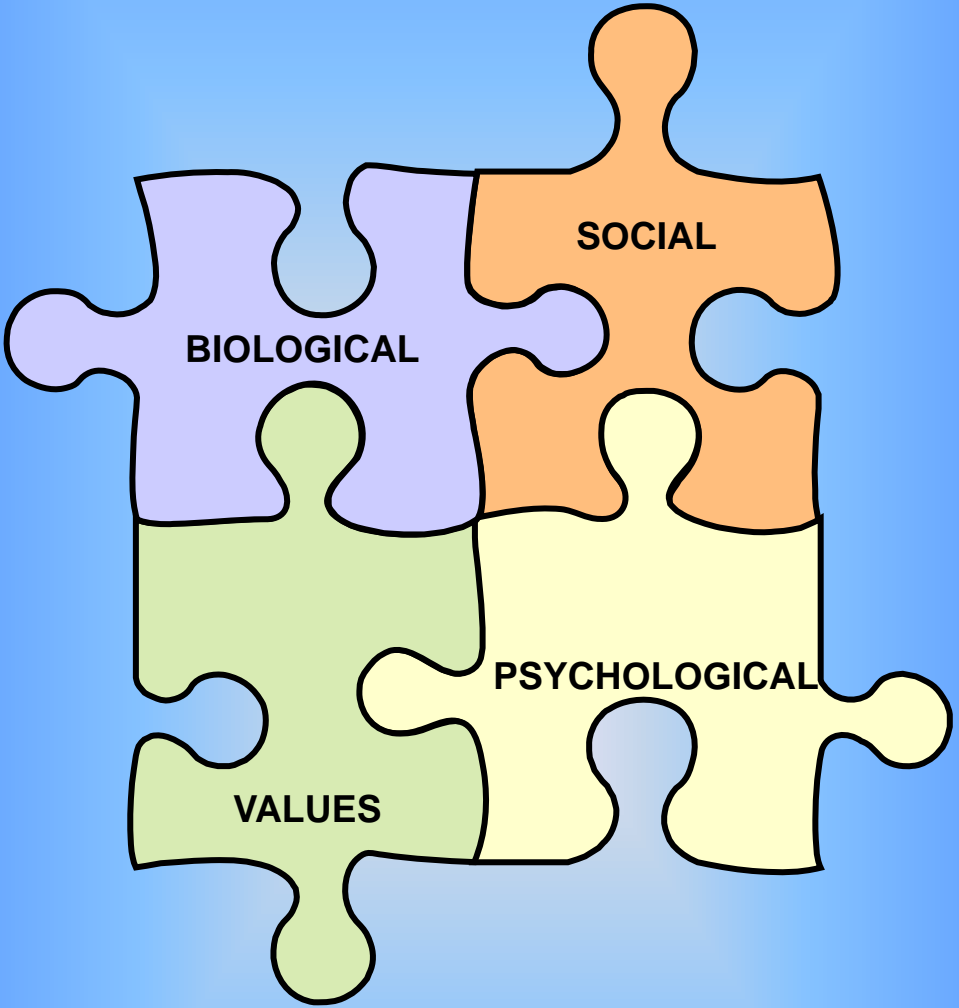


Solving the Puzzle



Family Guided Sexuality Education

Produced by



Options Clinic

Caring, confidential reproductive health services

Acknowledgements

Options Clinic would like to thank our community reviewers.
Their input was invaluable.

With greatest gratitude,
Options Clinic

Funding for the printing of this publication was
made possible by:
Great Rivers United Way



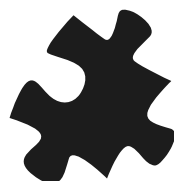
**US DHHS, OPA, OFP: Title X Family Planning Program
Affiliate of the Gundersen Lutheran Health System**



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Table of Contents

Forward	5
Why Family Guided Sexuality Education?	6
What is Sexuality?	8
Getting Started	9
The Questions Begin	12
Self Esteem and Body Image	21
The Reproductive Systems	22
Birth Control and STI Prevention	31
Charts	37
Birth Control	38
STI	44
Additional Issues to Discuss	50
Glossary	54
Community Resources	60
Internet Resources	63
Appendices	64



Forward

Options Clinic is pleased to present the sixth edition of **Solving the Puzzle: Family Guided Sexuality Education**. The newly revised edition is age appropriate, medically accurate, and comprehensive. It was developed through a review of past editions and updates from Options Clinic's staff. The information in the handbook reflects our Mission and Vision:

Mission: Options Clinic helps to create healthier lives and families by providing and advocating for sexual health and education.

Vision: Options Clinic will be widely recognized and supported for our excellence in normalizing sexuality through sexual health care, education and prevention services and our commitment to a life time of wellness for all.

The Family Guided Sexuality Handbook was created for parents and caregivers, to help be their child's sexuality educator. The handbook provides you with suggestions for children of different ages. Please think of providing sexuality education as another way to protect the children in your care. Young children will have the correct words for body parts to better explain if someone approaches them in a sexual manner. Conversations with your teens will better prepare them to cope with risky situations and help them behave in ways that delay sexual activity. Also, for young adults, the information will help them make better, more informed decisions when choosing to become sexually active, protecting them from an unintended pregnancy or sexually transmitted infection.

Supporting you in being your children's sexuality educator is our privilege. We all have the opportunity to make a huge preventative difference in the lives of children. We salute your commitment to providing sexuality education!

Why Family Guided Sexuality Education?

Parents are the first and best sexuality educators of their children; questions and issues relating to sexuality actually begin at birth.

“Research shows that when parents approach their role as sex educators in positive, affirming ways young people are better able to make sexually healthy decisions and to build loving relationships. Parents, who respond honestly to questions, provide resources, express their feelings and values and portray sexuality and the need for intimacy as integral elements of life; rear youth who respect themselves and behave responsibly.” Raising Sexually Healthy Youth: Rights. Respect. Responsibility. and Parent Child Communication by Barbara Huberman; Transitions. Vol. 15 No 1 September 2002.

Sexuality Education starts as our babies are wrapped in a pink or blue blanket or are wearing a pink or blue hat. In this book we have provided information about average, healthy sexual development. We are putting it directly into your hands-to choose what and how much you want to teach your children and when you feel is the best time. You can best convey your values along with the factual information.

As a subject sexuality is a topic we may or may not have been taught, although we get all kinds of messages about sexuality from many different people, places and media. As you will discover as you move through this book, human sexuality is comprehensive, having not only biological components, but also social, psychological and values components. Sexuality is very much a normal part of who we are. We want to encourage parents and other

caregivers to have open, honest, sexuality discussions with their children.

For many reasons family guided sexuality education makes sense. You want your child safe. You want to be able to communicate honestly and openly with your child. You want your child to have your values. You want your child to develop loving, mutually supportive relationships. You know your children better than anyone else and have a longer, ongoing relationship with your child than will any educator. Families have tremendous influence over their children's feelings about sexuality. Often we see our behavior and words reflected by our children. As with other behaviors and words; as a parent, what we say or don't say, or do or don't do and how we relate to others send a message about sexuality.

In the home parents can discuss responsible, healthy sexuality and include their own values for sexual behavior. Schools may have a difficult time teaching about sexuality to all children, because their time is limited and parents don't always agree about what should be taught at what age and which values need to be stressed.

Our hope is that this book will provide parents with information and guidance to be their child's sexuality educator. Fear not the question or questions you may not have the answer to; this is an opportunity to discover for yourself and with you child, the answers. There are many resources to help you on this journey; we have included those we have found useful.

What is sexuality?

There is often confusion between the terms sexuality and sex. Let's start with the term sexuality. Sexuality refers to a person's total being from birth to death and covers the social, psychological, biological, and moral aspects of each person. Sexuality is a natural part of being human. As a parent, you will be guiding your child as she/he learns to appreciate, respect, accept and protect this wonderful part of her/himself.

Human Sexuality

Biological Reproductive Anatomy Puberty Birth Reproduction Pregnancy Contraception Sexually Transmitted Infections	Social Family Gender Roles Peer Pressure Groups/Cliques Dating/Healthy Relationships Date Rape/Violence Marriage Adoption
Values Rights & Responsibilities Right & Wrong Values/Morality Compassion	Psychological Self-Esteem Personal Decisions Talents Feelings

What is sex?

Sex refers to a small component of sexuality. It refers to whether one is biologically male or female. It can also refer to the act of sexual intercourse (having sex).

For the purpose of this guide we ask you to consider the broad picture of sexuality. It is important to recognize that our sexuality is who we are, what we do, how we behave toward others, and how we think and feel about ourselves.

Getting Started



“Courage is not the absence of fear, but rather the judgment that something else is more important than fear.”

- Ambrose Redmoon

Are you ready?

For some, the thought of providing education and guidance about sexuality brings anxiety and fear. For others, they look forward to it. Ignorance is not bliss when it comes to sexuality. You can gather the courage to become an askable parent because being there for your child is more important than your fear. Family Guided Sexuality Education is not going to be one talk given when children are about to go through puberty. It's a journey through infancy, childhood, adolescence and into adulthood. Would you like to be an “askable parent”? Would you like to be the one your children come to when they have questions? Would you like to have your children feel that you are listening to their questions and concerns and thoughts? Do you feel prepared for this parental role? If you start the journey with your children from infancy on, you will be the one they trust during adolescence when the information they need is potentially life altering. This booklet is for you to use as a resource. It's OK if you don't know the answers to all of the questions. This booklet will help you with basic information and provide lists of other places you can gather information. Trust in yourself and become that askable parent.

When children are quite young, their view of the world and everything in it is from a different perspective. The same is true with sexuality. As adults we tend to add emotions and motives to their questions when all they want to know is a simple and straight answer. They view it in the same way as asking why the sky is blue or where does wind come from. Let's review some developmental stages and what you might expect as your children move through them. These are not exact – they are guidelines.

0 - 6 Months

Yes, sexuality education starts from birth. If you think about the broader definition of sexuality, there are sexuality messages being conveyed to your infant all day long. You begin defining gender roles by how you treat them as boys or girls. Do you handle your baby boy more roughly than your baby girl?

