
TELLING IT LIKE IT IS

**A guide for effectively dealing with
adolescent sexual risk-taking behaviors.**

By Margaret N. Wright, BSN, RN

Dedication

*This book is dedicated to
the people who can end the cycle
of teen pregnancy and poverty
in Alabama,
Alabama's community leaders,
educators, parents, and teens.*

Special Thanks

*To my daughter and editor, Elizabeth W Davies; my daughter and
advisor, Jane F Wright; my husband, Emil F Wright, MD, and my
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OB/GYN, Birmingham, Ala., and Joel Pittard, MD,
OB/GYN, Auburn/Opelika, Ala.*

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Introduction

In the 20 years I have known Margaret Wright, I have been most impressed with one thing: her passionate desire to help teenagers avoid the serious consequences of premarital sexual misadventure. With a nursing background, Mrs. Wright naturally gravitated to education, specifically health and sex education in the local school systems of Auburn and Lee County, volunteering her time. But she was not satisfied at that level of commitment, knowing that more needed to be done to help all of Alabama's teen population. In the past few years she approached the Medical Association of the State of Alabama to foster an idea and get ITS commitment to programs to help prevent teen pregnancy. As a result, a special committee of the Medical Association is currently working on just that, and Mrs. Wright is assisting with her special expertise which comes from years of study, commitment, and observation.

Here Mrs. Wright has written a booklet which is right on target. The unintended consequences of premarital sex in the teenage population are devastating both to the individual, as well as to society: unwanted pregnancies; sexually transmitted diseases including lifelong, incurable, sometimes lethal viral illnesses; poor pregnancy outcomes; and infertility. Add to that the socioeconomic miseries: school dropouts; grandmothers having to quit work to attend to the needs of neglected grandchildren; the lack of support of the fathers; single parent families; teens ill prepared to raise children, both socially and financially; and subsequent burgeoning of the welfare rolls. Indeed, teen pregnancy is the source of many of the serious problems we as a society must shoulder.

Even a small decrease in teen pregnancy rates can provide marked social and economic benefits. Ideally, we all would like teens to practice sexual abstinence until marriage, and many programs promote the same. Unfortunately, there is no data to indicate that this approach works in the long term. On the other hand, programs that counsel abstinence but also provide contraception and prevention from sexually transmitted diseases for those teens who do not abstain have shown promise. Most notable is the school-based program at Quincy, Florida, which was so successful in preventing teen pregnancy that it has served as a model for the entire state.

*Telling It Like It Is emphasizes this basic fact: In order to prevent teen pregnancy and sexually transmitted disease, we must be realistic and provide programs that work. For those teens who are often “high on hormones and low on judgment” that means providing methods not just advice. **I am hopeful that school systems in Alabama will heed the lessons promoted in this booklet. To do otherwise will not give our children the advantages they so desperately need to become fully functional citizens of the future.***

Joel C. Pittard, MD

Former President

Medical Association of the State of Alabama, 1999

Foreword

U.S. teen birth rates fell last year nationwide.

“**Teen birth rate lowest in 60 years,**” jumps out at me as I read an article in the *Opelika-Auburn News*

Here’s the bad news: **Alabama’s extremely high teen birth rate rose even higher last year!** While births nationwide to girls ages 15 to 19 dropped last year to 496 per 1,000, Alabama rates climbed from 65.5 (1998) to 67.7 (1999) according to a preliminary report from Alabama’s Center for Health Statistics.

How can Alabama prevent teen pregnancies, AIDS and other sexually transmitted infections (STI’s)? These are complex problems.

Many parents insist schools either teach nothing about sex or teach “abstinence-only courses,” courses that *unequivocally* advise teens not to have sex. I *wish* teen pregnancies would be prevented by telling our teens to wait to have intercourse until they are responsible adults, are married, are supporting themselves and are able to handle consequences of their actions. That’s what “abstinence-only” courses teach.

But if “abstinence-only” courses alone could get the job done, I would be writing a very different booklet. The stakes in this game are so high, I don’t want to waste a second on anything that’s not the best help available.

If “abstinence-only” is not enough to prevent teen pregnancy, is there anything that is? To find answers I rely on advice such as this from I Thessalonians 5:21 (NIV): *Test everything Hold on to the good.* I turn to some of our best “testers” for answers, researchers at the Centers for Disease Control and Prevention.

