COMMUNICATION ABOUT SEXUAL RELATIONSHIPS:
A GUIDEBOOK FOR TEENS AND YOUNG ADULTS

By Sara Richie

We recommend acceptance of this project report in partial fulfillment of the candidate's requirements for the degree of Master of Science in Community Health Education:

The candidate has met all of the project completion requirements.

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COMMUNICATION ABOUT SEXUAL RELATIONSHIPS: A GUIDEBOOK FOR TEENS AND YOUNG ADULTS

A Graduate Project Report Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Science in Community Health Education

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College of Health Promotion and Human Development
Community Health Education

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ABSTRACT

Richie, S.J. Communication about Sexual Relationships: A Guidebook for Teens and Young Adults. MS (etc.) in Community Health Education, August 2009, #46. (K. Rees)

Communication About Sexual Relationships: A Guidebook for Teens and Young Adults is a sexuality education tool to be used among teenagers and young adults in a variety of settings including, schools, youth groups, faith-based organizations, and clinics. This research project includes information about teen sexual health statistics, teen pregnancy, sexually transmitted infections, and communication among youth. The Guidebook will help teens and young adults to communicate with their partner about sexuality issues before making the decision to become sexually active. The Guidebook includes tips on communicating with each other, medically accurate information about the transmission of and treating/managing sexually transmitted infections, birth control options as well as additional resources on teen issues including sexuality issues.
SECTION I:

INTRODUCTION AND OVERVIEW

In today’s society teenagers and young adults are making the decision to have sex with their partners younger than their parents did. According to The Alan Guttmacher Institute, 73% of men and 56% of women had sex before their eighteenth birthday, averaging out to about 6 months earlier than their parents. In the 1960s 50% of 15 through 19 year olds were sexually active. In the 1970s and 1980s, during what they called the sexual revolution, the sexual intercourse rate jumped to 70%. Teens and young adults often make the decision to have sexual intercourse without thinking it over or even discussing it first with their partner. Sexuality is an uncomfortable topic area for teens and young adults to discuss. This Guidebook will assist teens and young adults address the topic of sexuality and making the right decisions when it comes to engaging in sexual activity. Currently there is not much literature or materials available for teens or young adults when it comes to needing advice on discussing the topic of sex with their partners. However there are many sources out there to help teens talk to their parents and for parents to talk to their teens about sexuality.

The purpose of this Guidebook (Appendix A) is to help teens and young adults feel confident in discussing the decision to engage in sexual activity and also to help them feel comfortable discussing sexually transmitted infections. These are often uncomfortable subjects for even adults to talk about. As an educator developing a
Guidebook on communication about sexual relationships, future facilitators and educators will continue to normalize sexuality and help educate youth to be comfortable discussing the topic. This Guidebook will give youth accurate information and provide them with plenty of reliable resources on the topic to research further for themselves. The information in this Guidebook will be based around communication between partners but there will also be accurate medical information on sexually transmitted infections, how to avoid them and how to talk about them, teen pregnancy, other consequences to engaging in sexual activity and abstinence. This Guidebook is intended to inform teens and young adults to help make the right decision; it will not use fear based methods. Another point that will be emphasized is that, if you cannot talk to your partner about sexuality then you should not be engaging in sexual activity.

This Guidebook is intended for the community clinics, planning centers or other reproductive health centers to deliver to their younger clientele. It could also be used in a sexual education course that is not funded by the abstinence based only grant money and it would be available via teen resource websites. There are many different ways that this guidebook could be distributed and utilized by sexuality educators. This Guidebook was developed for teens and young adults ages 16 to 24 but it may also be distributed to younger teens by the discretion of the health care provider or sexual health educator. This Guidebook is geared towards youth of all ethnicities, races and genders. This Guidebook will be used as a catalyst to help create programs and other resources for teens and young adults.
Communication About Sexual Relationships: A Guidebook for Teens and Young Adults

I. Am I Ready?
   a. Quiz
   b. Results and what they mean
   c. How to talk to your partner

II. Previous Experience
   a. Past relationships
   b. Sexual partners
   c. Do you or have you had any viral or bacterial sexually transmitted infections: Can I get them?