You are teaching about relationships by how you interact with them, how you meet their needs, how you show affection, etc. Think of how much they will grow and change during the first 6 months. They learn to recognize you and smile. They can't talk yet, but like to be talked to. It's all about relationships. They are learning that they are important to you and a priority in your life. They are learning to trust you.

6 - 12 Months

Your baby is starting to move around, babble, and sometimes cry when you leave. They may be startled or fuss around new people or people not seen very often. When your baby starts crawling, they may follow you around and want to be in the same room with you. Showing signs of attachment to you is normal. Being fascinated by body parts is normal. Staring at their hands, pulling on hair, grabbing their feet and putting toes in the mouth, or touching genitals during a diaper change or bathing are all normal. Your baby is exploring the world and the body is part of that world.

12 - 24 Months

Your baby begins another year of dramatic growth and development. They will be walking, learning words, feeding them self, pulling off clothes, noticing when a diaper needs to be changed, is aware that behavior brings a reaction from others, imitates others, hugs and kisses and gets mad. As they are exploring the world they may be very hesitant or fearless. As you begin to teach appropriate behaviors such as leaving clothes on in public or not touching genitals in public, avoid shame and guilt. Expect to be tested. Consistency brings more trust. Learning the names of body parts is a fun stage of development. Be sure to teach the correct names for genitals as well as other parts of the body. If you find that you are uncomfortable saying penis, breast, or vagina, you are not alone. Give yourself some time to practice. The more you use those terms, the easier it will become.

The Questions Begin

Sexuality is a sensitive and delicate area. Parents are influenced by their own sexuality education or lack of it. So becoming an “askable” parent may take some doing and undoing.

Being an “Askable” Parent

An “askable” parent...

- Is approachable
- Listens
- Shares feelings that sexuality is an important part of being human
- Encourages their child to ask for information
- Knows what their child is capable of understanding
- Has a sense of humor

It’s important to keep in mind that whether or not sexuality has been discussed, sexual communication takes place between parents and children starting at birth. Much communication is non-verbal.



Options Clinic’s programs and staff strongly encourage parent-child communication regarding sexuality. For more resources, visit www.optionsclinic.org.

Some Guidelines

Do

- Try to relax
- Be positive
- Be honest
- Listen to the question
- Educate yourself
- Find the right time
- Check out what they think and what they want to know
- Recognize your child's individual style
- Keep it simple
- Expect to feel uncomfortable

Don't

- Think you have to know it all
- Make fun of your child's ideas and questions
- Worry about giving too much too soon
- Always wait for your child to ask

Children develop very basic values about sexuality during the first few years of life. From a very early age young children are curious about their bodies and their bodily functions. How we respond to their questions sends messages to children about themselves as sexual beings.

24 - 36 Months

As your child becomes more verbal, talking about anything and everything is very matter of fact for them. Most children will be toilet trained during this year. They become a little version of you as they imitate many things that you say and do. They may start asking questions about boys and girls or someone who is pregnant. Answering the questions with simple, matter of fact answers will generally satisfy their curiosity. Remember that they are simply curious and do not have the learned social and psychological baggage about feelings and relationships that we as adults put into the question. There are some very good children's books about conception and birth that may help. Check your local library or bookstore for books you think are appropriate.

3 - 4 Years

The pre-school years are very inquisitive years. Children are very verbal and in more social situations. They may be in play groups, pre-school, church groups, day care, family gatherings, the playground, etc. They're not inhibited yet, enjoy talking, and sharing everything that they know. You already have a lifetime of social conditioning about what's acceptable – it's all new territory for children. Avoid making fun of or demeaning your child.

Before the age of five, children realize boys are different from girls.

They may:	They can:
Ask questions at awkward times	Learn to wait for answers to questions – ex., "Let's talk about that when we get to the car."
Blurt out comments about other people	Learn to quietly ask questions – ex., "Please use a quiet voice when you have questions."
Tell other children what they know	Learn about public and private behaviors – ex., "That's something you do at home or in private."
Walk into bedrooms, bathrooms, department store fitting rooms, etc. without knocking	Learn to respect others need for privacy - ex., "Please knock on the door before you go in."

You may find that other parents, day care providers, and pre-school teachers have different ways of handling things than you. This is another learning experience for children – different views in different settings. You can also share your point of view with these other adults.

An important aspect of healthy sexuality is developing a confident set of skills, values, and judgment for deciding who we will share our body with. This may seem like a topic for older teens, but the development of these skills actually starts quite young. Pre-schoolers are starting to indicate who they like to spend time with and who they don't care for. Sharing affection in the form of hugs, kisses, walking arm in arm, and snuggling are part of this. Children are like adults – they are not always in the mood to show affection on demand. As adults, one way that we can help and let children learn to set boundaries is by allowing them to say “no” to affection and respecting and accepting their decision. Let others know that if the child doesn't want to kiss or hug them not to take it personally or feel bad. Knowing how to engage in safe, trusting, and respectful relationships will be important as they get older.

5 - 6 Years

Somewhere around the ages of 5 and 6 children start asking more questions...

- Avoid misconceptions
- Be honest
- Provide correct terminology
- Answer questions in simple terms
- Tell it like it is

Children are very literal. Telling children that a baby gets started when “a seed is planted” may cause misleading images. Helping your child learn a medically correct vocabulary will make your task easier. For example, if your child asks where the baby stays until birth, you might say something like, “There is a special place inside of the mother called a uterus. This is where the baby stays warm, comfortable, and protected until birth. All the time the baby is in the uterus, he/she is growing as you do every year.”

Parents should be aware that most children will ask questions, but some will not. It's important, then, for parents to share information they feel their child is able to understand.

7 - 9 Years

Between the ages of 7 and 9 children may ask fewer questions. But that doesn't mean they don't have questions. Children in this age group are interested in how things work. Parents should continue to offer information and answer questions.

You may notice the following...

- Misinformation from friends
- Your child may be more self conscious about nudity
- They may start playing in same sex groups

Tweens

Starting somewhere around 9 or 10 parents should provide as much information as possible to prepare their children for the physical, social and emotional changes of puberty.

Their bodies are constantly changing. Puberty is the period of time when children begin to change biologically, psychologically, socially and cognitively. In other words, girls start to grow into women and boys into men.

Puberty in males usually occurs between the ages of 10 to 17 and for females between the ages of 9 to 14. Both the male and the female body will take on a different shape; each will develop stronger sexual characteristics. The entire process can take anywhere from one to six years.

One of the first signs of puberty for both males and females is hair growth. Boys and girls begin to grow hair under their arms and pubic area. Boys will also start to notice facial hair.

Another part of puberty due to hormonal changes is acne. These same hormones also affect glands under the arms, causing body odor and emotional changes. These changes simply mean that the body is developing correctly.

Girls usually become curvier during this time. They tend to gain weight, develop breasts, hips become wider and they experience their first menstrual period.

Boys will start to see broader shoulders, muscles and more developed genitals. The larynx lengthens and the voice changes becoming deeper. Spontaneous erections may start to occur, as well as nocturnal emissions of semen known as “wet dreams.”

Remember...

- Everyone goes through puberty at their own pace
- Bodies grow in many ways, often causing clumsiness
- They can experience acne
- The brain grows and emotions can change quickly
- Boys and girls have an increase in body hair
- Girls and boys have increasing body odor
- Girls develop breasts and start menstruation
- Boys may have erections and begin to experience “wet dreams.”



Your child relies on you for accurate and useful sexuality information. Be their #1 source!



“The greatest compliment that was ever paid me was when one asked me what I thought and attended to my answer.”
- Henry David Thoreau

Teens

Navigating the teen years can be full of fun and challenges and contradictory behavior. One of the most sincere gifts you can give an adolescent is the gift of listening. When children are younger, the components of human sexuality can be handled with simpler answers. Now, the developmental tasks of adolescence include learning independence, making judgment calls, using what they've been taught about right and wrong, how to take responsibility for their actions, and how to deal with consequences. This means they are going to be more questioning, push boundaries, and experiment. You may feel like you're on a roller coaster of being needed one minute and being cast aside the next. Younger teens are less able to predict consequences of their actions, have more mood swings, and think more for the here and now. Older teens can think ahead better, are learning how to interact in relationships on their own, and often look to their peer group for what's acceptable.

As parents we want our children to do the right thing, make the right decisions, not get hurt, and stay safe. You know that they are being bombarded with all sorts of questionable information. You may often wonder if giving information is the right or wrong thing to do. Just because you are teaching something doesn't mean you are condoning it. Sometimes you will have to make unpopular decisions when setting limits. However, some conflict is a healthy thing. Learning how to handle conflict in a healthy way is a positive lesson for your adolescent. Now, more than ever, you need to be the “askable” parent. Hopefully you have been working on this since your child was young. If you're just starting, you can be successful, too.

Tips for Parents

- Be a good listener – avoid interrupting, show that you are giving them your undivided attention, clarify what you're hearing
- Avoid making assumptions – just because they ask about something doesn't mean they are doing it or intend to do it
- Trust your teen, but set clear rules and boundaries – tell them what you expect and why
- Be consistent – if there is a consequence, enforce it
- Be willing to look for answers when you're unsure – look it up together, it teaches that learning is a lifelong activity
- Give clear messages – say what you mean, telling a teen you don't want her to get pregnant is a very different message than telling her you don't want her to have sex
- Discuss scenarios, practice refusal skills, have back-up plans – what are some possible situations that may arise, discuss how they can say "no" to things they don't want to or shouldn't do, how can they get out of bad situations – do they have phone money or a cell phone, do they have a way to get home, can they call you to pick them up, etc.
- Be clear that you're in this together – you know that the unexpected can happen and you're there for them
- Be there when they make a mistake and help them learn from it – how did it happen, how can it be avoided in the future
- Enjoy watching your son or daughter become an adult.

Mistakes are bound to happen. You may scratch your head and think “why did he/she do that – he/she knows better”. We all take chances. We all stray from what’s best for us. Do you eat 5 servings of fruits of vegetables each day? Do you get 180 minutes of exercise each and every week? There are lots of things that can get in the way of doing the right thing all of the time. Teens are human, too.

