



Building a healthy relationship means trusting yourself and your partner, knowing the facts and talking about them. Need some help? *Por suerte*, you came to the right place.

On the following pages you will find information to help you make the best decisions for yourself where your sexual health is concerned. Whether you have decided to wait, or are thinking about heating things up with your *amor*, this guide has something for you. You may even find some things you didn't know before...like how to know if you have a sexually transmitted disease, or the different kinds of protection available today, or where to go if you want sexual health care or advice. And, since we know these things can be hard to talk about, there are also tips for how to bring up sensitive topics with your partner. So, what are you waiting for...!*Entérate, Protégete!*

¡Entérate!

Your Guide To Safer Sex

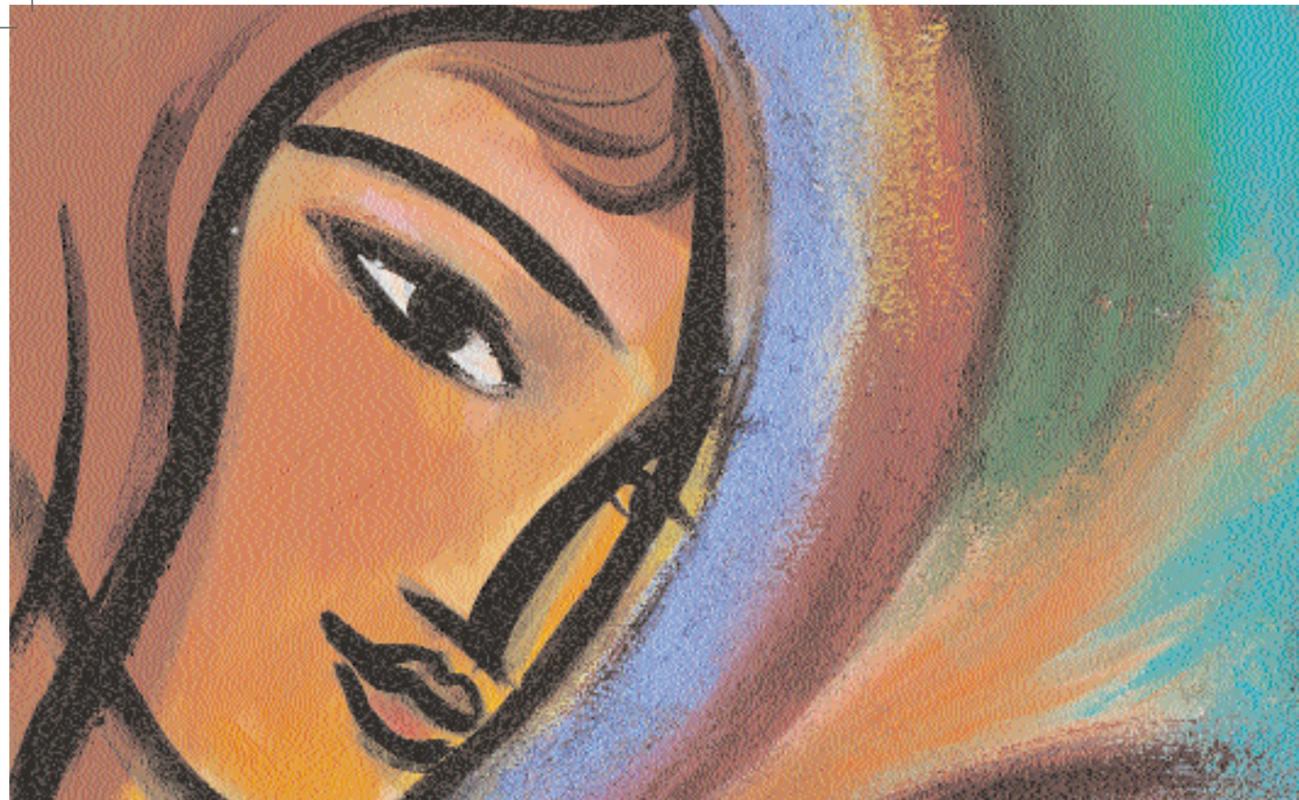
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First Things First!



LET'S TAKE IT FROM THE TOP...ARE YOU REALLY READY FOR THIS?

You may think—considering what you see on TV or in the movies, or hear from your friends—that everyone is having sex. The reality is people tend to talk about sex more than they really do it. Many more people practice abstinence (not having intercourse) than you may know: half of all high school students have not had sex and, among adults who have been sexually active, one in five have not had sex in the last year.

What's that? You say you are ready (or maybe you are already in a sexual relationship). First things first...have you talked about it? Talked about *what* you say? Whether or not you are sexually active (or thinking about it), open communication is the key to good health and a healthy relationship. Let's face it: if you wait until you're *casi desnudo(a)*, are you really going to make the best decisions? You can avoid feeling regret the morning after by figuring out ahead of time what is right for you and then talking about it with your partner.

CONTRACEPTION OPTIONS

If you want to consider your options, see a health care provider to discuss what method of birth control is best for you. (See page 14 for more information on different types of protection.) If you aren't using condoms—or even if you are but it's a new relationship—getting tested for STDs, including HIV, is something you should think about.

“You make it into a habit that every time you do it regardless. Hey, you don't like condoms? Too bad.”

LET YOUR AMOR KNOW WHAT YOU WANT OUT OF YOUR RELATIONSHIP.

If you decide together that the time is right to begin a sexual relationship, you will want to discuss whether either or both of you should get tested for HIV or other sexually transmitted diseases, and then choose a method of protection that is right for you. A health care provider can help you with these decisions. Easier said than done? Check out page 10 for more tips on talking with your partner.

WHAT DO YOU KNOW ABOUT PROTECTION? Ok, you know that abstinence is the best protection against pregnancy and disease...but that works if (and ONLY if) you're not having sex. If you are sexually active, your best protection against BOTH pregnancy and disease is to use a condom *every time* you have intercourse and a condom or dental dam *every time* you have oral sex.

To find out more about HIV and other STDs, including where you can go to get tested, see page 13.

Bringing a new life into this world can be a thrilling, wonderful, even spiritual experience... if you (and your partner) are ready for it. That means planning ahead and deciding together when the time is right. Having children before you and your partner are ready can make life difficult for you and your *bebé*.

If you and your partner are having sex, and you haven't chosen the right contraception for you—or any contraception, you could find yourself *con un niño* nine months from now. It happens more often than you think. Did you know that more than half of all pregnancies among Latinas in their 20's and 30's are unintended?

MAKE NO MISTAKE ABOUT IT: IF YOU DON'T USE PROTECTION, YOU PROBABLY WILL GET PREGNANT.

Nine out of ten sexually active couples that don't use any contraception will have a *bebé* within a year. So, if you know you aren't ready to be a *mami* or *papi*, find something that works for you and use it *every time*. Go to the chart on page 14 to see a list of different types of birth control and protection.

MYTH:

"You can have sex without contraception or protection as long as you 'time it' right."

LA VERDAD:

A woman can get pregnant at any time during her menstrual cycle—not just when she is ovulating. And, unprotected sex during a woman's period is a risky time for HIV infection—so use a condom.

"You're thinking of the future, you know? You're thinking: 'I don't want to have kids just yet.'"