Linda Goodson at the University of Alabama's Department of Community Health and Resource Development tells me that CDC researchers have looked at data from more than 400 sex-education courses. So far, they have not been able to find any "abstinence-only" courses which they can recommend as "Programs That Work," courses which achieve what we would all like them to do: significantly reduce teen pregnancies and STI's.

They have found, however, a small number of "abstinence-plus" courses that show promising results. Like "abstinence-only courses," "abstinence-plus" (A+) courses teach the following: to be free of concerns about STI's and pregnancy, teens must abstain from sexual intercourse. But, in addition, A+ courses discuss contraceptives—how they work, how they don't work, how effective they are in preventing some STI's, plus how ineffective they are in some circumstances. Researchers discovered that a few A+ courses significantly delayed onset of sexual activity among teens who had not engaged in sexual intercourse. Among already sexually active teens who took these courses, condom use increased significantly.

Some parents object to A+ courses out of fear that discussing contraception condones having intercourse. *If I send my child to learn about contraceptives, it may seem as though I approve of adolescents having sex as long as the pill and a condom are used.* This is a real concern many parents express. Surprisingly, a virginal teen who is taught the best abstinence-plus course is going to be *less likely* to initiate sexual activity for a *significantly longer period* of time than a virginal teen who takes an abstinence-only course or is in a control group.

So why do a handful of A+ courses work so well? According to the National Education Association Health Information Network, they have common characteristics. These include:

- Focusing on high-risk behavior, such as unprotected sexual intercourse
- Helping students understand their personal risk and vulnerability
- Allowing students to practice communicating with each other, to negotiate with each other, and to refuse demands which make them uncomfortable.

Having taught an A+ course for five years in an Alabama public school, I believe they also acknowledge a teenager's need for information. Such courses encourage students to ask questions—during class discussions or with the aid of an anonymous question box. Every class I've taught has clamored for information and has listened attentively and respectfully when answers were given.

Once I spoke to a class at Auburn High School. The health teacher told me that one particular teenager had been sullen the day before during a counselor's abstinence lecture and had spent most of the hour with his eyes closed, tipping his chair against a back wall. When I was there he leaned forward, straining to hear every word as I answered students' questions such as "How effective are condoms in preventing AIDS and other diseases?" (Answer: 99-100% effective in preventing HIV infection when used consistently and correctly, but it's possible

to get viruses such as those that cause genital warts from an infected partner via skin-to-skin contact in genital areas not covered by a condom.)

The teacher later told me the young man's comment after class.

"That lady tells it like it is!" he said.

In my opinion, we've got to *tell it like it is* so that *everyone* listens.

Please get informed. Take action.

The residents of Quincy, Florida, reduced teen pregnancy rates 75 percent over two years by getting their health department to open a school-based comprehensive clinic which offers family planning services.

This clinic provides reproductive health services including on-site availability of contraceptives and condoms, only with parental permission. The Quincy schools also teach one of the "Programs That Work." Alabama has just two schools where any reproductive health services are available in a school-based clinic.

Don't waste time on unproven methods of teen pregnancy prevention, well meaning though they may be. Here's why:

"Alabama is at the bottom of the barrel, tied with Mississippi for the highest infant mortality rates in the nation...[in some Alabama counties] 15 out of every 1,000 babies born to teens die in infancy," said Dr.

Thomas M. Miller, director of Alabama's Bureau of Family Health Services in Montgomery.

"I'd say that at least 20 percent of the local population is infected with HPV," said Dr. William S. Russell, a

gynecologist in Auburn/Opelika. HPV is human papilloma virus, some forms of which cause genital warts and some of which cause a six-fold increase in the likelihood of acquiring cervical cancer.

“Last week I saw a young teen with three sexually transmitted diseases,” said an Auburn/Opelika gynecologist, Dr. Thomas Chase.

“Clearly human papilloma virus and chlamydia are prevalent in the young, sexually active population in the state of Alabama...the number of visits by young men [to the college medical clinic] for...chlamydia or gonorrhea... genital warts...is disconcerting. Education needs to be done during the early teenage years, and what we are doing is not effective enough,” e-mailed Dr. Frederick Kam, medical director at Auburn University Medical Clinic.

And most troubling of all: **“Worldwide, approximately one in every 100 adults aged 15 to 49 is HIV-infected.”** (UNAIDS: Report on the Global HIV/AIDS Epidemic, December 1998)

TELLING IT LIKE IT IS

Anyone can get HIV. But knowledge is power...I want to help you protect yourself (and others)—not only against HIV but also against other sexually transmitted diseases. I want you to understand the connection between HIV and drug use. I want to help you learn to be a sexually responsible person and take charge of your own life...If you can wait, wait...If you can't, be safe—every time.