The Search Institute, an organization in Minneapolis, MN, has been studying adolescent behavior for years. They were interested in determining how families and communities could be structured so that adolescents would be less likely to engage in negative, destructive, and unhealthy behaviors. What they found were *40 Developmental Assets* that contributed to young people growing into “healthy, caring, and responsible” adults. They continue to help communities and schools survey and study their own settings for assets. The more of the 20 internal and 20 external assets young people have in their lives, they more successful they will be. To learn more about asset building, you can go to MVParents.com on the internet.



**For activities that you can do with you
kids, visit:**

www.search-institute.org/activity-generator

Self Esteem and Body Image

Body Image is how a person perceives their exterior look and in many cases this can be dramatically different from how they actually appear to others.

Self esteem is all about how much people value themselves, how worthwhile they feel.

In adolescents body image is closely linked with self esteem. Adolescents worry about how they compare and appear to their friends and others. Looks and physical appearance are highly important. They care more about how others see them.

Factors affecting self esteem in children

- How much your child feels wanted, appreciated and loved
- How your child sees himself, often built from what parents and those close say
- His or her sense of achievement
- How the child relates to others.

You can help build a positive self esteem by

- Appreciating your child
- Encouraging your child to make choices
- Fostering independence in your child
- Listening to your child's opinions
- Taking the time to explain reasons
- Giving positive encouragement.



Self esteem and body image are often at their lowest during teenage years. Help your child find positive words to describe themselves.

The Reproductive Systems

Hormones are responsible for the start of physical and emotional changes. The gonads (ovaries in girls and testes in boys) release sex hormones. These hormones stimulate physical and sexual changes. Girls physically mature earlier than boys, but both should be prepared for what those changes will be by the age of nine.

Changes in Boys

There are many changes that occur in preadolescent boys. These changes include increased size of sexual organs, growth spurts, voice deepening, facial and body hair growth, and the start of sperm production.

Penis Size

As you discuss growth with your son, one topic to cover is size of the penis. During early adolescence, boys can become very self-conscious in the locker room about this topic. Emphasize that there is no “normal” size. Most importantly, penis size has nothing to do with being a man or with sexual enjoyment for either partner.

Testicles

Testicles are two oval glands enclosed in a kind of sack of loose skin, known as the scrotum which hangs outside the body behind the penis.



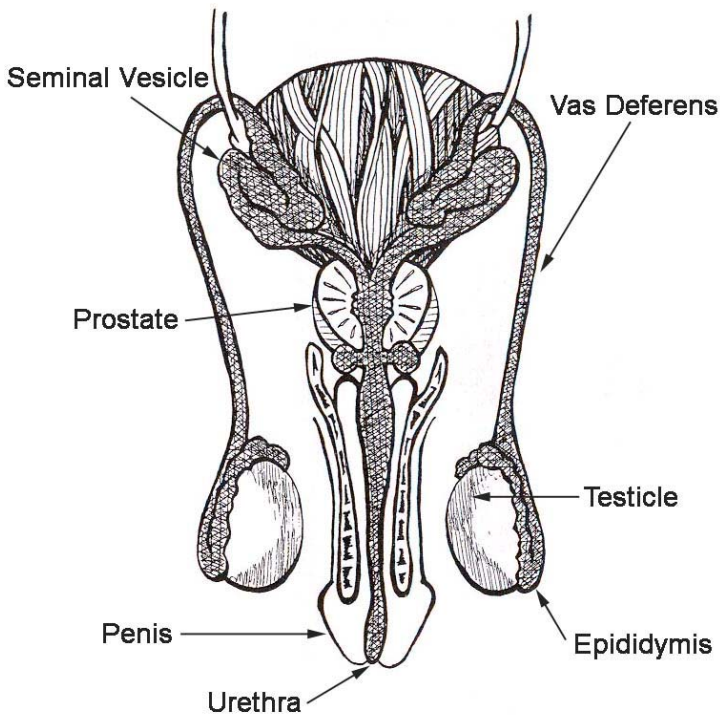
A word about testicular cancer:

Compared with other types of cancer, testicular cancer is rare. But testicular cancer is most common in American males between the ages of 15 and 34. For information on how to perform a self-examination see Appendix A.

Male Growth Chart

What to expect...	Age
Testicle growth	8-15
Pubic hair growth begins	10-15
Rapid height increase; pubic hair coarsens; penis grows (about a year after testicles)	11-16
Sperm production begins; nocturnal emissions (wet dreams); growth of body hair; voice deepens	12-18

Male Anatomy



Making Sperm

Male sperm cells are produced in the testicles. The testes, like all other parts of both male and female reproductive systems, are completely formed before birth, but only start functioning at puberty, between the ages of 12 and 15. Then a hormone called testosterone, the male sex hormone, begins to be produced by the body. From then on, sperm are produced by the testes throughout the life of the male.

Sperm Are Much Smaller Than Eggs (Ova)

Sperm, which are very small, are stored in a mass of tubing (epididymis) that is folded up and attached to the testes. From there, sperm travel through a longer, thicker tube called the vas deferens. This tube leads up from under each testicle toward the seminal vesicles, just under and in back of the bladder. Here the sperm enter the milky fluid called semen. The semen and the millions of sperm it contains travel through the urethra, a thin tube that runs out to the tip of the penis. Semen is ejaculated during intercourse.

Erections, Ejaculation, and Wet Dreams

An erection occurs when the chambers in the penis fill with blood, causing the penis to grow larger and stiffer. An erection enables the male to insert the penis into the female vagina which is called intercourse. Erection can be caused by thoughts, dreams, physical stimulation, or for no reason at all. Erections subside by themselves or through ejaculation. There is no pain involved when the erection subsides without ejaculation. Ejaculation is when semen (a milky white fluid) is released through the urethra of the penis. Sometimes a scary change for boys is having ejaculations at night while sleeping, often called wet dreams. Reassure your son that wet dreams are normal.

Changes in Girls

There are many changes that occur in preadolescent girls. These include breast buds that slowly develop into breasts, development of the female sex organs, growth of pubic and other body hair, and the start of menstruation.

Female Growth Chart	
What to expect...	Age
Hips broaden, rapid height increase, breast development begins	8-14
Pubic and other body hair growth begins; uterus, vagina, labia and clitoris develop; acne may develop	9-14
Menstrual periods usually begin about one year after breast development begins	9-16 (Avg: 12)
Pubic hair coarsens; breasts reach final adult shape	12-19

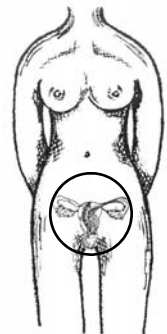
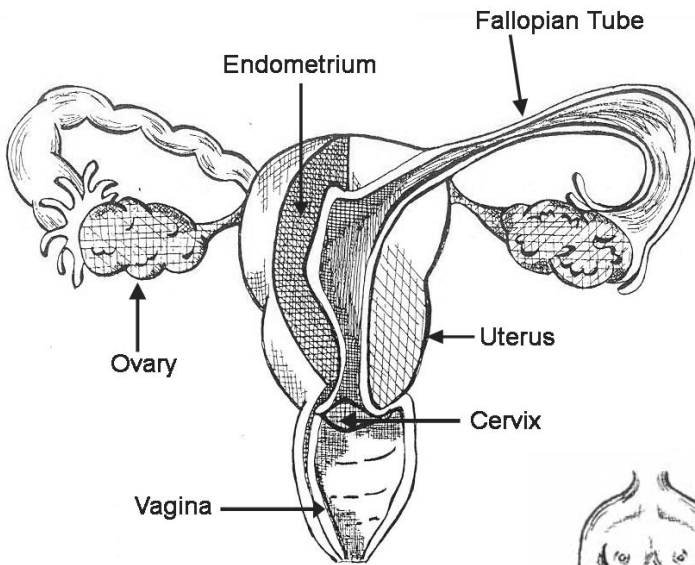
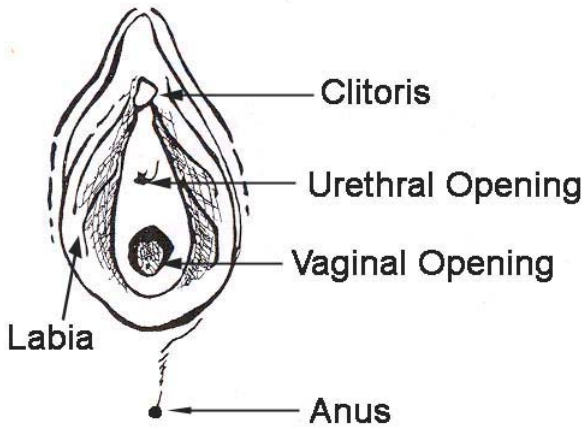


A word about breast self exams:

Breast self exams (BSE), while beneficial, are now considered optional and not necessary for teenage girls. If you would like more information about breast self exams, you can visit :

