

A young child with curly hair is smiling and playing maracas in a playroom. The child is wearing a striped shirt and dark pants. The background is filled with colorful toys, including a toy house and a ball pit.

**Pamela
Minett**

CHILD CARE & DEVELOPMENT

SEVENTH EDITION



**DYNAMIC
LEARNING**



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Family and home



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CHAPTER 1

The family

The family is the basic unit of society. It is a group of people consisting of one or two parents and their children living together as a unit.

Functions of the family

One of the most important functions of a family is to provide for a child's needs, because children are unable to care for themselves. These needs include:

- food and drink
- care and training
- shelter
- a secure environment in which they can develop into young adults
- warmth and clothing
- love and companionship
- boundaries for behaviour
- protection and support
- encouragement with their education.

Family ties

The members of a family usually feel that they have a special relationship with one another based on some or all of the following:

- blood – knowing that they have the same ancestors
- affection
- duty – due to a traditional sense of obligation
- shared experiences
- common interests.

The variety of family structures

Extended family

The extended family is a large family group that includes grandparents, parents, brothers, sisters, aunts, uncles and cousins.

Such a family is the basis for the traditional pattern of family life in many countries. When the members of an extended family are closely connected by affection, duty, common interest, or daily acquaintance, they may help and support each other in a number of ways, such as:

- providing comfort at times of distress
- helping parents to bring up their children
- looking after children in an emergency or when the parents are working



- giving advice on problems
- helping financially.

In recent years, changes to the traditional pattern of family life have been taking place in some countries, particularly the countries of western Europe and the USA.

- Effective methods of contraception have led to families with fewer children.
- Moving away from the family base is common in a changing industrial and technological society.
- Many grandparents are living longer and are more independent.
- Many mothers go out to work.
- Parents may choose not to marry.

These changes have led to a weakening of links between members of the extended family, and to the nuclear family becoming the most common family unit.

Nuclear family

A nuclear family consists of parents and their children. They form a self-contained family unit living in a separate household. Life in a nuclear family differs from that in an extended family.

- Nuclear families can be separated by long distances from other members of the extended family.
- Parents may bring up their children with little or no help and support from grandparents and other relations.
- Grandparents and grandchildren may be deprived of one another's company.
- Contact with other relatives is a matter of choice.
- Often, both parents have jobs and the children may be cared for by adults who are not part of the family.



An extended family at home



A nuclear family at home

A nuclear family becomes an extended family when, for example:

- grandparents come to live with the family
- a teenager in the family becomes pregnant and both the new parent(s) and the baby continue to live in the family home.

One-parent family (lone-parent family; single-parent family)

In this type of family the children are brought up by only one parent. Usually the parent is the mother, but sometimes it is the father.

The one parent has to do everything that is usually shared by two parents: provide food, shelter, clothes, a sense of security, daily care and training. This is very hard work for one person and, as in any other family, this work continues for many years until the children have grown up.

One-parent families can vary as widely as two-parent families in terms of health, wealth, happiness and security. The family situation can also change, with a one-parent family becoming a two-parent family or the other way round.

Reasons for families being 'one parent' include:

- divorce or separation of the parents
- death of one parent
- births to single women
- one of the parents being away from home for a long time through work, illness or imprisonment.

Step-family

A step-family is one in which there is a child (or children) who is the natural child of one partner in a marriage or partnership, but not both.

Such a family is usually the result of divorce, or the death of a parent, followed by remarriage. Since the stepchild will not have grown up with the stepparent from birth, it may often (but not always) take some time for them to adjust to living together, and resentments can arise. This may be further complicated when there are other children from the stepparent's previous marriage to get used to.

Shared-care family

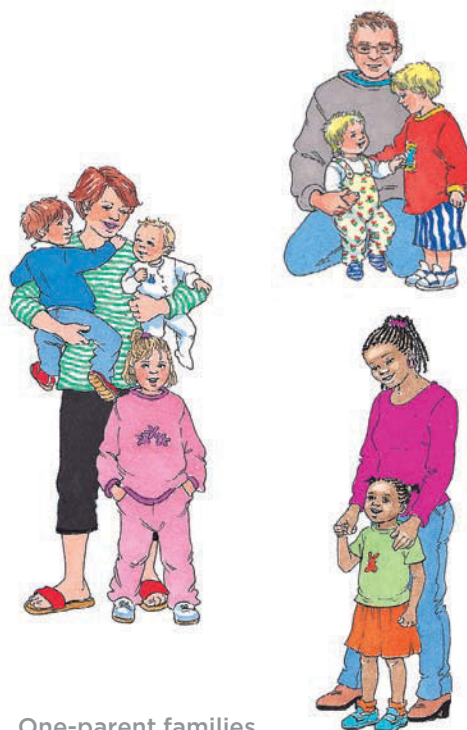
These are families where the parents live in separate homes and the children spend part of the week living with one parent and the rest of the week with the other. Both parents are equally responsible for looking after their children's needs. The main reasons for shared arrangements are either the divorce or separation of the parents.

