

IT'S YOUR (SEX) LIFE
Your Guide to Safe & Responsible Sex





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The content for this booklet was provided by the Henry J. Kaiser Family Foundation as part of an ongoing public education partnership with MTV.

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Sex can be one of life's most fulfilling experiences. But whether or not you're sexually active, there is information you should have to help you set your own boundaries and make your own choices about sexual activity.

These days, what you don't know about sex can hurt you, so you'll want to get the facts—and fast. Whether or not you're currently having sex with someone, you probably have lots of questions about how to protect yourself and your partner. Fortunately, we have some answers.

Fundamentally, it's your body and it's up to you what you do with it. It may surprise you to know that most teens today aren't sexually active. If you choose to have sex, you need to make informed choices to protect yourself from sexually transmitted diseases (STDs) including HIV—the virus that causes AIDS—as well as accidental pregnancy. You also need to be prepared for the emotions that having sex can stir up.

Making smart decisions is easier than you might think—all it takes is a little foresight and planning before you are in the heat of the moment. Make the effort to safeguard your physical and emotional health, both now and for the long term. Remember that having sex is a choice (not just the first time, but every time) and your decision is your own.

AVOIDING UNINTENDED PREGNANCY

YOU MAY THINK IT CAN'T HAPPEN TO YOU, BUT EVERY YEAR THERE ARE ALMOST 3 MILLION UNINTENDED PREGNANCIES IN THIS COUNTRY. AMONG YOUNG PEOPLE THE PROBLEM IS ESPECIALLY SERIOUS. EACH YEAR NEARLY 1 MILLION YOUNG WOMEN AGED 15 TO 19 GET PREGNANT; THAT'S A LITTLE MORE THAN ONE IN EVERY NINE TEENAGERS. EIGHTY PERCENT OF THESE PREGNANCIES ARE UNPLANNED.

Unintended pregnancy can have serious consequences for women and men, including decreased chances of finishing school, an unstable financial future, and risks for the mother's health, not to mention for the baby's health and development.

YOU THINK YOU MAY BE PREGNANT If you have had sexual intercourse and you've missed your period, especially if your breasts are tender or swollen or you feel tired or sick to your stomach, you may be pregnant. If you think you might be pregnant, you need to get a pregnancy test right away to find out for sure. You can arrange an appointment to see your health care provider, or buy a home pregnancy test at a drugstore, supermarket or online. (They run \$8 to \$20 and you should follow the instructions carefully.) To find a clinic or provider near you, see Hotlines and Websites section of this guide.

IF YOU EXPERIENCE

- sudden, intense pain, persistent pain or cramping in the lower abdomen, especially if it's on one side
- irregular bleeding or spotting with abdominal pain, especially after a light or late period
- fainting or dizziness that lasts more than a few seconds
- sudden heavy bleeding with clots or clumps of tissue after a late period
- abdominal pain and a fever

call your provider or clinic or go to a hospital emergency room right away. These may be signs of a problem such as a tubal (ectopic) pregnancy or miscarriage.

YOU FIND OUT THAT YOU ARE PREGNANT In this situation you essentially have three options to consider: to continue the pregnancy and keep the baby, to have the baby and put it up for adoption, or to have an abortion. These are big decisions; take your time, and talk with your family or other trusted advisers. If you want to discuss your choice with a clinician, Planned Parenthood offers pregnancy options counseling at their local clinics.

YOU FIND OUT THAT YOU ARE NOT PREGNANT If you weren't intending to have a baby at this time, you've been lucky, so it's best not to risk another scare. One way to do this is to stop having intercourse. Abstaining from intercourse is the most effective way of avoiding unintended pregnancy. Lots of people are practicing abstinence these days, whether or not they've had intercourse in the past. Half of high school students have never had sexual intercourse. In fact, the majority of teenagers, even those who started having intercourse when they were younger, think teens should wait to have intercourse until they're older. A number of men and women in their early 20s are abstaining as well. But, if you are going to be sexually active, you need to use contraception each and every time you have intercourse to prevent pregnancy and STDs. Sexually active couples who don't use contraceptives during intercourse have an 85-90 percent chance of becoming pregnant over the course of a year.

PROTECT YOURSELF For those who are sexually active, the best protection against STDs, including HIV, is to use condoms during each and every act of intercourse. Not only does the consistent and correct use of condoms offer protection against HIV, it can also reduce the risk for many other STDs. Condoms also provide effective protection against pregnancy. But to be doubly safe, your best protection against pregnancy and disease is to use condoms with another method, such as oral contraceptives.

TO LEARN MORE ABOUT OTHER CONTRACEPTIVE OPTIONS, SEE THE NEXT PAGE.



WHAT WORKS



ABSTINENCE

CONDOM

FEMALE CONDOM

METHOD

Abstinence is defined here as not having any kind of sex (oral, anal or vaginal) and not engaging in any activity that puts you or your partner in contact with either of your bodily fluids (semen, vaginal fluids, and blood).

A polyurethane or latex sheath (rubber) covers the penis and collects the semen, preventing sperm from entering a woman's vagina.

A thin polyurethane sheath, shaped like a sock with flexible rings at each end. The ring at the closed end holds the pouch in place inside the vagina, while the ring at the open end remains outside the vagina. The pouch collects semen and prevents it from entering the vagina.

SUCCESS RATE

With perfect use, abstinence is effective in preventing pregnancy and sexually transmitted disease.

With typical use, 15 women in 100 become pregnant in one year. With perfect use, two women in 100 will become pregnant in one year.

With typical use, 21 out of 100 women will become pregnant in one year. With perfect use, five out of 100 women will become pregnant in one year.

BENEFITS

It has no medical or hormonal side effects, and doesn't cost anything. Abstinence is a way to postpone taking the physical and emotional risks that may come with sexual relationships until you feel you are ready to handle them.

Polyurethane or latex condoms (not animal skin) provide good protection against most STDs, including HIV. Plus, they are cheap and easy to find at any drugstore without a prescription.

Protects against STDs, including HIV, and you can get it without a prescription. Also, you can insert it up to eight hours before having intercourse. If you (or your partner) are allergic to latex and you want to use condoms, this is a good alternative.

