Responsible Sexual Practices

Informing Young Adults about the Consequences of Unprotected Sex

Tag Words: Birth Control, Birth Control Prevention

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Summary

The manifestation of sexually transmitted diseases and abortions is rising in young adolescents today. The lack of awareness of the possible consequences that come from unprotected sex is partially due to minimal education, restrictions in religion, and misleading information in the media. For our community service project, we visited a high school in Orange, New Jersey and distributed brochures containing educational information about the possible health risks that one may endure when having unprotected sex, and the options to reduce these risks. Many people do not understand the severity of this issue. However, I hope that after our interaction with the students of Orange High School, we have convinced at least a small population of this world to make wiser decisions.

Video Link

Birth Control Documentary: http://www.youtube.com/watch?v=DaEgmJZXWWk
The Issue: Birth Control

Background Information (AL)
Birth control is the term used to describe several methods and/or techniques used to prevent fertilization from the sperm to the egg. It aids in interrupting pregnancy at various stages. Today it is a commonly used practice, with the rise of teenage sex; it is a topic that should not be taken lightly. Teens have been having sex earlier than they did in the past. In 2006–2008, some 11% of never-married females aged 15–19 and 14% of never-married males that age had had sex before age 15, compared with 19% and 21%, respectively, in 1995. (1) The problem with birth control today is that, there are many young teens, whom plan to practice safe sex and then they move onto birth control once they are comfortable with their significant other. With the use of birth control these young teens are able to have unprotected sex, which increases the risk to diseases. Not only are diseases a problem, but there are side effects that users do not know of when they are taking birth control. We plan to educate the young teens about this issue to prevent these negative effects.

Prior to any methods of birth control, females relied on male withdrawal, infanticide, and abortion. In 3000 BC, Condoms were made from all sorts of materials, such as animal intestines, linen sheaths, or fish bladders. In 1500, the first spermicides were gained recognition, they were condoms made from linen sheaths and soaked in a spermicidal chemical and then dried before they could be used. In 1838, condoms were upgraded to and made from vulcanized rubber. Diaphragms were also introduced during this time. In 1873, the Comstock Act was passed in the US not allowing information, advertisements, and the allocation of birth control. Birth control that was sold at the mall was immediately confiscated. In 1916, Margaret Sanger opened the first birth control clinic in the US. A year after she opened the clinic, she was guilty of, “maintaining a public nuisance”, and sentenced for 30 days. After her release, she did not learn her lesson; she re-opened and continued to open clinics. This caused her to serve more arrests and prosecutions. In 1938, a judge removed the federal ban on birth control, involving Margaret Sanger’s case. This put an end to the Comstock era. At this time diaphragms was the popular method of birth control. In 1950, Sanger, now in her 80s, underwrote the necessity to research in creating the first human birth control pill. She dedicated her life to this, raising $150,000 for the project. 10 years later the first oral contraceptive, Enovid, was created and marketed by Frank Colton. In 1965, the Supreme Court was able to establish the right for married couples to practice the use of birth control. During the 1960’s Intrauterine devices (IUDs), were first manufactured and marketed in the US. Late 60’s, feminists challenged if the oral contraceptives were safe, because of confirmed serious health risks to its users. The successful efforts by the feminists resulted in modifications to the birth control pill. In 1975, the Dalkon Shield, a popular IUD, was recalled because it happened to cause infertility amongst thousands of users. All IUDs were taken off the market, fearing litigation. In the 1980’s to 1990’s, hormonal birth control methods came on the uprising, and included implants and injectables, as well as low-dose pills were introduced. In 1992, the rise of emergency contraceptives became widely available for those who found it necessary to prevent pregnancy. Today, there has been rapid growth in method availability and improvements in effectiveness and safety, this includes introduction of the hormonal patch, single rod implants, vaginal ring, new injectables, and transcervical female sterilization. There still needs to be plenty of research in woman-controlled methods that protect them against STIs. The barriers to access dependable contraception remains for women world-wide. People have
been using birth control for thousands of years. Today, we are fortunate enough to have various
different types of birth controls that help in stopping unwanted pregnancy.

**Types of Birth Control (DG)**

Birth control pills prevent pregnancy by maintaining hormone levels steady without any abrupt
changes, it averts any sperm from reaching the egg by solidifying the cervical mucus, and alters
the lining of the uterus, which prohibits a fertilized egg from implanting. There are two types of
birth control pills one that contains a combination of hormones and an emergency contraceptive.

