

It's Your (Sex) Life

Your Guide to Safe & Responsible Sex



fight for your rights:
protect yourself





The Henry J. Kaiser Family Foundation is an independent national philanthropy dedicated to providing information and analysis on health issues to policymakers, the media, and the general public. The Kaiser Family Foundation is not affiliated with Kaiser Permanente or Kaiser Industries.

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

Additional free copies of this booklet may be obtained by calling: [1.888.BE.SAFE1](tel:1888BE SAFE1) or online at www.fightforyourrights.mtv.com

Contents



- 6 / 7 Avoiding Unintended Pregnancy
- 8 / 13 Birth Control Chart
- 14 / 15 How to Negotiate with Your Partner
- 16 / 17 Sexually Transmitted Diseases
- 18 / 20 STD Chart
 - 21 HIV Testing
- 22 / 23 Condom Cues
- 24 / 25 How to talk to Your Partner About Safer Sex
- 27 Reading List
- 28 Hotlines

Introduction

There's no doubt about it: Sex can be one of life's most fulfilling experiences. But, you'll need to take the right precautions. These days, what you don't know about sex can hurt you so you'll want to get the facts — and fast.

Whether you're currently having sex with someone or not, you probably have lots of questions about contraception, diseases, and other intimate topics. Fortunately, we have some answers.

Of course it's your body and it's up to you what you do with it. That's why you need to make informed choices to protect yourself from accidental pregnancy and STDs, as well as the emotions that having sex can stir up. Making smart sexual decisions is easier than you might think — all it takes is a little foresight and planning before you're in the heat of the moment. So make the effort to safeguard your physical and emotional health now and in the long-term.

As a first step, it's very important to know your own body. Knowing what is "normal" for you is important so that you can tell when something is different. If you're a woman, you should pay attention to how often your menstrual periods are, how much you normally bleed, and what kind of discomfort (if any) you have with your period. A simple and easy thing that can help is to mark when your periods start and end on a calendar. Between your periods, you should know what your vaginal discharge is like, so that you can tell if something changes. Being aware of how your body works when it's healthy will help you recognize any symptoms that may signal an unintended pregnancy or STD.

Everyone — women and men — 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. However, many STDs show no symptoms: talk with your healthcare provider about your risk, and what STDs you should consider getting tested for.



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 ten teenagers, and three quarters of these pregnancies are unplanned. Among young women in their 20s and early 30s, the picture isn't much brighter: More than half of their pregnancies are total accidents.

Unintended pregnancy can have serious consequences for women and men: for your chances of finishing your education, for your financial future, and for the mother's health, not to mention the baby's health and development.

If you think you're pregnant...

If 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 or supermarket. (They run \$8 to \$20 and you should follow the instructions carefully.) To find a clinic or provider near you, see the "getting help" section of this booklet.

If you experience...

- _ sudden, intense pain or 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
- _ or 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.

If you find out that you are pregnant...

you basically 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.

If you find out that you are not pregnant...

and you weren't intending to have a baby at this time, you've been lucky, so it's best not to risk another scare. You have several options available. One is to stop having intercourse. Let's face it: Abstaining from intercourse is the most effective way of avoiding unintended pregnancy. And lots of people are practicing abstinence these days, whether or not they've had intercourse in the past. Close to half of high school seniors have not 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. And a number of men and women in their early 20s are abstaining as well. But, if you are going to be sexually active, then 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.

Keep in mind that the best protection against STDs, including HIV, for those who are sexually active is to use condoms each and every time. 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, Depo-Provera shots, or spermicide.

Here are the latest contraceptive options:



What Works



Condom

METHOD

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

SUCCESS RATE

With typical use, 14 women in 100 become pregnant in one year. With perfect use, three women in 100 will become pregnant in one year.

BENEFITS

The consistent and correct use of polyurethane or latex condoms (not animal skin) provides the best available protection against STDs, including HIV, for those who are sexually active. Plus, you don't need a prescription, and they are cheap and easy to find at any drugstore.

DRAWBACKS

It can break (especially if its 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.

HOW TO GET IT

At drugstores and supermarkets; costs 35¢ to \$2 each. They are often available free at family planning clinics.