Quiero una familia... someday

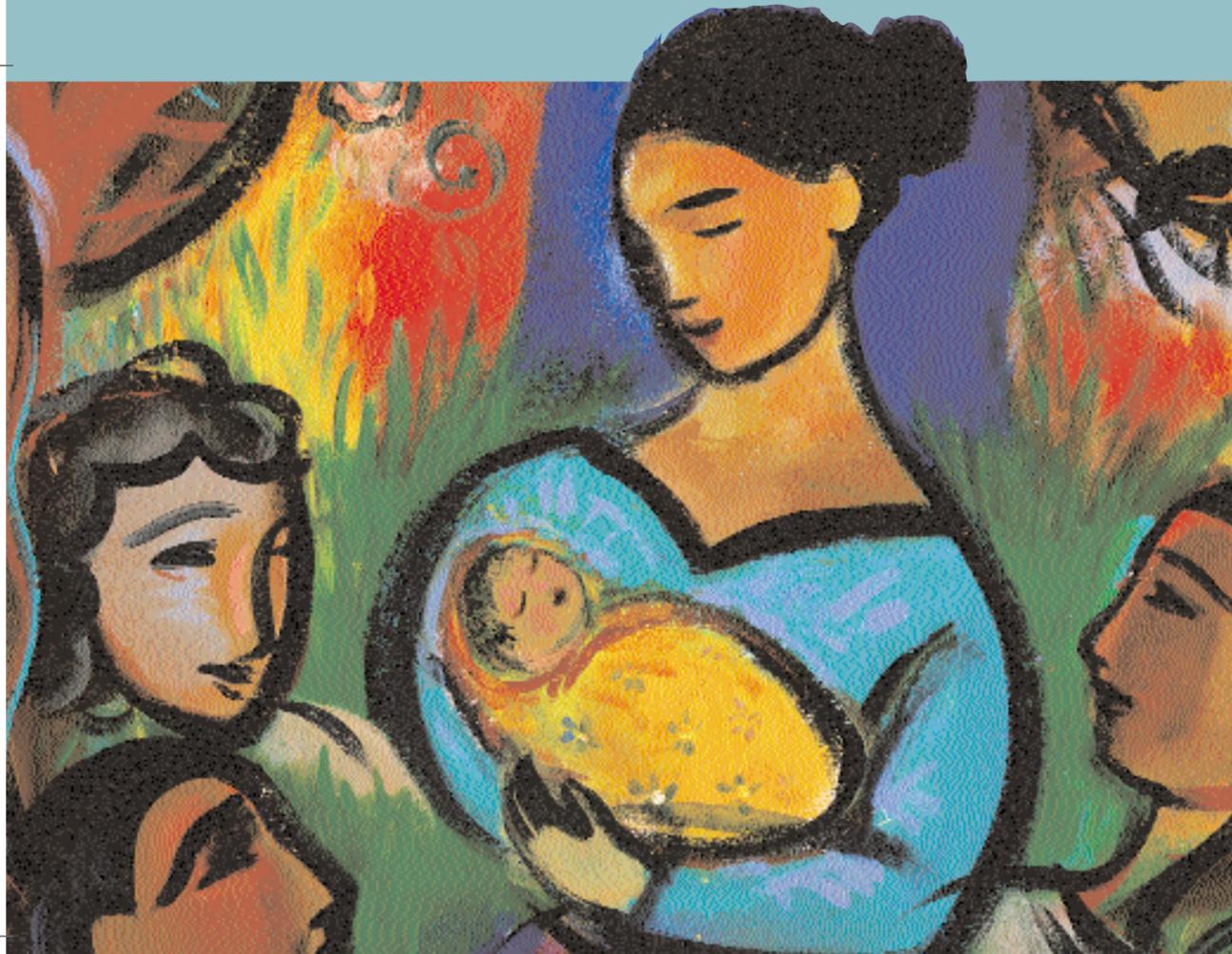
"I don't think a lot of guys understand the concept of condoms until they have a close call, you know. Then they wake up to reality."

THINK YOU MIGHT BE PREGNANT? If you feel you might be pregnant or you have missed your period—especially if your breasts are tender or swollen or you feel tired or sick to your stomach—find out right away. You can buy a home pregnancy test at a drugstore or supermarket for about \$8 to \$20. Make sure you follow the test directions exactly. Pay special attention to how soon after you have had sex the test can be done accurately. If your test is positive, visit a clinic or doctor as soon as possible.

EMERGENCY CONTRACEPTION

Too late? It might not be... If you've had unprotected sex—your condom broke or you didn't use protection—within the last 72 hours (3 days), you and your partner might be able to avoid pregnancy by using emergency contraception (See "Contraception 911" on page 17).

To find a provider in your area, see page 12.



“Many people have STDs that they don’t even know (about), and they are having sex with someone they love. They’re giving it to that person and they don’t even know.”

YOU DON'T KNOW ANYBODY WITH AN STD, RIGHT? NO LO CREAMS. YOU PROBABLY DO. One in four sexually active *jóvenes* will contract a sexually transmitted disease (STD) this year. That's right, one in four! And, there are more than 15 million new cases of STDs each year in the U.S. alone. That's as many as the number of people living in Cuba and Costa Rica...combined.

The fact is that STDs are a lot more common than most people think. And, most people who have one don't even know it. How is that possible, you ask? Well, for starters, you can have an STD and experience no symptoms. So, if you think you can tell “by looking,” think again. Other people assume if they've seen a doctor and gotten a check-up they are in the clear: but unless you asked to be tested, you can't know for sure you have been.

Here's something else you should know: two thirds of all new STDs—and half of all new HIV infections—happen among people under 25 years of age.

INSTEAD OF “RISKING IT,” PROTECT YOURSELF IF YOU ARE GOING TO BE SEXUALLY ACTIVE. Protecting yourself isn't looking at someone and deciding he doesn't “seem *sucio*” or that she “looks clean.” If a doctor can't always tell who is infected by looking, how can you? Anyone can have a STD. In fact, if you are sexually active (or have been in the past), *you* might have one and not even know it. Ask a health care provider about which STD tests you should have. The only way to know for sure that you are being tested when you are visiting the doctor's office is to ask your provider. If you're in a new relationship, do it together. See the charts on pages 18 and 19 for the low-down on STDs and your options for protection.

NO ONE NEEDS TO KNOW YOU GOT AN STD TEST UNLESS YOU WANT TO TALK ABOUT IT. In most cases, your test and treatment will be completely confidential, no matter how old you are. You can make sure by letting your health care provider know that you want your visit—and anything discussed in it—to remain private.

MYTH:
“I'd know if I had an STD.”

LA VERDAD:
Many people who have STDs don't know it. The only way to know for sure whether you have an STD is to get tested.

To find out more about HIV and other STDs go to page 18. For information about where you can go to get tested, see page 13.

Sexually Transmitted Diseases

One in four sexually active will contract an STD this year.