The combination pill has estrogen (ethinyl estradiol) and progestrin (types such as progestin
desogestrel, drospirenone, and etc.). Most come in either 21 day or 28 day packs of active pills
which then are followed by taking inactive placebo pills or no pills at all the last seven days of
the cycle. Three types of combination pills are monophasic (Alesse, Beyaz, Yasmin, & more),
biphasic (Jenest-28, Mircette, Necon 10/11, and Ortho-Novum 10/11), and triphasic (Ortho-
Novum 7/7/7, Ortho Tri-Cyclen, Tri-Levlen, Tri-Norinyl, and Triphasil). Most health care
providers prefer to prescribe monophasic pills because they come in one color, therefore making
it less confusing for someone who forgets to take a pill one day. The advantage of taking a
combination pill is that if taken daily it is 99% effective, lighter menstrual periods with less
discomfort, less chance of acne and cancers such as breast, ovarian, cervical, and more. The side
effects and risks of taking combination pills are nausea, vomiting, headache, decreased sex drive,
moodiness, possible weight gain, irregular bleeding within first two months, and increased risk
of high blood pressure, stroke, blood clots, liver tumors, and even gallbladder stones.

Another type of combination pill is the progestin-only pill (POP) better known as the “mini pill”
which has similar functions as the combination pill, but is targeted toward women who are
breastfeeding and whose body rejects estrogen. POP contains no estrogen because estrogen
lessens milk production. It comes in a 28 day pack of all active pills. It is only effective if taken
at a strict schedule, but not as effective as taking a combination pills. POP has side effects such
as reduced sex drive, fatigue, hot flashes, difficulty sleeping, and nausea.

A new type of combination pill is now offered for women who have very painful periods or do
not like the inconvenience of having a period every month. Extended cycle pills are similar to
the combination pill because it contains estrogen and progestin, but is has more days of active
hormone. Depending on the type of extended cycle a woman follows will determine how many
periods she will miss. When taking Seasonale your period will come once every three months
because it contains 81 days of active pills and 7 days of inactive pills. When taking Seasonique,
a menstrual period will come four times a year because it contains 84 days of active pills and 7
days of low-dose estrogen pills. The final option is Lybrel which results in no period because it
contains active pills for 365 days.

Emergency contraceptives such as Plan B and Ella are taken after having unprotected sex or if
something unexpected occurs such as the condom breaking. Ella is a prescription drug that
prohibits the effects of important hormones essential for conception and lasts 5 days after sex.
Plan B is available over the counter to women of the age of 17 and older and is taken as soon as
possible after intercourse and 12 hours later. Plan B has similar functions to the combination
pill, but contains a specific type of progestin called levonorgestrel. Plan B will not harm the
fetus if woman is pregnant and reduces the risk of conception by 89%. It is very essential to note
that Plan B must be taken within 72 hours of intercourse, does not protect against STDs, and has minor side effects such as vomiting, breast tenderness, and more.

Another effective birth control is the NuvaRing, which is a small contraceptive ring that has the same function as the pill and contains the same hormones. The NuvaRing is inserted inside the vagina for three weeks. Once removed after the three weeks, a new ring may be inserted exactly one week after so that it does not interfere with the menstrual cycle. NuvaRing side effects include decreased ability or inability to orgasm, risk of stroke, cardiovascular disease, weight gain, vaginal infections and irritations. NuvaRing should not be taken by women who are pregnant, have cancer, and are smokers. It should not be taken with an additional contraceptive because of high risk of serious side effects and does not prevent STDs.

What Sex Education Teaches vs. What They Should Teach (DG)
In today’s society teen sex and pregnancy isn’t seen as unorthodox, instead it’s documented on MTV shows and displayed in movies. Despite the rising numbers in these young adolescents having sex and getting pregnant, many public and private schools today are still not dedicating enough time toward sex education because many parents believe that is not appropriate. The reason why many middle and high school students are participating in any sexual act is because they do not know the “real” risks and consequences that can occur from sex. In school, the teacher might spend a day or two on the possible sexually transmitted diseases that can be contracted, but that is not enough time to emphasize important details to inform these promiscuous adolescents. Just because the teacher passes out condoms doesn’t mean the students will save it and actually use it. Some students will forget how important that condom can really be and throw it away or when it comes time to use it they will say it feels better without one. Without the true knowledge and awareness of all the possible consequences from participating in any type of sexual act, sexually transmitted diseases and pregnancy can occur. Many of these young teenagers don’t realize the severity of the different diseases that can be transmitted, they don’t know that for many STDs, symptoms don’t even appear until months or years later and then once they start to show symptoms how scary it’s going to be coping with it. STDs cannot only be spread through sexual intercourse, but can also be contracted by oral and anal sex. Many young people might not have had many sexual partners, but may have had oral sex with numerous people, which is a common case. Many young people today don’t realize the emotional and physical attachment and pain that occurs with your first sexual partner and the deep connection that is present when an unborn fetus is in your stomach or is removed and killed. Many of these important details aren’t taught in school and should be because it offers a realistic view. Many of these young students see sex as just pleasure and tend to oversee the significance of it.