Birth Control Pills

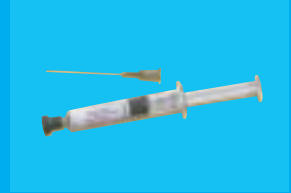
A woman takes a pill that contains either a combination of artificial estrogen and progestin or progestin only, every day. The pill works by preventing ovulation, increasing cervical mucus to block sperm, and creating a thin uterine environment.

With typical use, five 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 make a woman's periods more regular, reduce cramps, and shorten or lighten a woman's period.

Offers no protection against STDs including HIV. Side effects: nausea, headaches and moodiness. If you miss 2 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 contraception until you have taken seven consecutive pills.

Through a prescription from a health care provider; the cost runs \$15 to \$40 a month depending on the pill brand, plus the cost of the visit to your health care provider.



Depo-Provera

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

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 \$35 per shot, plus the cost of the office visit.



Diaphragm

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 to the back of her vagina so that it covers the cervix where it blocks sperm.

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

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

Won't effectively protect against most STDs including HIV and can increase the risk of urinary tract infections and toxic shock syndrome. 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.

Through a prescription from a health care provider; the cost is about \$30 to \$40 plus the cost of spermicide and the exam and fitting for the diaphragm.



Cervical Cap

A woman uses spermicide to coat the inside of this silicone or latex thimble-shaped device. Then she inserts it into the back of her vagina so that it covers the cervix where it blocks sperm.

With typical use, 20 women in 100 will become pregnant in one year. With perfect use, 9 in 100 women will become pregnant in one year.

It can be put in place up to six hours before intercourse and can stay there for up to 48 hours (and unlike the diaphragm, additional spermicide is not needed for additional acts of intercourse).

Won't effectively protect against most STDs including HIV and can increase the risk of urinary tract infections and toxic shock syndrome. It only comes in four sizes so it may not be an option for everyone. 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.

Through a prescription from a health care provider; the cost is about \$35 to \$60 plus the cost of spermicide and the exam and fitting for the cervical cap.



Female Condom

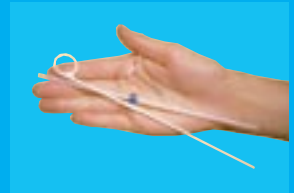
A thin polyurethane sheath, shaped like a sock with flexible rings at each end. The ring at the closed end holds the pouch in place inside the vagina, while the ring at the open end remains outside the vagina. The pouch collects semen and prevents it from entering the vagina.

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.

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.

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. It can be awkward to use at first, and must be removed right after intercourse — before you stand up — to prevent semen leakage.

Buy it at drugstores or supermarkets or get it from family planning clinics; costs \$2 to \$4 each.



IUD

A small device that contains copper or the synthetic hormone progestin that is inserted into a woman's uterus.

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

It provides effective pregnancy protection and lasts a long time — a copper IUD can stay in place for up to ten years, and a progesterone IUD lasts for one or five years, depending on the brand.

Doesn't protect against STD including HIV. There are 2 types: copper and progestin. Some side effects include: spotting between periods, heavier periods, and increased cramping. If exposed to infections, there is an increased risk of pelvic inflammatory disease (PID), which, in turn, can cause infertility. Not recommended for women who want to have children in the future.

Requires a visit to a health care provider; cost is about \$150 to \$300 for insertion and removal costs about \$100.

What Works



Norplant



Lunelle



Tubal ligation (female sterilization)

METHOD

Six small rods are inserted under the skin of a woman's upper arm, and these rods release the synthetic hormone progestin, that prevents pregnancy.

A woman gets a shot of a combination of artificial estrogen and progestin intramuscularly every month, which keeps her from getting pregnant.

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

SUCCESS RATE

Less than one woman in 1,000 becomes pregnant in one year.

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

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

BENEFITS

It protects against pregnancy for up to five years — without your having to do a thing. Plus, it starts working within 24 hours of insertion.

Once you get the shot, you don't have to think about birth control for the rest of the month.

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

DRAWBACKS

Doesn't protect against STDs including HIV; may cause irregular periods, headaches, weight gain, and acne. Some women may be able to see the rods under the skin. Plus, having the rods removed can be a hassle.

Doesn't protect against STDs including HIV; also may cause slight weight gain as well as altered periods.