—Earvin “Magic” Johnson

THE SCOPE OF THE PROBLEM

The majority of high school students in Alabama have sex by age 16. Dr. Wallace Goddard of Auburn University studied teens in 12 Alabama counties during the 1990s and found that by age 16, more than 50 percent of whites and 70 percent of blacks had had sex. The Alabama Department of Public Health estimates that almost six out of every 100 teenage girls are getting pregnant yearly (from www.alapubhealth.org: Teenage Pregnancy Summary).

WHY TEENS HAVE SEX

Teenage girls have an overwhelming desire to please. A male's approval makes them think they're complete. They defer to anything he wants, call him on the phone. They don't realize that neither they nor the guy are going to be happy with this kind of relationship in the long run.

—A 23-year-old looking
back on her teen years

Teens have sex because they want to be loved, as we all do, because they want to please their peers, or because they think “everyone else is doing it.” They have sex, even high-risk sex, because they don't understand the risk or find taking risks exciting.

Comments made by teens and young adults tell us that teens often take extraordinary risks when the following forces are in play.

Peer Pressure

- “I had sex because my boyfriend wanted it so much; besides, he said he'd be permanently damaged if he didn't.”
- “I got tired of being asked, ‘Are you still a virgin?’ by all my friends.”

Rebellion

- “I wanted to have a good time.”
- “My parents don’t understand me.”
- “Life sucks.”

Alcohol

- “You can forget using a condom if drinking’s going on.”
- “I had a few drinks so I’d be able to do it.”

Denial

- “I was in denial. I didn’t believe I could give chlamydia to anyone else. Denial is a disease, too.”
- “Nothing bad will happen to me—look at the odds.”

SOME OF THE COSTS OF TEENS HAVING IRRESPONSIBLE SEX

Costs to Society

The French co-discoverer of the human immunodeficiency virus (HIV), Dr. Luc Montagnier, recently warned that an effective AIDS vaccine could be 30 years away. Even if I were not motivated to try to decrease teen pregnancies, I would be compelled to ask you to be realistic about adolescent sexual risk-taking behaviors because of AIDS.

Ignoring the problem of irresponsible sexual behavior endangers us all, even those of us who never have and never will take sexual risks. Increases in STI's lead to increases in AIDS. Increases in AIDS lead to increases in drug-resistant tuberculosis since folks with AIDS are so susceptible to TB, an airborne pathogen.

Dr. Sten Vermund, a geographic epidemiologist at the University of Alabama in Birmingham, tells me he's not personally worried about getting AIDS, but he is concerned about catching TB while traveling on airplanes.

Costs to Teens

Gonorrhea, syphilis, and even human papilloma virus have been around thousands of years. Unfortunately, the presence of any of these sexually transmitted diseases increases a person's chance of acquiring the AIDS virus. STI's create "open doors" of inflammation, which allow for "shedding" and "acquisition" of the human immunodeficiency virus, the virus that causes AIDS.

This is especially troubling because Alabama's female teens **lead the nation** in cases of gonorrhea. According to a recent Kids Count report, Alabama females ages 15 to 19 have double the national average cases of gonorrhea.

Some costs of teen pregnancy are hard to measure. Teen pregnancy leads to three difficult-to-deal-with options:



- having an abortion (not an option for many)
- trying to keep living life as a teenager while taking care of a baby or
- having someone else care for or possibly adopt, the child.

Other serious consequences may result from teen pregnancy. Teens have higher rates of toxemia of pregnancy and premature births than women in their 20s. The Alabama Department of Public Health, Center for Health Statistics, says:

- Babies born to teens are more likely to have low birth weight and birth defects than babies born to women in their 20s. [Poverty as well as lack of physical maturity of the teen mom's body may play roles here.]

- Having a baby as a teenager decreases the likelihood that you'll graduate from high school.
- Babies of teens grow up having more educational and social problems than babies of older mothers.

WHAT YOU AS AN INDIVIDUAL CAN DO

Read the editorial in *JAMA, the Journal of the American Medical Association*, "Preventing Sexually Transmitted Infections Among Adolescents," May 20, 1998. Our states and federal governments are spending up to \$437 million over a five-year period on abstinence-only programs. This editorial explains why this is a mistake. Medical school libraries and many hospital libraries allow the public to read their publications. (See excerpts from this article under Resources.)

