



# Bright Futures Parent Handout Early Adolescent Visits

Here are some suggestions from Bright Futures experts that may be of value to your family.

## Your Growing and Changing Child

PHYSICAL GROWTH AND DEVELOPMENT

- Talk with your child about how her body is changing with puberty.
- Encourage your child to brush his teeth twice a day and floss once a day.
- Help your child get to the dentist twice a year.
- Serve healthy food and eat together as a family often.
- Encourage your child to get 1 hour of vigorous physical activity every day.
- Help your child limit screen time (TV, video games, or computer) to 2 hours a day, not including homework time.
- Praise your child when she does something well, not just when she looks good.

## Healthy Behavior Choices

RISK REDUCTION

- Help your child find fun, safe things to do.
- Make sure your child knows how you feel about alcohol and drug use.
- Consider a plan to make sure your child or his friends cannot get alcohol or prescription drugs in your home.
- Talk about relationships, sex, and values.
- Encourage your child not to have sex.
- If you are uncomfortable talking about puberty or sexual pressures with your child, please ask me or others you trust for reliable information that can help you.
- Use clear and consistent rules and discipline with your child.
- Be a role model for healthy behavior choices.

EMOTIONAL WELL-BEING

## Feeling Happy

- Encourage your child to think through problems herself with your support.
- Help your child figure out healthy ways to deal with stress.
- Spend time with your child.
- Know your child's friends and their parents, where your child is, and what he is doing at all times.
- Show your child how to use talk to share feelings and handle disputes.
- If you are concerned that your child is sad, depressed, nervous, irritable, hopeless, or angry, talk with me.

## School and Friends

SOCIAL AND ACADEMIC COMPETENCE

- Check in with your child's teacher about her grades on tests and attend back-to-school events and parent-teacher conferences if possible.
- Talk with your child as she takes over responsibility for schoolwork.
- Help your child with organizing time, if he needs it.
- Encourage reading.
- Help your child find activities she is really interested in, besides schoolwork.
- Help your child find and try activities that help others.
- Give your child the chance to make more of his own decisions as he grows older.

## Violence and Injuries

VIOLENCE AND INJURY PREVENTION

- Make sure everyone always wears a seat belt in the car.
- Do not allow your child to ride ATVs.
- Make sure your child knows how to get help if he is feeling unsafe.
- Remove guns from your home. If you must keep a gun in your home, make sure it is unloaded and locked with ammunition locked in a separate place.
- Help your child figure out nonviolent ways to handle anger or fear.



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

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# Bright Futures Patient Handout

## Early Adolescent Visits

PHYSICAL GROWTH AND DEVELOPMENT

### Your Growing and Changing Body

- Brush your teeth twice a day and floss once a day.
- Visit the dentist twice a year.
- Wear your mouth guard when playing sports.
- Eat 3 healthy meals a day.
- Eating breakfast is very important.
- Consider choosing water instead of soda.
- Limit high-fat foods and drinks such as candy, chips, and soft drinks.
- Try to eat healthy foods.
  - 5 fruits and vegetables a day
  - 3 cups of low-fat milk, yogurt, or cheese
- Eat with your family often.
- Aim for 1 hour of moderately vigorous physical activity every day.
- Try to limit watching TV, playing video games, or playing on the computer to 2 hours a day (outside of homework time).
- Be proud of yourself when you do something good.

RISK REDUCTION

### Healthy Behavior Choices

- Find fun, safe things to do.
- Talk to your parents about alcohol and drug use.
- Support friends who choose not to use tobacco, alcohol, drugs, steroids, or diet pills.
- Talk about relationships, sex, and values with your parents.
- Talk about puberty and sexual pressures with someone you trust.
- Follow your family's rules.

EMOTIONAL WELL-BEING

### How You Are Feeling

- Figure out healthy ways to deal with stress.
- Spend time with your family.
- Always talk through problems and never use violence.
- Look for ways to help out at home.
- It's important for you to have accurate information about sexuality, your physical development, and your sexual feelings. Please consider asking me if you have any questions.