Ease of Access to Birth Control Pills (DG)
Many birth control products such as the pill are over the counter. Although if younger than seventeen years of age consent from at least one parent is required and on certain situations can be excused by a doctor or judge. In Planned Parenthood they sell birth control pills for fifteen to fifty dollars each month, but for abortions it costs from three hundred fifty to six hundred fifty dollars. About fifteen states in the country do not require parental involvement in the abortion procedure, but all the other states require the consent of one parent or guardian when the girl is of the age of seventeen and younger or living with a parent or guardian. In some states, this
requirement can be excused by a doctor or judge. Condoms on the other hand, have no age restriction and can be bought anywhere from a gas station to your local grocery store.

Pregnancy and Sexually Transmitted Diseases (JH)

Women who are pregnant are at the same risk of catching a sexually transmitted disease as a non-pregnant woman. However, on top of the normal risks associated with each individual disease, the pregnant mother also has to deal with complications to the baby and extraneous complications due to being pregnant. Sexually transmitted diseases are very common in pregnant women. While some diseases such as herpes and bacterial vaginosis are very common, the more serious diseases such as the HIV, AIDS, and syphilis are not as common. Below is a chart from the Center for Disease Control estimating the numbers of STDs in pregnant women.

<table>
<thead>
<tr>
<th>STDs</th>
<th>Estimated Number of Pregnant Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial vaginosis</td>
<td>1,080,000</td>
</tr>
<tr>
<td>Herpes simplex virus 2</td>
<td>880,000</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>100,000</td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td>124,000</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>13,200</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>16,000</td>
</tr>
<tr>
<td>HIV</td>
<td>6,400</td>
</tr>
<tr>
<td>Syphilis</td>
<td>&lt;1,000</td>
</tr>
</tbody>
</table>

(CDC: STD Facts - STDs & Pregnancy)

STDs can have a serious and profound effect on women and their unborn children. Even though most show little to no signs and symptoms, they can cause problems ranging from cervical cancer to hepatitis to infertility and more for the mother. The child can also be affected by these diseases by contracting them from their mother. The transmission criterion depends on the specific disease, but almost everything that the mother has can be given to the child one way or another. According to the Center for Disease Control, “The harmful effects of STDs in babies may include stillbirth (a baby that is born dead), low birth weight (less than five pounds), conjunctivitis (eye infection), pneumonia, neonatal sepsis (infection in the baby’s blood stream), neurologic damage, blindness, deafness, acute hepatitis, meningitis, chronic liver disease, and cirrhosis” (CDC: STD Facts - STDs & Pregnancy). However, through proper identification and treatments, the mother is able to reduce the chances of spreading and thus affecting the child’s growth. Some STDs are treatable during pregnancy while others are not. The treatable diseases are usually the bacteria based conditions that include chlamydia, trichomoniasis, syphilis, bacterial vaginosis, and gonorrhea. The other types of diseases, usually caused by viruses, are not curable and thus pose a constant and continuing risk to the mother and child.
Women and infants: Rates of STDs

Due to the complex nature of statistics, the following passage is cited from the Center for Disease Control.

Women and infants disproportionately bear the long term consequences of STDs. Women infected with Neisseria gonorrhoeae or Chlamydia trachomatis can develop PID, which, in turn, may lead to reproductive system morbidity such as ectopic pregnancy and tubal factor infertility. A substantial proportion of women with chlamydia or gonorrhea may develop PID if not adequately treated, generally estimated to be from 10-20%, but ranging up to 40% (CDC: STD Surveillance, 2008 - Women and Infants). Among women with PID, tubal scarring can cause involuntary infertility in 20%, ectopic pregnancy in 9%, and chronic pelvic pain in 18% (CDC: STD Surveillance, 2008 - Women and Infants). Approximately 70% of chlamydial infections and 50% of gonococcal infections in women are asymptomatic (CDC: STD Surveillance, 2008 - Women and Infants). These infections are detected primarily through screening. The vague symptoms associated with PID cause 85% of women to delay seeking medical care, thereby increasing the risk of infertility and ectopic pregnancy (CDC: STD Surveillance, 2008 - Women and Infants). Data from a randomized controlled trial of chlamydia screening in a managed care setting suggest that such screening programs can reduce the incidence of PID by as much as 60% (CDC: STD Surveillance, 2008 - Women and Infants).