Foster family

These are families who care for children who are not related to them. Sometimes there are a number of children from different families living in the same foster home.

Same-sex parented family

These are families with same-sex parents – homosexual couples who are either gay or lesbian.



One-parent families



Example of a step-family



Residential children's home

Children without families, or whose families are unable or unwilling to look after them, may live (reside) in a residential home. Usually, the adults who care for the children try to make life in the home as much like normal family life as possible.

Questions

- 1 **a** What is a family?
b List nine needs of a child that are provided for by the family.
c The members of a family usually feel that they have a special relationship. Give reasons for this.
- 2 **a** Describe briefly the difference between an extended family and a nuclear family.
b Give five ways in which members of an extended family can help and support one another.
c Give five changes to the traditional pattern of family life that have taken place in some countries.
d List five differences between life in extended families and nuclear families.
- 3 **a** (i) What is a one-parent family?
(ii) Name some of the tasks that the one parent has to do that are normally shared by two parents.
b Give four reasons for one-parent families.
- 4 **a** What is a step-family?
b What problems may possibly occur when a step-family is formed?
- 5 Describe (i) a shared-care family, (ii) a foster family.

Discussion

Discuss possible factors that may complicate life in a step-family, and the ways in which such situations might be eased.

Child study

Begin a long-term study of one child, or a group of children, or of a particular aspect of development by:

- obtaining the parents' permission
- recording general information
 - first name (if the study is to be confidential, the name should be fictitious)
 - age
- describing physical appearance
 - height (in cm)
 - weight (in kg)
 - special features, e.g. wears glasses
- describing personality, e.g. lively, shy with strangers.

Suggestions for child study activities are given at the end of many of the chapters throughout this book.

Visit the Quote Garden website:

www.quotegarden.com

Search for 'family quotes' and select at least three quotations that reflect your views of family life.

CHAPTER 2

Family lifestyles

Factors that have brought changes to family life

The general pattern of family life in the UK has changed during the last century due to many factors.

- Laws have been introduced that give women much more independence – votes, property rights, equal opportunities.
- Education and career choices are similar for boys and girls.
- Women can opt out of marriage because they do not need to rely on a husband for financial support.
- Labour-saving devices in the home have made domestic work less exhausting, and have given women more free time for outings with the children, a job outside the home, more social life, hobbies, etc.
- State benefits have eased financial problems to some extent.
- Reliable methods of contraception allow couples to choose not to become parents or to have fewer children.
- There are more single-parent families and step-families.
- Divorce is easier and has become more socially acceptable.

Roles within the family

Traditional roles

At the beginning of the twentieth century in the UK, the roles of husband and wife within the family were distinct. The traditional role of the husband was to be the 'breadwinner' and to make the important decisions, while that of the wife was to care for her home, husband and children.

Since then, in many families, these roles have become blurred. Many women now have paid jobs and many of the household jobs are shared by both sexes. The two world wars have been major causes of this change.

This change in society has been reflected in legislation. Employers must offer equal terms of employment to men and women doing the same or similar jobs. The Equality Act 2010 protects people from discrimination in the workplace and wider society on the grounds of gender (sex), race or disability.

Trends in family life in Britain

At the beginning of the twentieth century ...



Victorian family life

At the beginning of the twenty-first century ...



Modern family life



Shared roles

In some families, mother and father do not have distinct roles. Each parent may have a job (perhaps part-time), and each contributes to the family finances and shares the household jobs and child care. The advantages claimed are:

- fathers have a closer relationship with their children
- mothers have more time to enjoy their children and to follow other interests
- children benefit from greater variety.

Role reversal

When 'role reversal' takes place, the father cares for the home and children while the mother earns the money.

Sexual roles

Boys are physically programmed by their genes (page 130) and hormones to develop into men, and girls into women. Their sex hormones control the development of body shape and the activities of the sex organs. Differences in behaviour are often noticeable from the age of 3 months.

Boys tend to: be more active and energetic, aggressive, competitive, keen to explore.

Girls tend to: walk and talk earlier, control the bladder earlier, be better with words, be more interested in people.

The extent to which children develop male and female roles as they grow into adults is due to two main reasons, as follows.

- 1 **Physical factors**, which make them more suited to certain activities; for example, men usually have larger muscles and greater strength, and women bear children.
- 2 **The encouragement or discouragement of distinct male and female roles in childhood** by:
 - **the expectations of adults** – boys are usually expected to be brave and girls are expected to cry
 - **toys** – girls and boys are often given different types of toys
 - **clothes** – girls and boys are usually dressed differently
 - **the child's own observations** of how men and women behave inside and outside the home, and how they are portrayed in books, newspapers, television etc.

Questions

- 1 Study the pictures on pages 7 and 8. Place the labels in appropriate pairs in a table like the one below (there are 11 pairs).