DRAWBACKS

Abstinence only works if you don't have sex of any kind. If you decide to have sex, you will need to choose another method from this chart to continue to protect yourself from pregnancy and disease.

It can break (especially if it's not put on correctly) and it can leak if not withdrawn carefully. Condoms must not be used with any oil-based lubricants like Vaseline or massage oil.

The outside ring can slide inside the vagina during intercourse; also, caution should be used to make sure that the man's penis doesn't slip around the side of the condom. Can be awkward to use at first; must be removed right after intercourse, before you stand up, to prevent semen leakage. Do not use simultaneously with male condom.

HOW TO GET IT

Just do it (or rather, don't). If you are in a relationship, talk with your partner about your decision to be abstinent and why it is important to you. Even if you have been sexually active before, you can still decide to become abstinent again for any amount of time that is right for you.

At drugstores, supermarkets and online; costs 35¢ to \$1 each. They are often available free at family planning clinics and health centers.

Buy it at drugstores or supermarkets or get it from family planning clinics; the cost is \$2 to \$2.50 each.



BIRTH CONTROL PILLS

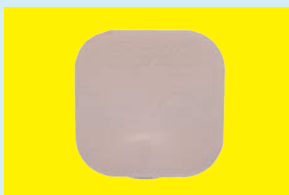
A woman takes a pill that contains either a combination of artificial estrogen and progestin or progestin only, every day. The pill works by preventing ovulation, increasing cervical mucus to block sperm and creating a thin uterine environment.

With typical use, eight women in 100 become pregnant in one year. With perfect use, less than one woman in 100 will become pregnant in one year.

If taken correctly, the pill provides non-stop protection from pregnancy. It can also make a woman's periods more regular, reduce cramps, and shorten or lighten her period.

Offers no protection against STDs, including HIV. Possible side effects: nausea, headaches and moodiness. If you miss two or more daily pills during a cycle, or you are late starting a new cycle of pills, you should use a back-up method of birth control until you have taken seven consecutive pills.

Through a prescription from a health care provider; the cost runs \$15 to \$35 a month depending on the pill brand, plus the cost of the visit to your health care provider and an examination if needed.



THE PATCH
(Ortho Evra)

The woman wears one patch for seven days, three weeks in a row, and then goes one seven-day week without the patch. The patch releases estrogen and progestin and works by preventing ovulation, increasing cervical mucus to block sperm and creating a thin uterine environment.

No studies have yet been published, but it is assumed that with typical use, the patch would be more effective than a birth control pill; typical use of the pill results in eight out of 100 women becoming pregnant in one year. With perfect use of the patch, less than one woman in 100 will become pregnant.

Weekly dosing and the ability to visually verify the patch is in place make it more likely to be used successfully. Women may also experience more regular, lighter or shorter periods.

Provides no protection against STDs, including HIV. Requires a back-up method for the first seven days unless started on the first day of menstruation. May cause local skin irritation or rash, vaginal spotting, nausea, headaches, or moodiness. When worn, the patch may be difficult to hide. Smokers should not use the patch.

Requires a prescription. Cost is \$30-\$35 per month, plus a visit to a physician.



THE RING
(Nuva Ring)

A flexible, soft ring that releases synthetic estrogen and progestin to prevent pregnancy. The ring is inserted in the vagina, where it remains for 21 days. It is then removed and kept out for seven days.

No studies have yet been published, but it is assumed that with typical use, the ring would be more effective than a birth control pill; typical use of the pill results in eight out of 100 women becoming pregnant in one year. With perfect use of the ring, less than one woman in 100 will become pregnant.

Effective immediately and easy to confirm it is in place.

Does not protect against STDs, including HIV. The ring should be kept refrigerated to prolong its life. Side effects may include nausea, headaches and vaginal discomfort. Smokers should not use the ring.

Requires a prescription. Cost is \$30-\$35 per month, plus a visit to a physician.



DEPO-PROVERA

A woman gets an intramuscular shot of the artificial hormone progestin every three months (12 weeks) which keeps her from getting pregnant.

With typical use, three women out of 100 will get pregnant in one year. With perfect use, less than one woman in 100 will become pregnant in a year using this method.

Once you get the shot, you don't have to think about birth control for three months.

Offers no protection against STDs, including HIV, and can cause weight gain, irregular periods, and depression.

Requires a visit to your health care provider every three months for administration of the shot; the cost is about \$30 to \$75 per shot, plus the cost of the office visit.

WHAT WORKS



DIAPHRAGM

FEMCAP

LEA'S SHIELD

METHOD

A woman uses spermicide to coat the inside and outer edge of this dome-shaped silicone or latex cup with a flexible rim. Then she inserts it into the back of her vagina so that it covers the cervix, where it blocks sperm.

A woman uses spermicide to coat the inside of this hat-shaped silicone rubber cap. Then she inserts it into the back of her vagina so that it covers the cervix, where it blocks sperm.

A woman uses spermicide to coat the inside of this oval silicone rubber device. Then she inserts it into the back of her vagina so that it covers the cervix, where it blocks sperm.

SUCCESS RATE

With typical use, 16 women out of 100 will become pregnant in one year. With perfect use, six women out of 100 will become pregnant in one year.

With typical use, 20 women out of 100 will become pregnant in one year. With perfect use, nine women out of 100 will become pregnant.

With typical use, 15 women out of 100 will become pregnant in one year. With perfect use, nine women out of 100 will become pregnant.

BENEFITS

It can be put in place up to six hours before intercourse and can stay there for 24 hours (though fresh spermicide should be applied each time you have intercourse).

Can be worn for up to 48 hours. An attached strap aids in removal.

Can be worn for up to 48 hours. An attached strap aids in removal.

DRAWBACKS

Won't effectively protect against most STDs, including HIV, and can increase the risk of urinary tract infections and toxic shock syndrome. Don't use oil-based lubricants, as they can damage the diaphragm. Can be messy (thanks to the spermicide) and clumsy to use until you get the hang of it. Also, it has to stay in place for six hours after the last act of intercourse and then needs to be washed thoroughly with soap and water.

Does not protect against STDs, including HIV. Must stay in place for six hours after last act of intercourse. It only comes in three sizes, so it may not be an option for everyone. Some women or their partners may feel discomfort while using FemCap. Needs to be washed thoroughly with soap and water. Replacement every two years is recommended.