<http://women.webmd.com/breast-self-examination>

Female Anatomy

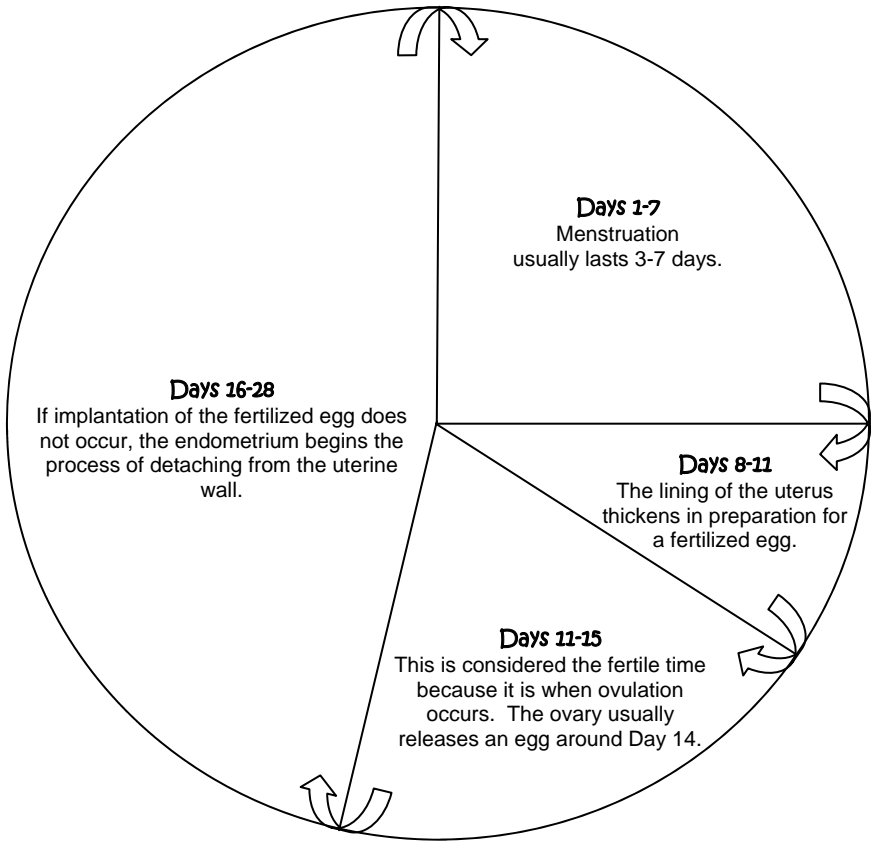


Menstruation

Most girls and some boys already know something about menstruation, as they will have seen and heard advertisements for sanitary pads, tampons, and menstrual pain relievers in the mass media. Naturally, they are interested in the practical details of what happens and how. Keep in mind that parents' attitudes toward menstruation will influence how they present the facts. If parents refer to it as the "curse" or "sick time," they will pass this attitude on to their pre-teens. Today, young women are more likely to speak of menstruation as their "period" and to accept it simply as a basic aspect of being a woman. You might find it helpful to review the basic facts.

Menstruation means "monthly flow: and it describes one part of the complex cycle by which the female body prepares itself approximately every 28 days for the conception and eventual birth of a child. Each month an egg cell, or ovum, matures in one of the female's two ovaries, the oval shaped organ located at either side of the uterus in the lower abdomen. When an egg leaves the ovary (called ovulation), it moves to the fallopian tube and travels toward the uterus. If the egg is fertilized by the male's sperm cell after sexual intercourse, the egg travels down the tube and may attach itself to the wall of the uterus. There it begins the complicated process of developing into a baby. In preparation for the possibility that implantation might occur, the lining of the uterus (also called the endometrium) thickens with an extra supply of blood. If implantation does not occur, the uterus has no need for the endometrial lining and it is cast off. This flow of blood and tissue from the vagina is called menstruation. The same cycle keeps repeating itself. In young girls, periods may be irregular for some time. Eventually, many settle down to approximately a 28 day menstrual cycle.

Menstrual Cycle



Prepare Girls For Menstruation Before It Begins

As mentioned earlier, you should prepare your daughter for menstruation before her first period starts. Schools may have health programs on this topic and may send home booklets. It is a good idea for your pre-teen to have such a booklet to read and re-read in private. It is also helpful to teach your daughter how to wear sanitary pads or insert tampons into the vagina and buy her a small supply to have on hand. You can help your daughter overcome any embarrassment or fear by assuring her that beginning menstruation is a normal part of growing up that all women experience.

Menstruation Is Normal and Natural

Some girls have menstrual cramps. Mild cramps can usually be relieved by medications, such as Ibuprofen. If cramping is severe, or she misses school days, a young woman may benefit from a visit to a health care provider.

Pre-menstrual Syndrome (PMS) is characterized by physical and emotional changes some women experience just before menstruation. Emotional changes may include moodiness or irritability. Physical changes may include bloating, water retention, etc. These changes are normal. If you notice this happening to your daughter, you might explain why. Often, just knowing that premenstrual symptoms are normal and will only last a short time is a big help.



Options Clinic is a great source of information. Visit www.optionsclinic.org for information about services and resources available.

When Can A Female Get Pregnant?

After an egg is released from an ovary (ovulation), it lives for about two days. Although menstrual cycles vary in length, the number of days between ovulation and the next period is generally consistent (14 days). During this time a female has the greatest chance of becoming pregnant if she has sexual intercourse. If conception does not occur, a female will menstruate.

How Does A Female Know If She Is Pregnant?

The first sign of pregnancy is often a missed period. If a woman has had sexual intercourse and suspects her missed period means pregnancy she can do a home pregnancy test or go to her health care provider.

Pregnancy

An established pregnancy begins when a fertilized egg attaches to the uterine wall (implantation). Once implanted, the developing embryo will continue to grow (the term embryo is used up to 8 weeks at which point the term fetus is used). The duration of a full-term pregnancy is 37-40 weeks. Then a woman begins a process called labor, in which the uterine and abdominal muscle contractions slowly push the baby out of the uterus, through the vagina, and finally completely out of the female's body.

Birth Control and STI Prevention

This is the tightrope we walk as parents and professionals: telling our kids that sex is a normal healthy expression of human intimacy while simultaneously encouraging them to delay sexual activity until adulthood, while simultaneously giving them age-appropriate and factual knowledge so they can make informed choices if they begin sexual activity. This is quite a balancing act! A classic paradox: “I don’t want you to do it, but if you do it be smart about it!”

The idea that our teens may be sexually active is frightening to parents. Often we want to scare adolescents into not having sex. We do so by vilifying sex, exacerbating the outcomes of sexually transmitted infections, or by emphasizing the risks of birth control methods. But fear, shame, and judgment are poor teaching tools that don’t help teens make good choices. Don’t leave your children unprotected: lack of knowledge is a form of unprotected sex! Educate!

A Word About Abstinence

For teens that have made a conscious choice to abstain from sexual activity and stick to this choice, abstinence provides protection from pregnancy and sexually transmitted infections (STIs). But for many teens, resolve weakens and despite their best intentions sexual intercourse happens.

Teens need to hear while it is best to delay sexual activity until adulthood, if they become sexually active they should use both birth control to reduce the risk of pregnancy and condoms to reduce the risk of STIs.

Birth Control

Birth control is any method used by couples to prevent pregnancy. Birth control methods (contraceptives) work by preventing the egg and the sperm from joining (fertilization) or by preventing the fertilized egg from attaching to the uterine wall (implantation). Contraceptives do not cause abortion, that is to say that birth control will not disrupt an established pregnancy.

Adolescents are very healthy. That means most methods of birth control are safe for the vast majority of teens. Birth control is safe and while it's true, no method is 100% effective or 100% risk-free, when compared to the risks of teenage pregnancy (physical, emotional, social, and financial) contraception makes even more sense.

The following chart represents the most widely used methods of birth control. They are listed from most effective to least effective; however, using any method of birth control is better than using nothing at all. See your health care provider for complete details.

Talking Points for Pregnancy Prevention

- Delay all sexual activity as long as possible.
- It is your body and your choice. You decide when to begin or not to begin sexual activity.
- It is okay to say, "No." Many teens do.
- Engaging in sexual activity often leads to having intercourse - even when you planned not to.
- Having intercourse without birth control leads to pregnancy. Start on a birth control method before engaging in sexual activity.
- Birth control is safe. Correct and consistent use of birth control greatly reduces your chance of pregnancy.

Emergency Contraception

Emergency contraception is a way to reduce the chance of pregnancy if no method of birth control was used or if a method of birth control was used incorrectly or failed. The most widely used emergency contraception in the United States is called Plan B®. Plan B® contains the hormone levonorgestrel, a progestin used in some birth control pills. Plan B should be taken as soon as possible after unprotected intercourse but can be taken up to 120 hours (5 days) after intercourse. Plan B® can reduce the risk of pregnancy after unprotected intercourse by 89%. Plan B® is safe. It will not work if a female is already pregnant (that is, Plan B® does not cause abortion). Nor will Plan B® harm a pregnancy if taken by a female who did not realize she was already pregnant.

Teens must have a prescription from a health care provider to obtain Plan B®. Adults 18 years or older can get Plan B® over-the-counter from a pharmacist or family planning clinic. Plan B® is for emergency use only and is not recommended as a female's only method of birth control. However, emergency contraception offers a second chance to avoid an unintended pregnancy.



The Emergency Contraception Website not-2-late.com is a website about EC, getting timely access to EC, and other reproductive choices, both in the United States and abroad.

Preventing Sexually Transmitted Infections (STIs)

Protection from pregnancy is just a part of the puzzle.

Protection from sexually transmitted infections (STIs) is the other piece of the puzzle. Condoms, both female condoms and male condoms, when used correctly and consistently dramatically reduce the risk of STIs. Dual protection means using an effective method of birth control to prevent pregnancy and using a condom to reduce the risk of STIs.

Protection During Penile-Vaginal Sex

Penile-vaginal sex is when the penis is inserted into the vagina. This form of sex carries the risk of both pregnancy and sexually transmitted infections. For protection from sexually transmitted infections, condoms should always be used. Lubricated condoms or adding a water-based lubricant can be useful for avoiding dryness and possibly tearing the condom.

Other Sexual Behaviors: Reducing the Risk of STIs

Many teens, hoping to avoid pregnancy or to “preserve” their virginity, abstain from penile-vaginal intercourse but engage in other sexual activities such as oral or anal sex. They may also believe that there is no risk of getting sexually transmitted infections.



Important Information About STIs:

While it is true that you only get STIs from infected sex partners, many people do not know that they are infected. All sexual activity, regardless of your level of protection, has risks. The only 100% effective way to avoid STIs is to abstain from all sexual activity.

Protection During Oral Sex

Oral sex (mouth-genital contact) is a common behavior and while it carries no risk of pregnancy it does carry risk of transmitting STIs. Even though the risk of STIs is lower with oral sex when compared to other sexual activities it is not risk-free. Condoms and dental dams are important for reducing the transmission of STIs during oral-genital sex. During fellatio (performing oral sex on a male) a condom should be worn to avoid skin to skin contact between the mouth and penis and to prevent semen (ejaculate) from entering the mouth. During cunnilingus (performing oral sex on a female) a dental dam should be used to avoid skin to skin contact between the mouth and the genitals and to avoid contact with vaginal secretions. A dental dam is a small square of latex placed over the female genitals to provide a barrier between the mouth and the genitals. Dental dams are available at pharmacies or can be made by cutting open a latex or polyurethane condom.