Typical of family life at the beginning of 20th century	Typical of family life today

- 2 Name eight factors that have brought changes to family life.
- 3 **a** Compare the traditional roles of husband and wife at the beginning of the twentieth century.
b What has happened to these roles since then?
c What is the difference between shared roles and role reversal?
d List three advantages claimed by those who practise shared roles.
- 4 **a** Give examples of differences in behaviour between boys and girls that are often noticeable at an early age.
b Name four factors that can affect the development of distinct male and female roles.



Investigation

Interview one or more people aged 70 or over and try to list 20 ways in which they think that family life has changed since they were children. Use the information to give a short talk to your class about what you discovered from your interview.

Discussion

Do mothers and fathers play differently with their children?



Extension

- a** From your experience, list five jobs in the family that are usually part of (i) a father's role, (ii) a mother's role.
- b** (i) For each item in your lists, state why you think it is usually part of the father's or the mother's role – is it habit, tradition, preference, physical strength, or what?
(ii) What effect do you think it would have on the family if all the jobs were shared between them?

Child study

Give a brief history of the child up to the date of starting the study.



For more information about poverty and families in the Victorian era visit:

www.hiddenlives.org.uk/articles/poverty.html

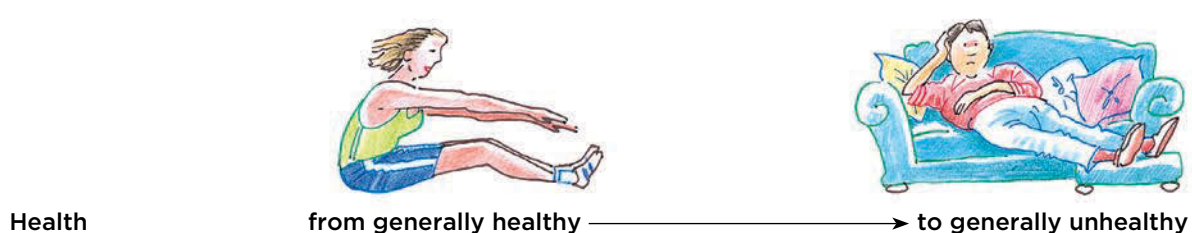
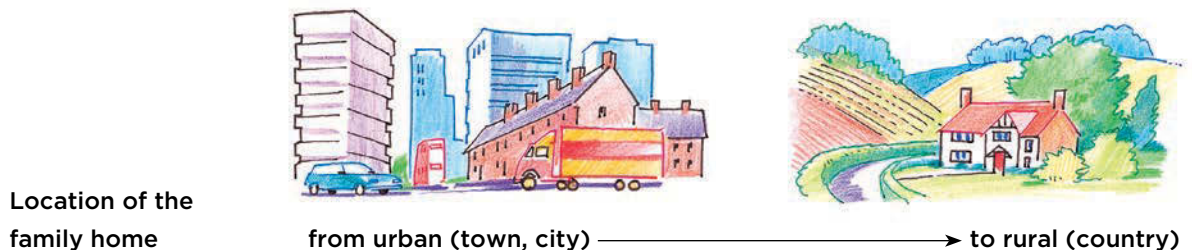
CHAPTER 3

Variation between families

Types of families

There is no such thing as a typical family. Families differ as much as individuals differ from one another, and they change with time.

Some of the ways in which families differ



Feelings

The feelings of members of a family towards one another can vary from:

- | | | | | | |
|-----------|--------|-----------------|---------|--------|---------|
| ● care | —————→ | to indifference | ● love | —————→ | to hate |
| ● respect | —————→ | to contempt | ● trust | —————→ | to fear |

Attitudes of parents to their children

- The children may be:
wanted —————→ tolerated —————→ unwanted
- Parents may:
over-indulge their children —————→ act responsibly —————→ neglect them
- Parents may enforce:
strict discipline —————→ moderate discipline —————→ no discipline

Culture

Culture means the way of life of a group of people – for example, a family or people living in the same country – and is passed on from adults to children. Aspects of culture include:

- | | |
|---|----------------------|
| ● language | ● traditions |
| ● food, diet and eating habits | ● leisure activities |
| ● religion | ● education |
| ● music, songs, drama, literature and art | ● style of dress |
| | ● hygiene. |



Varieties of cultural life



Influence of religion on culture

The cultural life of any family will be influenced by the religious background of the country in which the family lives, as well as by any religious group to which the family belongs.

Religion may:

- provide a set of rules for behaviour
- set special times for worship and festivals
- affect style of dress, diet, leisure activities, etc.

Multicultural societies

Britain is a multicultural society. This means it contains people of many different **ethnic groups** – people of differing races or countries of origin. Each ethnic group will have its own particular culture, for example, customs and language. This makes for much greater variety of lifestyles, and also brings about social changes:

- The ethnic groups have to adapt to life in a country that has a different culture.
- The native population has to accept people of various cultures as equal members of the community.