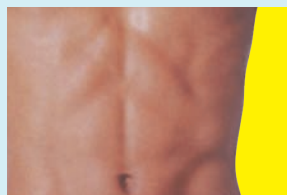
Does not protect against STDs, including HIV. Some women or their partners may feel discomfort while using the shield. It has to stay in place for eight hours after the last act of intercourse and then needs to be washed thoroughly with soap and water. Should be replaced every six months.

HOW TO GET IT

Through a prescription from a health care provider; the cost is about \$30 to \$50 plus the cost of spermicide and the exam and fitting for the diaphragm. A replacement every two years is recommended.

A fitting by a physician is required. The cost of the FemCap is \$15 to \$75, not including the cost of the examination.

A prescription is required. The cost of the shield is \$15 to \$75.



IUD (Intrauterine Device)

TUBAL LIGATION

VASECTOMY

A small device that contains copper or a synthetic progestin hormone that is inserted into a woman's uterus. There are two types: copper and progestin.

In a surgical procedure, a woman's fallopian tubes are blocked or cut so that sperm and egg cannot unite.

In a surgical procedure, a man's vas deferens—the tubes that transport sperm to the semen—are blocked or tied off.

Using a copper IUD, less than one woman in 100 will become pregnant in a year; using a progestin IUD, two women in 100 will become pregnant.

Less than one woman in 100 will become pregnant in a year.

Less than one woman in 1,000 will become pregnant in one year.

It provides effective pregnancy protection and lasts a long time—a copper IUD can stay in place for up to ten years, and a progestin IUD lasts one year.

It can be a permanent form of birth control; there are no lasting side effects.

It can be a permanent form of birth control; there are no lasting side effects.

Doesn't protect against STDs, including HIV. Some side effects include: spotting between periods, heavier periods, and increased cramping. Risk of spontaneous expulsion of the IUD; approximately 2% to 10% of users expel their IUD within the first year, in some cases without knowing.

Doesn't protect against STDs, including HIV. If the procedure fails, there's an increased risk of tubal (ectopic) pregnancy—where a fertilized egg starts to develop in one of the fallopian tubes. Although tubal ligation may be reversed, it's complicated, expensive and doesn't always work. It is recommended only for women who are sure they do not want to have children in the future.

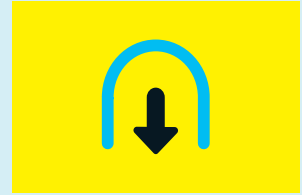
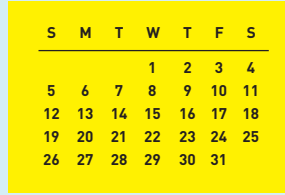
Doesn't protect against STDs, including HIV. Although reversal of the procedure is possible, it is not always successful. Not recommended for men who want children in the future. After a vasectomy, it takes about six weeks for all the sperm to be cleared, so another method must be used until a follow-up check shows no sperm in the semen.

Requires a visit to a health care provider; cost is about \$150 to \$400 for insertion. Removal costs about \$100.

Requires a visit to a health care provider; it can be expensive and depends on where you have the procedure done and how much your insurance will cover. Estimated cost is \$1200-\$2500.

Requires a visit to a health care provider; it can be expensive depending on where you have the procedure done and how much your insurance will cover. Estimated cost is \$350-\$755.

WHAT DOESN'T WORK VERY WELL



SPERMICIDE USE

RHYTHM METHOD

WITHDRAWAL

(Coitus Interruptus)

METHOD

A woman inserts a spermicide—available in foams, films, creams, jellies or suppositories—deep into the vagina before sex to kill sperm before they can reach an egg.

A woman keeps track of her menstrual cycle, and has intercourse only during the “safe” (or infertile) days.

The man withdraws his penis from the vagina before ejaculation.

SUCCESS RATE

With typical use, 29 women in 100 become pregnant in one year. With perfect use, eight women in 100 will become pregnant in one year.

With typical use, 25 women out of 100 become pregnant in one year.

With typical use, 27 women in 100 become pregnant in one year. With perfect use, four women in 100 will become pregnant in one year.

BENEFITS

You can buy it at any drugstore without a prescription. It can provide lubrication for intercourse.

It’s free and there are no devices to deal with. There are no side effects (except having to go without intercourse for several days before and after ovulation).

It’s better than not using any protection, but it’s not a very effective method of birth control.

DRAWBACKS

Some spermicides, such as nonoxynol-9, have been found to irritate the vaginal walls, increasing susceptibility to STD and HIV infection. Follow the directions carefully: this may mean waiting to have sex after inserting the spermicide, allowing it to dissolve and spread. You must insert more spermicide each time you have intercourse.

Doesn’t protect against STDs, including HIV. Predicting when a woman will ovulate is not easy, and sperm can live inside a woman’s body for days. You have to keep careful track of your vaginal mucus, menstrual cycle, and/or body temperature to accurately track your fertility patterns, beginning several months before you start relying on this method. Because of the difficulty of using this method, there are a lot of accidental pregnancies.

Because sperm can live in pre-ejaculate, even if a man withdraws early, there is a chance of pregnancy. It does not protect against STDs, including HIV. Also, it may be a stressful method to rely on; women have to rely on men to get it right, and men have to remember to withdraw prior to ejaculation.

HOW TO GET IT

At drugstores, supermarkets and online. The cost is \$9 to \$14 for the spermicide and applicator; refills cost \$4 to \$8.

You will need good instruction—a class or health care provider—and several months of charting before you begin to rely on this method.

Just do it.

EMERGENCY CONTRACEPTION

If a condom breaks or you forget to take your pill a few times this month, there is something you can do, but you need to act quickly. You can take emergency contraception (EC) within 120 hours (5 days) to help reduce the risk of pregnancy by up to 89 percent. However, the faster you act, the greater your chances are of avoiding an unintended pregnancy; you should try to take EC within 72 hours after unprotected intercourse. One dedicated emergency contraceptive product is available today. It's called Plan B and it currently requires a prescription.