Look at "Programs That Work" at the CDC Web site (www.cdc.gov). There you can find ordering information for the programs such as *Be Proud! Be Responsible!* and *Get Real About AIDS*. These are courses which may be taught in schools, after-school groups, or religious institutions. In as few as six hours, students can complete a course recommended by the CDC as the most effective curriculum for impacting teen pregnancy and STI's. Some of these programs may be ordered for 30-day review and returned at no charge if in pristine condition.

If you become convinced, as I have, that these courses can help our children, please get them taught in your school. Some Alabama teachers have already been trained to teach one of the “Programs That Work,” thanks to courses offered jointly by the Alabama Department of Education and Alabama Department of Public Health. Then do more because even though these courses are the best ones available, they aren’t going to do enough.

Fathers and mothers (or whoever is trying to fill one of these nurturing roles), I believe it’s important to be together as a family in a larger, caring and concerned community. For me personally, that’s in a religious community. Religious communities are groups of people who share a set of ethical values and who discuss these values openly. I think it’s important for children to see that their family’s values are shared by a larger community. From our earliest years, my sisters, brother and I sat with our parents in church. When we became teenagers, we felt answerable to our parents when we contemplated questionable actions—and to a lot of other people besides!

I recommend that families eat meals together and with friends of all ages as often as possible. Having a ritual of eating together shows a commitment to each other. It says you value family time together. Being with older friends helps children project their own selves into the future. Perhaps they’ll be less likely to “risk-take” if they have a sense of the future.

Playing and working together also help create strong families. My son-in-law helped his father build a barn

when he was only eight. Some of the nails weren't nailed in straight, but no one could love his father more or value his father's opinions more.

Do more listening to teenagers than talking or lecturing to them.

If you're serious about wanting to significantly reduce teen pregnancy, not just in your family, but in the wider community, help start a comprehensive school-based health clinic.

HOW OUR COMMUNITIES CAN DECREASE TEEN PREGNANCIES

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

—Margaret Mead

More than a decade ago, almost one-fourth of all births in Quincy, Florida, were to mothers younger than 19, some to girls as young as 11. But when parents and school officials at Quincy's Shanks High School worked cooperatively with their county health department, teen pregnancies dropped 75 percent in two years, school absenteeism dropped 30 percent, and sexually transmitted infections were significantly decreased.

How Did They Do It?

In this small town 20 miles west of Tallahassee, the county health department and the high school opened a clinic where more than 1,000 high school students could receive on-campus comprehensive health services, including family planning. Access to any and all services, counseling, and prescriptions at the clinic is only with parental consent. This clinic has been so successful, the Florida legislature allocated funds for operational expenses, and additional clinics have opened next to schools in other Florida cities. A major hurdle blocking access to health care, lack of transportation, was overcome by having the clinic on school grounds. Florida's 1998 teenage birthrate for 15- to-19-year-olds was 55.5 per 100,000 compared to Alabama's 65.5, according to the national Center for Health Statistics.

Pregnancy prevention/HIV risk reduction courses recommended by the CDC were also taught in Quincy schools. Such courses delay the onset of intercourse, reduce the rate of unprotected intercourse, and increase knowledge about abstinence, contraceptives, pregnancy risk and STI/AIDS knowledge (see Resources).

According to the Center for Health Statistics, teen pregnancy declines when sexually active teens have access to injectable contraceptives, such as Depo-Provera, contraceptives you don't have to remember to take at the same time every day, as you do the pill.

Rates also drop when teens increase condom use and when they become convinced to decrease sexual activity.

Talk to your school officials about starting a clinic like Quincy's at a school in your community. An area hospital or county public health clinic may be willing to help.

**Please share the rest of this
booklet with teens
you care about.**

REAL STORIES FROM ALABAMA TEENS

(Names changed)

Diane and Gabrielle graduated from an Alabama high school in 1998. They had gynecological exams at their college health center and asked for birth control pills which were prescribed. During their freshman year, they both had sex with several partners. On several occasions, one of each of their partners would not use a condom when he had been drinking. Neither Gabrielle nor



Diane were very worried about this because they felt they had “commitments” with these guys, plus they had half-jokingly asked them if they were sure they didn’t have a “disease.” In 1999, Diane’s prescription for birth control pills expired. She had another clinic exam in order to get more. Like almost 12,000 Alabamians that year, she learned she had gonorrhea. She had shown no symptoms of it before going to the clinic. Gabrielle decided to stop taking the pill, so she didn’t go back for her yearly check-up.