There is a cultural mix when people of different ethnic origins marry, also when children of one culture attend a school where most pupils are of another culture. Children often adapt to a new culture more quickly than their parents, and this may result in children living in two cultural styles – one at school and another at home.

The Equality Act 2010 makes racial discrimination unlawful in employment, training, housing, education, and the provision of goods, facilities and services. It gives everyone an equal chance to learn, work and live free from discrimination and prejudice, and from the fear of racial discrimination and violence.

Questions

- 1 a** How do families differ in (i) size, (ii) age range, (iii) location, (iv) health, (v) wealth?
b Give examples of ways in which feelings towards other members of the family can vary.
c Give examples of variation in attitudes of parents to children.
- 2 a** What is meant by culture?
b (i) Give nine examples of aspects of culture.
(ii) Suggest aspects of culture shown in the photographs in this chapter. Give reasons for your suggestions.
c List ways in which religion may influence culture.
- 3 a** What is meant by ethnic groups?
b Give two ways in which people living in multicultural society need to change.
c Give two examples of a cultural mix.
- 4** How does the Equality Act 2010 affect racial discrimination?



Investigation

People of different ethnic groups and ways of life celebrate different festivals – special days of celebration. Find the names and dates of at least two traditional festivals celebrated by each of five groups, e.g. Christians, Jews, Hindus, Sikhs, Muslims.

Write a short article for a local newspaper comparing two different festivals.

Child study

Describe the child's family. Make a family tree. If this is not possible, make a family tree of your own family.

CHAPTER 4

The home

The home provides a base in which babies develop into young adults. Different aspects of a child's development are encouraged when the home provides the facilities and opportunities shown in pictures A-H.

The child is encouraged to improve skills



A Praise and encouragement

Vocabulary increases

Bonds between parent and child develop



Listening and understanding are encouraged

Lighting adequate for playing and reading

Space to display pictures and posters



Shelves and cupboards for toys, books and clothes

B A place the child can call his or her own, and where possessions can be kept



Furniture can be moved easily

Easy-to-clean floor and furniture

Opportunities for parent and child to play or read together

Space to play



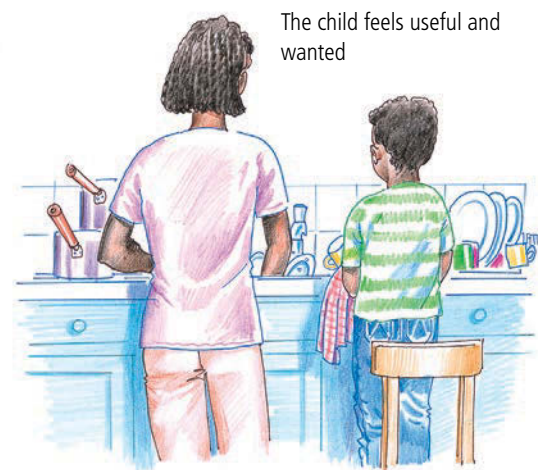
Effects of the home environment on development

The **home environment** – the conditions in the home – affects all aspects of a child's development:

- **physical** – development of the body (Chapter 29)
- **speech** – learning to talk (Chapter 32)
- **social** – learning to interact with people (Chapter 33)
- **emotional** – learning to control feelings (Chapter 34)
- **intellectual** – development of the mind (Chapter 39)
- **cultural** – acquiring knowledge of the society in which the child is growing up.



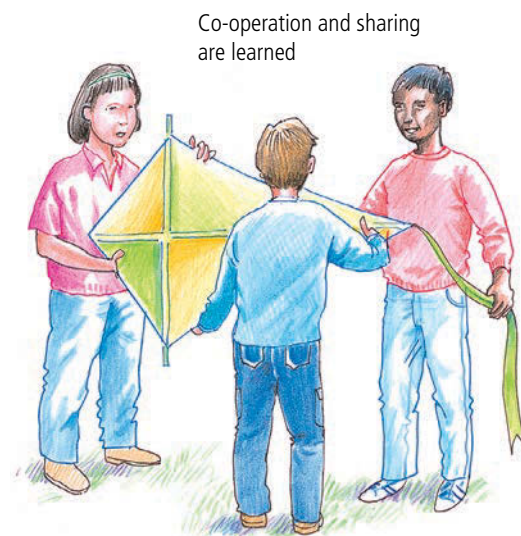
E Opportunities for conversation



F Opportunities to help



G Opportunities to meet other adults



H Opportunities to play with other children

Television in the home

Babies are fascinated by the movement on a television screen. They will stare at it for quite a long time, but they will not understand what they see. Gradually children become able to understand, particularly those programmes made especially for them. When they watch with adults and talk about what they have seen they will more quickly increase their understanding of the world in which they live.



Children watching TV

Television is beneficial for children when it:

- stimulates curiosity
- increases knowledge
- enlarges vocabulary
- encourages family discussions and conversation
- entertains.