Emergency contraception works by inhibiting or delaying ovulation, preventing fertilization, or preventing implantation of a fertilized egg. Unlike medical abortion drugs, emergency contraception does not interrupt or terminate an established pregnancy; it prevents pregnancy from occurring. That means if you are already pregnant, EC won't work. Emergency contraception can cause nausea or vomiting for a day or so, but you can ask your provider to prescribe an anti-nausea medication. It's also not foolproof—it only reduces your chance of pregnancy by 75 to 89 percent.



Emergency contraception is for emergencies. In other words, it is not a reliable long-term birth control method and it does not protect against STDs—before or after its use. It also does not protect you during future acts of intercourse, so it is important that you use another form of birth control if you have sex again. Generally, emergency contraception costs \$55 and upwards (the price includes examination, pregnancy test, and pills); costs can be less, or even nonexistent, at family planning clinics and health centers. To find a provider near you, you can call the Emergency Contraception Hotline at 1-888-NOT2LATE.



WHAT DOESN'T WORK AT ALL

IF YOU'RE CONSIDERING ANY OF THESE CONTRACEPTIVE METHODS, DON'T! THEY WON'T HELP YOU. HERE'S WHY:

HAVING INTERCOURSE DURING YOUR PERIOD First of all, just because you see blood doesn't mean you can't get pregnant—some women bleed during ovulation, when they're most fertile. And it's often hard to predict when you'll ovulate. Sexual intercourse during your period is also a riskier time for HIV transmission. Regardless of the time of the month, you should always use protection whenever you have intercourse.

PEEING AFTER INTERCOURSE A complete myth! Urinating after sex does nothing to protect against pregnancy because women do not urinate out of their vaginal opening. So although the urinary opening is near the vagina (just above it), urinating will not flush sperm out of the vaginal opening.

DOUCHING Instead of rinsing sperm out of the vagina, douching may actually help them swim upstream towards an egg. It can also increase the risk of infection. All in all, a bad idea!



HOW TO NEGOTIATE WITH YOUR PARTNER

DECIDING WHETHER OR NOT TO HAVE SEX WITH YOUR PARTNER?

BEFORE MAKING UP YOUR MIND, BE SURE YOU'VE CONSIDERED ALL THE ISSUES. AFTER ALL, THE DECISION IS ALWAYS UP TO BOTH PARTNERS. HERE ARE FOUR TRICKY SEXUAL SCENARIOS AND SOLUTIONS FOR HOW TO HANDLE THEM:

SCENARIO #1: You are not ready to have sex and don't know how to say "no."

SOLUTION: You have the right to say "no" to sex any time, for any reason. It doesn't matter how long you have been with someone, or how much your partner wants to do it. It may surprise you to know that most high school kids in the U.S. aren't having sex. Nonetheless, many people feel pressured into having sex when they don't want to. To avoid this situation, the key is to be open and honest with yourself and your partner. It's best to do this when the two of you are not in the middle of a makeout session and emotions are heightened! If you just don't feel like you are ready to have sex, talk about it. Be prepared for questions and objections but stand your ground. Make yourself heard. If he says, "If you loved me, you'd do it," retort with, "If you loved me, you wouldn't pressure me to do something I don't want to." If she says, "I thought you were special" tell her you don't want to do anything that you might regret. Sex is not a test of your feelings for another person, and saying "no" doesn't mean you aren't a committed partner. If your partner doesn't respect your decision, then maybe they aren't worth your time.

SCENARIO #2: You're thinking about having sex but you're just not comfortable talking about it with your partner.

SOLUTION: First things first: if you can't talk about it, how are you going to feel comfortable doing it? Maybe one of you thinks that talking about sex kills the mood or that sex should just happen naturally when the moment is right. Wrong, wrong, wrong. Talking about sex is one of the best ways to reduce your anxiety and your risk. That's because talking about sex can help build trust and respect between you and your partner. Most importantly, it helps you plan ahead so that if you do decide to have sex, you can establish your sexual boundaries together and you can decide how you are going to protect yourselves from STDs or pregnancy.

SCENARIO #3: Your partner does not want to use a condom.

SOLUTION: Some people will use a zillion lame excuses to weasel out of using condoms, so you'd better be armed with a snappy comeback. But whether you are having vaginal or anal intercourse, you and your partner need to use condoms. If she says, "It takes away the romance," you could say, "So could getting an STD." If he says, "I can't feel anything with a condom," tell him, "You'll feel even less if you don't use one because we won't be having sex." If she swears she won't give you any diseases, tell her it's nothing personal but you want to make sure both of you stay healthy. The bottom line: Don't feel bad about saying, "No condom, no sex."

SCENARIO #4: You've already had sex but now you realize that it's just too soon for you and you don't want it to happen again.

SOLUTION: It's not too late to slam on the brakes. Keep in mind that just because you've done it once or twice or have been doing it for months doesn't mean you have to do it again. It's okay to say "no" at any time, regardless of what you've done in the past. The key is to be firm and clear about how you're feeling and what your boundaries are. If your partner tries to push the issue, stand your ground. Anyone worth your time and affection should respect that you want to slow things down.

SEXUALLY TRANSMITTED DISEASES

Every year there are more than 15 million new cases of STDs in the United States, including approximately 10 million new cases among people aged 15-24. Put another way: By age 24, at least one in three sexually active people will have contracted an STD. Many of those who are infected don't know it. All STDs are either treatable or curable. But if you don't deal with an STD, it can have lasting effects on your health. For example, some STDs can cause recurrent symptoms, such as painful or itchy sores, and a select few can cause infertility (meaning you can never have children), increased risk of cancer, and even death for both women and men. The most deadly of all STDs is HIV, the virus that causes AIDS. Half of new HIV infections occur in people under 25. And get this: Having one STD increases your chances of contracting another STD, including HIV.

You can't tell if someone has an STD by the way he or she looks or acts. The only way to know whether you have an STD, including HIV, is to get tested. Appearances can be deceiving. After all, you're not just having sex with that person but with everyone they've ever had sex with...and everyone THEY'VE ever had sex with...and...well, you get the point. Because lots of STDs have no symptoms (or only subtle ones), your partner may not even know he or she has one.