Protection During Anal Sex

Rimming (oral sex performed on a partner's anus) carries a risk of STIs. Use a dental dam to cover the anus to avoid skin to skin contact.

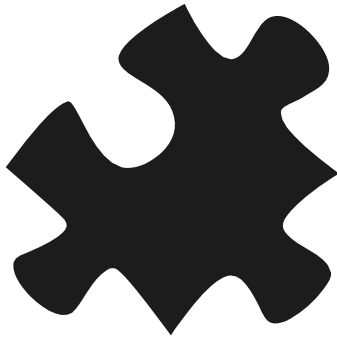
Anal intercourse is a high risk behavior especially for the receiving partner. Condoms should always be used. Water-based lubricants should be used to avoid trauma to the anus and rectum. If penile-vaginal intercourse follows anal penetration, a new condom should be used to avoid contaminating the vagina.

Safer sex practices should be practiced by heterosexual partners as well as same-sex partners.

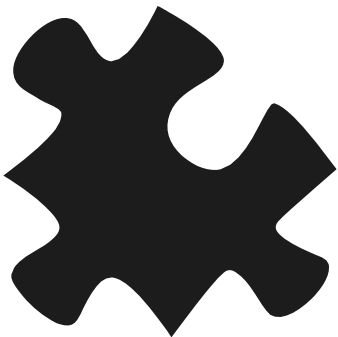
Talking Points for Safer Sex

- Delay all sexual activity as long as possible.
- Respect yourself. Be very picky about with whom you share your body.
- Limit the number of sexual partners you have in your lifetime.
- When in a sexual relationship be faithful to each other.
- Ask potential sexual partners if they have any STIs or have had a history of STIs.
- Have all potential sexual partners screened for STIs before having any type of sexual contact. The only way to get a sexually transmitted infection is to have contact with someone who has a sexually transmitted infection.
- Use condoms (or dental dams, when appropriate) correctly and consistently when having vaginal, anal, or oral sex.
- Get tested for STIs. Early detection and treatment minimizes potential complications and helps reduce the chances of spreading the infection to a non-infected person.
- Remember alcohol and other drugs affect your judgment. Stay sober!

Birth Control
Methods
Pages 38-43



CHARTS



Sexually
Transmitted
Infections
Pages 44-49

Birth Control Methods

Method Name	How it works	Chances of Not Getting Pregnant
Sterilization	<p>Tubal ligation: cutting of the fallopian tubes in females.</p> <p>Vasectomy: cutting of the spermatic cords in males. Permanent method of birth control. Prevents the egg and sperm from joining.</p>	99+% effective
<p>Mirena® a.k.a. IUD (intrauterine device) or IUC (intrauterine contraceptive)</p>	<p>T-shaped plastic device inserted into the uterus. Contains the hormone levonorgestrel (progestin) which thickens cervical mucus to prevent the egg and sperm from joining.</p>	99+% effective
<p>Paragard® a.k.a. IUD (intrauterine device) or IUC (intrauterine contraceptive)</p>	<p>T-shaped plastic device which contains copper. Prevents pregnancy by changing the lining of the uterus. Also impairs movement of egg and sperm in the fallopian tube.</p>	99+% effective
Implanon™	<p>One small plastic rod inserted under the skin of the inner part of the upper arm. Contains synthetic progestin which suppresses ovulation and thickens cervical mucus.</p>	99+% effective

Benefits	Risks	Additional Comments
Permanent and excellent choice for couples who are done having children.	Very safe, especially for men. Mild risk of infection or bleeding after procedure for both males and females.	No other method will ever be needed. Not reversible.
Safe and very effective. Continuous birth control for 5 years.	Small increase in risk of uterine infection after insertion; slight possibility of perforation of uterus during insertion; occasionally expelled; periods will be lighter but irregular.	Pelvic Inflammatory Disease (PID) is not increased in IUD users. However, STI prevention is strongly advised.
Continuous birth control for 10 years.	Small increase in risk of uterine infection after insertion; slight possibility of perforation of uterus during insertion; occasionally expelled; periods will be regular, possibly heavier and more cramping.	Pelvic Inflammatory Disease (PID) is not increased in IUD users. However, STI prevention is strongly advised.
Safe, very effective. Good for 3 years.	Very few health risks. Maybe slight bruising at insertion site. Small risk of infection following insertion.	Light but irregular bleeding.

Birth Control Methods

Method Name	How it works	Chances of Not Getting Pregnant
<p>DMPA a.k.a. Depo Provera® or Depo or The Shot</p>	<p>Depot Medroxy-progesterone Acetate: An injection of progestin given every 12 weeks (4X/year) which suppresses ovulation and thickens cervical mucus.</p>	<p>99% effective if used correctly. Less effective with user error, 97-99%.</p>
<p>NuvaRing® a.k.a. The Ring</p>	<p>A small vaginal ring which contains synthetic estrogen and progestin. Suppresses ovulation and thickens cervical mucus.</p>	<p>99% effective if used correctly. Less effective with user error, 92-99%.</p>
<p>Oral Contraceptives a.k.a. The Pill</p>	<p>Small pill taken daily which contains synthetic hormones estrogen and progestin. Suppresses ovulation and thickens the cervical mucus.</p>	<p>99% effective if used correctly. Less effective with user error, 92-99%.</p>

Benefits	Risks	Additional Comments
<p>Safe and highly effective. Works continuously for 12 weeks.</p>	<p>Few serious side effects. Causes temporary, reversible thinning of bone mass, weight gain, irregular bleeding to no bleeding.</p>	<p>Delayed return to fertility; may take a year to return to normal menstrual cycle.</p>
<p>Convenient and works continuously for 21 days. No need to take a pill everyday. Regular, light periods. May improve acne and helps with painful periods.</p>	<p>Serious side effects are rare for healthy women. Most serious side effects are associated with estrogen which clots blood. Very small increased risk for heart attack, stroke, blood clots in legs or lungs. Risks are increased for smokers.</p>	<p>May not be good method for females with high blood pressure, migraines with visual auras, liver disease, or a history of blood clots.</p>
<p>Regular, light periods. May help with acne and painful periods.</p>	<p>Serious side effects are rare for healthy women. Most serious side effects are associated with estrogen which clots blood. Very small increased risk for heart attack, stroke, blood clots in legs or lungs. Risks are increased for smokers.</p>	<p>May not be good method for females with high blood pressure, migraines with visual auras, liver disease, or a history of blood clots.</p>

Birth Control Methods

Method Name	How it works	Chances of Not Getting Pregnant
<p>Ortho Evra® a.k.a. The Patch</p>	<p>A patch worn on the skin containing synthetic hormones estrogen and progestin. Suppresses ovulation and thickens the cervical mucus.</p>	<p>99% effective if used correctly. Less effective with user error, 92-99%.</p>
<p>Male Condom</p>	<p>Latex or polyurethane sheath that fits over the erect penis. Prevents pregnancy by catching semen when the male ejaculates.</p>	<p>98% effective if used correctly with every act of intercourse. Less effective with user error, 85-98%.</p>
<p>Female Condom For more information, visit: www.femalehealth.com</p>	<p>A loose fitting polyurethane tube closed at one end which is inserted into the vagina and partially covers the external female genitals. Prevents pregnancy by catching semen when the male ejaculates.</p>	<p>95% effective if used correctly with every act of intercourse. Less effective with user error, 79-95%.</p>
<p>Diaphragm</p>	<p>A latex dome that is inserted into the vagina and covers the cervix. Used with spermicide, the dome provides a barrier between the egg and the sperm and the spermicide kills sperm. Must be fit by a health care provider.</p>	<p>94% effective if used correctly with every act of intercourse. Less effective with user error, 84-94%.</p>

Benefits	Risks	Additional Comments
Patch only needs to be changed weekly. No need to take a pill every day. Regular, light periods. May help with acne and painful periods.	Higher levels of estrogen than the pill or ring, still serious side effects are infrequent. Most serious side effects are associated with estrogen which clots blood. Very small increased risk for heart attack, stroke, blood clots in legs or lungs. Risks are increased for smokers.	May not be good method for females with high blood pressure, migraines with visual auras, liver disease, or a history of blood clots.
Offers dual protection: reduces the risk of pregnancy and sexually transmitted infections.	No risks. If sensitive to latex, use polyurethane.	Correct and consistent use can dramatically reduce the risk of getting STIs.
Offers dual protection: reduces the risk of pregnancy and sexually transmitted infections. Offers females the chance of protection from STIs if male partner won't wear a condom.	No risks.	Correct and consistent use can dramatically reduce the risk of getting STIs.
No hormones. Use only when needed.	Few health concerns. May be sensitive to latex or spermicide.	Not a good methods for individuals with latex allergies.