Television is harmful for children when:

- it is on continuously – because it makes conversation difficult
- too much time is spent watching – because this reduces opportunities for talking, playing, reading and drawing
- children watch unsuitable programmes or videos that may frighten them or encourage them to behave in an antisocial way
- it prevents them having sufficient fresh air and exercise
- they are tired in the morning from late-night viewing.

Video games

Video games are beneficial for children when they:

- are age appropriate and of a variety of types
- provide opportunities for problem solving and the development of thinking (logic) skills
- help to develop skilled use of the fingers and hands (fine manipulative skills)
- improve hand-eye co-ordination for fast action games
- provide opportunities for playing with friends or parents.

Video games can be harmful when they:

- occupy so much time that the child misses out on other types of play fundamental to development
- are single-player games that isolate the child from friends and family
- involve constant use of thumbs, wrist and eyes, which can lead to problems such as eye strain, repetitive strain injury (RSI) and other physical problems.



Questions

- 1 List six aspects of a child's development, briefly explaining what each means.
- 2 Under the heading 'Development is encouraged when the home provides ...', list the facilities and opportunities shown in pictures A–H in this chapter.
- 3 **a** Give five benefits of television for children.
b Give five harmful effects of television on children.
- 4 **a** Give four benefits of video games for children.
b Give three harmful effects of video games on children.



Extension

For each of pictures A–H, state which aspect(s) of development (page 15) are being encouraged.

Design

Use a graphics program to design a layout for a 5 year old's bedroom.

- a** Draw a floor plan.
- b** Design wall-to-wall storage units 3 m long, 2 m high and 40 cm deep, to hold a child's clothes, toys, books, etc.

Child study

- 1 Describe the child's home.
- 2 How much time does the child spend watching television or videos, or using a computer or games console? What type of programmes or videos are watched? What reactions have you observed?
- 3 Watch a suitable programme with a young child, talking about what is happening on the screen, wondering what will happen next, and answering any questions. In what ways did the child gain from watching the programme with you that would not have happened had the child watched the programme alone?

For information on the effect of television on children, visit:

<http://kidshealth.org/en/parents/tv-affects-child.html>

- a** Why does this website recommend that children under 2 years old not watch any TV and that those older than 2 watch no more than 1 to 2 hours a day of quality programming?
- b** What are your views of this advice?

CHAPTER 5

Parenthood

Couples who hope to start a family should be reasonably happy together and fairly self-confident, because childrearing is a long and demanding job. This is why it is often considered undesirable for young people still in their teens to become parents. They themselves have not finished growing up, and they may not be sufficiently mature to cope with the demands of parenthood and the changes it will bring to their lives.

How parents' lives change

Having children changes the lives of the parents in many ways.

- **Children are hard work.** When young, they are by nature neither clean nor tidy. Also, they have to be cared for seven days a week and at nights as well.
- **They are a long-lasting responsibility.** Children require years of care as they grow from 'dear little babies' into adolescents who can be much more difficult to manage.
- **They require sacrifices from the parents** of both time and money.
- **They restrict the parents' freedom,** but at the same time provide a new and continuing interest.
- **They bring the parents much pleasure and satisfaction** if the parents are prepared to give time and energy to bringing them up.

Preparation for parenthood

Preparation for parenthood begins in childhood. As children and teenagers, the parents-to-be will have been influenced by:

- the way in which they themselves were brought up
- experience gained through helping with younger brothers, sisters or cousins, or neighbours' children
- baby-sitting or experience of working with young children
- the study at school or college of subjects such as child care and development or nursery nursing.



Children are hard work ...



... but they bring much pleasure

New parents

In these days of smaller families, it is quite possible that new parents will have very little knowledge of how to bring up children. If they live far away from their own families, then the grandparents will not be at hand to give help and advice.

Sources from which the parents of today can get information, advice and support include:

- other members of their family, and friends
- preparation classes at the antenatal clinic
- the health visitor, at the child health clinic (baby clinic) or on home visits
- the National Childbirth Trust (www.nct.org.uk)
- television programmes and videos produced for parents
- online research
- books – there are many to choose from written by parents or doctors.



Child health clinic

Suggestions for parents

- Love your baby to give your baby the security of feeling wanted.
- Cuddle your baby.
- Speak to your baby so that your baby can learn how to talk.
- Listen to your baby as well as talking to your baby and you will learn how to communicate with each other.
- Play with your baby – your baby will enjoy it, and it will enable a far closer relationship to develop between you.
- Keep your baby clean and comfortable, but do not be over-fussy.
- Be firm with your child when your baby is old enough to understand what is wanted. Boundaries for behaviour help a child to be socially acceptable to other children and adults.
- Praise is more effective than punishment in the training of children.
- Do not over-protect – children must gradually learn to be responsible for their own lives.