It's very important to know your own body. You should be aware of any skin changes (like sores) on the genitals, as well as any unusual discharge or discomfort when urinating; these could be signs of an STD. Being aware of how your body works when it's healthy will help you recognize any symptoms that may signal an unintended pregnancy or an STD. However, many STDs show no symptoms, so it is important to understand that the only way to know whether you have an STD, including HIV, is to be tested. Talk with your health care provider about which STDs you should consider getting tested for.

TO BE BLUNT ABOUT IT The only way to be sure you're having safer sex is to keep your partner's blood, semen, or vaginal fluids out of your body. Abstinence is the safest method. But if you are going to have sex, always use condoms for vaginal or anal sex and condoms or dental dams (square pieces of latex available in some drugstores) for oral sex.

HOW CAN YOU TELL IF YOU OR YOUR PARTNER IS INFECTED WITH AN STD? A lot of times, you CAN'T tell if you're infected—or if your partner is infected. STDs, including HIV, often have no symptoms, so many people who have an STD don't know it. That's why it's so important for you and your partner to protect yourselves.

Sometimes there are noticeable signs that can indicate an STD. If you experience pain or burning during urination; frothy, smelly discharge from the vagina, penis or anus; bumps, sores or itching in the genital area; pain or tenderness in the pelvic area; or other symptoms noted in the STD chart on page 20 you may have an STD. If you experience these signs, you need to visit your health care provider as soon as possible so you can get tested.

GETTING TESTED It's also a good idea for you both to visit a provider or a clinic before you have sex to discuss your risk and what STDs you should consider getting tested for. Many people assume STD testing is a standard part of routine care, but if you don't ask, you can't be sure you'll be tested. In fact, it's unlikely that your health care provider would test you without discussing it with you first. HIV tests always require informed consent.

Why is it so important to get tested early? Because if you have an STD and don't know it, not only could you pass it on to your partner, but also, since you aren't getting treatment, you could compromise your health now and in the future. Some STDs are curable with antibiotics; others, though not curable, have treatments that can help reduce symptoms or lessen the disease's effects. For example, if you have HIV, an STD for which there is not yet a cure, finding out early is critical. It means you can take advantage of new medications that can help you live a longer and healthier life.



THE MOST COMMON STDs

	CHLAMYDIA	TRICHOMONIASIS	GONORRHEA
WHAT IS IT	A bacterial infection of the genital area.	A parasitic infection of the genital area.	A bacterial infection of the genital area.
HOW MANY GET IT	About 3 million new cases each year. The highest rates are among women aged 15 to 19.	An estimated 7.4 million new cases each year.	Approximately 700,000 new cases a year. The highest rates are among women aged 15 to 19 and males between the ages of 20 to 24.
SYMPTOMS	There are no symptoms in most women and many men who have it. Others may experience abnormal vaginal bleeding (not your period), unusual discharge or pain during urination within one to three weeks of having sex with an infected partner.	Often there are no symptoms, especially in men. Some women notice a frothy, smelly, yellowish-green vaginal discharge and/or genital area discomfort, usually within 5 to 28 days after exposure to the parasite. Men may notice a discharge from the penis or a slight burning after urination or ejaculation.	Most people infected have no symptoms. For those who do, it can cause a burning sensation while urinating, green or yellowish vaginal or penile discharge, anal discharge or discomfort, and for women, abnormal vaginal bleeding and/or pelvic pain. Symptoms can appear within 2 to 30 days after infection.
HOW IT'S SPREAD	Through unprotected vaginal, oral or anal intercourse.	Through unprotected vaginal intercourse or vulva-to-vulva contact.	Through unprotected vaginal, oral, or anal sex.
TREATMENT	Oral antibiotics cure the infection. Both partners must be treated at the same time to prevent passing the infection back and forth, and both partners need to abstain from intercourse until the infection is gone.	Antibiotics can cure the infection. Both partners have to be treated at the same time to prevent passing the infection back and forth and need to abstain from intercourse until the infection is gone.	Oral antibiotics. Both partners must be treated at the same time to prevent passing the infection back and forth, and both partners need to abstain from intercourse until the infection is gone.
POSSIBLE CONSEQUENCES	Infertility and increased risk of HIV infection. In women, chlamydia can lead to pelvic inflammatory disease (PID) and tubal (ectopic) pregnancy.	Increased risk for infection of other STDs, including HIV. In women, trich can cause complications during pregnancy. Also, it's common for this infection to happen again and again.	Increased risk of infection of other STDs, including HIV, and increased risk of infertility. In women, the infection can spread into the uterus and fallopian tubes, causing PID, which can lead to infertility and tubal (ectopic) pregnancy.

HUMAN PAPILLOMAVIRUS

(HPV or Genital Warts)

A viral infection with more than 100 different types, 30 of which are sexually transmitted and can infect the genital area, both inside and out.

An estimated 6.2 million new cases each year. At least 20 million people already have it.

Soft, itchy warts in and around the genitals (vagina, penis, testicles, and anus) may appear weeks or months after exposure. Many people, however, have no symptoms but are still contagious.

Through unprotected vaginal, oral, or anal intercourse, or by touching an infected area (infected areas may not always be noticeable).

There is no cure, but warts can be treated by medication or can be removed through other methods. Even with such treatments, the virus stays in the body and can cause future outbreaks.

Increased risk for infection of other STDs, including HIV. In women, the persistent infection with certain HPV types is the most important risk factor for cervical cancer; however, the majority of infected women do not develop cervical cancer.

GENITAL HERPES

A viral infection of the genital or rectal area that also can occur around the mouth.

About 1 million new cases each year. An estimated 45 million cases already exist.

Most people have no symptoms. Herpes 1 causes cold sores and fever blisters on the mouth but can be spread to the genitals; Herpes 2 is usually on the genitals, but can be spread to the mouth. Outbreaks are often recurrent and can cause red bumps that turn into painful blisters or sores on genitals and elsewhere. During the first attack, flu-like symptoms—fever, headaches, and swollen glands—may occur. Symptoms usually appear within 2 weeks of infection and can take 2 to 4 weeks to heal.

By touching an infected area (infected areas may not always be noticeable), or having unprotected vaginal, oral, or anal intercourse. Warning: Some people may be contagious even when they don't have symptoms.

There is no cure, but medications can help reduce the pain, itching and frequency of recurrent outbreaks as well as reduce transmission to partners.