Sexually Transmitted Infections

Sexually Transmitted Infection	Symptoms
<p>Chlamydia is an infection caused by the bacteria <i>Chlamydia trachomatis</i>. Most common bacterial STI. Often known as the silent STI because symptoms are mild to absent.</p>	<p>Most males and females have no symptoms. Males and females can have mild burning with urination. Males: penile discharge. Females: vaginal discharge or spotting after intercourse. Symptoms, if present, usually show up 1 to 3 weeks after exposure.</p>
<p>Genital HPV and Genital Warts are caused by the Human Papilloma Virus (HPV). More than 40 types can affect the skin of the penis, vulva, anus, vagina, cervix, and rectum. HPV is grouped into two groups: low-risk (wart-causing) and high-risk (cancer causing).</p>	<p>Most often HPV is invisible and the infected person does not even know they have it. Low-risk types of HPV can cause visible warts. Warts can take months or years to show up after exposure. High-risk types of HPV are invisible. For females, often the first sign of HPV infection is an abnormal Pap.</p>

Transmission	Treatment	Prevention
<p>Transmitted during vaginal, anal, or oral sex with an infected person. Most common transmission is vaginal intercourse.</p>	<p>Treated and cured with antibiotics. Early detection and treatment is the best way to prevent complications. Get routine STI screenings and seek medical attention promptly if you have symptoms.</p>	<p>Correct and consistent use of condoms and dental dams can dramatically reduce the transmission of Chlamydia.</p>
<p>Genital HPV is transmitted during skin to skin contact most often during vaginal or anal sex with an infected person. Transmission is possible with oral sex, but less likely. Experts don't fully understand the role of oral transmission of HPV.</p>	<p>In the vast majority of people infected with genital HPV the body's immune system will clear up the HPV infection within two years. Visible warts can be removed by a health care provider. Abnormal cells on the cervix can be treated by a health care provider.</p>	<p>A vaccine is available for females. It gives protection from the four most common types of genital HPV. Since genital HPV is spread through skin to skin contact, condoms are not fully able to protect an individual from getting HPV, however they may lower the risk of transmission. The role of oral transmission is poorly understood and use of dental dams is recommended.</p>

Sexually Transmitted Infections

Sexually Transmitted Infection	Symptoms
<p>Herpes, both oral herpes (cold sores) and genital herpes, are caused by the Herpes Simplex Virus (HSV) types I and II.</p>	<p>Many infected individuals will not know they have HSV. Symptoms of genital herpes when present may be blisters turning into painful sores. Symptoms may appear within 7-10 days of exposure; however, not all individuals will have symptoms.</p>
<p>Gonorrhea is caused by the bacteria <i>Neisseria gonorrhoea</i>. It can affect the mouth, throat, anus, and genitals.</p>	<p>Symptoms will vary according to the location of the infection. There may be discharge from the penis or vagina. Or if the throat is infected, a sore throat may be present.</p>
<p>Trichomoniasis is caused by the parasite <i>trichomonas vaginalis</i>. It affects the vagina in females and the urethra in males.</p>	<p>Most males have no symptoms. Females may have no symptoms or an increase in vaginal discharge or vaginal irritation.</p>

Transmission	Treatment	Prevention
<p>Skin to skin contact during vaginal, anal, or oral sex with an infected person. Can be spread even when no sores are visible. Cold sores can be spread to the genitals of an uninfected partner through oral sex.</p>	<p>There is no treatment. However, medicine is available to manage the symptoms of future outbreaks.</p>	<p>Since HSV is spread through skin to skin contact, condoms are not fully able to protect an individual from getting HSV, however they may lower the risk of transmission. To reduce the risk of oral-genital transmission use a dental dam or condom. Infected individuals can take a daily dose of medication to decrease viral shedding - this can reduce, but not eliminate, the risk of transmission.</p>
<p>Transmitted during vaginal, anal, or oral sex with an infected person.</p>	<p>Treated and cured with antibiotics. Early detection and treatment is the best way to prevent complications. Get routine STI screenings and seek medical attention promptly if you have symptoms.</p>	<p>Correct and consistent use of condoms and dental dams can dramatically reduce the transmission of gonorrhea.</p>
<p>Transmitted through vaginal intercourse or from vulva to vulva contact with an infected person. Females can get it from males or females, but males get it primarily from females.</p>	<p>Treated and cured with antibiotics. Male partners of an infected female should be treated even if not symptomatic.</p>	<p>Correct and consistent use of condoms and dental dams can dramatically reduce the transmission of Trichomoniasis. A protective barrier should be used to avoid direct vulva to vulva contact.</p>

Sexually Transmitted Infections

Sexually Transmitted Infection	Symptoms
<p>Viral Hepatitis refers to a group of viruses that affect the liver. Hepatitis means inflammation of the liver. The most common sexually transmitted types are Hepatitis B and C. Hepatitis A is occasionally transmitted sexually.</p>	<p>Fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain, jaundice (yellowing of the skin).</p>
<p>HIV stands for Human Immunodeficiency Virus. This is the virus that can lead to AIDS (Acquired Immunodeficiency Syndrome). Once infected, it can take years to get to the late stages of the disease known as AIDS.</p>	<p>Early symptoms are often not recognized as signs of exposure. It can take years for an HIV infected person to have any symptoms.</p>
<p>Syphilis is caused by the bacteria, <i>treponema pallidum</i>.</p>	<p>Primary stage is usually marked by a single painless sore (chancre). From infection to first symptom average 21 days. Secondary stage typically starts with a rash on one or more areas of the body.</p>



Transmission	Treatment	Prevention
<p>Hepatitis A is mainly caused by the ingestion of fecal matter from close person to person contact or the ingestion of contaminated food or drinks. It can also be spread by having oral-anal sex with an infected person.</p> <p>Hepatitis B and C are spread by contact with blood, semen, and other bodily fluids mostly by having vaginal, anal, or oral sex with an infected person.</p>	<p>Treatment with multiple medications prescribed by a health care provider.</p>	<p>Hepatitis A: Get vaccination and use a condom or dental dam for oral sex to reduce the risk.</p> <p>Hepatitis B: Get vaccination and use condoms or dental dams for all sexual contact.</p> <p>Hepatitis C: No vaccine. Use condoms or dental dams for all sexual contact.</p>
<p>It is spread by having oral, vaginal, or anal sex with an infected person.</p>	<p>No known cure. Medical management of HIV infected person requires multiple medications prescribed under the direction of a health care provider who specializes in HIV treatment.</p>	<p>Correct and consistent use of condoms and dental dams can dramatically reduce the transmission of HIV.</p>
<p>It is spread through direct contact with the syphilis sore. Sores occur mainly in the external genitals and the mouth—transmission through oral, vaginal, or anal sex with an infected person.</p>	<p>Treated and curable with antibiotics if treated in the early stages. Additional doses are needed if infection has been present longer than a year.</p>	<p>Correct and consistent use of condoms and dental dams can dramatically reduce the transmission of syphilis, but since the chancre may be on a part of the body not covered by the barrier, transmission is still possible.</p>

Additional Issues to Discuss

Media

In today's world, children are constantly bombarded with messages from television, magazines, movies, radio, newspapers, billboards, and the internet. These media messages often contain violent or unhealthy sexual images or language. In order to influence children in positive ways, it is necessary to monitor what they are watching, listening to, and reading. Take the time to talk with your children and to express your concerns.

Sexual Harassment, Sexual Assault, and Date Rape

Sexual harassment is any unwanted and unwelcomed sexual advances, requests for sexual favors, or verbal or physical conduct of a sexual nature. Sexual assault is any type of physical sexual activity that you do not agree to including being touched, rape or attempted rape, and child molestation. Sexual assault can be anything that forces or coerces a person to partake in any type of activity that is sexual in nature against their will. Date rape is forced sex between two people who know each other or are acquaintances, also known as acquaintance rape. It is very important as parents to understand and teach children about these topics and to make them aware that they have the right to say no and that they should report any unwanted behavior from another person to an adult.

Dating Violence

Dating violence is when one partner tries to maintain power and control over the other through abuse. Teens are at great risk for experiencing dating violence, mainly because they are inexperienced at dating and have false perceptions of romantic relationships. Because of their need for independence, teens may hide the violence from parents.

Tobacco, Alcohol, and Drug Use/Abuse

It is important for parents to be aware of the relationship between teen tobacco, alcohol, and drug use and sexual activity. Alcohol and other drug use is linked to risky sexual behavior and poses significant threats to the health of adolescents. Substance abuse may impair adolescents' ability to make judgments about sex and contraception, placing them at increased risk for unplanned pregnancy, sexual assault, or becoming infected with an STI. Studies show that adolescents are less likely to use condoms when having sex after drinking alcohol than when sober.

Peer Pressure

Teens may feel pressure from their peers. They may feel "everyone is doing it" and feel out of place because they've chosen not to be sexually active. Teens need to realize that NOT everyone is "doing it" and that some teens lie about their sexual activity to gain acceptance from their peers. Your teens may be told, "If you love me, you'll go to bed with me," or they may be made to feel that they will lose their boyfriend or girlfriend if they don't have sex with him/her. Teens need to know there is a difference between sex, infatuation, manipulation, and love. Your teen needs to know that he/she definitely has the right to say no and to give and receive respect in relationships.

Eating Disorders

Eating disorders come in many different forms, but all are the result of an obsession with food and weight that harm a person's well-being. Both males and females can suffer from eating disorders. Forms of the disorder include anorexia nervosa, bulimia nervosa, and binge eating. Eating disorders are treatable and can be prevented; they often times stem from deeper issues that result in the preoccupation with food and weight.

Mental Health and Depression

One in 8 teens experience some form of depression. It is a common condition and can be caused by several factors including genetics, life events, family and social circumstances, and medical conditions. Signs of depression are a depressed mood or sadness, lack of energy, inability to enjoy things that used to be fun, withdrawal from peers and family, anger, changes in sleep patterns, physical aches and pains, or thoughts of death or suicide. The good news is that depression is treatable. Seek help if you think your teen may be experiencing mental health issues or depression.

Suicide

Adolescents report thinking about and attempting suicide for many different reasons: guilt, shame, feeling unwanted or unloved, and perceptions of being a disappointment to others. Most individuals who attempt and commit suicide have depression or other mental health issues. It is important to watch for warning signs of suicide in teens: talking about suicide and being able to articulate their plan for suicide, frequently speaking of death and/or going away, giving away valued possessions, withdrawal from peers and family, changes in sleeping patterns, and engaging in destructive behaviors such as alcohol and drug abuse and self-mutilation. Seek help immediately if you think that your teen may be contemplating suicide.

Running Away

Many teens either think about running away themselves, actually run away, or know someone who has run away from home. Often times teens run away because of a family dispute, they don't know how to handle a specific problem, they are being abused, or peer pressure. If you think your teen is having thoughts about running away, talk to them about it. They may need guidance on how to appropriately solve problems. Listen to what your teen tells you. Get to know their friends and their friend's families. If your teen has already run away, notify the police immediately.

