and Prevention (CDC) still says, “The U.S. teen pregnancy and birth, sexually transmitted diseases (STDs), and abortion rates are substantially higher than those of other western industrialized nations.”⁴

A Comparison of Birth Rates in Selected Countries⁵



**These numbers do not indicate the full dimension of teen pregnancy as only live births are included. Pregnancies that were terminated are not counted.*

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- ¹ “Latin America Only Region with Rise in Teen Pregnancies Since 1980,” *Tico Times* (June 27, 2010), http://www.ticotimes.net/dailyarchive/2010_01/0127103.cfm (accessed June 15, 2011).
 - ² Angela Castellanos, “Has Sex Education in Colombia Failed?” RH Reality Check Latin America (September 3, 2008), <http://www.rhrealitycheck.org/blog/2008/09/03/has-sex-education-colombia-failed> (accessed June 15, 2011).
 - ³ *Healthy People 2010: Reproductive Health* (Seattle, WA: State Family Planning Administration, October 2010), http://www.hhs.gov/opa/pubs/hp2010/hp2010_rh.pdf (accessed June 15, 2011).
 - ⁴ “About Teen Pregnancy” (Atlanta, GA: Centers for Disease Control and Prevention, April 21, 2011), <http://www.cdc.gov/TeenPregnancy/AboutTeenPreg.htm> (accessed June 15, 2011).
 - ⁵ “Overview of Adolescent Life,” *State of World Population 2003* (New York: United Nations Population Fund [UNFPA], 2003), <http://www.unfpa.org/swp/2003/english/ch1/index.htm> (accessed June 26, 2011).



Public Health—Sexually Transmitted Diseases

Like unintended teen pregnancy, the spread of sexually transmitted diseases (STDs) among teenagers is also a major public health concern. Young people aged 15–24 years represent only 25 percent of the sexually experienced population. Yet they account for nearly half of all newly reported cases of STDs.¹

The World Health Organization (WHO) says young people are particularly vulnerable to STDs. They engage in sexual behaviors that are risky due to the lack of sex education, including STD prevention.² According to the U.S. Centers for Disease Control (CDC) “abstinence from vaginal, anal, and oral intercourse is the only 100 percent effective way to prevent HIV...and pregnancy. The correct and consistent use of male latex condoms can reduce the risk of STD transmission, including HIV infection....³ Yet “young people still lack knowledge and, importantly, often lack the tools they need to practice HIV risk-reduction strategies... [such as] access to condoms...”⁴

The spread of HIV, the virus that causes AIDS, is a major public health crisis in many parts of the world. The problem has become a pandemic in Africa, Asia, and parts of Latin America. In 2008, approximately 2 million people in Latin America were living with HIV. That is more than in the United States of America, Canada, Japan, and the United Kingdom combined.⁵

The spread of STDs has major social and economic consequences. Millions of people have died from AIDS. In 2009, over 16 million children were orphaned due to the disease. In addition, the antiretroviral drugs used to treat AIDS are very expensive. In the United States of America, treatment can cost more than \$15,000 per patient per year. Unfortunately, many of the countries that are most affected by AIDS cannot afford such treatment. Such countries are stricken with a cycle of illness and death that devastates their economies and their societies.⁶

Questions to Consider

- In what ways are the public health consequences of STDs similar to those of unintended teen pregnancy? How are they different?
- What arguments, if any, are distinct to the controversy surrounding teen pregnancy?
- How might the HIV/AIDS epidemic inform decisions about whether contraceptive education should be provided at school?

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- ¹ *2009 Sexually Transmitted Diseases Surveillance: STDs in Adolescent and Young Adults* (Atlanta, GA: U.S. Centers for Disease Control, 2010), <http://www.cdc.gov/std/stats09/adol.htm> (accessed July 20, 2011).
 - ² Karl L Dehne and Gabriele Riedner, *Sexually Transmitted Infections Among Adolescents: The Need for Adequate Health Services* (Geneva, Switzerland: World Health Organization, 2005), <http://whqlibdoc.who.int/publications/2005/9241562889.pdf> (accessed July 20, 2011).
 - ³ “Adolescent and School Health: Sexual Risk Behavior: HIV, STD, and Teen Pregnancy Prevention” (Atlanta, GA: U.S. Centers for Disease Control and Prevention, 2011), <http://www.cdc.gov/HealthyYouth/sexualbehaviors> (accessed July 20, 2011).
 - ⁴ *UNAIDS Report on the Global AIDS Epidemic 2010* (Geneva, Switzerland: UNAIDS, 2010), http://www.unaids.org/globalreport/Global_report.htm (accessed July 20, 2011).
 - ⁵ “HIV and AIDS in Latin America,” Avert.org, <http://www.avert.org/aidslatinamerica.htm> (accessed July 21, 2011).
 - ⁶ “HIV and AIDS in Latin America,” Avert.org, <http://www.avert.org/aidslatinamerica.htm> (accessed July 21, 2011).

Public Health—Political Cartoons



Source: Rudis Muiznieks, Cectic, <http://cectic.com/091.html> (accessed June 27, 2011). Reprinted with permission.



Source: Ricardo Clement Alecus, Conversaciones con Netorivas, <http://netorivas.blogspot.com/2008/08/ndice-edicin-de-hoy-3750-palabras.html> (accessed June 27, 2011). Reprinted with permission. Translation: The upper left corner says, "Responsibility." The arm says, "Sexual Education." The bottom sign says, "Risks."