Increased risk for infection of other STDs, including HIV. Recurring sores—the virus lives in the nerve roots and keeps coming back. Passing herpes from mother to newborn is rare; however, an infant who gets herpes can become very ill, so precautions are advisable.

SYPHILIS

A bacterial infection that can spread throughout the body.

About 70,000 new cases a year.

In the first phase, a single sore (chancere) may appear on the genitals or mouth 10 to 90 days after exposure and may last for three to six weeks. Often, however, there are no noticeable symptoms. In the second stage, up to several weeks after the first sore has disappeared, a variety of symptoms can appear, including a rash (often on the palms of the hands, soles of the feet, or genital area). Though symptoms may disappear, the disease is still present.

Through unprotected vaginal, oral, or anal sex—and also through kissing if there is a lesion on the mouth.

Antibiotic treatment can cure the disease if it's caught early, but medication can't undo damage already done. Both partners must be treated at the same time and must abstain from intercourse until the sores are completely healed.

Increased risk for infection of other STDs, including HIV. Untreated, the symptoms will disappear, but the infection stays in the body and can progress into the third stage, damaging the brain, heart, and nervous system, and possibly causing death. Syphilis in women can seriously harm a developing fetus during pregnancy.

THE MOST COMMON STDs

	HEPATITIS B VIRUS (HBV)	HIV
WHAT IS IT	A viral infection affecting the liver.	The human immunodeficiency virus (HIV), the cause of AIDS.
HOW MANY GET IT	About 73,000 new cases a year.	An estimated 40,000 people in the U.S. are infected each year, the majority through sexual transmission. Over 1 million people in the U.S. are currently living with HIV.
SYMPTOMS	Many people don't have any symptoms. Others may experience tiredness, aches, nausea and vomiting, loss of appetite, darkening of urine, or tenderness in the stomach, usually within one to six months of exposure. Yellowing of the skin and the whites of the eyes (called jaundice) can occur later.	Many people who have HIV don't know it because symptoms may not appear for 10 years or longer. Others experience unexplained weight loss, flu-like symptoms, diarrhea, fatigue, persistent fevers, night sweats, headaches, or severe or recurring vaginal yeast infections.
HOW IT'S SPREAD	Through unprotected vaginal, oral, and anal sex, but also through sharing contaminated needles or any behavior in which a person's mucus membranes are exposed to an infected person's blood, semen, vaginal secretions, or saliva. The chance of getting it through kissing is low.	Through unprotected vaginal, oral, and anal sex, through sharing contaminated needles, and during pregnancy and breast-feeding. During penetrative intercourse, the receptive partner is at higher risk for HIV infection than is the insertive partner.
TREATMENT	Most cases clear up within one to two months without treatment, during which time you should not drink alcohol until liver function returns to normal. Some people are contagious for the rest of their lives. A three-dose vaccine is now available.	There is no cure for AIDS, and it is considered fatal. Antiviral medications can slow the progression of HIV infection and delay the onset of AIDS symptoms. Early treatment can make a big difference.
POSSIBLE CONSEQUENCES	Increased risk for infection of other STDs, including HIV, and also Hepatitis C. Chronic, persistent inflammation of the liver and later cirrhosis or cancer of the liver. If you are infected and pregnant, your baby must be immunized at birth.	Increased risk for infection of other STDs. HIV is the deadliest STD of all and can weaken the body's ability to fight disease, making one vulnerable to certain cancers and infections such as pneumonia.

GETTING TESTED FOR HIV

HOW THE TEST WORKS Most HIV tests detect antibodies produced by the body to fight HIV once infection has occurred but do not test for the virus itself. A positive test result means that HIV antibodies are present in the blood; in other words, a person is infected with HIV and can infect others. A negative result means that no HIV antibodies were found at the time the test was taken. In many instances this means that a person does not have HIV. However, it might also mean that they were tested too soon after infection to accurately detect HIV antibodies. It ordinarily takes three to six months (this time frame is called the “window period”) for people who have been infected with HIV to develop enough antibodies for their HIV status to be accurately detected by the test.

HIV tests in the U.S. are either “anonymous” or “confidential.” With anonymous HIV testing, your name is not linked to your test results—you are assigned a number that is matched to your results. With confidential HIV testing, your name is recorded with your results which may be made available to medical personnel and, in some states, the state health department.

There are several kinds of HIV tests available in the U.S. The main types of tests are:

CONVENTIONAL BLOOD TEST A blood sample is drawn by a health care provider and tested at a lab. Results are generally available within a few days to two weeks.

CONVENTIONAL ORAL FLUID TEST Conventional oral fluid test OraSure is an FDA-approved HIV oral fluid test. A sample is collected by a health care provider, who swabs the inside of the mouth. The sample is tested at a lab. Results are generally available within a few days to two weeks.

RAPID TESTS Rapid HIV tests are performed at testing sites and can provide results in as little as 10 minutes, depending on the test. If a rapid test is negative, no further testing is needed. If a rapid test is positive, it must be confirmed with a more specific test performed in a lab. Several FDA-approved rapid tests are commercially available. Some require a finger prick, others draw blood from the arm, and another can use oral fluid.

HOME TESTS A home HIV test, HomeAccess, first came onto the market in 1997. This FDA-approved test can be purchased from many drugstores and online. An individual pricks their finger with a special device, places drops of blood on a specially-treated card, and mails the card to a lab for testing. Using an identification number printed on the card, they phone for test results and may also receive counseling and referral by phone. Results can be obtained in as little as three days.

URINE TESTS Calypte is an FDA-approved urine HIV test. A urine sample is collected by a health care provider and tested at a lab. Results are generally available within a few days to two weeks.

SCHEDULING A TEST To find a testing center near you, call the Centers for Disease Control at 1-800-CDC-INFO (1-800-232-4636) or go to <http://www.hivtest.org>.



CONDOM CUES

REALITY CHECK While contraceptives are effective at preventing pregnancy, most provide little to no protection against HIV and other STDs. However, latex condoms can substantially reduce the risk of sexual transmission of HIV when used consistently and correctly. Consistent and correct use of condoms can also reduce risk of transmission of other STDs, including gonorrhea and chlamydia. The most important thing to remember about condoms is that in order to protect yourself you need to use a new condom each and every time you have intercourse. To be extra safe, use one even when you're using another form of birth control.