III. Making the Decision as a Couple
   a. Partner scenarios
   b. Consequences
      1. Sexually Transmitted Infections (STI)
      2. Pregnancy
   c. Open lines of communication
      1. Get tested for STI’s together

IV. What Contraception Method is Right for Us
   a. Oral Contraception
   b. Over the counter methods
   c. Vaginal ring/the patch/the injection
Definitions

*Abstinence-Based Sexuality Education:* Teaches that abstinence is the best way to prevent unintended pregnancy and STI prevention but it also teaches about avoiding pregnancy and STI’s by having safe sex. This includes teaching about methods of contraception, condom use, decision making, having values and goals, and also communication skills (Howell, 2001).

*Abstinence-Only Sexuality Education:* teaches that abstinence in the only moral option of sexuality for teenagers. Usually censors important information on pregnancy prevention, STI prevention and contraceptive use including condoms (Howell, 2001).

*Bacterial Sexually Transmitted Infections:* An infection that is passed from one person to another through sexual contact that can be treated with prescription antibiotics.

*Comprehensive Sexuality Education:* teaches that abstinence is the best way to avoid unintended pregnancy and sexually transmitted diseases but comprehensive sexuality education also teaches about sexually transmitted infections, contraception, condoms, unintended pregnancy and even communication and interpersonal skills to build healthy relationships (Howell, 2001).

*Contraception:* A term for methods used in preventing pregnancy.

*Romantic Relationship:* An intimate bond between one another that involves strong feelings, possibly feelings of love.

*Sexual Relationship:* A bond between one another that also involves engaging in sexual behavior
Sexually Transmitted Infections: A communicable infection that is passed from person to person through sexual or skin to skin contact, usually appearing in the genital or rectal region of the body.

Viral Sexually Transmitted Infections: A communicable infection passed from one person to another through sexual or skin to skin contact that can NOT be treated by prescription antibiotics.

Review of Literature

What is Sexuality Education?

There are three main types of sexuality education. The first is Abstinence only education which teaches that abstinence, which is refraining from any kind of sexual activity, is the only moral way for teenagers and unmarried people to practice. It censors vital information about condoms, other forms of contraception, and prevention of sexually transmitted infections and unintended pregnancy. Comprehensive sexuality education teaches that abstinence is the best way to avoid unintended pregnancy and sexually transmitted diseases but comprehensive sexuality education also teaches about sexually transmitted infections, contraception, condoms, unintended pregnancy and even communication and interpersonal skills to build healthy relationships. There is also Abstinence based sexuality education which is very similar to comprehensive sexuality education. Abstinence based sexuality education bases their curriculum on abstinence but still teaches about STI’s, contraception, condom use, communication, and goals and values (Howell, 2001). Even if sexuality education is implemented in schools it has been shown that when parents talk to their children about sexuality can help their child to
establish values and positive healthy attitudes and relationships (Lagina, 2002). Not all states require that sexuality education be taught in schools. Thirty two states do not require sexuality education and of those thirty two there are only five states that require information about contraceptives to be included. Studies have shown that parents and students want sexuality education to be taught in schools, 85% want schools to teach about condom use and 84% want schools to teach other forms of contraception. Among the students in grades 7th through 12th 46% of students want to learn about talking with their partner about birth control, sexually transmitted infections and the consequences of sexual intercourse and other sexual activities (Howell, 2001). The previous facts show why it is important for good communication skills between parents and their children when it comes to sexual activity.

Other than the three main types of sexuality education that are taught in the schools there are also some faith-based programs that also teach sexuality education. One that may sound familiar is the OWL program. The OWL (Our Whole Lives) program is a comprehensive sexuality education program that teaches what students and parents want taught. The OWL program teaches sexuality at all ages including Kindergarten through young adults ages 18-35 and adults. This program teaches sexuality through the lifespan and has been developed by two religious organizations, Unitarian Universalist Association (UUA) and the University Unitarian Church (UUC), there are no religious references in the teachings, and can be taught in a variety of secular settings including after school programs, schools, youth groups, and community settings. The OWL program teaches sexuality in six different areas, relationship skills, sexual health, sexual behavior, human development, person skills, and culture and society. The
program really focuses on interpersonal skills and decision making, topics that are important when teaching sexuality education (Unitarian Universalist Association of Congregations, 2008).