SOCIAL AND ACADEMIC COMPETENCE

### School and Friends

- Try your best to be responsible for your schoolwork.
- If you need help organizing your time, ask your parents or teachers.
- Read often.
- Find activities you are really interested in, such as sports or theater.
- Find activities that help others.
- Spend time with your family and help at home.
- Stay connected with your parents.

VIOLENCE AND INJURY PREVENTION

### Violence and Injuries

- Always wear your seatbelt.
- Do not ride ATVs.
- Wear protective gear including helmets for playing sports, biking, skating, and skateboarding.
- Make sure you know how to get help if you are feeling unsafe.
- Never have a gun in the home. If necessary, store it unloaded and locked with the ammunition locked separately from the gun.
- Figure out nonviolent ways to handle anger or fear. Fighting and carrying weapons can be dangerous. You can talk to me about how to avoid these situations.
- Healthy dating relationships are built on respect, concern, and doing things both of you like to do.



## American Academy of Pediatrics



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# deciding to wait



No matter what you've heard, read, or seen, not everyone your age is having sex, including oral sex and intercourse. In fact, more than half of all teens choose to wait until they're older to have sex. If you have already had sex but are unsure if you should again, then wait before having sex again.

## New feelings

Being physically attracted to another person and trying to figure out how to deal with these feelings is perfectly normal. Kissing and hugging are often accompanied by really intense sexual feelings. These feelings may tempt you to "go all the way."

Before things go too far, try asking yourself the following questions:

- Do I really want to have sex?
- Is this person pressuring me to have sex?
- Am I ready to have sex?
- What will happen after I have sex with this person?

Remember, you can show how you feel about someone without having sex (being abstinent) with him or her.

## Can you be sexual without having sex?

Yes. Being sexual can mean

- Spending romantic time together
- Holding hands, kissing, or cuddling

## Are you ready?

Ask yourself the following questions:

- How do you feel when you are with this person?
- Is this person kind and caring?
- Does this person *respect* you and your opinions?
- Have you talked together about whether to have sex?
- Have you talked together about using some form of protection like condoms to prevent infections, and using condoms or other forms of protection to prevent pregnancy?
- Will you stay together even if one of you does not want to have sex?
- Do you know if your partner has *ever had sex with other people*?
- Do you feel pressured to have sex just to please your partner?

If you and your partner find it hard to talk about sex, it might be a sign that you are not ready to have sex. Open and honest communication is important in any relationship, especially one that involves sex.

## Know the risks

It's normal for teens to be curious about sex, but deciding to have sex is a big step.

Sex does increase your chances of becoming pregnant, becoming a teen parent, and getting a sexually transmitted infection (STI), and it may affect the way you feel about yourself or how others feel about you.

Some things to think about before you have sex are

- What would *your parents* say if you had sex?
- Are you ready to be a parent?
- Could you handle being told that you have an STI?
- Do you know where to go for birth control methods?
- How would you feel if your partner tells you *it's over after you have sex*?
- How would you feel if your partner tells people at school the two of you had sex?
- How would you handle feeling guilty, scared, or sad because you had sex?

## Set your limits

If you don't want to have sex, set limits before things get too serious. Never let anyone talk you into doing something you don't want to do. Boys and girls need to understand that forcing someone to have sex is wrong.

## Stick by your decision

If you don't know what to say, here are some suggestions.

- "I like you a lot, but I'm just not ready to have sex."
- "You're really fun to be with, and I wouldn't want to ruin our relationship with sex."
- "You're a great person, but sex isn't how I prove I like someone."
- "I'd like to wait until I'm older before I make the decision to have sex."

Remember, "no" means "no"—no matter how far you go. If you feel things are going too far sexually, tell your partner to stop.

## Better safe than sorry

If you choose to wait to have sex, try to avoid

- Being alone with the same person too often. Spending time with your other friends is important too.
- Giving someone the wrong idea. Stick to your limits. It's also not a good idea for you to kiss a lot or go too far sexually if you don't really want to have sex.

- Using alcohol or drugs. Both of these *affect your judgment*, which may make it hard to stick to your decision not to have sex.
- Giving in to the pressure. It may be tempting to keep up with the crowd, but keep in mind that they may not be telling the truth.