NOW DIANE HAS
MANY QUESTIONS.

Why did this happen to me?

It's possible to get sexual diseases from an infected partner even the first time you have sex with them, especially if they aren't using a condom. Having multiple partners increases the likelihood of this happening. People who are drinking are less likely to use a condom or use it correctly. While intoxicated, otherwise very nice people sometimes get irrationally angry. Then they may bully others, all the while convinced they are fine.

Taking birth control pills helps prevent pregnancy but doesn't keep you from getting a disease. Relying on just "asking" whether your partner has a disease or not and having a "commitment" of a few months can place you at high risk too.

How could I have known I had gonorrhea if I hadn't had an exam?

Since 80 percent of women with gonorrhea show no symptoms, you might not have had any way of knowing without the exam. However, since 90 percent of men have symptoms, your sexual partner might have told you—if he knew, if he cared enough, and/or if he wasn't too embarrassed. You might have found out only later, after developing pelvic inflammatory disease or other serious problems.

**When people do get symptoms,
what are they?**

Some women get frequent, burning urination, pelvic pain, a green or yellow-green discharge from the vagina, swelling of the vulva or even arthritic pain. In men there may be a pus-like discharge from the penis or pain during urination.

**What can happen if gonorrhea
goes untreated?**

It can cause serious problems, such as sterility. It can cause an ectopic pregnancy (the fetus begins growing outside of the uterus) which can be life-threatening to a pregnant woman.

How is gonorrhea treated?

Some strains can be treated with penicillin, but many are penicillin-resistant and require other antibiotics.

**DO YOU THINK GABRIELLE
SHOULD HAVE AN EXAM
AND STI SCREENING?**

Derrick had a sensation of burning when he urinated. He went to the doctor and was diagnosed with chlamydia, one of the most common sexually transmitted diseases in Alabama. Derrick had been a virgin until he had sex with his girlfriend, Teresa. When he found out he must have gotten chlamydia from her, he got very angry and stopped calling her. He didn't tell her about his exam even though his doctor asked him to call all his previous sexual partners and tell them they should be tested.



**DERRICK HAS
MANY QUESTIONS.**

Why didn't my girlfriend tell me she had chlamydia?

Perhaps she had had no symptoms and wasn't aware of it. About 75 percent of women and 50 percent of men have no symptoms, according to the CDC Web site: www.cdc.gov.

Do lots of people have this disease?

The CDC says it's the most frequently reported infectious disease in the U.S. They estimate there are 4 million new cases every year. As many as one in 10 teenage girls tested for chlamydia is infected. It's also common in men, who are seldom offered screening tests.

HOW DO YOU FEEL ABOUT DERRICK NOT TELLING TERESA TO GET TESTED?

***Tanya, dark-haired and tall, and Jennifer, petite with thick, blonde hair she braids loosely down her back,** look very different, but their stories are similar. Their partners had each been treated for genital warts before they met them, but never told them. These guys went through having the warts surgically removed, but then ignored the doctor's warning that they could still be infectious. Each young man lived "in denial" that he could infect anyone. They had sex with their girlfriends, Tanya and Jennifer, without using condoms.*

Tanya later married someone else and was four months pregnant when her Pap smear revealed she had been infected with human papilloma virus (HPV). A Pap smear is a test which can show various stages of cervical cancer.

Jennifer broke up with her boyfriend, discovered she had genital warts, and now is afraid to fall in love out of fear that she might give the virus to someone else. She knows it's a common infection that usually poses no major health threat, but it's hard for her to put this in perspective.



**TANYA AND JENNIFER
HAVE MANY CONCERNS.**

Tanya: Will I get cervical cancer while I'm pregnant?

Fortunately, invasive cervical cancer is very rare during pregnancy. You should be closely monitored by your physician.

Jennifer: How did I get genital warts?

Human papilloma virus is the name of a group of viruses that include more than 80 different types. Some cause visible genital warts, but sometimes they are so small they can

only be seen with a special microscope, and people don't realize they have them. They are usually spread by direct skin-to-skin contact during vaginal, anal, or oral sex. People who have sex with many partners are at greater risk of getting HPV and other sexually transmitted infections.

Tanya: Will my baby get HPV from me?