Communication

A parent talking to their children about sexual intercourse is important for a number of reasons. One of those reasons is that only 38% of females and 25% of males felt comfortable discussing sexual issues with their partners based on discussion that they have had with their parents (Lagina, 2001). Teen-parent communication has the potential to improve teen partner communication.

The Advocates for Youth website is a great place for parents to find resources on how to talk to their children about sexuality. Currently, when it comes to talking about sexuality, the majority of information is for parents. Advocates for Youth offers a variety of different programs that can help parents and teens connect. For example, they offer a number of publications and they offer an extensive list of resources. These resources include, There’s No Place Like Home, a website created by Planned Parenthood to help parents teach sexuality in the home. This site offers age specific information ranging from age three all the way up to 12th grade (Planned Parenthood, 2007). With resources more available to parents today, the lines of communication about sexuality between a child and a parent should be much more open. A study that was published in Family Planning Perspectives found that when parents talk to their children in a “skilled and open manner” it is more likely that they will discuss sexual intercourse with their partner (Whitaker et al., 1999). Another study showed that children whose mother’s discussed condom use with them before they became sexually active were three times more likely
to use a condom and were also twenty times more likely to use condoms regularly (Lagina, 2002).

As previously stated there is a large number of resources out there for parents helping them talk to their children about sexuality issues, however there are very few that help *teens talk to their partners* about sexual issues. Many teens are involved in intimate relationships with another person and it is important for them to discuss the decision to engage in sexual activities and to discuss what type of contraception they are going to use to help prevent unplanned pregnancies. It is also important that they discuss their previous sexual experiences with each other to prevent the spread of sexually transmitted infections.

**Teen Relationships**

A major part of human development is building relationships. Humans start to build relationships immediately out of the womb. It is when one becomes an adolescent that they begin to form romantic relationships. Romantic relationships play a large role in growing up. Among 16-18 year olds three fourths have reported being in a relationship or dating someone at one point in time. Of those three fourths, half of them have been in serious relationships (Sorenson, 2007). According to the Blackwell Handbook of Adolescence one of the major factors in sexual activity in grades 7th through 12th is involvement in a romantic relationship. Some teens have also reported feeling pressured to have sexual intercourse and others have said that sexual intercourse is an expectation when in a relationship (Sorenson, 2007).
Teen Sexuality Health Statistics

According to a survey done by The Henry J. Kaiser Family Foundation, 48% of high school students have had sexual intercourse at least once. The average age of first intercourse for females is 17.4 years and 16.9 years for males. Fifteen percent of high school students have had four or more sexual partners (Kaiser Family Foundation, 2008).

The sexual activity rate among teens may currently be on the decline but that does not mean that parents and educators should let them figure things out for themselves. Our country bases its sexuality education on abstinence only until marriage. The sexual activity rates among high school students are still at almost half. In the year 2000, it was estimated that 9.1 million adolescents and young adults were newly infected with a sexually transmitted infection. Those 9.1 million people ranged in age from 15 years to 24 years old. (Kaiser Family Foundation, 2008) With sexually transmitted infection rates this high among such a young population it is important to stress the need for testing and partner communication. Testing rates among teens and young adults are quite low. Only one third of sexually active 15-17 year olds have ever been tested for a sexually transmitted infection and only about half of sexually active 18-24 year olds have ever been tested (Kaiser Family Foundation, 2003).

Not only are teens having sexual intercourse they are also taking part in other risky sexual behaviors that can put them in danger of contracting a sexually transmitted infection. About one in ten teenage males and females ages 15 to 19 have had anal sex with a partner of the opposite sex and roughly 5% of 15 to 19 year old males have had anal sex with a partner of the same sex. In this same age group 22% of females and 24% of males have had oral sex (The Henry J. Kaiser Family Foundation, 2008). Another
consequence from risky behavior is unintended pregnancy. The teen pregnancy rate in the United States may be on the decline but it is still quite high. There were 757,000 pregnancies among teenage girls ages 15 through 19. Of that number 425,000 were live births, 117,000 were fetal losses and 215,000 ended in abortions (Ventura et al, 2002). The majority of unintended pregnancies occur in the under twenty age range for females which end up being 85% that are unintended (Alford, 2009).

