¡Entérate!
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, Protegete!
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.

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.

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

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.

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.

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.

“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.”

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.

Quiero una familia… someday

“You’re thinking of the future, you know? You’re thinking: ‘I don’t want to have kids just yet.’”

To find a provider in your area, see page 12.
YOU DON’T KNOW ANYBODY WITH AN STD, RIGHT?
NO LO CREAS, 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 telling “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 healthcare provider know that you want your visit—and anything discussed in it—to remain private.

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.

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.
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.

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

**Como protegerte**

**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.

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.
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?

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 “relied” 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 there won’t be any regrets or misunderstandings. But, just because you didn’t talk about 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.

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, and how the disease is spread, and how you can help protect each other.

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 “relied” when their partner brings it up.

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 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.
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, UnivClave: inmigración.

You should know that at community-based clinics and all Planned Parenthood 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, you may 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
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
1-800-344-7321/SIDA (for Spanish; 8 a.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.

National Herpes Hotline
1-919-361-8448 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 answers 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
1-919-361-8448 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.

National Council for Adoption
1-202-328-1200 not toll free (English only; 9 a.m.—6:30 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 Domestic Violence 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 Sexual Assault Hotline
1-919-361-4848 not toll free (Spanish and English; 24 hours a day); www.plannedparenthood.org.
The hotline is run by the National Sexual Assault 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.

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.

To find a health care provider in your area, see the hotlines and websites on page 13.
### Contraception: What Works Well

<table>
<thead>
<tr>
<th>Contraception Method</th>
<th>Effectiveness</th>
<th>Costs</th>
<th>Side Effects</th>
<th>Advantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Control Pills</td>
<td>Less than one woman in 100 becomes pregnant in one year using this method. With perfect use, less than one woman in 100 will become pregnant in one year. With typical use, six women out of 100 will become pregnant in one year.</td>
<td>Birth control pills are convenient and easily accessible.</td>
<td>Nausea, headaches, moodiness. If you miss 2 or more daily pills during a cycle, or if you are late starting a new cycle of pills, you should use a back-up method until you have taken seven consecutive pills.</td>
<td>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.</td>
</tr>
<tr>
<td>Contraceptive System</td>
<td>Less than one woman in 100 will become pregnant in a year using this method.</td>
<td>Contraceptive systems are effective and convenient.</td>
<td>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.</td>
<td>It can be a permanent contraceptive method that doesn’t have long-term secondary effects.</td>
</tr>
<tr>
<td>Female Condom</td>
<td>Less than one woman in 100 becomes pregnant in one year. With perfect use, three women in 100 will become pregnant in one year.</td>
<td>The correct and consistent use of the female condom can reduce the risk of transmission of HIV, and most other STIs. Plus, they can be found at any drugstore without a prescription.</td>
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<td>It can be a permanent contraceptive method that doesn’t have long-term secondary effects.</td>
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<td>Depo-Provera</td>
<td>Less than one woman in 100 will become pregnant in a year. With perfect use, six women out of 100 will become pregnant in one year.</td>
<td>Depo-Provera is effective and convenient.</td>
<td>Nausea, headaches, moodiness. If you miss 2 or more daily pills during a cycle, or if you are late starting a new cycle of pills, you should use a back-up method until you have taken seven consecutive pills.</td>
<td>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.</td>
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<td>IUD</td>
<td>Less than one woman in 100 will become pregnant in a year. With perfect use, six women out of 100 will become pregnant in one year.</td>
<td>IUDs are effective and convenient.</td>
<td>Nausea, headaches, moodiness. If you miss 2 or more daily pills during a cycle, or if you are late starting a new cycle of pills, you should use a back-up method until you have taken seven consecutive pills.</td>
<td>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.</td>
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<td>Norplant</td>
<td>Less than one woman in 100 will become pregnant in a year. With perfect use, six women out of 100 will become pregnant in one year.</td>
<td>Norplant is effective and convenient.</td>
<td>Nausea, headaches, moodiness. If you miss 2 or more daily pills during a cycle, or if you are late starting a new cycle of pills, you should use a back-up method until you have taken seven consecutive pills.</td>
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<td>Vasectomy</td>
<td>Less than one woman in 100 will become pregnant in a year. With perfect use, three women in 100 will become pregnant in one year.</td>
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<td>Tubal Ligation (female sterilization)</td>
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<td>Male Sterilization</td>
<td>Less than one woman in 100 will become pregnant in a year. With perfect use, three women in 100 will become pregnant in one year.</td>
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</table>