TESTING FOR HIV

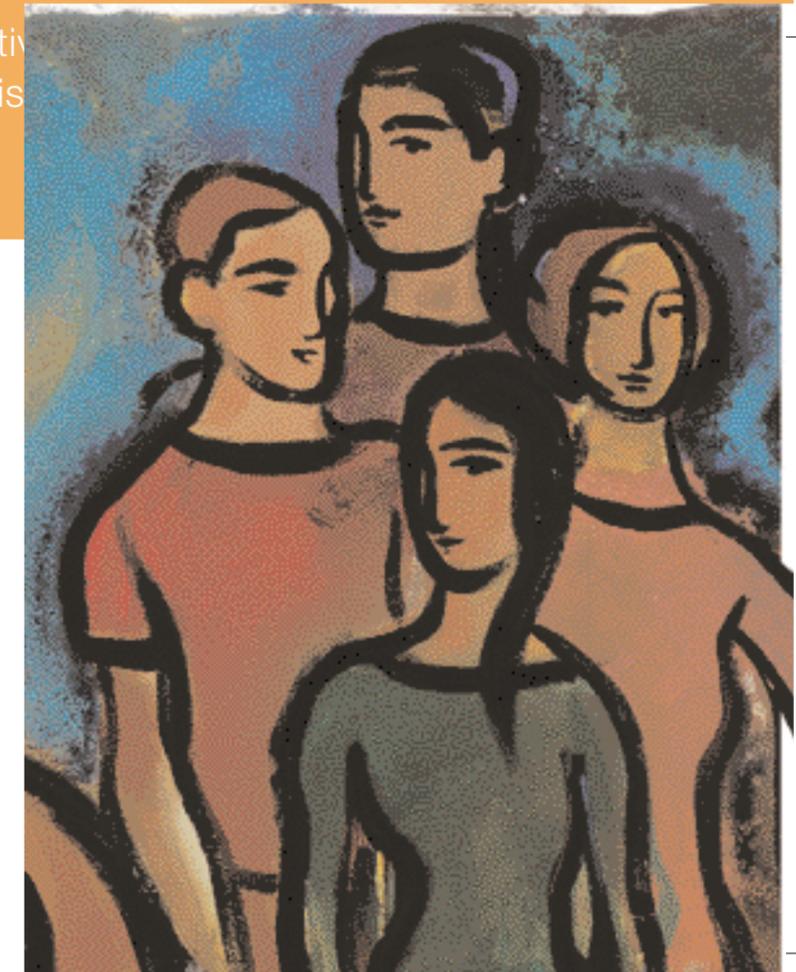
In many people, HIV (the virus that causes AIDS) can take three weeks to six months to show up on a test. So, if you've had unprotected sex or shared needles in the six-month period before your test, you could be infected with HIV and still test negative. Results are generally available within a few days to two weeks. Some clinics are starting to use rapid HIV tests, giving you results within an hour, but if a rapid test is positive, it still needs to be confirmed by a second test, which may take longer.

In the U.S. HIV tests are either “confidential” or “anonymous.” With **confidential HIV testing** your name is recorded with your results, which are made available only to medical personnel and, in some states, the state health department. Confidential test results may also be provided to your health insurance. With **anonymous HIV testing**, your name is not linked to your test results—you are assigned a number to match your results to you.

HIV+ BUT NO SYMPTOMS

Lo peor about HIV (the virus that causes AIDS) is that some people can carry it and pass it along to other people without knowing—just like other STDs. The only way to know “for sure” is to get tested. Someone can look healthy and still be sick. If you have unprotected sexual contact with someone who is HIV-positive, you are at risk for HIV.

To find a testing center near you, call the CDC's National HIV/AIDS Hotline, at 1-800-344-7432/SIDA (for Spanish) and 1-800-342-2437/AIDS (for English), or go to www.hivtest.org.

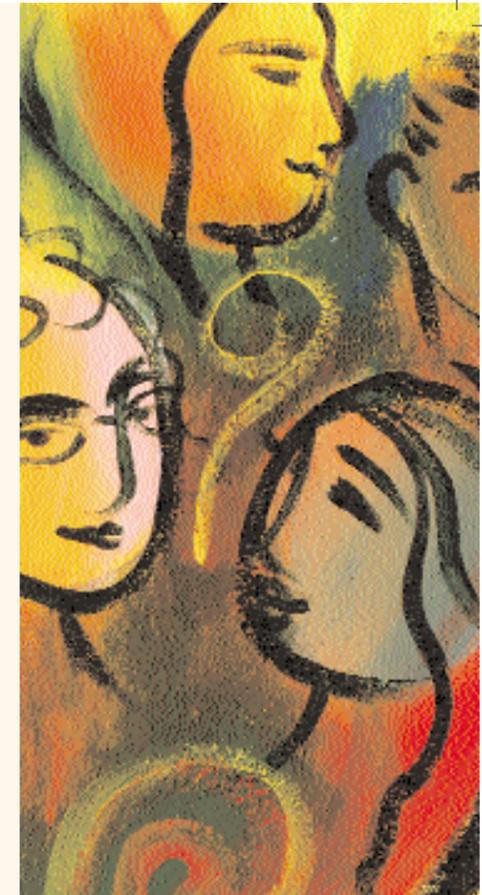


There are a lot of different birth control methods available, but only one that will protect you from pregnancy and reduce your risk for STDs—the condom. Using condoms and dental dams consistently and correctly is also the best way to keep from getting a disease during oral sex. Here's the scoop on where to find them and how to use them.

CONDOMS

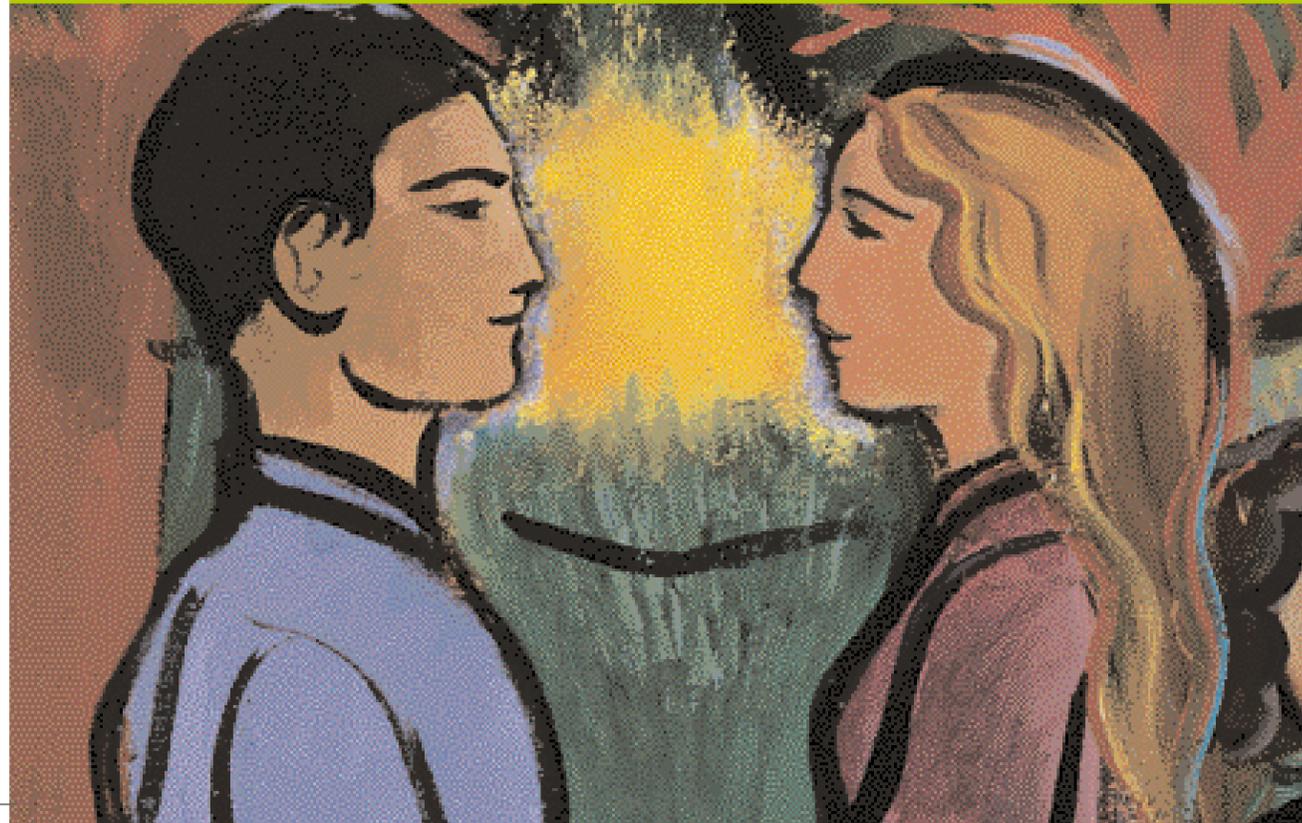
BUYING—You can buy condoms in most drugstores. Some clinics may hand them out for free. Buy condoms made out of polyurethane or latex. Although animal skin condoms are available, they are not as effective protecting against viruses. Be sure to check the expiration date on the condom package—like milk, they can go bad.