Public Health—Selected Resources

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- Ministerio de Salud Pública (Ecuador), Resumen de la Estrategia Nacional Intersectorial de Planificación Familiar, <http://www.msp.gob.ec/images/Documentos/Ministerio/ENIPLA/ENIPLA.pdf> (accessed June 16, 2011).
- New Colombian Law Ensures Free Access to Contraceptives (New York: Women Deliver, December 13, 2010), <http://www.womendeliver.org/updates/entry/new-colombian-law-ensures-free-access-to-contraceptives> (accessed June 16, 2011).
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- World Health Organization, <http://www.who.int> (accessed June 16, 2011).



Deliberation Procedures

PART I (In class the day before)

1. **Introduction.** Teachers review the meaning of deliberation, the reasons for deliberating, and the rules for deliberation. (Handout #1)

PART II (approximately 30 minutes)

2. **Careful Reading of the Text.** Students read the text individually, in small groups of 4 or as a whole class in order to reach a common understanding of the reading. If students do not understand the reading, the deliberation will not be successful. As a whole class or in their small groups, students agree on at least three interesting facts and/or ideas. (Handout #2).

Note on Supplemental Resources. Each deliberation includes both a basic reading and one or more supplemental resources. Supplemental resources may be a graph, a political cartoon or image, a glossary, a page of expert quotes, or a primary source or independent news story. These supplemental resources are optional materials that can be used to provoke discussion and critical thinking. These materials may be used by teachers as part of the lesson—as part of the *Introduction (Step 1)*, *Careful Reading of the Text (Step 2)*, *Presentation of Positions (Step 4)*, *Reversal of Positions (Step 5)*, or *Reflection (Step 8)*. Teachers can use these materials to differentiate instruction with some or all the students in class. Supplemental resources also can add depth or enrich the deliberation.

3. **Clarification.** After checking for understanding of the terms and content, the teacher makes sure students understand the deliberation question. (Handout #2)
4. **Presentation of Positions.** Students work in small groups of 4 divided into pairs (A & B). Each pair is assigned a position. The position of the A's is to find at least two compelling reasons to say YES to the deliberation question. The position of the B's is to find at least two compelling reasons to say NO to the deliberation question. A's teach B's at least two reasons to say YES to the deliberation question. B's teach A's at least two reasons to say NO to the deliberation question. (Handout #2)
5. **Reversal of Positions.** The pairs reverse positions. The B pair now adopts the position to say YES to the deliberation question; the A pair adopts the position to say NO to the deliberation question. The A's & B's should select the best reason they heard from the other pair and add at least one additional compelling reason from the reading to support their new position. (Handout #2)

PART III (approximately 15-20 minutes)

6. **Free Discussion.** Students drop their assigned roles and deliberate the question in their small groups. Each student reaches a personal decision based on evidence and logic.



PART IV (approximately 10-15 minutes)

- 7. Whole Class Debrief.** The teacher leads the whole class in a discussion to gain a deeper understanding of the question, democracy, and deliberation.
- What were the most compelling reasons for each side? What were the areas of agreement? What questions do you still have? Where can you get more information?
 - What is your position? (Poll the class on the deliberation question.) In what ways, if any, did your position change?
 - Is there an alternative policy that might address the problem more effectively? What, if anything, might you or your class do to address this problem?
 - What principles of democracy were inherent in this discussion? Why might deliberating this issue be important in a democracy?
 - Add other questions relevant to your curriculum.

PART V (15-30 minutes either in class or for homework)

- 8. Student Reflection.** Students complete the reflection form either at the end of class or for homework. (Handout #3)



Handout 1—Deliberation Guide

What Is Deliberation?

Deliberation is the focused exchange of ideas and the analysis of multiple views with the aim of making a personal decision and finding areas of agreement within a group.

Why Are We Deliberating?

People must be able and willing to express and exchange ideas among themselves, with community leaders, and with their representatives in government. People and public officials in a democracy need skills and opportunities to engage in civil public discussion of controversial issues in order to make informed policy decisions. Deliberation requires keeping an open mind, as this skill enables people to reconsider a decision based on new information or changing circumstances.

What Are the Rules for Deliberation?

- Read the material carefully.
- Focus on the deliberation question.
- Listen carefully to what others are saying.
- Understand and analyze what others are saying.
- Speak and encourage others to speak.
- Refer to the reading to support your ideas.
- Use relevant background knowledge, including life experiences, in a logical way.
- Remain engaged and respectful when controversy arises.



Handout 2—Deliberation Notes

The Deliberation Question:

Review the reading and in your group determine at least three of the most important facts and/or interesting ideas. Ask about any terms that are unclear.

Reasons to Support the Question - YES	Reasons to Oppose the Question - NO



Handout 3—Deliberation Reflection

What I think:

1. What did I decide and why? Did I support or oppose or have a new idea?

2. What did someone else say or do that was particularly helpful?

3. What, if anything, could I do to address the problem?

What we think:

1. What did we agree on?

2. What, if anything, could we do to address the problem?

Rate yourself and the group on how well the rules for deliberation were followed:

(1 = not well, 2 = well, 3 = very well)

	Me	Group
Read the material carefully.		
Focused on the deliberation question.		
Listened carefully to what others said.		
Understood and analyzed what others said.		
Spoke and encouraged others to speak.		
Referred to the reading to support ideas.		
Used relevant background knowledge and life experiences in a logical way.		
Remained engaged and respectful when controversy arose.		

1. What can I do to improve my deliberation skills?

2. What can the group do to improve the deliberation?