The risk of transmitting the virus to the baby is very low.

Jennifer: Does having genital warts mean I'm likely to one day develop cervical cancer?

The American Social Health Association says that the types of HPV that cause genital warts are not linked to invasive cervical cancer. But a woman who has had genital warts, like all women, should get yearly Pap smears.

Jennifer: I'm so embarrassed about having had genital warts—how can I live like this?

You have been infected with HPV, as have tens of millions of other Americans. Please remember: HPV can be upsetting, cause shame, or worry, but it can be managed.

DO YOU THINK JENNIFER SHOULD TELL GUYS SHE DATES THAT SHE'S INFECTED WITH HPV? AT WHAT STAGE

IN A RELATIONSHIP WOULD YOU WANT TO KNOW?
SAFER SEX

I guess I should start by stating that I firmly believe that the most appropriate message to teach teenagers about sexual activity is to teach abstinence.... We must face the fact that many teenagers will be sexually active, despite the best advice we can give them...they should be provided with the best information available regarding reduction of risks of sexually transmitted diseases and pregnancy.

—Dr. Allen H. Graves
*Infectious Disease Specialist
Opelika, Alabama*

More people die worldwide from AIDS than any other infection. That's one of the big reasons I'm not recommending anything but abstinence for anyone who is not a mature, responsible adult. But, like Magic Johnson, I'd rather that those who have sex protect themselves as much as possible instead of engaging in high-risk, irresponsible sexual intercourse.

What I say about condoms will turn off many parents, the ones who prefer not to even consider that teens and college students in their families might be

having sex. It's understandable that some parents believe that talking about using condoms or other forms of contraception increases initiation of sexual intercourse. But reliable studies show that it doesn't! Teens don't start having sex because they are told about condoms. If they learn accurate information about condoms, though, they will be able to make better decisions about whether to use them when they are sexually active.

QUESTIONS TEENAGERS WANT ANSWERED

“My boyfriend and I are graduating from high school. I’m going to take birth control pills so we can have sex. Will that be enough?”

No. Use condoms, too. (Also be sure to read the questions and answers under the previous section, **Real Stories from Alabama Teens**, before finalizing your decision to have sex with your boyfriend.) Birth control pills do not protect anyone from STI's. Your partner may have AIDS, herpes, HPV, or other STI's and not even know it. Even if you live with someone, even if you ask them if they're disease free and they say yes, even if you're certain they're dating no one else, you can't assume it's safe to have unprotected sex with them.

To avoid AIDS, you and your partner could wait six months from the time either of you had had sex

with someone else and then be tested for HIV.

It is important to wait six months because the virus can infect someone but not show up for six months. It takes that long sometimes for antibodies to develop, and it's the presence of antibodies that make the test positive. Don't stop using condoms when you learn that neither of you is HIV positive. Remember condoms help you avoid other diseases in addition to AIDS.

You could also be screened at a clinic or physician's office for other STI's like chlamydia, if you have had one or more other partners.

“What can I say to a guy who says ‘Come on over to my house—my parents aren't here?’”

It's very flattering and exciting to be invited to be alone, but it's setting yourself up for trouble. You may want to be alone with him, too, but it's much better and safer to suggest an alternative such as an activity in a public place.

“Don't some condoms have holes in them?”

Condoms undergo strict testing to ensure no holes are present when they leave the factory. Lack of experience using condoms occasionally leads to improper use. Read the accompanying instructions and even practice using them while you're alone if you're inexperienced. Use only latex condoms and water-based lubricants, like K-Y Jelly which you'll find in the store next to condoms.

Some people believe latex condoms have “intrinsic” holes in them that let the AIDS virus through. That’s a “myth.” A physician who is also a biochemist tells me that a water molecule, which is made up of only three atoms, won’t go through latex, and it’s smaller than the AIDS virus. Of course if someone mishandles a condom or uses it past its expiration date, there could be a hole in it.

Latex condoms (unlike condoms made of sheepskin which were sometimes used in the past) are 99-100 percent effective in preventing the spread of AIDS, but only when they are used correctly and consistently. They may not protect against human papillomavirus.

Be aware that HPV is most often spread when infected skin rubs against uninfected skin. Latex condoms may provide protection against HPV if they cover the area where a person is infected, and they are recommended. However, since condoms don’t cover all skin in the genital area, no one knows how much they lower risk of transmission of HPV.

“Why don’t more teens and college students use condoms?”