USING—Make sure the condom is not stiff or brittle when you take it out of the package. This could mean it's damaged or old. Use a pre-lubricated condom, or apply a water-based lubricant, such as KY Jelly or Astroglide inside and outside the condom to help prevent rips. Don't use oil-based lubricants like Vaseline or other oil-based jellies, body lotions, mineral or vegetable oils with latex condoms because they can cause a condom to break. Place the rolled condom over the head of the penis after it is hard and erect—but before intercourse begins. Leave a half-inch space at the tip to collect semen, pinching the air out of it with your thumb and forefinger. Unroll the condom down the entire length of the penis, all the way down to the base, smoothing out any air bubbles.



Como protegerte

"You're more of a man if you use a condom, because you're protecting yourself, your future."



If you start to put on a condom inside out, throw it away. You'll know it's inside out because it won't roll down the shaft of the penis easily. It should fit snugly, but not too tight or like it might slide off during sex. If it doesn't feel right, shop around for a different size or style. Make sure to store your condoms in a cool, dry place.

PROTECTION DURING ORAL SEX

According to the Centers for Disease Control and Prevention (CDC), it is possible to get HIV and other STDs during oral sex. Viruses could enter the body through tiny cuts or sores in the mouth. The CDC recommends you use a condom for oral sex on a man. For oral sex on a woman, the CDC says you can use non-microwavable Saran Wrap, dental dams (square pieces of latex available in some drug stores) or a square of latex cut from a condom as a barrier between the mouth and the vagina. Like condoms, you can't use dental dams twice, so throw it out once you are done.

For information on other types of birth control and protection see page 14.

SO HOW DO YOU START TALKING ABOUT SEX AND PROTECTION?

Many people worry that their partner will think that they are “easy”, or that they don’t trust them if they insist on using condoms. You may be surprised at the response you get: Many *jóvenes* say they feel “respected,” “cared for,” and even “relieved” when their partner brought up condoms. And, that goes for you *mujeres* too: in fact, you’ve got a lot more influence over the decision than you may realize.

MYTH:

“If I suggest we use a condom my partner will think I’m ‘easy.’”

LA VERDAD:

The truth is that many *jóvenes* want to talk about condoms, but are scared to raise the issue. They feel “respected” and “relieved” when their partner brings it up.

First, set aside some time where the two of you can focus on each other without distractions from friends or family. It’s best to have this discussion early in your relationship so that there won’t be any regrets or misunderstandings. But, just because you didn’t talk during the beginning doesn’t mean you can’t raise issues like protection (and anything else you have been thinking about) at other times during the course of your relationship. Here are some tips on what to ask and how to break the ice once you are face-to-face—and fully clothed. Use some of these questions, and the charts on page 14 to help you and your partner start talking together.

FIND OUT WHERE THE RELATIONSHIP IS HEADED AND WHAT EACH OF YOU WANTS.

- *Do you see us being together for a long time?*
- *Are you seeing other people?*

TALK ABOUT WHETHER OR NOT YOU WANT TO HAVE SEX.

- *I’m not sure that I’m ready for us to have sex. Are you?*
- *I think we’re going too fast. I want to slow down a bit, start over.*

DISCUSS EACH OF YOUR SEXUAL HISTORIES.

- *We don’t need to use names. But, if we’re going to be together, you need to know my sexual past and I need to know yours. How many people have you been with?*
- *I trust you, but we both need to protect ourselves. Have you used protection? What kind? Did you use it every time?*

TALK ABOUT GETTING TESTED FOR STDs.

- *Did you know that most people with an STD don’t even know they are infected? Getting tested is the only way to know for sure.*
- *Have you ever been tested for STDs? It’s easy, no big deal. We could get tested together. I’ll make the appointments.*

DECIDE ON WHAT TO USE AS CONTRACEPTION AND PROTECTION.

- *What type of protection have you used before?*
- *I know there are a lot of different things out there, but I hear condoms are the best because they protect against pregnancy AND reduce your risk for disease. How do you feel about condoms?*

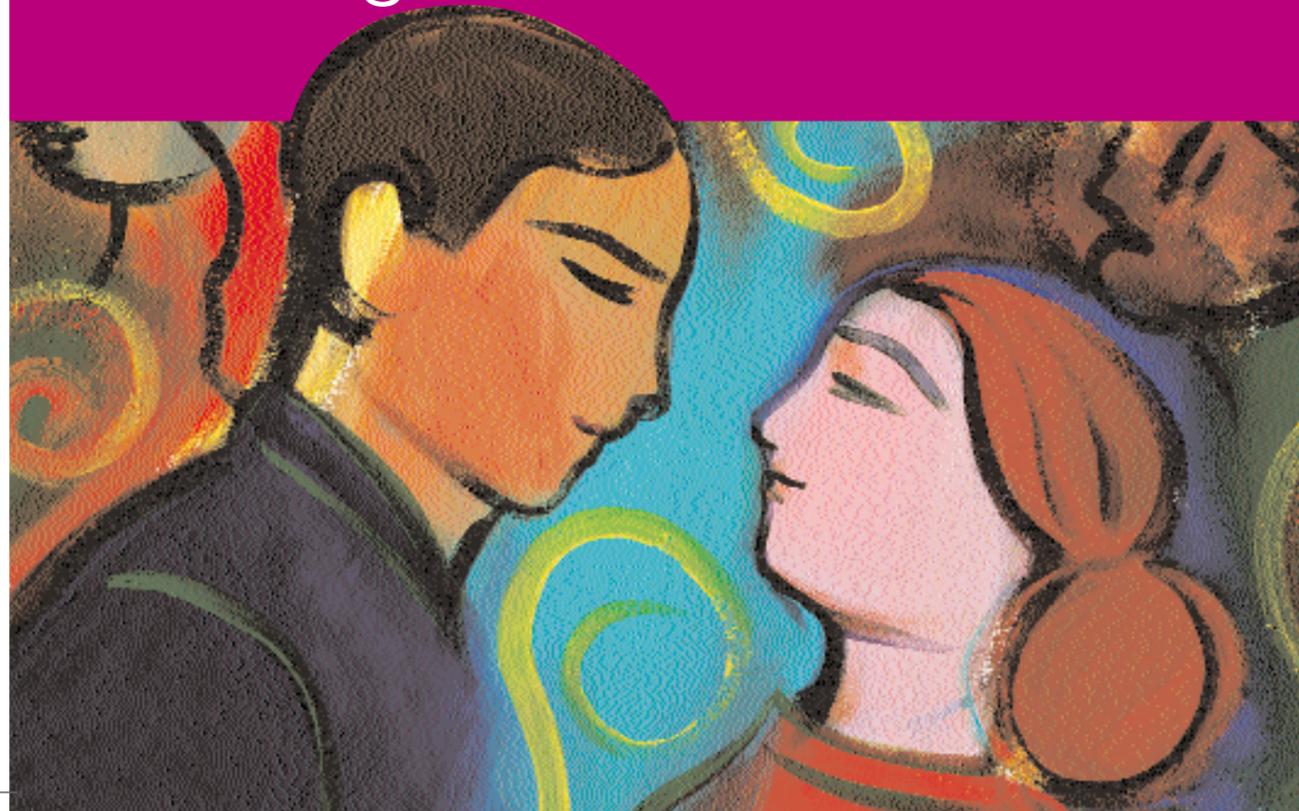
WHAT IF YOU NEED TO TALK TO YOUR PARTNER ABOUT YOUR STD?