In conclusion, the numbers in some categories may be falling but not enough. Teen pregnancy and sexually transmitted diseases can be prevented. Our nation needs to work on a better strategy for educating our youth on sexuality. The current Abstinence Only education in our schools is not good enough. Teens need to be taught that is important to talk to each other and their parents before engaging in sexual activity. Partner communication is most important when taking a relationship to the next physical level.
SECTION II:

METHODS

The first step when developing this handbook was to assess the assets and the needs of the target population. Many articles, books and internet websites were viewed to seek information about teen partner communication in relationships. Currently there is very little developed to assist teens in talking to their partners about sexual activity. The majority of sexuality education information available is for parents. There is a large number of teen websites but they focus strictly on getting factual information and talking to your parents. There is not a whole lot of information to assist teens in talking with their partner about making the decision to have sex, previous partners, possible sexually transmitted infections, unintended pregnancy and in general the consequences of becoming sexually active. After conducting the research and compiling the information needed it was time to start the Guidebook. The Guidebook has information for teens about making the decision to have sex as a couple, discussing the consequences to having sex, sexually transmitted infections and unintended pregnancy, and birth control options. This Guidebook will help teens to discuss these uncomfortable topics comfortably with each other. There will be individual quizzes and other information within the handbook to help the teens decide whether or not they are ready. This Guidebook may be used in reproductive health clinics, by health care providers, and even educators.

After the Guidebook has been distributed to different groups and/or organizations there will be an evaluation conducted to measure the effectiveness of the Guidebook.
The evaluation will ask a number of questions about making decisions, if talking to your partner makes a difference in decision making, if the teen has changed their mind about having sex after reading the Guidebook and lastly, did it make an impression on the actions taken before making the decision to have sex. Any of these questions could help to evaluate whether or not the Guidebook was valuable. This Guidebook will be finished at the end of July 2009 and should be ready for distribution winter 2009. This Guidebook will be distributed to youth ages 16 to 24 unless otherwise determined by the educator, facilitator, or health care practitioner working with sexuality education.
SECTION III:
FINDINGS

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This Guidebook is has a target population of teens and young adults ages 16-24. This Guidebook is for youth of all race, ethnicity, gender and age. The Guidebook may be distributed to youth of a younger age when determined by a health care provider or sexuality educator. To review the Guidebook refer to Appendix A.
Health educators should feel confident that the Guidebook developed will help teens and young adults to discuss sexuality with their partner before engaging in sexual activity with one another. The researcher also feels that it will encourage teens to explore birth control options before becoming sexually active and help them to be more prepared in preventing unintended pregnancy and sexually transmitted infections. Throughout the course of this project the researcher has gained a better sense of what is available on the Internet for teenagers and young adults; this will better help educators when providing resources in health and sexuality education careers working with youth. On a professional level I as the researcher feel that this project has helped me to become more focused on my interest areas in health education. I have become more educated and more passionate about sexual health than I was before I started the project. I believe this will help my career in the long run. After completing the Guidebook, my recommendations for future study, research, or program development are that sexuality programs for teen and young adults will focus on communication in sexual relationships. The Guidebook will be used in youth groups, schools, faith-based organizations and in community programs to help develop stronger sexuality education programs for youth. I also know that this Guidebook will be a start to further research in building stronger youth communication in sexual relationships. I know that this Guidebook will be distributed to the intended target population and it will be effective in helping teenagers and young
adults in sexual relationships. I know that this Guidebook will act as a catalyst to help create other programs and resources for teens and young adults.
REFERENCES


APPENDIX A:

COMMUNICATION ABOUT SEXUAL RELATIONSHIPS: A
GUIDEBOOK FOR TEENS AND YOUNG ADULTS
Communication About Sexual Relationships: A Guidebook for Teens and Young Adults

By Sara Richie
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INTRODUCTION

This Guidebook will help you to better communicate with your partner and your peers about sexual relationships. The Guidebook will go over tips in helping you to start a conversation with your partner about engaging in sexual activity. These tips in section one of the Guidebook will also help you to guide the conversation in the right direction, help you to determine the right time to talk and it will also help you to feel confident in discussing the topic. The Guidebook will also go over such topics as, sexually transmitted infections (STI), unplanned pregnancy, sexual exposure and different types of birth control options. This Guidebook will also provide you with a number of resources for more in depth information.