You have to buy them, and it’s embarrassing. But you can go to a public health clinic or AIDS clinic and get them free. Buy them at a grocery or drug store. **If you lack the courage to buy condoms, are you going to be courageous enough to deal with a pregnancy or sexually transmitted infection?**

Incidentally, everyone who works in an AIDS clinic really wants sexually active people to use latex condoms. Alabamians 14 and over can receive contraceptives at a public health clinic without parental consent.

Millions of latex condoms are manufactured yearly in a condom factory in south Alabama. Although they are labeled with different names, they are basically all the same, except for some size, color, and design variations. If you can't get over the embarrassment of getting a condom, rethink whether you should have sex or not.

Don't fall into the old trap of not using a condom because you would feel so guilty if you "planned" in advance to have sex. Being unprepared and then getting swept away in the heat of passion is plain stupid. It's also a serious mistake (made by many teens) to drink alcohol and follow that with sex.

“My boyfriend won't use a condom. He says it's like taking a shower wearing a raincoat.”

Talk to your partner when both of you are cool and collected. With AIDS, and this decade's increases in other sexually transmitted diseases, it's just flat out too risky for anyone other than mature adults in faithful, permanent relationships to have sex without using latex condoms.

“I’m afraid I’ll lose my boyfriend if I don’t have sex with him. He’s older, and he has so much to offer.”

Remember that you’re at a higher risk for pregnancy and probably STIs, when you date someone older. Alabama teen birth records show the father is usually four to five years older than the teen mother.

Be selective in choosing a sex partner. Remember the spoiled but charming virgin in the movie *Clueless*—the girl who put her friends in their place when they made fun of her for being a virgin? She told them how choosy she was—she said she was very choosy about her socks and those only went on her feet!

No matter how impressive someone is, no matter what reason they give to convince you, if they’re asking you to have sex with them, they’re asking you to put yourself at what can be serious risk. You may be in love with them, but always ask, “Is it worth the risk?”

“So if I do have sex, the only thing between me getting pregnant or getting something like herpes or genital warts or AIDS is a latex condom?”

If you realize this, you’re on the right track. If you or your partner have been drinking, you’ll be less likely to use a condom or to use it correctly. (And

remember, only use water-based lubricants—others, like Vaseline, weaken latex.)

You'll have only a small risk of getting pregnant if you're taking the pill as prescribed. **But please remember that all sexual intercourse—anal, oral, and vaginal—can transmit the AIDS virus and many other diseases.** Generally, anal intercourse is considered very high risk even when a condom is used.

“What about female condoms? Do they work?”

In information published by The Female Health Co., makers of Reality, a brand of female condoms, it's claimed that these condoms reduce the risk of HIV infection for each sex act by 97 percent when used consistently (every time) and correctly. This is slightly less than the percentage the CDC cites for male condoms (99-100 percent).

A female condom is basically a lubricated sheath of polyurethane with a ring on each end. Female condoms may be inserted hours before having sex, plus they cover the lips of the vagina, possibly offering more protection against herpes and HPV than male condoms. They should not be used with a male condom since they are designed to be in contact with skin, not latex. Spermicidal foam may be used with them.

The Female Health Co. says, “50-75 percent of the male and female participants in studies done in numerous countries and cultures found Reality to be

acceptable for use.” A lubricated six-pack (\$7.95) can be purchased over the Internet at www.femalehealth.com.

One young woman told me she doesn't like female condoms because “they squeak.” A young man said, “They'll never replace male condoms because male condoms work so well.”

Some males refuse to use condoms themselves. For women who risk having sex with those men, female condoms may be helpful.

“I had sex, but I didn't really want to. I'm ashamed about it and don't know what to do now.”

Celebrities like Oprah Winfrey have publicly talked about sexual abuse that happened to them as children or teenagers. Knowing that successful, important people have been victimized may help young people who are being abused or manipulated get help.

Being coerced, tricked, or forced to have sex causes emotional, as well as physical problems. It is traumatizing. If you have had or are having a relationship you are **in any way** concerned about, talk to a responsible adult who can help you. A child or teenager who is being taken advantage of or who is involved in an abusive relationship with anyone—a boyfriend, a relative, or a stranger—is unlikely to find solutions alone.

“What does the law say about rape and incest?”

According to Alabama law, a male commits rape in the first degree if he forces a female against her will to have sexual intercourse with him. Anyone 16 or older who has sexual intercourse with a female less than 12 is also committing rape in the first degree, a Class A felony.