If you know you have a sexually transmitted disease, it’s good to be honest about it. Telling the truth shows that you respect your boyfriend or girlfriend and lets you both decide on the things you need to do to reduce risk—like practicing safer sex with condoms or not having sex at all until after an outbreak is over.

Talk when you’re both comfortable and relaxed and you have lots of time together. Start by saying that you really care for him or her, and that’s why you’re bringing this up. Then, just keep it simple and give the facts about symptoms, treatment, how the disease is spread, and how you can help protect each other.

Talking With Your Partner

“When a girl says she won’t (have sex) without a condom it’s OK because they need to protect themselves against diseases...it’s intelligent.”



If the idea of having this talk makes you feel nauseous or turns your face beet-red, *calmate*. This is someone you care about and who cares about you...right? If you can’t talk about it, is this really something you want to do with that person?

YOU MIGHT ACTUALLY BE SURPRISED AT HOW COOL YOUR PARTNER IS WITH IT ALL.

Most likely, he or she has thought of these things too, but has been too shy to speak up. *Mujeres*, don’t worry that you’ll be scaring away that *vato* by insisting on a condom. Many men say they respect a woman who stands up for herself and demands protection. Plus, most guys are not going to risk losing you over a little piece of latex.

You can also suggest that the two of you talk with a counselor confidentially at the CDC’s National AIDS, HIV & STD Hotlines, at 1-800-344-7432/SIDA (Spanish) and 1-800-342-2437/AIDS (English) to learn more.

You can find more information about STDs on page 18.

Where To Go

To find a health care provider in your area, see the hotlines and websites on page 13.

NEED A HEALTH CARE PROVIDER?

There are lots of health care providers you can talk to—in person or by phone—about things like birth control and STD testing. For the best answers to your medical questions, talk with a provider you trust. Finding the right person may take some time, but aren't you and your body worth the trouble?

DON'T HAVE HEALTH CARE COVERAGE? If you don't have health care coverage like private insurance or Medicaid, a good place to go is your local community health clinic. Many clinics (including Planned Parenthood) offer sexual health care like counseling, birth control, STD testing and treatment on a sliding scale (where you pay what you can afford) or for free. If you are concerned about the cost of your care be sure to ask about the payment options when you make an appointment.

WANT SOME PRIVACY? If you are 18 or older, you should also know that any care you get will be confidential, which means that what happens between you and your provider is private. No one else will know about what you may discuss, or the type of care you receive. However, if you are under 18 you should ask your provider when you are making an appointment about their confidentiality policy, and whether they would tell your parents about your visit. Many organizations, including many local family planning clinics and all Planned Parenthood clinics will be able to provide you with completely confidential care regardless of your age.

WORRIED ABOUT YOUR IMMIGRATION STATUS?

The issues related to immigration and your health care are different in every state. To find an organization in your area to answer your questions about your immigration status (including your access to health care), visit www.univision.com, *UniClave: inmigración*.

You should know that at most community-based clinics and all Planned Parenthoods you shouldn't be asked about your immigration status. You should be able to receive sexual health care, including contraception, STD testing and treatment, regardless of your citizenship. If someone asks, you don't have to tell them whether or not you are a citizen to receive care. However, if you try to enroll in Medicaid (the government's health insurance program for people with low-income), you will be asked about your immigration status.

RESOURCES

Univision.com Mapa Ayuda Medica

www.univision.com keyword: *salud*. Using the map, you can click on your state, region and city or county to find a list of clinics near you. The list was developed in collaboration with the National Association of Community Health Centers.

Centers for Disease Control and Prevention's National STD and AIDS Hotlines

1-800-344-7432/SIDA (for Spanish; 8a.m.—2 a.m. ET); www.cdc.gov/spanish and 1-800-342-2437/AIDS or 1-800-227-8922 (for English; 24 hours a day); www.cdcnpin.org

The hotlines can answer your questions about HIV/AIDS and other STDs, send you free information in both English and Spanish, and help you find a provider in your area to get STD testing and treatment services, counseling or support groups in your area.

Planned Parenthood National Hotline

1-800-230-7526/PLAN (Spanish and English; 24 hours a day); www.plannedparenthood.org.

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

National Hispanic Family Health Helpline

1-866-SU FAMILIA (Spanish and English; 9 a.m.—6 p.m. ET, Monday-Friday)

The helpline can connect you with

one of 16,000 clinics and health care centers in your area, which provide general health care. If you need sexual health care, like a gynecological exam, an STD test or contraceptives, be sure to ask to be referred to a health center in your community that provides those services.

The National Herpes Hotline

1-919-361-8488 not toll free (Spanish and English; 9 a.m.—7 p.m. ET Monday-Friday)

The hotline is run by the American Social Health Association (ASHA), and can answer questions specific to herpes diagnosis and treatment, as well as give you tips about communication with your partner and health care providers. Additionally, the service provides referrals to a network of ASHA-coordinated support groups, called HELP Groups, throughout the United States.

The National HPV and Cervical Cancer Prevention Hotline

1-919-361-4848 not toll free (ENGLISH ONLY; 2 p.m.—7 p.m., ET, Monday-Friday)

The hotline is run by the American Social Health Association and provides up-to-date information on the virus and its link to cancer through free information to the public about risk reduction, diagnosis and treatment of human papilloma virus (HPV) and the prevention of cervical cancer. Trained Health Communication Specialists are available to address questions related to transmission, prevention and treatment of HPV.

Emergency Contraception Hotline

1-888-NOT2LATE, or 1-888-668-25283 (Spanish and English; 24 hours a day); <http://ec.princeton.edu>.

The hotline is run by the

Reproductive Health Technologies Project and provides pre-recorded information about emergency contraception, and gives the names of locations nearest to you and their phone numbers where you can get emergency contraception.