Definitions

*Abstinence-Based Sexuality Education*: Teaches that abstinence is the best way to prevent unintended pregnancy and STI prevention but it also teaches about avoiding pregnancy and STI’s by having safe sex. This includes teaching about methods of contraception, condom use, decision making, having values and goals, and also communication skills (Howell, 2001).

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**Viral Sexually Transmitted Infections:** A communicable infection passed from one person to another through sexual or skin to skin contact that can NOT be treated by prescription antibiotics.
SECTION I: AM I READY?

Making the decision to have sex can be difficult. It is also one of the biggest decisions as a young adult that you will make. There are many questions that you should ask yourself before you and your partner decide to engage in sexual activities for the first time. Here are just a few questions to ask yourself:

- *Have my partner and I been in a long-term committed relationship?*
- *Have my partner and I discussed the consequences of a sexual relationship?*
- *Does my partner respect my decisions and opinions on having a sexual relationship?*
- *Have I thought of how to protect myself and my partner from unintended pregnancy and sexually transmitted infections?*
- *Do my partner and I have an open and honest relationship?*
- *Do we trust each other?*
- *Do we feel comfortable enough with each other to discuss any sexual matter within our relationship?*
- *Do I know my partner’s sexual past?*

If you answered no to any of these questions you may not be ready to be in a sexual relationship. To be in a sexual relationship with someone it is important to feel comfortable with that person emotionally and physically. Trust and commitment are
critical elements to the relationship. There are many consequences that come along with having a sexual relationship and you should be ready to face them with a person that you trust, respect and care for. The most important thing to remember when in a sexual relationship is that if you cannot communicate with each other on your sexual relationship you should not be having sex.

**Partner Communication**

There are certain topics that make us uncomfortable when talking to others; sexuality can be one of them. An important thing to remember is that sexuality is a natural part of life and there is nothing to be embarrassed about and it is okay to ask questions. When talking about sexuality with your partner remember the following:

- Find a safe, yet **quiet place** alone to talk. This way neither of you feels pressured into having sex.
- Make sure to set aside **plenty of time** to talk. If you are rushed you or your partner may have other things on their mind.
- Listen. A key role in communication is to listen. **Actively listen** to your partner and respect what they are saying.
- Take **judgments** out of the dialogue.
- Be **open to questions**. Let your partner know that you are going to be open and honest and that it is okay to ask questions.
- **Research.** Make sure that you know the facts. Before having sex, get the facts so that you can make an informed decision.
- **Be patient.** It may take a while to talk about having a sexual relationship. Do not pressure your partner, respect their decisions and opinions.
- **Use “I” statements.** It is important to express your feelings with one another. For example “I feel that it is important for us to choose a form of birth control before we start a sexual relationship”

- **Don’t be late!** It is important to have these types of conversations before you become sexually active, not after.

For more tips on how to talk with your partner on having a sexual relationship, visit

http://www.amplifyyourvoice.org/main.cfm?actionId=globalShowStaticContent&screenKey=tabContent&htmlKey=issuesrelationshipsHF&s=amplify#Tips
SECTION II: PREVIOUS SEXUAL EXPERIENCES

It is important to be non judgmental when talking to your partner about his or her sexual past. If you start to judge or show signs of jealousy of previous sexual partners it is less likely that your partner will be honest with you. They might not tell you their entire past for fear that you will leave them or lose trust in them. So, remember to be open, honest and non judgmental when having this discussion. Previous sexual experiences may shape you but they do not define you.

Table 1 is the sexual exposure chart. This helps to bring your sexual past and your sexual future into perspective. Remember that when you engage in sexual activity with a person you are engaging in sexual activity with every person that they have been with, they have been with, they have been with and so on. This is another thing to consider when making the decision to have sex. What is your sexual exposure?