- Do not spend all your time and energy on your child. If you do not leave time for yourselves and your own interests, you will become very dull people. When the child has grown up and left home there will be the danger that you will be lonely and bored.

Happy family life

When parents set up home and have a family, they naturally hope to create a happy environment in which the children can grow up. Some of the factors that can help to make a home happy are listed below.



Children are more important than the housework

- **Parents who love and respect each other and their children.** This helps to give all the members of the family a sense of security.
- **Parents who consider that children are more important than the housework.** Worrying too much about tidiness or the state or appearance of the house can make for a great deal of nagging and unpleasantness. Children would rather have happy, contented parents who have time to do things with them than a spotlessly clean and tidy home.
- **Parents who realise they themselves are not perfect.** No parents are perfect. There are days when they are cross and irritable, particularly when they are tired, unwell or worried. It happens in all families.
- **Parents who realise that no child is perfect.** All children go through phases of good and bad behaviour.
- **Parents who do not expect too much of their children.** Children enjoy life more when they are praised and loved for what they can do, rather than criticised for what they are unable to do.

Questions

- 1 Name five ways in which having children changes the lives of their parents.
- 2 a Name four ways in which preparation for parenthood can begin in childhood.
b Name seven ways in which new parents can obtain information, advice and support.
- 3 List ten suggestions that may be of help to new parents.
- 4 Name five factors that can help to make home a happy place.



Extension

List your daily routine on a typical school day or day at college (from midnight to midnight). Compare this routine with that of a parent who has a home and a young baby to care for. Remember that a baby needs to be cuddled and played with, kept clean, fed about five times a day, and their nappy changed about eight times a day. Write a pamphlet for new parents explaining how their lives might change. Include illustrations.



Investigation

Compare two books written for parents that deal with the care and development of young children. Points to be compared could include topics covered (contents list), the illustrations, and the usefulness of the index. Write a report on your findings.

CHAPTER 6

Sexual and reproductive health

It is natural for men and women in relationships to have sexual intercourse (sex). But if they do not want a baby, they need to know about the various methods of contraception. Using this knowledge, they are able to plan their family and start a baby only when they want one.

Contraception

Contraception (contra = against, ception = conceiving) is the deliberate prevention of pregnancy. It means taking action so that only wanted babies are born. When sexually active women or their partners do not use some form of contraception, 80–90 per cent of the women will become pregnant within a year. Deciding which of the methods of contraception to use depends on a number of factors, including:

- individual preference
- religious beliefs
- age
- whether a short- or long-term method is wanted
- if long-acting, reversible contraception is wanted – a method that provides effective contraception for a certain length of time.

The following tables list the different methods of contraception and explain briefly each works and how effective each is at preventing pregnancy.

Long-acting reversible contraception (LARC)*		
Method	How it works	How effective it is in preventing pregnancy
IUD (intra-uterine device, e.g. coil, loop)*	A small plastic device is put into the womb. This forms a barrier that stops sperm from meeting an egg or stops a fertilised egg from settling in the womb. Depending on the type used, it can stay in place for 5–10 years.	Over 99%
IUS (intra-uterine system, e.g. Mirena, Jaydess)*	A small T-shaped plastic device is placed in the womb. It contains progestogen, a hormone which is slowly released. This thickens the mucus in the cervix, forming a barrier that prevents sperm from reaching the egg. The IUS can be left in place for 5 years, depending on the type used.	Over 99%

Method (continued)	How it works	How effective it is in preventing pregnancy
Contraceptive implant*	A small flexible tube about 40 mm long containing progestogen is inserted just under the skin of the upper arm. The hormone is slowly released, which stops ovulation (the release of an egg from the ovaries). The implant is effective for up to 3 years.	Over 99%
Contraceptive injections*	An injection of progestogen is given every 8 to 13 weeks, depending on the type used. It works in the same way as the implant.	Over 99%