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 it may be reversed, it's complicated, expensive, and doesn't always work. It is recommended only for women who are sure they don't want to have children in the future.

HOW TO GET IT

Requires a visit to a health care provider; the cost for insertion is usually about \$500-\$800, while the removal usually costs more because it takes more time to do.

Requires a visit to a health care provider every month; the cost is comparable to birth control pills at about \$25-\$40 per month.

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.

Contraception 911



Vasectomy (male sterilization)

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

Less than one woman in 100 becomes pregnant in one year.

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

Doesn't protect against STDs, including HIV. Although reversal of the procedure is possible, it is not always successful. It is 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 with a provider shows no sperm in the semen.

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.



Occasionally, you may slip up. Don't despair — if a condom breaks or you forgot to take your pill a few times this month, there is something you can do. But you need to act quickly. If you act within 72 hours, emergency contraception can help to reduce the risk of pregnancy by up to 88 percent. There are two dedicated emergency contraceptive products available today — Preven and Plan B. Both products require 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, it won't work. Emergency contraception can cause nausea, 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 88 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 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 Very Well

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



Rhythm Method

Spermicide-use

Withdrawal (coitus interruptus)

METHOD

You keep track of a woman's menstrual cycle and have intercourse only during the "safe" (or infertile) days.

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.

The man withdraws his penis from the vagina before ejaculation.

SUCCESS RATE

Typical use is difficult to estimate with this method, but with perfect use, about nine women out of 100 become pregnant in one year.

With typical use, 26 women in 100 become pregnant in one year. With perfect use six women in 100 will become pregnant in one year.

With typical use, 19 women in 100 become pregnant in one year. With perfect use four women in 100 will become pregnant in one year.

BENEFITS

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).

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

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

DRAWBACKS

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.

Some spermicides such as nonoxynol-9 have been found to irritate the vaginal walls making someone more susceptible to STD and HIV infection. Follow the directions carefully: this may mean waiting to have sex after insertion so that the spermicide can dissolve and spread. You must insert more spermicide each time you have intercourse.

Because sperm can live in pre-ejaculate, even if a man withdraws early, there is a chance of getting pregnant. 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

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

At drugstores and supermarkets. The cost is \$9 to \$12 for the spermicide and applicator; refills cost \$4 to \$8.

Just do it.

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. Sex during your period is also a riskier time for HIV transmission. So you should use protection whenever you have intercourse.

Peeing after intercourse

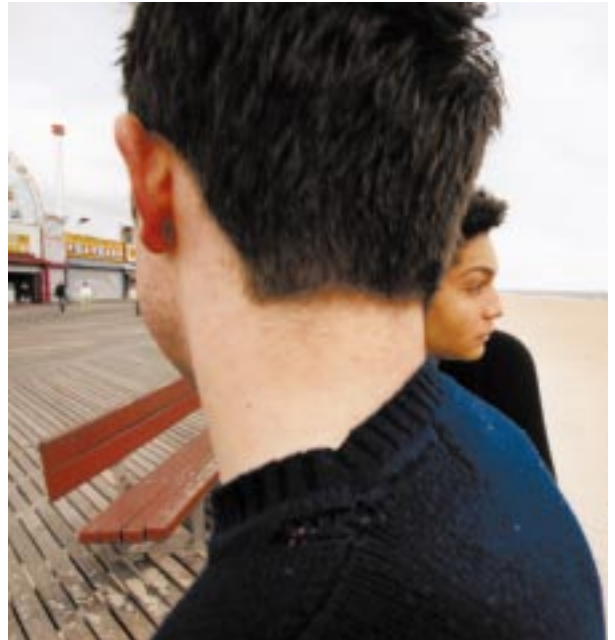
A complete myth! Urinating after sex does nothing to protect against pregnancy because women do not urinate out of their vaginal opening. So although the urinary opening is near the vagina (just above it), urinating will not flush sperm out of the vaginal opening.

Douching

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

How to Negotiate with Your Partner

Think you might be ready to have sex with a special someone? Before deciding, make sure you've considered all the issues and discussed them with your partner. After all, the decision is always up to both partners. Here are three tricky sexual scenarios and solutions for how to handle them:



Scenario #1: 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 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 against pregnancy and STDs.