The only way that you can keep your sexual exposure down is by practicing abstinence. If you are not engaging in sexual activity, which means, any kind of sexual activity your sexual exposure rate will stay at zero. If you and your partner have no other sexual partners and you make the decision to have a sexual relationship, your sexual exposure will only be at one.
How do I read the Sexual Exposure Chart?

First look at the side that says “Number of sexual partners” and follow along to the number of sexual partners you have had, this includes all sexual activity not just intercourse. Then follow across to “Number of people exposed to”, this is the number of people that you have been sexually exposed to.

Table 1

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<th>Number of sexual partners</th>
<th>Sexual Exposure Chart</th>
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After viewing this chart you may be shocked. Seeing the numbers on paper put things better in perspective than just hearing about it. Now after discussing the sexual
past of you and your partner it is important to talk about sexually transmitted infections. There are two different types of sexually transmitted infections, viral and bacterial. Viral infections stay in your body for the remainder of your life and can be awakened when your immune system is down. A person with viral STI may have an outbreak every month or maybe not ever again after the first outbreak. It really depends on how healthy the person is and how well they take care of themselves. The virus can still be passed from person to person even when there is not an outbreak. So protect yourself and your partner! The other type of STI is bacterial. A bacterial infection can be treated with antibiotics. As long as you and your partner refrain from sexual activity during treatment it should not come back unless you are exposed to the infection again.

If you have a STI it is very important to tell your partner. You are the only one that can prevent the spread of the infection to your partner and possibly future partners by being open and honest. For more information on sexually transmitted infections see the next section of this guidebook.
SECTION III: CONSEQUENCES OF A SEXUAL RELATIONSHIP

Now that you have learned how to talk to your partner about having a sexual relationship it is time to discuss the consequences of having a sexual relationship. In the previous section we talked about sexually transmitted infections and the importance of being open with your partner. In this section we will go over the most common sexually transmitted infections that can be passed from person to person.

Bacterial Infections:

These are infections that are cured by the use of antibiotics. There are different classes of antibiotics that cure each different infection. There is not one specific “cure-all” drug for sexually transmitted bacterial infections.

*Chlamydia*

Chlamydia is the number one most reported sexually transmitted infection in the United States. There were 1,030,911 cases reported to the Centers for Disease Control in 2006. It has also known as the “teen epidemic” because it is most common among teenagers. Signs and symptoms of Chlamydia for women are abnormal discharge from the vagina, burning when urinating, and abdominal pain, bleeding between periods or pain during sex. Many women do not have symptoms until the infection has spread to their uterus. Symptoms for men include pain during urination, a watery, clear discharge from the penis and possibly pain and swelling in the testicles. The signs and symptoms of
Chlamydia may start about one to three weeks after exposure to the infection (CDC, 2007).

*Gonorrhea*

Cases of Gonorrhea in 2006 reached 358,366 in the United States making it the second most reported infection (CDC, 2006). The symptoms of Gonorrhea are very similar to the symptoms of Chlamydia. Signs and symptoms include increased vaginal discharge, pain or burning when urinating, and bleeding between periods. Gonorrhea can often be mistaken for a vaginal or bladder infection. Symptoms are not very common in women. For men there will be a yellow, green or white discharge from the penis. This discharge is thicker than the discharge from Chlamydia. Men will also experience pain and burning during urination. Undetected Gonorrhea can cause problems in the reproductive system for both men and women (CDC, 2008).

*Syphilis*

Syphilis has three stages, primary, secondary and latent. Syphilis is only contagious in the primary and secondary stages. Syphilis is passed to another person by an open chancre (a painless, reddish brown sore). The newly infected person will start to get syphilis sores within about 21 days after being infected. These sores will appear where syphilis has entered the body and will be present for about three to six weeks before the sores disappear. The next stage will begin with a rash that usually starts on the hands and feet and will cover the entire body of an infected person. If syphilis has still not been detected through a blood test and has not been treated a person may enter latent stage syphilis. Sometimes it can take many years to reach this stage of syphilis. Latent stage syphilis can cause permanent damage to the brain, eyes, kidneys, nervous system,
heart and many other organs. Some of the signs in latent stage syphilis are dementia, blindness and paralysis. Syphilis can also cause death (Planned Parenthood, 2008)

**Viral Infections:**

Sexually transmitted viral infections cannot be treated with antibiotics. Depending on which infection you may have there are anti viral medications that one can take to prevent an outbreak and different creams or methods to heal an outbreak. Sexually transmitted viral infections stay in your body forever. Outbreaks can be triggered by stress, low immune system and not taking care of oneself. Viral infections can be passed from person to person at all times even when there are no symptoms present.