### Why wait?

People who wait until they are older to have sex usually find out that it's

- More *special*
- More satisfying
- Less risky to their health
- Easier to act responsibly and take precautions to avoid infections and pregnancy
- More accepted by others

*Be patient.* At some point, you will be ready for sex. Move at your own pace, not someone else's.

The persons whose photographs are depicted in this publication are professional models. They have no relation to the issues discussed. Any characters they are portraying are fictional.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

### From your doctor

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# Inhalants: What You Need to Know

Young people today can face strong peer pressure to try drugs, including a group of substances called *inhalants*. Inhalant abuse is particularly a problem with younger teens, but even children as young as 5 or 6 years may try inhalants.

Inhalants have the special risk of being deadly any time they are used—even the first time.

As a parent, you are your child's first and best protection against drug use. The following is information from the American Academy of Pediatrics about inhalants and how to prevent their use, especially since this form of substance abuse is difficult to treat. (*Child* refers to child or teen in this publication.)

## Types of inhalants

More than 1,000 products typically found around the house can be misused as inhalants to get *high*. Because these products are commonly found in homes, offices, and classrooms, they are legal, cheap, easy to get, and easy to hide. Nearly 1 in 10 eighth graders have tried inhalants.

There are 3 general types of inhalants: solvents and fuels, nitrous oxide, and volatile nitrites.

1. **Solvents** are household or industrial products that contain liquid or aerosol, including glues and adhesives, correction fluid, paints, felt-tip markers, polishes, oven cleaners, and disinfectants. This means nearly all products in pressurized spray cans can be abused, including hair spray, deodorants, computer cleaners, and spray paint. **Fuels** inhaled for abuse include butane, propane, gasoline, octane boosters, and refrigerants.
2. **Nitrous oxide** or laughing gas is usually diverted from medical use or is found in whipping cream chargers (steel cylinder or cartridge filled with nitrous oxide used with whipping cream dispenser).
3. **Volatile nitrites** found in air fresheners are mostly tried by older teens who believe this drug will enhance sexual function.

## How inhalants are used

Inhalant abuse is also called solvent abuse, huffing, sniffing, glue sniffing, or volatile substance abuse.

Users will

- Sniff, *huff* (breathe in fumes from a rag soaked with chemicals), or inhale directly from product cans or other containers that hold inhalants.
- Spray inhalants into a bag or an empty container like a soda can and inhale them. Medical gases like nitrous oxide are often put into balloons.
- Spray or pour inhalants onto a cloth or piece of clothing, then inhale deeply from the fabric.

## Signs of inhalant abuse

Parents and teachers should be aware of signs of inhalant abuse, but some signs are very general, such as worsening appearance, grades, or attitude. Usual activities and friends tend to change.

Other warning signs might include the following:

- Breath or clothing smells like chemicals
- Spots or sores around the mouth
- Paint or stains on body or clothing
- Drunk, dazed, glassy-eyed look
- Nausea, loss of appetite
- Anxiety, excitability, irritability
- A hoard of spray cans or volatile liquids

## How inhalant use affects health

One thing that all inhalants have in common is that they contain chemicals that were never meant for people to inhale. The scariest thing about inhalants is that even the first use can result in death. The heart is particularly sensitive to inhalant effects, leading to abnormal heart rhythms and sudden death. Inhalant use can cause permanent damage to the brain.

The high from inhalants happens fast and usually lasts only a few seconds to minutes, unless the user inhales repeatedly. At first, inhalant users feel stimulated, but very soon they begin to feel dizzy and may slur their speech and stumble. Sometimes users think they see things that are not there.

Short-term effects include

- Excitement, no inhibition, impulsive behavior
- Double vision, dizziness, unsteady walking
- Sneezing, coughing, runny nose, red eyes
- Slurred speech, nausea, vomiting
- Sleepiness, headache, passing out
- Death

Long-term effects from brain and nerve damage include

- Trouble with attention, poor problem-solving
- Muscle weakness and tremor
- Balance problems
- Poor memory, mood changes, dementia

*Adolescents who use inhalants to get high are at very high risk of trying other drugs.*

## What you can do

Take these steps to help prevent your child from becoming interested in using inhalants or other drugs.