Scenario #2: 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. 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 #3: You've already had intercourse together 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 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. And many of those who are infected don't know it. They probably thought they didn't need to worry about protection — they didn't think it could happen to them. And while a few STDs are curable, many others 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, which means that every hour, two Americans between the ages of 13 and 24 contract HIV.

And get this: having an STD increases your chances of contracting another STD, including HIV.

It's a myth that you can tell if someone has an STD by the way he or she looks or acts. That wholesome-looking guy or woman may look safe and seem safe but 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. That's why if you have ever had sex, you should get tested for STDs like chlamydia and HIV, even if you have no symptoms and are feeling just fine.

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 course. But, if you're going to have sex, always use condoms and 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. Abstinence is the safest course. But if you are going to have sex, always use condoms and dental dams (for oral sex). 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 provider would test you without discussing it with you first. HIV tests always require informed consent.

Often there are no symptoms, but 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 18 you may have an STD. In that case, you need to visit your health care provider as soon as possible so you can get tested.

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, you also aren't getting treatment, which can compromise your health now and in the future. Some STDs are curable with antibiotics; others, though not curable, have treatments that can help. For example, if you have HIV, an STD for which there is no cure yet, finding out early is critical. It means you can take advantage of new medications that can help you live a longer and healthier life.

If you are a woman and you experience dull pain or tenderness in the abdomen; bleeding between periods; abnormal vaginal discharge; pain during intercourse; chills; or any of these symptoms with a fever — these may be signs of pelvic inflammatory disease (PID). If you have these symptoms, see a health care provider or go to a clinic or a hospital emergency room immediately; PID can lead to infertility in a woman if it's left untreated.

The Most Common STDs

	Chlamydia	Trichomoniasis ("Trich")	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 adolescent women.	As many as 5 million new cases each year.	Approximately 650,000 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 4 days to one month after exposure to the parasite. Men may notice a discharge from the penis.	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, and for women, abnormal vaginal bleeding and/or pelvic pain. Symptoms can appear within 2 to 10 days after infection.
HOW IT'S SPREAD	Through unprotected vaginal, oral, or anal intercourse.	Through unprotected vaginal intercourse.	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 unprotected 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 both partners need to abstain from unprotected intercourse until the infection is gone.	Oral antibiotics can 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 unprotected intercourse until the infection is gone.
POSSIBLE CONSEQUENCES	Increased risk for infection of other STDs, including HIV. In women, chlamydia can lead to pelvic inflammatory disease (PID) which can lead to infertility 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 for infection of other STDs, including HIV. 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 can infect the genital area, both inside and out.

An estimated 5.5 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, etc.) may appear two weeks to three months after exposure. Many people, however, have no symptoms but may still be contagious.

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

There is no cure, but warts can be treated through medication, cryotherapy to freeze the warts off, or laser therapy to destroy the warts. 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 women will not develop cervical cancer.

Genital herpes

A viral infection of the genital area, and sometimes 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. An outbreak can cause red bumps that turn into painful blisters or sores on genitals and elsewhere. During the first attack, it can also lead to flu-like symptoms: fever, headaches, and swollen glands. Symptoms usually appear within 2 weeks of infection.

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 and itching as well as the frequency of recurrent outbreaks.

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

Syphilis

An infection caused by small organisms, which can spread throughout the body.

About 70,000 new cases a year.

In the first phase, a single sore (chancre) may appear on the genitals or mouth several weeks to 3 months after exposure, lasting for one to five weeks. Often, however, there are no noticeable symptoms. In the second stage, up to 10 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).

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.

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 causing damage to the brain, heart, and nervous system, and even possibly death. Syphilis in women can seriously harm a developing fetus during pregnancy.

Sexually Transmitted Diseases

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 77,000 new cases a year acquired through sexual transmission. About 750,000 people are already infected with Hepatitis B as a result of unprotected sexual activity.

An estimated 20,000 Americans are infected through sexual transmission each year, and an estimated 650,000 to 900,000 people in the U.S. are 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 6 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, nightsweats, 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, and also through sharing contaminated needles, during pregnancy, or breast-feeding. During penetrative intercourse, the receptive partner is at higher risk for HIV infection than 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. Chronic, persistent inflammation of the liver and later cirrhosis or cancer of the liver. If you are 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 someone vulnerable to certain cancers and infections such as pneumonia.