Bullying/Cyber-bullying

Bullying is when an individual is repeatedly picked on verbally or physically. Bullying can be name calling, pushing, shoving, taunting, teasing, rumor spreading, and shunning. Cyber-bullying is when someone is taunted, teased, shunned, purposely embarrassed, and name called with the use of cell phones, the internet, and email.

Bullying has been around for a long time, but it has very long lasting consequences on children who are bullied. Any form of bullying can be very harmful to children. Bullying can lead to depression, violence, and suicide. Take all complaints of bullying seriously.

Internet Safety

It is more important now than ever before to teach children how to safely use the internet. It can be both a wonderful tool and a dangerous threat. Remind children that they should never give out personal information like their full name, address, phone number, or any other identifying information. Children should never attempt to meet online friends in person and should notify an adult of any online activity that may seem suspicious.

Glossary

Abstinence: the self-choice by an individual to not have any type of sex.

Acquaintance Rape: forced sex between two people who know each other or are acquaintances; a.k.a., date rape.

Anal Sex: insertion of the penis into the anus.

Askable Parent: a parent whom their children find to be approachable, open to questions, and willing to give honest answers and opinions.

Birth Control: any means that assist males and females with preventing a pregnancy; a.k.a., contraception.

Breast: the front of the chest where mammary glands are located.

Body Image: how a person perceives their exterior look.

Clitoris: a small sensory organ located above the vaginal opening.

Condom: a barrier method of contraception and Sexually Transmitted Infection (STI) transmission; blocks the passage of sperm. Available in both male and female forms.

Conception: the joining of the egg and the sperm; a.k.a., fertilization.

Contraception: any means that assist males and females with preventing a pregnancy; a.k.a., birth control.

Cunnilingus: oral sex performed on a female.

Date Rape: forced sex between two people who know each other or are acquaintances; a.k.a., acquaintance rape.

Dual Protection: using an effective method of birth control to prevent pregnancy and using a condom to reduce the risk of sexually transmitted infections (STI).

Ejaculation: the release of semen through the urethra of the penis.

Embryo: what a developing baby is called during pregnancy for the first eight weeks.

Emergency Contraception (EC): the prevention of pregnancy after unprotected vaginal intercourse or method failure, usually by means of hormonal medication.

Endometrium: the uterine lining which is shed monthly if a pregnancy does not occur.

Epididymis: a mass of tubing that is folded up and attached to the testes which stores sperm.

Erection: the chambers in the penis fill with blood causing it to stiffen.

Established Pregnancy: when a fertilized egg attaches to the uterine wall; a.k.a., implantation, pregnancy.

Fallatio: oral sex performed on a male.

Fallopian Tube: a tube which allows the egg to travel from the ovary to the uterus.

Fertilization: the joining of the egg and the sperm; a.k.a., conception.

Fetus: what a developing baby is called during pregnancy from week 8 until birth.

Gonad: the reproductive gland that releases sex hormones: ovaries in females and testicles in males.

Hormone: a chemical substance produced in the body that controls and regulates the activity of certain cells or organs.

Implantation: when a fertilized egg attaches to the uterine wall; a.k.a., pregnancy, established pregnancy.

Labia: the external female genitalia, commonly known as the lip area.

Menstrual Cramps: cramping in the lower abdomen during the menstrual cycle caused by contractions of the uterus as it expels the endometrium and clotted blood.

Menstruation: meaning “monthly flow,” it is the release of the endometrium from the uterus.

Natural Family Planning (NFP): a method of birth control used by couples to determine what days sexual intercourse can and cannot result in pregnancy. The female’s menstrual cycle is charted to determine these days. Effectiveness ranges from 92-98% if used correctly and consistently. A teen’s menstrual cycle is often irregular making NFP less effective for this age group.

Oral Sex: mouth-genital contact.

Orgasm: the sensation experienced at the climax of sexual arousal.

Ovary: the oval-shaped organ located on either side of the uterus in the lower abdomen which stores ova (eggs) and produces the hormones: estrogen, progesterone, and testosterone.

Ovulation: the process of the egg leaving the ovary.

Ovum: egg, or the female sex cell.

Peer Pressure: pressure on an individual from their social network to partake in certain behavior or beliefs.

Penis: the external male sex organ.

Plan B: the prevention of pregnancy after unprotected vaginal intercourse or method failure, by means of hormonal medication; a.k.a., emergency contraception (EC).

Pregnancy: when a fertilized egg attaches to the uterine wall; a.k.a., implantation, established pregnancy.

Pre-Menstrual Syndrome (PMS): physical and emotional changes some females experience just before menstruation. Physical changes may include bloating and water retention; emotional changes may include moodiness and irritability.

Prostate: the gland that contributes a milky fluid to the ejaculate.

Puberty: the period of time when children begin to change biologically, psychologically, socially, and cognitively.

Pubic Hair: hair in the frontal genital area and sometimes at the top of the inside of the legs.

Rimming: oral sex performed on a partner's anus.

Scrotum: a pouch of skin that contains the testicles.

Self Esteem: how much a person values themselves.

Semen: milky white fluid that is released (ejaculated) during orgasm.

Seminal Vesicle: a tube that contributes a milky fluid to the ejaculate.

Sex: having male or female anatomy; your gender.

Sexual Assault: any type of physical sexual activity that you do not agree to including being touched, rape or attempted rape, and child molestation.

Sexual Harassment: any continued unwanted and unwelcomed sexual advances, requests for sexual favors, or verbal or physical conduct of a sexual nature.

Sexual Intercourse: genital contact, especially the insertion of the penis into the vagina followed by orgasm.

Sexuality: a person's total being from birth to death and covers the social, psychological, biological, and moral aspects of each person.

Sexually Transmitted Infection (STI): any infection acquired during sexual contact; a.k.a., sexually transmitted disease (STD) or venereal disease.

Sperm: the male sex cell.

Testicles: the male sex glands, or gonads; a.k.a., testes.

Testosterone: the male sex hormone.

Urethra: a thin tube that runs out of the tip of the penis where semen and urine pass through.

Uterus: the pear-shaped organ located in the female's lower abdomen; it is where the endometrium is located during the menstrual cycle and where fertilized eggs implant to begin the development process.

Vagina: the canal extending from the cervix to the outside of the female's body.

Vas Deferens: long, thick tube in the male which allows sperm to travel to the seminal vesicles where it joins with the semen.

Wet Dreams: ejaculations at night while asleep.

Withdrawal: a method of birth control where the male removes his penis from the vagina prior to ejaculation, also known as the pull out method. Effectiveness ranges from 73-96% if used correctly and consistently.

Community Resources

AIDS Resource Center of Wisconsin

Phone: 608.785.9866

Website: <http://www.arcw.org>

Big Brothers Big Sisters of the Coulee Region

Phone: 608.782.2227

Website: <http://www.bbbscouleeregion.org>

Boy Scouts of America

Phone: 608.784.4040

Website: <http://www.gatewaycouncil.org>

Boys and Girls Clubs of Greater La Crosse

Phone: 608.782.3926

Website: <http://www.bgcgla.org>

Boys and Girls Clubs of Sparta

Phone:

Website: <http://www.bgcofsparta.org>

Boys and Girls Club of the Tomah Area

Phone: 608.374.4386

Website: <http://www.bgctomah.org>

Brighter Tomorrows

Phone: 888.886.2327

Coulee Children's Center

Phone: 608.787.5572

Website: <http://www.couleechildrenscenter.com>

Coulee Council on Addictions

Phone: 608.784.4177

Website: <http://www.couleecouncil.org>

Couleecap

Phone: 608.782.4877

Website: <http://www.couleecap.org>

Crossfire Youth Center

Phone: 608.784.6565

Domestic Violence Intervention Project (DVIP)

Phone: 608.785.7670

Family and Children's Center

Phone: 608.785.0001

Website: <https://www.fcconline.org>

Family Resources

Phone: 608.784.8125

Website: <http://www.laxfamilyresources.org>

Franciscan Skemp

Phone: 800.362.5454

Website: <http://www.franskemp.org>

Girl Scouts USA - Riverland Council

Phone: 608.784.3693

Website: <http://www.gsriverland.com>

Great Rivers 2-1-1

Phone: 211

Website: <http://www.greatrivers211.org>

Gundersen Lutheran

Phone: 800.362.9567

Website: <http://www.gundluth.org>

Houston County Women's Resources

Phone: 507.894.2676

Website: <http://hcwrmn.homestead.com>

La Crosse Area YMCA

Phone: 608.782.9622

Website: <http://www.laxymca.org>

Monroe County Teen Pregnancy Prevention and Parenting Coalition

Phone: 608.269.8627

New Horizons

Phone: 608.791.2600

Website: <http://www.newhorizonslacrosse.com>

Passages

Phone: 800.236.4325

Scenic Bluffs Community Health Centers

Phone: 608.654.5100 (Cashton)

Phone: 608.823.7853 (Norwalk)

St. Clare Health Mission

Phone: 608.791.9546

Website: <http://www.stclarehealthmission.org>

St. Clare Health Mission of Monroe County

Phone: 608.269.2132

YWCA of the Coulee Region

Phone: 608.781.2783

Website: <http://www.ywcalax.org>



You may find other resources at you local library, county, and faith-based organizations. Check your phone book for listings.

Internet Resources

Options Clinic

<http://www.optionsclinic.org>

Center for Disease Control

<http://www.cdc.gov>

Families are Talking

<http://www.familiesaretalking.org>

Sexuality Information and Education Council of the US

<http://www.siecus.org>

RESPECT

<http://www.respectrx.com>

Common Sense Media

<http://www.common sense media.org>

KidsHealth

<http://kidshealth.org>

www.iwannaknow.org

<http://www.iwannaknow.org>

Teach Kids How!

<http://www.teachkidshow.com>

Advocates for Youth

<http://www.advocatesforyouth.org>

National Campaign to Prevent Teen and Unplanned Pregnancy

<http://www.thenationalcampaign.org>

Healthy Teen Network

<http://www.healthyteennetwork.org>

Appendix A: Testicular Self-Exam

Early detection of testicular cancer is made possible by a simple three minute monthly self-exam. The best time to examine the penis, scrotum, and testicles is after a warm shower or bath, when the scrotum is soft and the testicles hang down away from the body.