### Contraception Methods

- **Birth Control Pills**: Every three months for administration of the shot; the cost is about $35 to $60 per shot, plus the cost of the office visit.
- **Contraceptive System**: Every month; the cost is comparable to birth control pills at about $25-$40 per month.
- **Female Condom**: Requires a visit to a health care provider; the cost is about $150 to $300 for insertion and removal costs about $100.
- **Depo-Provera**: A woman gets a shot of the artificial hormones every three months, which keeps her from getting pregnant.
- **IUD**: A small device that contains either copper or a hormone: progesterin, that prevents pregnancy.
- **Norplant**: Six small rods are inserted under the skin of a woman’s upper arm, and these rods release the synthetic hormone progesterin, that prevents pregnancy.
- **Depo-Provera**: A woman gets a shot of the artificial hormones every three months, which keeps her from getting pregnant.
- **Vasectomy**: A surgical procedure for men, in which the vas deferens tubes that transport sperm into semen are blocked or tied off.
- **Tubal Ligation (female sterilization)**: Requires a visit to 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.
- **Male Sterilization**: Costs $50 to $1 each. They are often available free at Planned Parenthood clinics.
- **Tubal Ligation (male sterilization)**: Requires a visit to a health care provider; the cost is about $150 to $300 for insertion and removal costs about $100.
- **Female Condom**: Requires a visit to a health care provider; the cost is about $150 to $300 for insertion and removal costs about $100.
- **Depo-Provera**: A woman gets a shot of the artificial hormones every three months, which keeps her from getting pregnant.
- **Vasectomy**: Requires a visit to a health care provider; the cost is about $150 to $300 for insertion and removal costs about $100.
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### Contraception: What Doesn’t Work Well

<table>
<thead>
<tr>
<th>Method</th>
<th>Withdrawal (coitus interruptus)</th>
<th>Spermicide-use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rhythm Method</strong></td>
<td>You keep track of a woman’s menstrual cycle and have intercourse only during the “safe” (or infertile) days.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Withdrawal</strong></td>
<td>The man withdraws his penis from the vagina before ejaculation.</td>
<td></td>
</tr>
<tr>
<td><strong>Spermicide-use</strong></td>
<td>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.</td>
<td></td>
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### 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!

**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-NO-T2LATE.
<table>
<thead>
<tr>
<th>Human Papillomavirus</th>
<th>Genital Herpes</th>
<th>Syphilis</th>
<th>Hepatitis B</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A viral infection with more than 100 different types, primarily affecting the genital area, both inside and out.</td>
<td>An infectious disease that can be spread through contact with lesions on the skin or in the mouth, genitals, or rectum.</td>
<td>An infectious disease caused by a spirochete bacterium.</td>
<td>An infection caused by a virus that can lead to liver damage, and serious complications such as cirrhosis and liver cancer.</td>
<td>Acquired immune deficiency syndrome (AIDS), a disease caused by the human immunodeficiency virus (HIV).</td>
</tr>
</tbody>
</table>

**Chlamydia**
- A bacterial infection of the genital area.
- Often there are no symptoms, especially in women. In men, symptoms may include a burning sensation during urination, or discharge from the penis. In women, symptoms may include vaginal discharge or pelvic pain.

**Trichomoniasis**
- A parasitic infection of the genital area.
- Often there are no symptoms, especially in women. Symptoms can include itching, discharge, or pain during urination.

**Gonorrhea**
- A bacterial infection of the genital area.
- Often there are no symptoms, but if symptoms do occur, they may include a burning sensation during urination, vaginal discharge, or both.

**Genital Herpes**
- Herpes 1 causes cold sores and fever blisters on the mouth but can also spread to the genitals. Herpes 2 is usually on the genitals but can also 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.

**Syphilis**
- In the first phase, a single sore (chancre) may appear on the genitals or mouth several weeks to 3 months after exposure, lasting for one to five weeks.
- 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).

**Hepatitis B**
- Most people have no symptoms. Those who do, it can cause a burning sensation during urination, or discharge from the penis. In women, symptoms may include vaginal discharge or pelvic pain.

**HIV/AIDS**
- Most people infected have no symptoms. Those who do, it can cause a burning sensation during urination, or discharge from the penis. In women, symptoms may include vaginal discharge or pelvic pain.

There is no cure for HIV/AIDS. However, antiretroviral therapy can help manage the disease and improve quality of life. It is important to seek treatment as early as possible after diagnosis to prevent the virus from spreading and to reduce the risk of transmission to others.