Getting Tested for HIV



How the test works: HIV tests detect antibodies produced by the body to fight HIV once infection has occurred. A positive 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 in the blood at the time that it was drawn. 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. The most common means of HIV testing uses blood samples, although there are oral-swab and urine tests available in some places. There are also home tests available in drugstores — you prick your own finger to draw a blood sample which you then send to a lab for processing. All test results, regardless of testing method, are generally available within a few days to two weeks. Some clinics are starting to use rapid HIV tests where you can get results within an hour (but if a rapid test is "reactive" or positive, it still needs to be confirmed by a second test which may take up to two weeks).

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 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.

Scheduling a test: To find a testing center near you, call the CDC National HIV/AIDS Hotline at 1-800-342-AIDS or go to <http://www.hivtest.org>.

Condom Cues

Reality check: Most contraceptives provide little to no protection against HIV and other STDs. And although they aren't 100% effective, consistent and correct use of condoms for those who are sexually active can substantially reduce risk of HIV infection. The consistent and correct use of condoms also provides the best available means of reducing the risk of other STD transmission for sexually active individuals. The most important thing to remember about condoms is that in order to protect yourself from STD infection, you need to use one 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: They 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, 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 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 breakdown.

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, 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 withdrawn slowly before it softens. 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 your toilet).

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 condom for oral sex on a man. For oral sex on a woman, the CDC says you can use non-microwavable Saran Wrap, dental dams or a cut up condom as a barrier between the mouth and the genitals.





How to Talk to Your Partner About Safer Sex

Whether you choose to have sex or not, it is important to be able to talk about sex. It can be uncomfortable to have direct conversations about sex, 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/family, and 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 contraception so they can protect themselves against pregnancy and STDs. It's important that couples ask each other about STDs. But remember, since others can't always be counted on to be honest about their STD status — especially because they may not even know they have one — using condoms for protection — always — 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 for and respect him or her. Chances are, your partner will appreciate your truthfulness, and such honesty may even strengthen the emotional bond between you.

Here are some tips professionals offer about how to have that talk. 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 arm yourself with 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 this 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 infection to their partners.



Now you know the facts you need to protect your sexual health. If you're sexually active, now is the time to take the next step: putting this information into practice. By taking the precautions outlined here, you'll be able to have a satisfying sex life — and a safe one. It's entirely in your hands. So whatever you decide to do, make sexual choices that you can enjoy and feel good about — today, tomorrow, and the next day. You won't regret it, we promise.

Guide Books on Unplanned Pregnancy, STDs, and HIV/AIDS

All About Birth Control: A Personal Guide,

Jon Knowles and Planned Parenthood Federation of America, Three Rivers Press, 1998.

Everything You Need to Know About Sexually Transmitted Diseases (STDs),

Samuel G. Woods, Rosen Publishing Group, 1997. Describes all STDs, including HIV — the consequences of being infected and where to get help.

Perspectives on Healthy Sexuality,

Lifematters Press, series of 12 books for adolescents, 2000-2001. Abstinence, Birth Control and Protection, Dating and Sex, Healthy Sexuality, Homosexuality, Influences on Sexuality, Sexually Transmitted Diseases, Sexual Readiness, Teen Fathers, Teen Mothers, Teen Pregnancy, Teen Sex

The Go Ask Alice Book of Answers: A Guide to Good Physical, Sexual, and Emotional Health,

Columbia University's Health Education Program, Owl Books, 1998. Q & A — includes relationships, sexuality, sexual health, emotional health, fitness and nutrition, alcohol and drugs, and general health questions.

Smart Sex, Jessica Vitkus and Marjorie Ingall, Pocket Books, 1998. Provides sexuality information on myths, virginity, masturbation, consent, intercourse, sexual orientation, birth control, safer sex, STDs, pregnancy, sexual harassment, and rape.

The Teen Body Book: A Guide to Your Changing Body,

Judie Lewellen, Contemporary Publishing Group, 1999. Basic information for boys and girls about puberty, intercourse, contraception, conception, STDs, physical and emotional health.