Methods that depend on user reliability		
Method	How it works	How effective it is in preventing pregnancy
Combined pill*	This type of pill contains two hormones – oestrogen and progestogen – which stop ovulation (stop the ovaries producing eggs).	Over 99% if taken according to instructions and at a similar time each day. Missed pills may make the method less reliable. An extra method such as condoms must be used if there is vomiting and/or severe diarrhoea.
Contraceptive patch (an alternative to the combined pill)*	A small thin, sticky patch that releases oestrogen and progestogen is placed on the skin of the buttocks, abdomen, back or upper arm once a week for 3 out of 4 weeks. No patch is used in the 4th week.	Over 99% if used according to instructions and it is not affected by vomiting or diarrhoea.
Vaginal ring* (an alternative to the combined pill)	A flexible transparent ring about 5 cm in diameter is inserted in the vagina. Low doses of oestrogen and progestogen are slowly released. After 3 weeks, the ring is removed for a 1-week break.	Over 99% if used according to instructions. Not affected by vomiting or diarrhoea.
Progestogen-only pill (POP)*	This type of pill contains only one hormone – progestogen – which causes the mucus in the cervix to thicken, preventing the sperm from reaching the egg. Depending on the type used, it can also stop ovulation.	Over 99% if taken according to instructions and at the same time each day. An extra method such as condoms must be used if there is vomiting and/or severe diarrhoea.
Cap with spermicide*	A cap (diaphragm) is a flexible dome that fits over the cervix and forms a barrier to the entry of sperm, which prevents it from meeting an egg. The cap must stay in place for 6 hours after intercourse. It needs to be used with a spermicide (jelly or cream) that makes sperm inactive.	92–96% if used according to instructions and with spermicide.
Male condom	Made of very thin latex (rubber), the condom is put over the penis before intercourse takes place, which prevents sperm from entering the woman's vagina. Using a condom also helps to protect against sexually transmitted infections.	98% if used according to instructions.
Female condom	A sheath made from thin, soft plastic that lines the vagina and the area just outside. It is placed in position before intercourse takes place and prevents sperm from entering the vagina. Using a condom also helps to protect against sexually transmitted infections.	95% if used carefully and according to instructions.



Method (continued)	How it works	How effective it is in preventing pregnancy
Natural methods	<p>These methods are based on fertility awareness – meaning that a woman can recognise the signs that indicate the days on which she is fertile and can become pregnant. The different methods based on noting and recording one or more of the natural signs that occur during the menstrual cycle are called the:</p> <ul style="list-style-type: none">• symptom-thermal method• temperature method• cervical mucus method• calendar method• urine analysis. <p>Sperm can live inside a woman for 3–7 days, so intercourse a week before an egg is released may result in pregnancy. To avoid pregnancy, intercourse should not take place during the fertile days unless another method of contraception is used.</p>	Up to 99% if used according to teaching and instructions. Very unreliable when periods are irregular, during illness, when travelling, and when careful records are not kept.
Withdrawal ('being careful'; coitus interruptus)	The penis is withdrawn from the vagina before the semen is ejaculated.	Very unreliable. Even before semen is ejaculated, a liquid called pre-ejaculate containing thousands of sperm can leak from an erect penis, and a man has no control over this.
Abstinence – saying 'no' (not having intercourse)	Because intercourse does not take place there is no danger of an unwanted baby.	100%

Surgery		
Method	How it works	How effective it is in preventing pregnancy
Male sterilisation (vasectomy)	A simple operation in which the sperm ducts (vas deferens) are cut or blocked to prevent semen from containing sperm.	More than 99%
Female sterilisation	An operation in which the Fallopian tubes are blocked so that the egg and sperm cannot meet.	More than 99%

* These methods require medical advice or treatment from a sexual health and reproductive clinic or a GP (doctor).

Emergency contraception

This can be used when intercourse has taken place without contraception, or when any precautions that were taken might have failed – for example, a condom has split or forgetting to take contraceptive pills. Emergency contraception is available from a sexual health clinic, NHS walk-in centre, pharmacy or a GP (doctor). Two methods are:

- 1 **emergency contraceptive pill**, which works by preventing or delaying ovulation; one type of pill has to be taken within 72 hours (three days) of having unprotected sex, the other type has to be taken within 120 hours (five days) of unprotected sex.

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- 2 **an IUD** (coil) fitted within five days of unprotected sex, or up to five days after the earliest time a woman could have ovulated; this may stop the egg from being fertilised or implanting in the uterus.

Unplanned pregnancies

It is estimated that at least one in six pregnancies in the UK is unplanned.

Unplanned pregnancies can happen to girls and women either because they have ignored contraception or they may be unaware that:

- girls under the age of 16 can become pregnant
- pregnancy can follow first intercourse
- withdrawal ('being careful') can result in pregnancy
- pregnancy can occur even if the penis does not enter the vagina (sperm can swim)
- pregnancy sometimes occurs when intercourse takes place during a period
- pregnancy can occur even when the woman does not 'come' (have an orgasm)
- douching (washing out the vagina) will never prevent pregnancy, however soon after intercourse it is done
- breast-feeding does not prevent pregnancy, although it may make it less likely.



Sexual health clinic

Abortion (termination of pregnancy)

Abortion is the medical process of ending (terminating) a pregnancy so that it does not result in a live birth. Reasons why a woman might decide to have an abortion include:

- a high risk that the baby will have a serious abnormality
- a serious health risk to the mother
- personal circumstances, including the risk to the well-being of existing children.

Under UK law, an abortion can usually only be carried out during the first 24 weeks of pregnancy as long as certain criteria are met. The Abortion Act 1967 covers England, Scotland and Wales and states:

- abortions must be carried out in a hospital or specialised licensed clinic
- two doctors must agree that an abortion would cause less damage to a woman's physical or mental health than continuing with the pregnancy.

In Northern Ireland, abortion is only possible in certain very specific circumstances.