National Council for Adoption

1-202-328-1200 not toll free (English only; 9 a.m.—5:30 p.m. ET; Monday-Friday); www.ncfa-usa.org. Not an adoption agency, the National Council for Adoption can provide general information on adoption.

National Sexual Assault Hotline

1-800-656-HOPE, or 1-800-656-4673 (English only; 24 hours a day); www.rainn.org.

The hotline is run by the Rape, Abuse and Incest National Network (RAINN) and will connect you with a counselor in your area. You can also order informational materials by mail.

National Domestic Violence Hotline

1-800-799-SAFE (Spanish and English; 24 hours a day); www.ndvh.org.

This line is staffed by trained counselors who can provide crisis assistance and information about shelters, legal advocacy, health care centers, and counseling.

National Hispanic Prenatal Helpline

1-800-504-7081 (Spanish and English; 9 a.m.—6 p.m. ET Monday-Friday)

This hotline will connect you with prenatal health care services in your community.

Contraception: What Works Well

	Condom	Female Condom	Birth Control Pills	Diaphragm	Cervical Cap	Depro-Provera	Norplant	IUD	Lunelle	Tubal Ligation (female sterilization)	Vasectomy (male sterilization)
Method	A polyurethane or latex sheath (rubber) covers the penis and collects the semen, preventing sperm from entering a woman's vagina.	A thin polyurethane sheath, shaped like a sock with flexible rings at each end. The ring at the closed end holds the pouch in place inside the vagina, while the ring at the open end remains outside the vagina. The pouch collects semen and prevents it from entering the vagina.	A woman takes a pill that contains either a combination estrogen, and progestin or progestin only, every day. The pill works by preventing ovulation, increasing cervical mucus to block sperm, and creating a thin uterine environment.	A woman uses spermicide to coat the inside and outer-edge of this dome-shaped silicone or latex cup with a flexible rim. Then she inserts it to the back of her vagina so that it covers the cervix where it blocks sperm.	A woman uses spermicide to coat the inside of this silicone or latex thimble-shaped device. Then she inserts it into the back of her vagina so that it covers the cervix where it blocks sperm.	A woman gets an intra-muscular shot of the artificial hormone progestin every three months, which keeps her from getting pregnant.	Six small rods are inserted under the skin of a woman's upper arm, and these rods release the synthetic hormone progestin, that prevents pregnancy.	A small device that contains either copper or the synthetic hormone progestin (there are two types) that is inserted into a woman's uterus.	A woman gets a shot of the artificial hormones estrogen and progestin intramuscularly every month, which keeps her from getting pregnant.	A surgical procedure, in which a woman's fallopian tubes are blocked or cut so that sperm and egg cannot unite.	A surgical procedure for men, in which the <i>vas deferens</i> —or the tubes that transport sperm into semen are blocked or tied off.
Success Rate	With typical use, 14 women in 100 become pregnant in one year. With perfect use, three women in 100 will become pregnant in one year.	With typical use, 21 out of 100 women will become pregnant in one year. With perfect use, five out of 100 women will become pregnant in one year.	With typical use, five women in 100 become pregnant in one year. With perfect use, less than one woman in 100 will become pregnant in one year.	With typical use, 20 women out of 100 will become pregnant in one year. With perfect use, six women out of 100 will become pregnant in one year.	With typical use, 20 women in 100 will become pregnant in one year. With perfect use, 9 in 100 women will become pregnant in one year.	Less than one woman in 100 will become pregnant in a year using this method.	Less than one woman in 1,000 becomes pregnant in one year.	Using a copper IUD, less than one woman in 100 will become pregnant in a year; using a progesterone IUD, two women in 100 will become pregnant.	Less than one woman in 100 will become pregnant in a year using this method.	Less than one woman in 100 will become pregnant in a year. It can be a permanent form of birth control; there are no lasting side effects.	Less than one woman in 1,000 becomes pregnant in one year. It can be a permanent form of birth control; there are no lasting side effects.
Lo mejor	The correct and consistent use of polyurethane or latex condoms (not animal skin) can reduce the risk of transmission of HIV, and most other STDs. Plus, they can be found at any drugstore without a prescription.	The correct and consistent use of the female condom can reduce the risk of transmission of HIV, and most other STDs, and you can get it without a prescription. If you (or your partner) are allergic to latex, polyurethane condoms are a good alternative.	If taken correctly, the pill provides non-stop protection from pregnancy and can make a woman's periods more regular, reduce cramps, and shorten or lighten a woman's period.	It can be put in place up to six hours before intercourse and can stay there for 24 (though fresh spermicide should be applied each time you have intercourse).	It can provide continuous protection for 48 hours, no matter how many times you have intercourse (unlike the diaphragm, additional spermicide is not needed for additional acts of intercourse).	Once you get the shot, you don't have to think about birth control for three months.	It protects against pregnancy for up to five years—without your having to do a thing. Plus, it starts working within 24 hours of insertion.	It provides effective pregnancy protection and lasts a long time—a copper IUD can stay in place for up to ten years, and a progesterone IUD lasts one year.	Once you get the shot, you don't have to think about birth control for the rest of the month.	It can be a permanent contraceptive method that doesn't have long-term secondary effects.	It can be a permanent contraceptive method that doesn't have long-term secondary effects.
Lo peor	It can break (especially if its not put on correctly) and it can leak if not withdrawn carefully. Condoms must not be used with any oil-based lubricants like Vaseline or massage oil. Some people may have allergies to latex condoms.	The outside ring can slide inside the vagina during intercourse; also, caution should be used to make sure that the man's penis doesn't slip around the side of the condom. Can be awkward to use at first; must be removed right after intercourse, before you stand up, to prevent semen leakage.	Doesn't protect against STDs including HIV. Side effects: nausea, headaches and moodiness. If you miss 2 or more daily pills during a cycle, or you are late starting a new cycle of pills, you should use a back-up method until you have taken seven consecutive pills.	Doesn't protect against most STDs including HIV and can increase the risk of urinary tract infections and toxic shock syndrome. Can be messy (thanks to the spermicide) and clumsy to use until you get the hang of it. Also, it has to stay in place for six hours after the last act of intercourse and then needs to be washed thoroughly with soap and water.	Doesn't protect against most STDs including HIV and can increase the risk of urinary tract infections and toxic shock syndrome. It only comes in four sizes so it may not be an option for everyone. Also, it has to stay in place for six hours after the last act of intercourse.	Doesn't protect against STDs including HIV and can cause weight gain, irregular periods, and depression.	Doesn't protect against STDs including HIV; may cause irregular periods, headaches, weight gain, and acne. Some women may be able to see the rods under the skin. Plus, having the rods removed can be a hassle.	Doesn't protect against STDs including HIV. Some side effects include: spotting between periods, heavier periods, and increased cramping. If exposed to infections, a woman risks getting PID, which, in turn, can cause infertility. Not recommended for women who want to have children in the future.	Doesn't protect against STDs including HIV; also may cause slight weight gain as well as altered periods.	Doesn't protect against STDs including HIV. If the procedure fails, there's an increased risk of tubal (ectopic) pregnancy—where a fertilized egg starts to develop in one of the fallopian tubes. Although it may be reversed, it's complicated, expensive, and doesn't always work. It is recommended only for women who are sure they don't want to have children in the future.	Doesn't protect against STDs including HIV. After a vasectomy, it takes about six weeks for all the sperm to be cleared, so another method must be used until a follow-up check shows no sperm in the semen. Although reversal of the procedure is possible, it is not always successful. Not recommended for men who want children in the future.
How To Get It	At drugstores and supermarkets; costs 35¢ to \$1 each. They are often available free at family planning clinics.	Buy it at drugstores or supermarkets or get it from family planning clinics; the cost, \$2 to \$4 each.	Through a prescription from a health care provider; the cost runs \$15 to \$40 a month depending on the pill brand, plus the cost of the visit to your health care provider.	Through a prescription from a health care provider; the cost is about \$30 to \$40 plus the cost of spermicide and the exam and fitting for the diaphragm.	Through a prescription from a health care provider; the cost is about \$35 to \$60 plus the cost of spermicide and the exam and fitting for the cervical cap.	Requires a visit to your health care provider every three months for administration of the shot; the cost is about \$35 to \$60 per shot, plus the cost of the office visit.	Requires a visit to a health care provider; the cost for insertion is usually about \$500-\$800, while the removal usually costs more because it takes more time to do.	Requires a visit to a health care provider; cost is about \$150 to \$300 for insertion and removal costs about \$100.	Requires a visit to a health care provider every month; the cost is comparable to birth control pills at about \$25-\$40 per month.	Requires a visit to a health care provider; it can be expensive, and depends on where you have the procedure done and how much your insurance will cover.	Requires a visit to a health care provider; it can be expensive depending on where you have the procedure done and how much your insurance will cover.