First, roll each testicle between the thumbs and fingers of both hands. A normal testicle is firm, smooth, egg-shaped and about 1.5 inches long. One testicle may be a little larger than the other testicle. The left testicle usually hangs lower in the scrotum. Feel the epididymis behind the testicle on each side. It should feel soft, rope-like, and slightly tender. It is not normal to feel a lump or hard area in the testicle, or if the whole testicle feels harder than usual. It is not normal if one side of the scrotum is very swollen. These could be signs of cancer, even if there is not pain. Finally, feel the groin area on both sides for any lumps or swollen glands.

Major Risk Factor

Males who have an undescended or partially descended testicle are at much higher risk of developing testicular cancer than others. However, it is a simple procedure to correct the undescended testicle condition.

Symptoms

The first sign of testicular cancer is usually a slight enlargement of one of the testes, and a change in its consistency. Pain may be absent, but often there is a dull ache in the lower abdomen and groin, together with a sensation of dragging and heaviness.

Treatment

Surgery is usually the preferred treatment. In certain cases, it may be used either together with radiation therapy or chemotherapy.

Appendix B: How to Use a Condom

Step 1: Make sure that both of you are agreeing to intercourse.

Step 2: Have more than one condom available.

Step 3: Check the package expiration date. Do not use expired condoms.

Step 4: Check the package and condom for tears and make sure the package has an air-tight seal. Make sure you are using condoms that specifically state they will help prevent pregnancies, STIs, and HIV.

Step 5: After you have an erect penis, check the condom for the proper way it unrolls and roll the condom onto the erect penis all the way to the base. Remember to leave a 1/2" reservoir tip for the ejaculate. Make sure you have a condom on correctly before there is any sexual contact.

Step 6: Use only water-based lubricants to reduce friction and lower the risk of breaking the condom.

Step 7: Have intercourse.

Step 8: After ejaculation, withdraw the penis while it is still hard making sure to hold the condom at the base of the penis as it is pulled out. This will help to keep the semen in the condom and prevent any spilling.

Step 9: With the penis away from your partner remove the condom.

Step 10: Tie the condom in a knot and dispose of it in a trash receptacle.

Appendix C: Power and Control Wheel

TEEN POWER AND CONTROL WHEEL



Produced and distributed by:

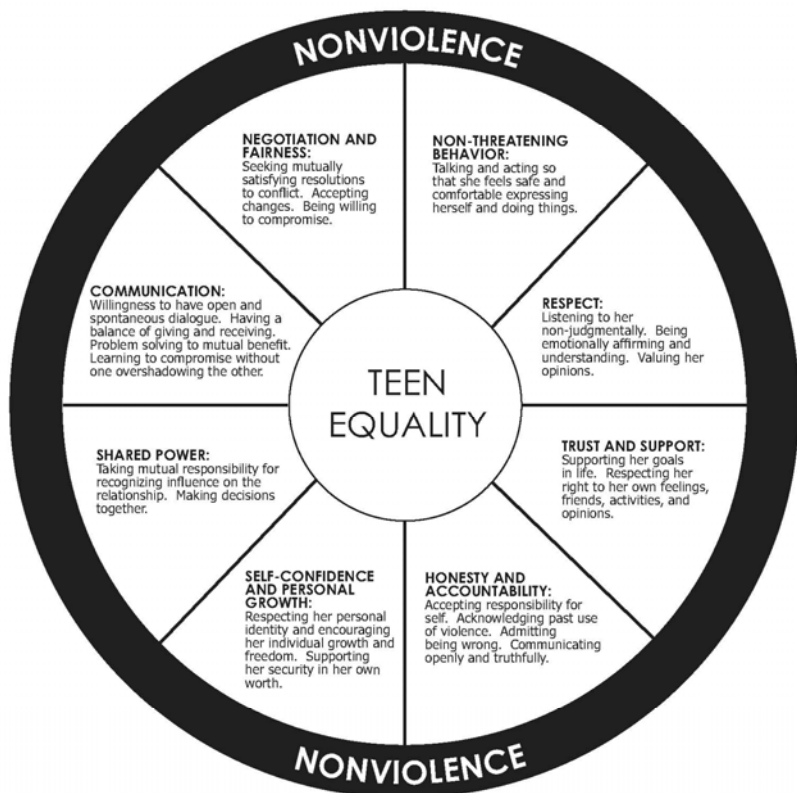
Developed from:
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Appendix D: Equality Wheel

EQUALITY WHEEL FOR TEENS



Adapted from:
Domestic Abuse Intervention Project
202 East Superior Street
Duluth, MN 55802
218.722.4134

Produced and distributed by:



NATIONAL CENTER
on Domestic and Sexual Violence
training • consulting • advocacy
4612 Shoal Creek Blvd. • Austin, Texas 78756
512.407.9020 (phone and fax) • www.ndsv.org

Appendix E: Dating Bill of Rights

I have a right to:

- Always be treated with respect
- Be in a healthy relationship
- Ask for a date
- Refuse a date
- Not be hurt physically, verbally, or emotionally
- Suggest activities
- Refuse any activities, even if my date is excited about them
- Say, "I think my friend is wrong and his actions are inappropriate."
- Tell someone not to interrupt me
- Have my limits and values respected
- Tell my partner when I need affection
- Refuse affection
- Be heard
- Refuse to lend money
- Refuse sex at any time, for any reason
- Have friends and space aside from my partner
- End a relationship at any time for any reason

I have the responsibility to:

- Determine my limits and values
- Respect the limits of others
- Never hurt my partner physically, verbally, or emotionally
- Ask for help when I need it
- Be considerate
- Check my actions and decisions to determine whether they are good or bad for me
- Not be controlling or manipulative in my relationships
- Accept responsibility for myself and my actions
- Set high goals for myself

Appendix F: Pressure Lines

Parents and children should use this worksheet to brainstorm some ways in which you can respond to peer pressure and becoming sexually active. List as many responses as you can and talk about them together.

Example: *NO, I'm too young to have sex. (Walk away)*

Everybody is doing it.

If you love me, you will have sex with me.

If you won't have sex with me, then I don't want to see you anymore.

Don't worry, I'll use protection.

We had sex once before, so what's the problem now?

If you don't, you'll be missing out.

Appendix G: Internet Safety Contract

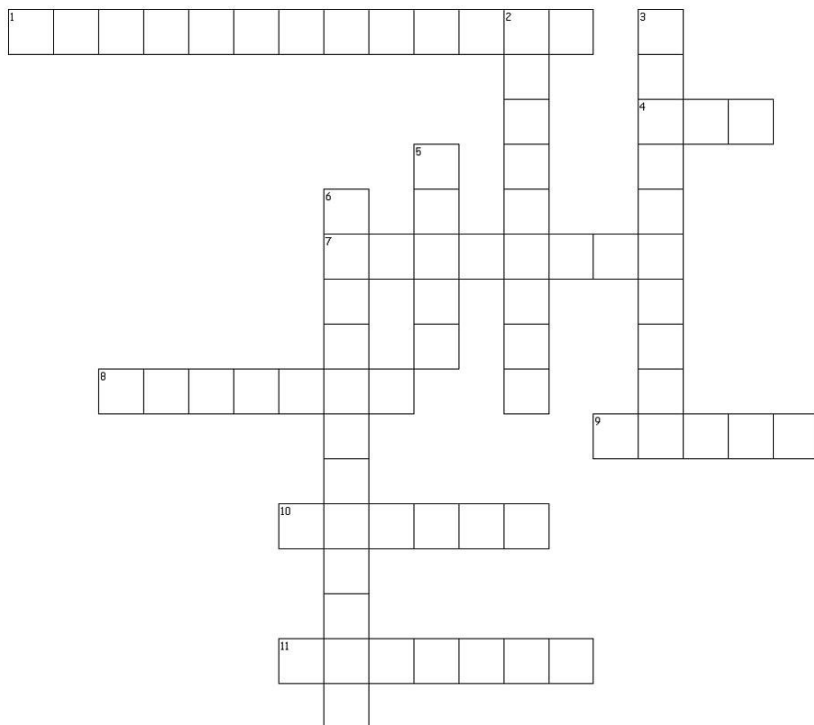
I agree to the following when I am using the internet:

- I will not give out my personal information to anyone on the internet, even if I think I know them. I will not share my name, address, phone number, family members' names, social security number, or anything else that may be considered personal information and could possibly identify me and my family.
- I will inform my parents of any chat room that I am going to go into and they will look at it first. I will only enter chat rooms that I have been given permission to enter. I will not use my real name in chat rooms. I will use a nickname.
- I will use MySpace and Facebook respectfully and I will allow my parents to see my profiles at any time. I will not post any inappropriate pictures of myself or my friends on my pages.
- I will never send pictures of myself or my family and friends to anyone that I do not know. I will ask permission from my parents before I send pictures to people that I do know.
- I will not use the internet to bully other people. I will report to my parents any behavior that makes me feel bad, is inappropriate, makes me feel uncomfortable.
- I understand my parents' rules and will agree to follow any other rules they have discussed with me about using the internet.
- I will inform my parents if anyone tries to make plans to meet me or sends me inappropriate pictures. I will never meet or make plans to meet anyone that I talk to online that I do not already know. I will tell my parents of any plans I make over the with my friends.

Signature

Date

Appendix H: Puberty Crossword Puzzle



ACROSS

1. any means that assist males and females with preventing a pregnancy; a.k.a., birth control
4. having male or female anatomy; your gender
7. the chambers in the penis fill with blood causing it to stiffen
8. the period of time when children begin to change biologically, psychologically, socially, and cognitively
9. the external male sex organ
10. the canal extending from the cervix to the outside of the female's body
11. a chemical substance produced in the body that controls and regulates the activity of certain cells or organs

DOWN

2. the process of the egg leaving the ovary
3. the self-choice by an individual to not have any type of sex
5. the male sex cell
6. meaning "monthly flow," it is the release of the endometrium from the uterus

Your Personal Notes