HPV infections are highly prevalent, especially among young sexually-active women. While the great majority of HPV infections in women resolve within one year, they are a major concern because persistent infection with specific types are causally related to cervical cancer; these types also cause Pap smear abnormalities. Other types cause genital warts, low grade Pap smear abnormalities and, rarely, recurrent respiratory papillomatosis in infants born to infected mothers (CDC: STD Surveillance, 2008 - Women and Infants).

Gonorrhea and chlamydia can result in adverse outcomes of pregnancy, including neonatal ophthalmia and, in the case of chlamydia, neonatal pneumonia. Although topical prophylaxis of infants at delivery is effective for prevention of gonococcal ophthalmia neonatorum, prevention of neonatal pneumonia requires prenatal detection and treatment.

Genital infections with HSV are extremely common, may cause painful outbreaks, and may have serious consequences for pregnant women.

When a woman has a syphilis infection during pregnancy, she may transmit the infection to the fetus in utero. This may result in fetal death or an infant born with physical and mental developmental disabilities. Most cases of congenital syphilis are easily preventable if women are screened for syphilis and treated early during prenatal care.

Observations

Chlamydia—United States

Between 2007 and 2008, the rate of chlamydial infections in women increased from 539.8 to 583.8 per 100,000 females (Figure 1, Table 4). Chlamydia rates exceeded gonorrhea rates among women in all states (Figures A and C, Tables 4 and 14).

Prevalence Monitoring Project

Prenatal Clinics—In 2008, the median state-specific chlamydia test positivity among 15- to 24-year-old women screened in selected prenatal clinics in 22 states, Puerto Rico, and the Virgin Islands was 7.9% (range: 1.8% to 19.2%) (Figure B).

Family Planning Clinics—In 2008, the median state-specific chlamydia test positivity among 15- to 24-year-old women who were screened during visits to selected family
planning clinics in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands was 7.4% (range: 3.1% to 15.0%) (Figures 9 and 10).

**Gonorrhea—United States**
Like Chlamydia, gonorrhea is often asymptomatic in women. Gonorrhea screening, therefore, is an important strategy for the identification of gonorrhea among women. Large-scale screening programs for gonorrhea in women began in the 1970s. After an initial increase in cases detected through screening, gonorrhea rates for both women and men declined steadily throughout the 1980s and early 1990s, and then reached a plateau (Figure 13). The gonorrhea rate for women (119.4 per 100,000 females) decreased slightly in 2008 for the first time in four years (Figure 14, Table 14). Although the gonorrhea rate in men has historically been higher than the rate in women, the gonorrhea rate among women has been comparable to the rate among men for eight consecutive years (Figure 14 and Tables 14 and 15).

**Prevalence Monitoring**

Prenatal Clinics—In 2008, the median state-specific gonorrhea test positivity among 15- to 24-year-old women screened in selected prenatal clinics in 20 states, Puerto Rico, and the Virgin Islands was 1.0% (range: 0.0% to 5.0%) (Figure D).

Family Planning Clinics—In 2008, the median state-specific gonorrhea test positivity among 15- to 24-year-old women who were screened during visits in selected family planning clinics in 43 states, the District of Columbia, Puerto Rico, and the Virgin Islands was 0.9% (range: 0.0% to 3.8%) (Figure 23).

**Congenital Syphilis**
Trends in congenital syphilis usually follow trends in P&S syphilis among women, with a lag of one to two years (Figure 43). The congenital syphilis rate peaked in 1991 at 107.3 cases per 100,000 live births, and declined by 92.4% to 8.2 cases per 100,000 live births in 2005 (Table 40). The rate of P&S syphilis among women declined 95.0% (from 17.3 to 0.8 cases per 100,000 females) between 1990 and 2004 (Figure 31). However, the rate in women has increased since 2004. The rate of P&S syphilis in 2008 was 1.5 cases per 100,000 women (Table 26). The highest rates of P&S syphilis in women are observed in the South (Figure E).

After 14 years of decline, the rate of congenital syphilis increased 6.1% between 2005 and 2006 (from 8.2 to 8.7 cases per 100,000 live births) (Table 40), and 16.1% between 2006 and 2007 (from 8.7 to 10.1 cases per 100,000 live births) (Table 40). The rate for 2008 remained unchanged from 2007. The highest rates of congenital syphilis are observed in the South and West (Figure F).