Contraception: What Doesn't Work Well

	<i>Rhythm Method</i>	<i>Withdrawal</i> (coitus interruptus)	<i>Spermicide-use</i>
Method	You keep track of a woman's menstrual cycle and have intercourse only during the "safe" (or infertile) days.	The man withdraws his penis from the vagina before ejaculation.	A woman inserts a spermicide—available in foams, films, creams, jellies or suppositories—deep into the vagina before sex to kill sperm before they can reach an egg.
Success Rate	Typical use is difficult to estimate with this method, but with perfect use, about nine women out of 100 become pregnant in one year.	With typical use, 19 women in 100 become pregnant in one year. With perfect use, four women in 100 will become pregnant in one year.	With typical use, 26 women in 100 become pregnant in one year. With perfect use, six women in 100 will become pregnant in one year.
Lo mejor	It's free and there are no devices to deal with. There are no side effects (except having to go without intercourse for several days before and after ovulation).	It's better than not using any protection, but it isn't a very effective method of birth control.	You can buy it at any drugstore without a prescription; it can provide lubrication for intercourse.
Lo peor	Doesn't protect against STDs, including HIV. Predicting when a woman will ovulate is not easy, and sperm can live inside a woman's body for days. You have to keep careful track of your fertility patterns beginning several months before you start relying on this method. Because of the difficulty, there are a lot of accidental pregnancies.	Doesn't protect against STDs, including HIV. Because live sperm can live in pre-ejaculate, even if a man withdraws early, semen can escape prior to ejaculation, so you have a chance of getting pregnant. Also, it may be a stressful method to rely on because women have to rely on men to get it right.	Some spermicides such as nonoxynol-9 have been found to irritate the vaginal walls making some more susceptible to STDs, including HIV. Follow the directions carefully: this may mean waiting after inserting it before you have sex, allowing it to dissolve and spread. You must insert more spermicide each time you have intercourse.
How To Get It	You will need good instruction—a class or instruction from a health care provider—and several months of charting before you begin to rely on this method.	Just do it.	At drugstores and supermarkets. The cost is \$9 to \$12 for the spermicide and applicator; refills cost \$4 to \$8.

What Doesn't Work At All

HAVING INTERCOURSE DURING YOUR PERIOD

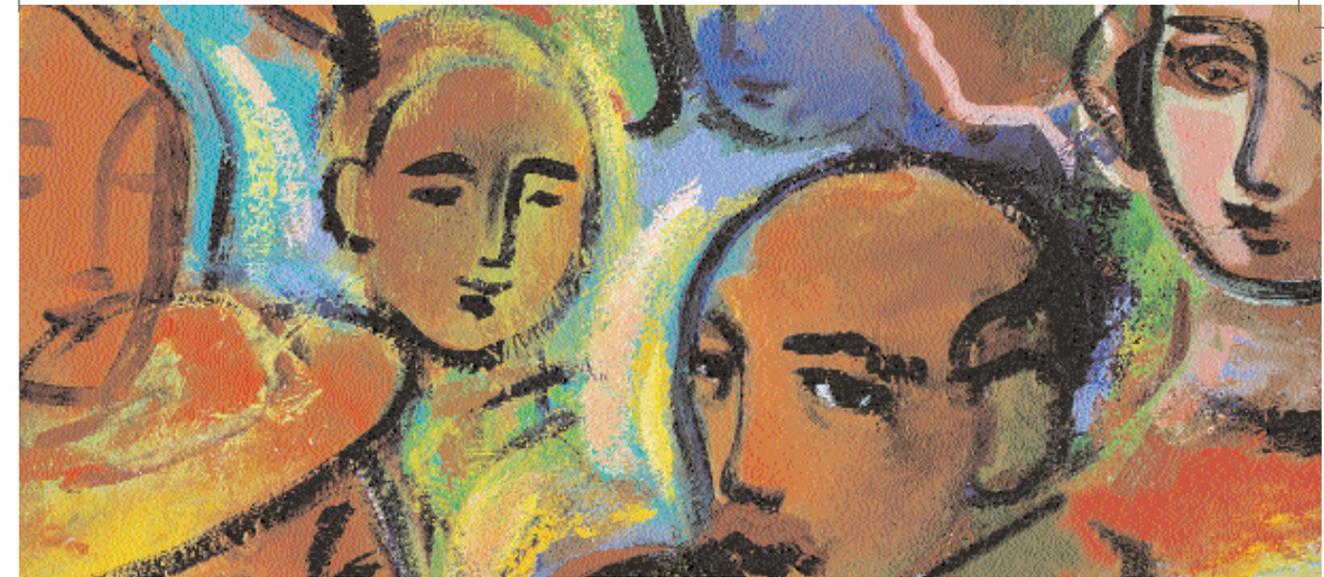
First of all, just because you see blood doesn't mean you're really having your period—some women bleed during ovulation, when they're most fertile. And it's often hard to predict when you'll ovulate. Sex during your period is also a riskier time for HIV transmission. So you should use protection whenever you have intercourse.

PEEING AFTER INTERCOURSE

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

DOUCHING

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



Contraception 911

IF A CONDOM BREAKS, a diaphragm slips, or you realize after having sex that you've forgotten to take your pill three days in a row, there is something you can do. If you act within 72 hours after having unprotected sex, two doses of a special combination of birth control pills—Preven or Plan B—available by prescription, can prevent or delay ovulation and reduce the chance of pregnancy by about 75 to 88 percent. The method is called emergency contraception. You can get the pills from a health care provider. If there is any chance you might already be pregnant, you'll need a pregnancy test. (If you are pregnant, emergency contraception won't work.) The medication isn't without side effects. Nausea is especially common for a day or so. And it's not foolproof—it only reduces your chance of pregnancy. Emergency contraception is for a birth control emergency only. It's not a reliable long-term birth control method. Emergency contraception does not protect against future acts of intercourse, so it is important that you use another form of birth control if you have sex again.