DECISIONS, DECISIONS Condoms come in lots of colors and textures these days but only two things matter: Condoms should be made of polyurethane or latex (which are way more reliable than animal tissue condoms) and if you are using the male condom, they should fit snugly. (Yes, they do come in different lengths, widths, and thicknesses.)

INSPECTION Condom packages show an expiration date. If a condom is past the date, is ripped, or looks dry, brittle, stiff, or sticky, it shouldn't be used. Keeping a few spares on hand is a good idea in case one rips while being opened or put on.

HANDLING Condoms should be stored in a cool, dry place to prevent breakage or leakage. To open, the package should be torn gently on the side (not with teeth or scissors, which could tear the condom itself) and the condom pulled out slowly.

CHOOSING THE RIGHT LUBRICANT Using a pre-lubricated condom, or applying a small amount of water-based lubricant—such as K-Y jelly or Astroglide—inside and outside the condom can help prevent rips. Oil-based lubricants (like Vaseline or other petroleum jellies, body lotions, mineral or vegetable oils) should not be used with latex condoms because they can cause the latex to break down, reducing or eliminating the condom's effectiveness.

PUTTING A CONDOM ON CORRECTLY The condom should be put on before intercourse begins. The rolled condom should be placed over the head of the penis after it is hard and erect, leaving a half-inch of space at the tip to collect semen. Pinching the air out of the tip with thumb and forefinger can help to prevent breakage. Next, the condom should be unrolled down the entire length of the penis until it reaches the base. Be sure to smooth out any air bubbles along the way. The condom should fit snugly so that it won't slide off during intercourse. If you start to put on a condom inside-out, don't use it—throw it away. You'll know it's inside out because it won't roll down the length of the penis easily.

REMOVING A CONDOM Immediately after ejaculation, the penis should be slowly withdrawn before it loses its erection. The base of the condom should be held against the penis to avoid slippage or spilling any semen as it's withdrawn. The condom should be wrapped in tissue and thrown away in the garbage (not in the toilet, or it may clog).

PROTECTION DURING ORAL SEX According to the Centers for Disease Control and Prevention (CDC), it is possible to get HIV and other STDs during oral sex. That's because viruses can enter the body through tiny cuts or sores in the mouth. The CDC recommends you use a latex or polyurethane condom for oral sex on a penis. For oral sex on a vagina or an anus, the CDC says to use a latex barrier (such as a natural rubber latex sheet, a dental dam or a cut-open condom that makes a square) between your mouth and your partner's genitals. A latex barrier such as a dental dam reduces the risk of blood or vaginal fluids entering your mouth. Plastic food wrap also can be used as a barrier.



HOW TO TALK TO YOUR PARTNER

WHETHER YOU CHOOSE TO HAVE SEX OR NOT, IT IS IMPORTANT TO BE ABLE TO TALK ABOUT SEX. HAVING DIRECT CONVERSATIONS ABOUT SEX CAN BE UNCOMFORTABLE BUT IT DOES GET EASIER IF YOU ARE CONFIDENT ABOUT YOUR FACTS. BOTTOM LINE: WHEN IT COMES TO SEX, GOOD COMMUNICATION IS IMPORTANT, WITH FRIENDS, HEALTH CARE PROVIDERS, PARENTS AND FAMILY, AS WELL AS YOUR BOYFRIEND OR GIRLFRIEND.

If a couple is going to have sex, it's important for them to talk things over first. They need to discuss topics like their sexual boundaries and how they can protect themselves. Talking about STDs is an important part of this conversation. Remember, though, that since others can't always be accurate about their STD status—especially because they may not even know they have one—using condoms for protection is very important.

Of course, if you have an STD, it's good to be honest. Not only will it help you take the right precautions to protect your health and your partner's health—by either abstaining from intercourse until an outbreak is over or practicing safer sex—it also shows your partner that you care about and respect him or her. Chances are, your partner will appreciate your truthfulness and reciprocate, and such honesty may even strengthen the emotional bond between you.

Here are some tips that professionals offer about how to talk about sex. Choose a time and place that's relaxed and comfortable before you get intimate (ideally that means before you take your clothes off!). Be sure to know plenty of important facts so that you can answer any questions your partner may have. You might want to start the conversation on a positive note—for example, by telling your partner that you really care for him or her and that's why you want to discuss something important. If part of what you want to tell your partner is about an STD you have, you might say that last year, you found out you carry HPV, or that you just learned that you have chlamydia and you want him or her to get checked out. If you have genital herpes, you might explain that you sometimes get sores in the genital area.

Keep it simple and just give the facts about symptoms, treatment, how the disease is spread, and how you can protect each other. This is a difficult conversation that will likely stir up a lot of emotions, but try to think of it as simply sharing vital information. Then give your partner some time and space to digest the news. After all, it probably took you a while when you first heard. Offer to provide more information or an STD hotline number. With time, most people take the news pretty well and don't let it stand in the way of the relationship. (And if they don't take it well, it's better to find out before the relationship goes too far.) With everything that's been learned in recent years about STDs and their transmission, it's entirely possible for people with an STD to have a satisfying sex life without passing the infection to their partners.

Whether or not you're sexually active, now you have the facts you need to protect yourself. The next step is putting this information into practice. Communicate with your partner about your choices. Take precautions to avoid unintended pregnancy and lower your risk of getting an STD. Your health is entirely in your hands. So whatever you decide to do, make choices that you can enjoy and feel good about—today, tomorrow, and the next day.



HOTLINES AND WEBSITES

CDC-INFO (FORMERLY KNOWN AS THE CDC NATIONAL STD AND AIDS HOTLINE) 1-800-CDC-INFO (1-800-232-4636) / 1-888-232-6348 TTY cdcinfo@cdc.gov

This 24-hour hotline provides assistance with personal health issues, including questions regarding personal risk or where to get an HIV test. The hotline operates in both English and Spanish.