- **Set high expectations and clear limits. Instill strong values.** Let your child know that you expect her *not* to use drugs. Teach her healthy values that are important to your family and to use these values when deciding what is right and wrong.

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- **Talk with your child about the dangers of drug use, including inhalants.** Young people who do not know the facts may try drugs just to see what they are like. Start talking with your child at an early age about the dangers of drug use. Encourage him to ask questions and tell you about his concerns. Be sure to really listen. Do not lecture or do all the talking. Ask what he thinks about drug use and its risks.
- **Help your child handle peer pressure.** Peers and others can strongly influence young people to try drugs. As a parent, your influence can be even stronger in helping your child learn to be confident, make healthy choices, and resist unhealthy peer pressure. Tell her that it is OK to say "No!" to risky behaviors and mean what she says. Help her find and spend time enjoying positive interests that build self-esteem.
- **Help your child deal with emotions.** There are normal, healthy ways to express the strong emotions that everyone has at times. Children need to learn to recognize their feelings and talk about them. It is important for each person to learn how to express his feelings, cope with them, and face stressors in healthy ways that can help prevent or resolve problems.
- **Set a good example.** Avoid using tobacco and illicit drugs. Minimize alcohol use, and always avoid drinking and driving. Be a good role model in the ways you express, control, and relieve stress, pain, or tension. Actions do speak louder than words!
- **Get a professional evaluation.** If you think your child is using drugs, tell your child's doctor your exact concerns. Your child's doctor can help.

### From your doctor

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# STDs/STIs: Protecting Yourself

What is an STD?

An STD -- short for sexually transmitted disease -- is an infection you can get by having sex. Sex in this case includes intercourse, anal sex, oral sex or skin-to-skin contact. Some of the most common STDs are listed below.

## How can I PROTECT myself against an STD?

The only 100% sure way to protect yourself is NOT TO HAVE SEX. It only takes one sexual contact with someone who has an STD to catch it. If you are sexually active, protect yourself by using a latex condom and a spermicide foam, cream or jelly with nonoxynol-9 (check the label on the box) every time you have sex.

Did you know that... **ONE OUT OF EVERY 8 TEENS GET AN STD.**

**Pubic lice** (crabs): Girls and guys may have redness and itching around the genitals.

**Trichomoniasis:** Girls can have a heavy, greenish-yellow frothy discharge and pain when urinating. Guys don't usually have symptoms.

**Chlamydia:** Girls may have no symptoms or may have pain when urinating, itching around the vagina, yellow fluid (discharge) from the vagina, bleeding between periods or pain in the lower abdomen. Guys may feel a burning when urinating and have milky colored discharge from the penis. If not treated, chlamydia can cause infertility and other problems in girls and painful swelling of the scrotum in guys.

**Syphilis:** Symptoms: An early symptom is a red PAINLESS sore, called a chancre. The sore can be on the penis, vagina, tongue or throat. The glands near the sore may be swollen. After a few months, both guys and girls can get a fever, sore throat, headache, or pain in their joints. Another symptom is a scaly rash on the palms of the hands or the bottom of the feet. The sores and other symptoms go away, but this does not mean that the infection is gone. Syphilis can cause serious health problems if it's not treated.

**HIV/AIDS:** HIV (human immunodeficiency virus) causes AIDS. HIV makes the body's immune system weak so it can't fight disease. Symptoms may take years to develop, and can include infections, feeling tired for no reason, and night sweats. HIV CANNOT BE CURED.

**Herpes:** Girls and guys may have tingling, PAIN or itching around the vagina or penis. Small blisters can form in these areas and then break open. When they break open, the sores can cause a burning feeling. It may hurt to urinate. Some people have swollen glands, fever and body aches. The sores and other symptoms go away, but this does not mean that the infection is gone. The sores and blisters can come back (called an "outbreak").  
HERPES CANNOT BE CURED.

**Gonorrhea:** Girls may have no symptoms or may have white, green or yellow discharge from the vagina, pain when urinating, bleeding between periods, heavy bleeding during a period or a fever. Both girls and guys can get sore throats if they've had mouth to penis or vagina contact (oral sex). Guys may have thick, yellow discharge from the penis and pain when urinating. The opening of the penis may be sore.