Sexually transmitted infections (STIs)

These infections are so called because the usual way in which they spread from one person to another is by unprotected sex or genital contact.



- **Chlamydia:** this is one of the most common sexually transmitted infections in the UK, especially in young people. Often there are no symptoms, so the infected person may not seek medical help. If left untreated, or in the case of repeated infections, chlamydia can spread to other parts of the body and also cause infertility in both men and women.
- **Gonorrhoea:** again, symptoms may not be present but, if left untreated, the infection can spread to the reproductive organs and cause infertility in both men and women.
- **Genital warts:** these are caused by HPV (human papilloma virus). This virus infects the skin of the genitals and anus, producing fleshy growths or bumps, which may itch. The infection can be treated, but is not harmful to health if left untreated and does not affect fertility.
- **Genital herpes:** this infection is caused by HSV (herpes simplex virus). The virus causes blisters and pain around the genitals, which may develop into sores or ulcers and pain on passing urine. It can take months or years for the symptoms to appear, so an infected person will not know they have the condition. There is no cure but symptoms can be controlled by antiviral medication.
- **Syphilis:** the symptoms of this bacterial infection appear in three stages. A few weeks after catching the infection, a painless sore or spot appears on or around the genital area. A few weeks later a rash may develop. It may take several years for the third stage to develop, causing serious health problems for the heart and brain.
- **Hepatitis B:** this liver infection is caused by the virus called Hep B, which spreads through contact with an infected person's blood, semen or other fluids. It does not usually cause problems in adults but is more serious in children. Hep B vaccine is available for people at high risk of catching the infection.

HIV (human immunodeficiency virus)

This virus attacks the immune system and weakens resistance to infectious diseases. It is present in many of the body fluids of an infected person, including sexual fluid from the penis in males and the vagina in females, and can be caught:

- during unprotected sexual contact with an infected person
- during pregnancy, from an infected mother to her unborn baby
- from the breast milk of an infected woman
- by contact with infected blood – for example, when using the same needle for drug injections.

The virus is very delicate and dies quickly outside the body, so HIV is not caught:

- by shaking hands, touching or cuddling someone who is infected with the virus
- from using the same towel, cups, cutlery or lavatory seats, or from swimming pools.

HIV testing

When a person becomes infected with HIV, the virus remains in the body for life and produces particles called HIV antibodies. These antibodies can be detected by a blood test and, if they are found, that person is HIV positive. When HIV is detected early, the person may look and feel healthy, and treatment can be given that delays or prevents AIDS. AIDS (acquired immune deficiency syndrome) develops when HIV attacks the immune system. The body then loses its resistance to infections such as pneumonia and tuberculosis (TB).

Screening for syphilis, hepatitis B and HIV

Testing a sample of blood for these infectious diseases is part of the routine antenatal care offered to all pregnant women. If the mother is infected, she can be treated and the risk of passing on the infection to the baby is reduced.

Obtaining advice

Confidential advice on contraception and sexually transmitted infections is provided free by the NHS. It can be obtained by people of all ages, male and female, from the following sources:

- **sexual and reproductive health clinics**, which advise on contraception, sexually transmitted infections and family planning
- **GUM (genitourinary medicine) clinics**, which are more specialised in providing tests and treatment for STIs
- **websites** and **confidential helplines**.

Questions

- 1 What is (i) the meaning of contraception, (ii) the chance of a woman becoming pregnant if no form of contraception is used?
- 2 When deciding which method of contraception to use (i) give five factors that may be taken into account, (ii) say when contraception can fail, (iii) state the advantage of attending a reproductive and sexual health clinic.
- 3 **a** What is meant by LARC?
b (i) What do the initials IUD and IUS stand for?
 (ii) Name two other types of LARC.
- 4 Match each of the following methods of contraception with one of the statements a–i listed below:
 vasectomy; cap; male condom; withdrawal; combined pill; natural methods; contraceptive patch; female sterilisation; IUS
a uses a spermicide
b thickens the mucus in the cervix
c prevents semen from containing sperm
d avoids intercourse on fertile days
e covers the penis
f very unreliable
g placed on the skin
h blocks the Fallopian tubes
i contains two hormones
- 5 **a** To prevent an unwanted pregnancy, list eight facts it might be useful to know.
b Describe two methods of emergency contraception.
c What is meant by termination of pregnancy?
- 6 **a** What is an STI, and how are they spread?
b Name two STIs that can cause infertility.
c Name three STIs caused by a virus.
d (i) In what ways can HIV pass from an infected person to another person?
 (ii) How is it not caught? Explain why.
e When does AIDS develop?
- 7 Routine antenatal care screens for three infectious diseases. Name the diseases and explain why the blood test is offered to pregnant women.

Sexual health services are free and available to everyone regardless of sex, age, ethnic origin and sexual orientation.

- a** Find the sexual health clinic nearest to you.
- b** What services does the clinic offer?
- c** How are appointments made?