CDC NATIONAL PREVENTION INFORMATION NETWORK (NPIN) 1-800-458-5231 / 1-800-243-7012 TTY info@cdcnpin.org

This hotline connects you to reference, referral, and publication distribution services for information on HIV/AIDS, STDs, and tuberculosis (TB). It operates in English and Spanish from Monday through Friday, 9 a.m. to 8 p.m. Eastern Time.

EMERGENCY CONTRACEPTION HOTLINE 1-888-NOT2LATE (1-888-668-2528)

Run by the Reproductive Health Technologies Project, this hotline provides pre-recorded information about emergency contraception and gives the names and phone numbers of places where you can get emergency contraception.

NATIONAL ABORTION FEDERATION HOTLINE 1-800-772-9100

Sponsored by the National Abortion Federation, this hotline provides referrals to clinics that perform abortions. They will also answer questions about the procedure and about the laws surrounding it.

NATIONAL COUNCIL FOR ADOPTION 1-202-328-1200

You can call them collect for information about adoption options.

NATIONAL DOMESTIC VIOLENCE HOTLINE

1-800-799-7233 / 1-800-787-3224 TTY

A 24-hour national hotline for victims of domestic violence and those who are concerned about them.

NATIONAL GAY & LESBIAN YOUTH HOTLINE

1-800-347-TEEN (1-800-347-8336)

A confidential, anonymous national hotline for LGBTQ youth staffed by trained peer counselors. It operates 6:30-9:00 p.m. Eastern Time, Monday through Saturday.

NATIONAL HERPES HOTLINE 1-919-361-8488

Sponsored by the American Social Health Association, this hotline provides information and counseling to people with herpes and those who are close to them. It also provides free publications and referrals to local support groups.

NATIONAL PEDIATRIC AIDS NETWORK 1-800-646-1001

For children and adolescents with HIV/AIDS.

NATIONAL RUNAWAY SWITCHBOARD 1-800-621-4000

A 24-hour confidential nationwide hotline providing crisis intervention and referrals on a range of issues.

NATIONAL SEXUAL ASSAULT HOTLINE

1-800-656-HOPE (1-800-656-4673)

A 24-hour national hotline for victims of sexual abuse, operated by Rape, Abuse and Incest National Network (RAINN).

PLANNED PARENTHOOD NATIONAL HOTLINE 1-800-230-PLAN

www.plannedparenthood.org, www.teenwire.com

This 24-hour hotline will automatically connect you to the Planned Parenthood provider nearest you. Planned Parenthood is a source for contraception, testing for STDs, including HIV, pre-natal and post-natal care, pregnancy options counseling, and adoption referrals.

EMERGENCY

AFRAID YOU MIGHT BE PREGNANT? See your health care provider for a pregnancy test as soon as you can, or get a home pregnancy test at the drugstore. If you use a home test, make sure you follow the instructions carefully (especially the necessary time to wait after unprotected intercourse for accurate test results). If the test is positive, see your provider or go to a clinic as soon as possible. Getting an exam to confirm pregnancy early will give you time to consider all your options. To find a health care provider or a clinic near you that provides confidential testing and information, call the Planned Parenthood Hotline at 1-800-230-PLAN. See page 28 of this booklet for more information.

NEED EMERGENCY CONTRACEPTION? If you've had unprotected intercourse or your method of birth control failed within the last 120 hours, you can take emergency contraception to reduce your risk of pregnancy. Call a provider or a clinic to ask about your emergency contraception options, or call the Emergency Contraception Hotline at 1-888-NOT2LATE to find a clinic near you. See page 28 of this booklet for more information.

THINK YOU MAY HAVE AN STD? Arrange a health care visit immediately. You can call the Planned Parenthood Hotline at 1-800-230-PLAN for a referral to a confidential, low-cost clinic, or look in the phone book for city or county health centers that provide STD testing. You can also call national hotlines for more information: CDC INFO 1-800-232-4436; or the National Herpes Hotline, 1-919-361-8488. See page 28 of this booklet for other options.

WORRIED THAT YOU MAY BE HIV-POSITIVE, OR THAT YOU MAY HAVE BEEN EXPOSED TO THE VIRUS? Get a confidential test through your health care provider or a local clinic. If you need help finding a place to be tested, or you have questions, call CDC INFO at 1-800-232-4436 or the National Pediatric AIDS Network at 1-800-646-1001. See page 28 of this booklet for other options.

For additional copies of this booklet, please call 1-888-BE-SAFE-1.



GETTING HELP

FINDING A HEALTH CARE PROVIDER The best person to talk to about health matters is a health care provider whom you trust. Finding that person can sometimes be difficult, but it doesn't necessarily have to be a doctor. Often, a nurse practitioner or nurse can help and may have more time to sit and answer questions.

If you want to find a reproductive health or women's health care clinic near you, look in the Yellow pages under "Birth Control Information Centers" or "Clinics" specifically for those clinics that offer family planning services or STD testing services. You can also call your local Planned Parenthood office, or call the national Planned Parenthood hotline at 1-800-230-PLAN, and they will connect you to your nearest local provider. To find a clinic that provides tests and treatment for sexually transmitted diseases (STDs), look in the phone book for city or county health centers, or call the national hotline numbers listed on page 28.

In many cases, you're entitled to confidential counseling and treatment for STDs, pregnancy, and birth control no matter how old you are. To be sure, let your health care provider know if you want your visit—and anything discussed during it—to remain confidential. If you're under 18, you need to be aware that some states do have laws requiring parental notification or consent if you seek an abortion, although most states also allow a judge to make exceptions.

To find out the situation in your state, you can call your local Planned Parenthood office or the National Planned Parenthood Hotline at 1-800-230-PLAN.

Of course, health care provider visits, STD tests, and contraception cost money, but if you have insurance these expenses may be covered; if not, low-cost and sometimes free confidential care is available at family planning clinics or STD clinics.

TALKING WITH YOUR FAMILY Try talking with your parents or an adult you trust—maybe an older sibling, a teacher, a guidance counselor, or an aunt or uncle. Even though it can be scary to raise certain issues, the rewards can be great. Family members know you better and can give you guidance based on the details of your personal situation. But if you need outside help as well, we've got some names and numbers to help you get started. See page 28 of this guide.

OTHER RESOURCES To find out more about these issues, to learn more about the campaign, or to get involved locally, log on to www.think.mtv.com.