**HPV/Genital Warts:** HPV (human papillomavirus) can cause warts in or around the vagina, penis or rectum. In girls, the warts can be inside the body on the cervix or vagina so you can't see them. Or they can be on the outside of the body but be too small to see. The warts usually don't hurt. HPV CANNOT BE CURED.

How do I know if my **PARTNER** has an STD?

Ask. Although it may be uncomfortable, talk to your partner before having any sexual contact. Ask if he or she is at risk for having an STD. Some of the risk factors are having sex with several partners, using injected drugs, and having had an STD in the past. To be safe, protect yourself no matter what the person says. You must also tell your partner if you have an STD. You aren't doing yourself or your partner any favors by trying to hide it.

How do I know if I have an STD?

Watch for the symptoms listed above, but remember that most STDs don't cause any symptoms.

If you are sexually active, you should get regular check-ups and tell your doctor that you are sexually active. If you're worried that your parents will find out, you can ask your doctor not to discuss it with your parents. You can also go to a free health clinic. Don't let fear keep you from getting checked out. Imagine how you'd feel -- and how your parents would feel -- if you got really sick because you didn't get help. If you find out you have an STD, both you and your partner should get treated right away.

Can STDs be **CURED**?

Some can. STDs like chlamydia that are caused by bacteria can be cured with antibiotics. But STDs caused by a virus (like HIV or herpes) can't be cured. Your doctor can only treat the symptoms that the virus causes.

Don't wait to be treated! Early treatment helps prevent serious health problems. Even if medicine can't completely cure the STD, it can help keep you from getting sick. If you are given medicine for an STD, take it exactly as the doctor says.

For more information:

National STD Hotline:

800-227-8922

National AIDS Hotline:

800-342-2437 (English)

800-344-7432 (Spanish)

800-243-7889 (Hearing Impaired)



# Effects of Premarital Sexual Relations

## WHAT'S THE BIG DEAL:

Lucy and Ricky Ricardo sleep in separate twin beds in the 1950s comedy "I Love Lucy" to avoid any innuendoes; not a rages with suggestive material. Nick Lebel of Focus Adolescent Services reports:

- In 2003, 83% of the episodes of the top 20 shows among teen viewers contained some sexual content, including 20% with sexual intercourse.
- 42% of the songs on the top CDs in 1999 contained sexual content-19% included direct descriptions of sexual intercourse.
- On average, music videos contain 93 sexual situations per hour, including eleven "hard core" scenes depicting behaviors such as intercourse and oral sex.
- Before parents raised an outcry, Abercrombie and Fitch marketed a line of thong underpants decorated with sexually provocative phrases such as "Wink Wink" and "Eye Candy" to 10-year-olds.
- Neilson estimates that 6.6 million children ages 2-11 and 7.3 million teens ages 12-17 watched Justin Timberlake rip open Janet Jackson's bodice during the 2004 Super Bowl halftime show.

The internet is also a source of the perversion of sexuality; there are more than one million porn sites, and most of them are easy to find, even by accident. Porn, particularly, teaches teens to view women as mere sex objects, and later, porn becomes part of their sexuality. Paul Schenk, Psy.D. says, "It has the potential for teenagers to really mess up what their attitudes are about sexuality and really mess up relationships." "Although most teenage girls believe that sex equals love, other teens-especially boys-believe that sex is not the ultimate expression of the ultimate commitment, but a casual activity". Why shouldn't they? Is this not the message television is sending? Very seldom, if ever, does the entertainment business depict the sexual risks such as incurable diseases and unwanted pregnancies.

In the controversy of premarital sex, one side may argue it produces positive outcomes. The youth are forced to accept responsibilities such as using contraceptives, caring for another life, or dealing with the risks and consequences. In various cases, the teens use the situation as a turning point in life and choose to settle down and act more maturely. To ease the uneasiness adolescents sometimes feel when dealing with the opposite sex, some advocates proclaim it is beneficial to "test the waters" and to acquire experience. In this growing epidemic of sexual relations among teens, the bad results by far outweigh the good.