Changing Bodies, Changing Lives: A Book for Teens on Sex and Relationships,

3rd Edition, Ruth Bell, Times Books, 1998. Revised version discusses teen sexuality and development, including relationships, violence, substance abuse, birth control, pregnancy, and STDs.

The Underground Guide to Teenage Sexuality,

Michael J. Basso, Fairview Press, 1997. Presented in a Q & A format — addresses sexuality, anatomy, contraception, sexual behavior, STDs, love, how to make love, drugs, rape, abortion, sexual orientation, conception and birth.

The Teenage Guy's Survival Guide: The Real Deal on Girls, Growing Up, and Other Guy Stuff,

Jeremy Daldry, Little Brown and Company, 1999. Discusses basic information about sexuality — love, dating, sexual orientation, relationships, intimacy, puberty, emotions, confidence, and peer pressure.

It's OK to Say No: Choosing Sexual Abstinence,

Eleanor H. Ayer, Rosen Publishing Group, 2000.

Everything You Need to Know About Sexual Abstinence,

Barbara A. Moe, Rosen Publishing Group, 1998.

I'm Pregnant, Now What Do I Do?,

Robert W. Buckingham, Dr., Ph.D. and Mary P. Derby, R.N., M.P.H., Prometheus Books, 1997. Discussion of teenagers' options when faced with an unplanned pregnancy; combines medical information about abortion and prenatal care, detailed advice about adoption, and in-depth coverage of the responsibilities of parenthood.

Hotlines

Planned Parenthood National Hotline:

1-800-230-PLAN; www.plannedparenthood.org

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

Centers for Disease Control and Prevention's National STD Hotline: 1-800-227-8922; www.cdc.gov

This hotline will answer general questions about STDs, their symptoms, transmission, treatment and testing, and can also provide referrals to clinics and other hotlines.

CDC National HIV & AIDS Hotline:

1-800-342-AIDS; www.cdc.gov

This hotline will provide information about HIV/AIDS, answer questions about testing and prevention, and will provide referrals to callers. They will also send out free literature on HIV and AIDS.

National Abortion Federation Hotline:

1-800-772-9100; www.prochoice.org

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 the procedure.

National Herpes Hotline:

1-919-361-8488; www.ashastd.org

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 HPV and Cervical Cancer Hotline:

1-919-361-4848; www.ashastd.org

The hotline provides up-to-date information on the virus and its link to cancer through free information to the public about risk reduction, diagnosis and treatment of HPV and the prevention of cervical cancer, including the most up-to-date FDA-approved technologies.

National Teenage AIDS Hotline: 1-800- 440-TEEN, Fridays and Saturdays, 6pm to midnight, EST.

Sponsored by the American Red Cross, this hotline uses a staff of peer educators to provide information about HIV/AIDS and other STDs and to refer callers to other numbers.

Emergency Contraception Hotline:

1-888-NOT2LATE; <http://ec.princeton.edu>

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 Runaway Switchboard:

1-800-621-4000; www.nrrscrisisline.org

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

National Council for Adoption:

202-328-1200; www.ncfa-usa.org

You can call them collect for information about adoption options.

Rape, Abuse and Incest National Network (RAINN) 1-800-656-HOPE; www.rainn.org

A 24-hour national hotline for victims of sexual abuse.

Emergency



Had intercourse without birth control in the past three days?

Call a provider or 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.

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. 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. Remember — if you've had unprotected intercourse or your method of birth control failed within the last 72 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: the National STD Hotline, 1-800-227-8922; or the National Herpes Hotline, 1-919-361-8488; or the National HPV and Cervical Cancer Hotline, 1-919-361-4848. See pages 28 of this booklet.

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 the CDC's National AIDS Hotline at 1-800-342-AIDS, or the National Teenage AIDS Hotline at 1-800-440-TEEN. See page 28 of this booklet.

For additional copies of this booklet, please call 1-888-BE-SAFE-1 or visit www.fightforyourrights.mtv.com

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 most cases, you're entitled to confidential 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.

Hotlines

If you want more information, you can contact one of the hotlines listed on page 28.

ART DIRECTION AND DESIGN, MTV OFF-AIR CREATIVE
PHOTOGRAPHY, SCOTT HOUSTON, CORBIS SIYGMA