*Human Papillomavirus (HPV):*

Human Papillomavirus is a sexually transmitted viral infection that can lead to cervical cancer in women. There is now a vaccine out to protect against 4 of the 30 different types of HPV, for more information on how to get the vaccine or if it is right for you talk with your health care provider. Human Papillomavirus is only detected through an abnormal pap smear which is done at an annual women’s check up with your doctor. Other forms of HPV are seen in the form of genital or cervical warts. Genital warts can be burned, frozen or surgically removed. This is done in the privacy of your own home with prescription cream or at your health care provider’s office. Genital warts are flat, spiked or cauliflower like bumps around or on the genitals. There is no test to detect HPV in men. This is why HPV can be so dangerous. It can be passed from person to person even after testing negative for other STI’s. A person with HPV usually does not
even know that they have it unless they have a form that produces warts or they have been told after an abnormal pap smear by their health care provider that they have it. It is estimated that 50% of sexually active people are infected with HPV at some point in their lives and that about 6.2 million people will become infected with HPV each year (CDC, 2008).

**Genital Herpes:**

There are two types of Herpes virus, Herpes Simplex 1 and Herpes Simplex 2. Herpes simplex 1 is usually the common cold sore that is spread through skin to skin contact. Herpes simplex 1 appears as a cluster of blisters wherever the virus entered the body. Herpes simplex 2 or better known as genital herpes is on blister that appears where the virus entered the body. Both of these viruses may appear in the genital region. The only way a health care professional can test for Herpes is through the secretion of the blister. A person must go in to get checked out before the blister breaks open. There is no cure for Herpes simplex 1 or 2 and it can also be spread through skin to skin contact when there is no sore or blister present. One in five people are infected with Genital Herpes (CDC, 2008).

Many sexually transmitted infections are symptomless. It is important that once you are sexually active to be tested yearly and then to be tested again with each new partner. As stated above, some of these infections cannot be detected through testing so it is very important that you take control of your sexual relationship and protect yourself and your partner by using condoms each and every time you engage in sexual intercourse. To avoid dealing with or even worrying about sexually transmitted
infections practice abstinence. The longer you stay abstinent the longer you can stay worry free about sexually transmitted infections.

For more information on sexually transmitted infections visit: www.cdc.gov/std

**Unplanned Pregnancy**

Another consequence of having a sexual relationship is the chance that you might get pregnant. When making the decision to have a sexual relationship you must discuss whether or not you would be ready to deal with this consequence. A baby can and will change your entire life. In 2004 there were about 729,000 pregnant teenagers between 15 and 19 years old. Each one of these girls’ lives changed dramatically. Fifty seven percent of the girls gave birth, 16% lost their babies due to miscarriage, and 27% of these girls decided to end the pregnancy in abortion (The Henry J. Kaiser Family Foundation, 2008). Remember this is something that you might have to face if you do not protect yourself against pregnancy. Before becoming sexually active with your partner see your health care provider about what birth control method would work best for you. It is also important to remember that the only birth control method that prevents pregnancy and protects against sexually transmitted infections are condoms.
SECTION IV: BIRTH CONTROL METHODS-
WHAT IS BEST FOR MY PARTNER AND I?

There are many different forms of birth control. Everyone is different and everyone’s body works differently, this is why there are so many different types of birth control. It is best to be familiar with your body and your lifestyle before you choose which birth control method is right for you. You should also look into a form of birth control before you become sexually active. This will prevent any chance of unintended pregnancy. In this Guidebook we will go over only a few different methods that are most likely for teens and young adults to use.