In his thesis on "The Phenomenon of Premarital Sex," Vic Fabe relates the information he discovered, "In the 1960s 25 percent of young men and 45 percent of young women were virgins at the age of nineteen; by the 1980s, fewer than 20 percent of males and females were." A survey performed in 2003 by a psychology unit found about one in five teens report having sex before age fifteen. More than half of fifteen to seventeen-year-olds have been with someone in a

sexual way. Other surveys have found that nearly two in three teens will have had sex by the time they graduate from high school.

The words most commonly uttered by teens choosing to become sexually promiscuous tend to relate to pregnancy: "As long as she doesn't get pregnant" or "If I get pregnant my parents will shoot me." Out-of-wedlock children constitute one in three of all births. In the United States in 1994, twenty-two percent of the births were to single girls eighteen years old or younger. Statistics show the teen pregnancy rate has fallen steadily between 1990 and 2000; however, the numbers are still quite high. In 2004 more than 415,000 babies were born to teens, and more than eighty percent of these births were to unmarried teens. These numbers do not include the babies conceived and miscarried or aborted.

Pregnancy presents many difficult decisions for the teen mother and father: Abortion? Adoption? Keep? "When teenagers become pregnant, abortion is a likely result. For girls under 15, there are 8 abortions to every 10 live births. For girls 15-19, there are 4 abortions to every 10 live births." If against terminating the pregnancy, adoption is another option, but for most females it is in their intricate nature to be unable to part with the infant. In deciding to keep the child, the mother will face many challenges ahead. More than three-fifths of teen mothers are poverty-stricken at the time of their child's birth and over four-fifths eventually live below the poverty level. Teen childbearing costs U.S. taxpayers an estimated \$7 billion per year. Low education levels account for a major portion of government dependency of teenagers; only about fifty percent of teen mothers are likely to finish high school. Teen mothers have a higher percentage likelihood of experiencing stressful major life events such as having a small child die or taken away, a disabling or life-threatening accident or injury, sexual assault or abuse, or an immediate family member addicted to drugs and alcohol. Despite these details, pregnancy should be the least of teenagers' worries.

For every unwed teenager who gets pregnant this year, 10 teenagers will get an STD. Approximately 333 million new cases of Sexually Transmitted Diseases are reported in the world each year. Teens are only ten percent of the population, but they account for twenty-five percent of all STDs. One out of four Americans has an incurable, viral STD; fifty percent of Americans age fourteen to twenty-five have an incurable, viral STD.

The World is plagued with over thirty-nine Sexually Transmitted Diseases. Hepatitis B is an extremely prevalent STD, and it is the biggest battle for pediatricians; however, the STD that arouses the biggest fear in society is HIV which eventually progresses into AIDS. Approximately twenty-five percent of HIV transmission in the United States is estimated to occur among people younger than twenty-one years of age. The human immunodeficiency virus destroys a certain kind of blood cell which is crucial to the normal function of the immune system. The symptoms of HIV are similar to those of many other diseases, so they cannot be relied on to determine HIV infection. Warning signs of the human immunodeficiency virus are as follows:

Rapid weight loss, dry cough, recurring fever or profuse night sweats, profound and unexplained fatigue, swollen lymph glands in the armpits, groin or neck, diarrhea that lasts for more than a week, white spots or unusual blemishes on the tongue, in the mouth or in the throat, pneumonia, red, brown, pink or purplish blotches on or under the skin or inside the mouth, nose or eyelids, memory loss, depression and other neurological disorders.

Many carriers of HIV do not have any symptoms at all for years. Many people contract HIV as teens but do not develop AIDS until later on in life. This fact is why comparatively few teenagers die of Acquired Immunodeficiency Syndrome. An estimated one-half million people in the United States died with AIDS in 2002, while only about two thousand of these were adolescents.