If a male 16 years old or older has sexual intercourse with a girl less than 16 and at least two years younger than he is, even if she consents, that’s considered rape in the second degree.

A person commits incest if he engages in sexual intercourse with his ancestor or descendant by blood or adoption or with other relatives such as a stepchild, brother or sister, nephew or niece. Incest is a Class C felony.

“What adult could I go to if I were being sexually abused at home?”

If there’s a responsible family member you trust, he or she may be able to help. Teachers and school counselors are required by law to help students they suspect are being abused, so they may be a good source of help. If abuse has or is happening, these adults should call “Adult Child and Family Services” which is listed under “Alabama State of” in the white pages of the telephone book.

“I’m in love. Am I supposed to be afraid to be in love?”

There are many ways of expressing love, of getting and/or receiving sexual pleasure that do not spread disease or cause pregnancy. You don’t get AIDS from hugging, massaging or touching, or even French kissing unless (theoretically, this could be possible) both parties have open, bleeding sores in their mouths. Dr. Jocelyn Elders tried to tell teens and young adults that masturbation, even mutual masturbation, was an optional way of getting and/or receiving sexual pleasure. It does not cause pregnancy or spread the AIDS virus, *unless a couple allows mutual masturbation to lead to intercourse, and some do because of their heightened sexual arousal*. Unfortunately, because she was open and frank about this, Dr. Elders lost her job as surgeon general.

Love is something wonderful that happens once for some and more than once for others. Wanting to have sex is part of being in love. I recommend that you wait to have sexual intercourse at least until you are out of your teen years and are able to take care of yourself and handle any consequences of what you do.

You are, of course, free to ignore my recommendation because you are now a teen and have the freedom and opportunity to ignore counsel. Most of all, however, it is my hope that you will recognize your own worth.

Whatever you decide, let it be your decision, not one anyone else pressures you into making.

RESOURCES

For more information on STDs, call 1-800-227-8922, the National STD Hotline. It's toll-free and open from 8:00 AM - 11:00 PM Eastern time, Monday through Friday. The National AIDS Hotline is 1-800-342-AIDS. You can call either hotline anonymously. If you wish, they can send you helpful pamphlets on HPV, herpes, chlamydia, etc.

Good Web sites are Project Inform at www.projinf.org and www.cdc.gov where you should click on health information.

What You Can Do To Avoid AIDS by Earvin "Magic" Johnson is available at many libraries or can be ordered in paperback.

Be Proud! Be Responsible! may be ordered from Select Media, 60 Warren St., 5th Floor, New York, NY 10007 or by calling 1-800-707-6334. ETR Associates sells other curricula also identified by researchers at the Centers for Disease Control as "Programs that Work." These include *Becoming a Responsible Teen* and *Reducing the Risk*. ETRs toll free number is 1-800-321-4407. Contact them at www.etr.org.

Planned Parenthood of Alabama operates four comprehensive reproductive health clinics that offer family planning and other women's health care, as well as education and screening for pregnancy, sexually transmitted

diseases, and minor gynecological problems. It also operates a Facts of Life Line which answers reproductive health questions 24 hours a day, seven days a week, including holidays. Clinics are located in the following cities (addresses and phone numbers given):

Birmingham - 1211 South 27th Place, 322-2121
Huntsville - 813 Franklin St., Suite C, 539-2746
Montgomery - 1415 East South Blvd., 284-9050
Mobile - 107 North Ann St., 432-3211.

In *JAMA* (May 20, 1998, Vol. 279, No. 19, pp. 1574-1575) the article "Preventing Sexually Transmitted Infections Among Adolescents, A Clash of Ideology and Science" by Ralph J. DiClemente, Ph.D, states the following:

"The risk of acquiring a sexually transmitted infection (STI) including the human immunodeficiency virus (HIV) is one of the most significant threats to the health of adolescents...with the passage of the Welfare Reform Act... Congress allocated \$50 million annually for five years (1998-2002) to states for the provision of abstinence-only programs [with states matching \$3 for every \$4 of federal money this could add up to \$437 million over five years].... Given the weight of scientific evidence demonstrating the efficacy of safer-sex [abstinence-plus] interventions and the absence of clear and compelling data demonstrating a significant and consistent treatment advantage for abstinence [only] programs, it is difficult to understand the logic behind the decision to earmark funds specifically for abstinence programs."