Abstinence

Abstinence is the act of refraining from any type of sexual activity. This is the only type of birth control that is 100% effective. But it is only 100% effective if all sexual activity is being abstained from.

Oral Contraceptive Pills

There are many different types of oral contraceptive pills. These pills are made from the hormones estrogen and progestin, better known as combination pills and others are made of only progestin. These hormones trick the body into thinking that it is pregnant; this prevents the ovaries from releasing an egg. A girl on birth control pills will still get her period but only when she starts to take the sugar pills at the end of each cycle. This method is over 99% effective if taken correctly. It is possible to get pregnant
while take birth control pills if the pills are not taken as directed (Planned Parenthood, 2009). Birth control pills are given only by prescription. To learn more about what pill is right for you, see your health care provider.

**Condoms**

Condoms are a barrier method of birth control that can be purchased without a prescription at any drugstore or gas station. Condoms are called a barrier method because they cover the penis and prevent any ejaculatory fluids or sperm from getting into the vagina. There are latex and non latex condoms available. Condoms are also the only method of birth control besides abstinence that protect against sexually transmitted infections. They are also fairly cheap and might be distributed for a discounted rate at family planning clinics in your local area.

**Injection/Implant**

Getting an implant or injection of birth control also needs to be discussed with your doctor. This method is geared towards women that cannot remember to take the pill. The injection is given at the doctor’s office once every three months. It is about 99% effective. The implant is almost 100% effective. This form of birth control is given to women who do not what to become pregnant at all in the next few years. It is implanted into the arm and will stay there for up to three years. The implant is around $400 to $800 but in the long run is about the same cost as a monthly birth control method (Planned Parenthood, 2009).
The Patch/The Ring

The Ortho Evra patch or the Nuva Ring are also forms of hormonal methods of birth control. As long as the patch and the ring are used correctly they will also be 99% effective. The Ortho Evra patch is placed on one of four different spots on your body each month. The patch stays on for three weeks and on the first day of the fourth week it is removed and the user will get her period. The patch is designed to stay on for three weeks therefore you can shower, swim and take part in your regular activities. The ring is also used once for a three week period of time. The ring is inserted into the women’s vagina and will release hormones over the three week period of time to prevent pregnancy. After the three weeks the user will remove the ring from her vagina and she will get her period. This is a method that is typically used by women that feel comfortable with their bodies due to the nature of use (Planned Parenthood, 2009).

For more information about different types of birth control methods talk to your health care provider or visit www.PlannedParenthood.org.
CONCLUSION

Throughout this Guidebook you received basic knowledge of how to communicate about sexual relationships with your partner. You also learned about some of the consequences of engaging in sexual activity, making the decision to engage in sexual activity and also a few different methods of birth control. An important take home message from this Guidebook is to remember the importance of communication before engaging in sexual activity and knowing how to protect yourself from unplanned pregnancy and STI’s. For more in depth information on sexuality issues or other youth issues check out the following youth resources on the Internet.
ADDITIONAL RESOURCES

FOR TEENS AND YOUNG ADULTS

Iwannaknow.org – American Social Health Association
*STI prevention  *STI treatment  *STI education  *STI testing
*Rumors vs. Facts

Sexit.org – Rutgers University
*Girls and Guys Health  *STI’s  *Birth control and Condoms  *Adoption
*Abortion  *Love and Relationships  *Decision making

Kidshealth.org/teen/sexual_health/ - The Nemours Foundation
*Girls and Guys health  *Birth control  *STI’s  *Your changing body

Advocatesforyouth.org – Advocates for Youth
*Birth control  *STI’s  *Sexuality education  *Publications  *Political views
*Getting involved  *Statistics on sexual health  *HIV/AIDS
Amplifyyourvoice.org – Advocates for Youth

*Birth control  *STI’s  *Sexuality education  *Publications  *Political views
*Getting involved  *Statistics on sexual health  *HIV/AIDS  *Around the world
*News on sexual health  *Blogs  *and much, much more

More information:

Centers for Disease Control – www.cdc.gov/std

CDC Information Contact Center

1-800-CDC-INFO
(436) (4636)

Or E-mail the Centers for Disease Control at cdcinfo@cdc.gov
REFERENCES