On average, the first stage of syphilis occurs twenty-one days after onset of infection. Anytime between ten to ninety days, the person may experience a firm, round, small, and painless sore where the syphilis entered the body. It lasts from one to six weeks, and it heals without treatment. During the second stage, the person may have a red or brownish head-to-toe rash, fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. Once again, the symptoms of secondary syphilis will go away without treatment; however, without treatment the infection will progress to the late stages of disease. The third stage, also referred to as the hidden stage,

begins when the second disappears. The infection remains in the body even though there are no symptoms. At this stage there is no treatment. It may damage internal organs including: the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. Signs consist of difficulty with muscle movements, paralysis, numbness, gradual blindness, and dementia.

Between twenty-eight and forty-six percent of men and women under the age of twenty-five are infected with human papillomavirus. The virus lives in the skin or mucus membranes and usually causes no symptoms. It infects the genitalia, causes warts, and, in some instances, leads to anal or genital cancers.

Among the other common STDs are Chlamydia, more so among teenagers than older men and women, and Gonorrhea, which cause painful discharges and may lead to sterility and to pelvic inflammatory disease in females; herpes, which causes genital ulcers; and trichomoniasis, which causes a discharge and itching in females and advances to urethritis in males.

Among teens who have not yet had sex, nearly a third say they have been "intimate" with a partner. So if teenagers decide not to have intercourse, then how far is too far? Is oral sex really sex? As one eighth-grader put it, "What's the big deal? President Clinton did it." The Missouri Division of Family Services of Focus Adolescent Services reports their categorization of the "normal range" of sexual behavior for teens:

- Sexually explicit conversations with peers
- Obscenities and jokes within cultural norm
- Sexual innuendo, flirting and courtship
- Interest in erotica
- Solitary masturbation
- Hugging, kissing, holding hands
- Foreplay, (petting, making out, fondling) and mutual masturbation: Moral, social or familial rules may restrict, but these behaviors are not abnormal, developmentally harmful, or illegal when private, consensual, equal, and non-coercive.
- Monogamist intercourse: Stable monogamy is defined as a single sexual partner throughout adolescence. Serial monogamy indicates long-term (several months or years) involvement with a single partner which ends and is then followed by another.

Alicia in Pure Excitement offers her view on the topic, "Now I know that 'too far' doesn't mean only intercourse, but also the stages leading up to it Too far is when sexual thoughts take over your relationship. Too far is when you don't want to stop." Oral sex, like other methods of sex, carries with it the risk of serious, untreatable and even life-threatening diseases in both young men and women. Oral sex has been found to spread HIV, HPV, syphilis, gonorrhea, chlamydia, genital herpes, and possibly hepatitis C. Studies have shown that petting also leads to the transfer of some STDs. Anywhere genital contact is involved, a person put himself or herself at risk.

Society and even the teenagers themselves focus on the physical aspects of the issue, and they neglect to address the emotional tolls premarital sex has on the younger generation. The sexual relationship is predominantly emotional and moral rather than physical in character. All actions, decisions, and attitudes begin in the mind. The mind is susceptible to manipulation by almost any attractive outside source. The brain has ten billion cells that act like tiny storage building that capture every voluntary and involuntary sight and sound a person ever sees or hears, especially when connected with music. The subconscious mind absorbs thoughts even when the conscious mind does not command it to do so. The mind is the foundation of human emotion, and it plays a large role in the aftermath of a premarital sexual experience. Premarital sex often leads to feelings of fear, guilt, regret, embarrassment, tension, distrust, lack of respect, resentment, confusion, and so much more.

Amidst all the others, depression is a prime mentality scientist have linked with premarital sex among teenagers. The Heritage Foundation found when compared to teens who are not sexually active, teenage boys and girls who are sexually active are significantly:

**Less likely to be happy and more likely to feel DEPRESSED.**

**More likely to attempt SUICIDE.**

In an evaluation 25.3 percent of sexually active teenage girls rate themselves as being depressed all, most, or a lot of the time. Only 7.7 percent of non-sexually active teenage girls report feeling depressed at the same level. While the numbers for teenage boys are much lower, the distinction between sexually active and not sexually active is apparent. 8.3 percent of sexually active teenage boys report being depressed all, most, or a lot of the time. Only 3.4 percent of non-sexually active teenage boys describe themselves in the same way. 14.3 percent of girls who are sexually active report having attempted suicide. Only 5.1 percent of sexually abstinent girls have attempted suicide. Six percent of boys who are sexually active have attempted suicide. Only 0.7 percent of sexually abstinent boys have attempted suicide.