Generally, emergency contraception costs \$55 and upwards for everything (the exam, pregnancy test, and pills). Costs are less—or even free—at family planning clinics and health centers.

To find a provider near you, you can call the Emergency Contraception Hotline at 1-888-NOT2LATE.

Sexually Transmitted Diseases: Common STDs

	<i>Chlamydia</i>	<i>Trichomoniasis</i> ("Trich")	<i>Gonorrhea</i>	<i>Human Papillomavirus</i> (HPV or warts)	<i>Genital Herpes</i>	<i>Syphilis</i>	<i>Hepatitis B Virus</i> (HBV)	<i>HIV/AIDS</i>
<i>¿Que es?</i>	A bacterial infection of the genital area.	A parasitic infection of the genital area.	A bacterial infection of the genital area.	A viral infection with more than 100 different types, primarily affecting the genital area, both inside and out.	A viral infection of the genital area, and sometimes around the mouth.	An infection caused by small organisms, which can spread throughout the body.	A viral infection affecting the liver.	The human immunodeficiency virus (HIV), the cause of AIDS.
How many get it	About 3 million new cases each year. Forty percent are among young people, aged 15 to 19.	As many as 5 million new cases each year. Trich is the most common of the curable STDs among young, sexually active women.	Approximately 650,000 new cases a year, with disproportionately high rates among teens.	An estimated 5.5 million new cases each year. At least 20 million people already have it.	About 1 million new cases each year. An estimated 45 million cases already exist.	About 70,000 new cases a year.	About 77,000 new cases a year acquired through sexual transmission. About 750,000 people are already infected with Hepatitis B as a result of unprotected sexual activity.	An estimated 20,000 Americans are infected through sexual transmission each year, and an estimated 650,000 to 900,000 people in the U.S. are living with HIV.
Signs	There are no symptoms in most women and many men who have it. Others may experience abnormal vaginal bleeding (not your period), unusual discharge or pain during urination within one to three weeks of having sex with an infected partner.	Often there are no symptoms, especially in men. Some women notice a frothy, smelly, yellowish-green vaginal discharge, and/or genital area discomfort, usually within 4 days to one month after exposure to the parasite. Men may notice a discharge from the penis.	Most people infected have no symptoms. For those who do, it can cause a burning sensation while urinating, green or yellowish vaginal or penile discharge, and for women, abnormal vaginal bleeding and/or pelvic pain. Symptoms can appear within 2 to 10 days after infection.	Soft, itchy warts in and around the genitals (vagina, penis, testicles, and anus) may appear two weeks to three months after exposure. Many people, however, have no symptoms but may still be contagious.	Most people have no symptoms. Herpes 1 causes cold sores and fever blisters on the mouth but can be spread to the genitals; Herpes 2 is usually on the genitals but can be spread to the mouth. An outbreak can cause red bumps that turn into painful blisters or sores on genitals and elsewhere. During the first attack, it can lead to flu-like symptoms, which usually appear within 2 weeks of infection.	In the first phase, a single sore (chancere) may appear on the genitals or mouth several weeks to 3 months after exposure, lasting for one to five weeks. Often, however, there are no noticeable symptoms. In the second stage, up to 10 weeks after the first sore has disappeared, a variety of symptoms can appear, including a rash (often on the palms of the hands, soles of the feet, or genital area).	Many people don't have any symptoms. Others may feel tired, aches, nausea and vomiting, loss of appetite, darkening of urine, or tenderness in the stomach, usually within one to 6 months of exposure. Yellowing of the skin and the whites of the eyes (called jaundice) can occur later.	Many people who have HIV don't even know it because symptoms may not appear for 10 years or longer. Others experience unexplained weight loss, flu-like symptoms, diarrhea, fatigue, persistent fevers, night sweats, headaches, mental disorders, or severe or recurring vaginal yeast infections.
How is it spread	Through unprotected vaginal, oral, or anal intercourse.	Through unprotected vaginal intercourse.	Through unprotected vaginal, oral, or anal sex.	Through unprotected vaginal, oral, or anal intercourse, or by touching or rubbing an infected area (infected areas may not always be noticeable).	By touching an infected area (infected areas may not always be noticeable), or having unprotected vaginal, oral, or anal intercourse. Warning: Some people may be contagious even when they don't have symptoms.	Through unprotected vaginal, oral, or anal sex—and also through kissing if there is a lesion on the mouth.	Through unprotected vaginal, oral, and anal sex, but also through sharing contaminated needles or any behavior in which a person's mucus membranes are exposed to an infected person's blood, semen, vaginal secretions, or saliva. The chance of getting it through kissing is low.	Through unprotected vaginal, oral, and anal sex, but also through sharing contaminated needles, during pregnancy, or breastfeeding. During penetrative sex, the receptive partner is at higher risk for HIV infection.
Treatment	Oral antibiotics cure the infection. Both partners must be treated at the same time to prevent passing the infection back and forth, and both partners need to abstain from unprotected intercourse until the infection is gone.	Antibiotics can cure the infection. Both partners have to be treated at the same time to prevent passing the infection back and forth, and need to abstain from unprotected intercourse until the infection is gone.	Oral antibiotics. Both partners must be treated at the same time to prevent passing the infection back and forth—and both partners need to abstain from unprotected intercourse until the infection is gone.	There is no cure. Warts can be removed through medication or surgery, but even with such treatments, the virus stays in the body and can cause future outbreaks.	There is no cure. An antiviral drug can help the pain and itching and also reduce the frequency of recurrent outbreaks.	Antibiotic treatment can cure the disease if it's caught early, but medication can't undo damage already done. Both partners must be treated at the same time.	Most cases clear up within one to two months without treatment, during which time you should not drink alcohol until liver function returns to normal. Some people are contagious for the rest of their lives. A three-dose vaccine is now available.	There is no cure and AIDS is considered fatal. Antiviral medications can slow progression of the infection and delay the onset of AIDS symptoms. Early treatment can make a big difference.
What can happen	Infertility and increased risk of HIV infection. In women, chlamydia can lead to pelvic inflammatory disease (PID) and tubal (ectopic) pregnancy.	Increased risk of HIV infection and, in women, complications during pregnancy. Also, it's common for this infection to happen again and again.	Sterility and increased risk of HIV infection. In women, the infection can spread into the uterus and fallopian tubes, causing PID and tubal (ectopic) pregnancy.	Recent studies have found HPV present in most cervical cancers and in fact certain types of HPV have been causally linked to cervical cancer.	Recurrent sores (the virus lives in the nerve roots and keeps coming back), which increase your risk for HIV. Passing herpes from mother to newborn is rare. However, an infant who gets herpes can become very ill, so some precautions are advisable.	Untreated, the symptoms will disappear, but the infection stays in the body and can progress into the third stage, damaging the brain, heart, and nervous system, and can cause death. It also increases your risk for HIV. Syphilis in women can seriously harm a developing fetus during pregnancy.	Chronic, persistent inflammation of the liver and later cirrhosis or cancer of the liver. If you are pregnant, your baby must be immunized at birth.	It is the deadliest STD of all and can weaken the body's ability to fight disease, making someone vulnerable to certain cancers and infections such as pneumonia.