**Sexually active GIRLS are more than three times more likely to be depressed.**

**Sexually active GIRLS are nearly three times more likely to attempt suicide.**

**Sexually active BOYS are more than twice as likely to be depressed.**

**Sexually active BOYS are eight times more likely to attempt suicide.**

Most sexually active teens express reservations and concerns about their personal sexual experiences. Most boys and virtually three-fourths of girls regard their own initial sexual experience adversely-"as an event they wish they had avoided." Nearly two out of three of all teens who have already had sex wishes they had waited longer before engaging in sex. Sixty-two percent of teens regret ever getting started. Janet shares her remorse, "The thing I regret most in my life would have to be losing my virginity. I was so young, and most people don't think 12-year-olds (7th grade) even know about sex." Jason gives his testimony in Pure Excitement, "I have made many mistakes in my life, including having had sex once. Afterward, I felt very bad and empty inside."

A shocking percentage of Americans condone premarital sexual relations; forty-one percent of the population thinks it is "not wrong at all." Merely twenty-nine percent think it is "always wrong." Twelve percent think that it is wrong with a few exceptions, and eighteen percent think that it is right with a few exceptions. "The average person 'falls in love' about seven times before he or she gets married. And there are those who say sex is okay if you're 'in love.' The problem with that is that your bride or bridegroom isn't supposed to be your eighth honeymoon."

Sex outside of marriage also has far-reaching psychological effects. Partakers usually obtain a fear of commitment which follows them later in life. They are less likely to have a satisfying marriage relationship, and non-virgins increase their odds of divorce by about sixty percent. "The Seven Effects of Premarital Sex" summarizes the extensive effects of premarital relations on a future marriage:

1. Premarital sex tends to break up couples before marriage takes place.
2. Many men do not want to marry a woman who has had intercourse with someone else. The strange logic seems to be, "Its (sic) okay for me to have sex with the girl you marry, but it's not okay for you to have sex with the girl I marry."

3. Those who have premarital sex tend to have less happy marriages. The physical relationship is an inadequate foundation upon which to build a lasting relationship.
4. Those who have premarital sex are more likely to have their marriages end in divorce.
5. Person and couples who have had premarital sex are more likely to have extramarital affairs as well. This is especially true for women; those who engaged in sex before marriage are more than twice as likely to have extramarital affairs as those who did not have premarital sex.
6. Having premarital sex may fool you into marrying a person who is not right for you sex can 'blind' you.
7. Persons and couples with premarital sex experience seem to achieve sexual satisfaction sooner after they are married. However, they are likely to be less satisfied overall with their sex life during marriage. It seems that their premarital sex experiences often rise to haunt them.

Mark Twain once said, "**Sex takes the least amount of time, but causes the most amount of trouble.**" This is profoundly true for teen sex outside of a monogamous marriage. Doctor Dean Ornish proclaims:

I am not aware of any other factor in medicine-not diet, not smoking, not exercise, not stress, not genetics, not drugs, not surgery-that has a greater impact on our quality of life, incidence of illness, and premature death from all causes. Love and intimacy are at the root of what makes us sick and what makes us well, what causes sadness and what brings happiness, what makes us suffer and what leads to healing.

In the 1980s America boasted "safe sex" to alleviate the widespread fear of AIDS. As stated in Joe White's Pure Excitement:

**Condoms fail 100 percent of the time...**

**in protecting a boy or girl's virginity.**

**in protecting a girl's reputation.**

**in protecting a boy's complex sexual memory bank.**

**in protecting a couple's purity and friendship development.**

**in protecting a boy's respect for a girl and vice versa.**

**in protecting a girl or boy's delicate self-image.**

The effects of premarital sexual relations on teenagers protrude into all parts of their lives: mental, emotional, and physical. Self-disciplined youth protect their marriage beds from virus, fungi, bacteria, yeast, spores, and parasitic contamination, and they guard themselves from anger, doubt, stress, brokenness, and heartache. **By choosing to abstain, teenagers free themselves to live life to the fullest without all the burdens of sex outside of marriage.**