While most cases of congenital syphilis occur among infants whose mothers have had some prenatal care, late or limited prenatal care has been associated with congenital syphilis. Failure of health care providers to adhere to maternal syphilis screening recommendations also contributes to the occurrence of congenital syphilis.11

**Pelvic Inflammatory Disease (PID)**
Accurate estimates of PID and tubal factor infertility resulting from gonococcal and chlamydial infections are difficult to obtain. Definitive diagnoses of these conditions can be complex. Hospitalizations for PID have declined steadily throughout the 1980s and early 1990s, 12, 13 but have remained relatively constant between 2000 and 2006, the most recent year for which these data are available (Figure G).
The estimated number of initial visits to physicians’ offices for PID from the NDTI has generally declined from 2000 through 2008 (Figure H and Table 43). Racial disparities in diagnosed PID have been observed in both ambulatory and hospitalized settings. Black women had rates of disease that were two to three times those in white women. These disparities are consistent with the marked racial disparities observed for chlamydia and gonorrhea; however, because of the subjective methods by which PID is diagnosed, racial disparity data should be interpreted with caution.\textsuperscript{13}

\textbf{Ectopic Pregnancy}

Evidence suggests that health care practices associated with clinical management of ectopic pregnancy changed in the late 1980s and early 1990s. Before that time, treatment of ectopic pregnancy usually required admission to a hospital. Hospitalization statistics were therefore useful for monitoring trends in ectopic pregnancy. From 1997 to 2006, hospitalizations for ectopic pregnancy have remained generally stable (Figure I). As of the date of publication of this report, 2007 data are not available. Data suggest that nearly half of all ectopic pregnancies are treated on an outpatient basis.\textsuperscript{14} (CDC: STD Surveillance, 2008 - Women and Infants)

\textbf{STDs (JH)}

\textit{Bacterial Vaginosis}

Bacterial vaginosis is a type of condition in which the normal types and amounts of bacteria located in the vagina is unnatural. This unnatural state is caused when the ‘good’ bacteria in the vagina is overcome by the ‘harmful’ bacteria that is usually found in limited quantities. Bacterial vaginosis is the most common type of vaginal infection found in today’s society. Usually, this condition is found in women that are of the childbearing age. One of the supported causes of bacterial vaginosis is thought to be new and multiple sexual partners. Some of the signs and symptoms of bacterial vaginosis include odor, burning sensations, itching, and abnormal discharges. Although bacterial vaginosis is a sexually transmitted infection in itself, it increases the likelihood of the woman contracting the human immunodeficiency virus if and when exposed. Furthermore, it also increases the likelihood that if the woman has been infected with HIV, that she will spread it to her sexual partners. This is also true for other sexually transmitted diseases and infections. To prevent bacterial vaginosis, the best procedures include being abstinent, reducing the number of sexual partners, and taking certain medications that will help prevent the spread of the harmful bacteria. (CDC: STD Facts - Bacterial Vaginosis)

\textit{Chlamydia}

According to the Center for Disease Control, Chlamydia is the most reported STD in the United States and can cause infertility if left untreated, thus, the Center for Disease Control recommends that anyone 25 and younger should be tested (CDC: STD Facts - Chlamydia). Chlamydia trachomatis is the bacterium that causes Chlamydia. The effect of Chlamydia is usually unknown by the host as the host usually does not know they are carrying the disease. Chlamydia is the most commonly transmitted STD as is it usually transmitted during sexual intercourse including vaginal, anal, and oral. Due to the fact that Chlamydia is a relatively silent infection, it is easy to spread and the side effects of the infection, including pelvic inflammatory disease, ectopic pregnancies, and infertility,
have a higher chance of affecting the individual. The unborn child also has a greater chance of being born prematurely and having infections in the eye and the respiratory tract. (CDC: STD Facts - Chlamydia)

In 2009, the highest rate of Chlamydia was present in females ages 15 to 29 (CDC - STD Surveillance, 2009 - Table 10)

*Pelvic inflammatory disease*
According to the Center for Disease Control, pelvic inflammatory disease is an “infection of the uterus (womb), fallopian tubes (tubes that carry eggs from the ovaries to the uterus) and other reproductive organs that causes symptoms such as lower abdominal pain. It is a serious complication of some sexually transmitted diseases (STDs), especially chlamydia and gonorrhea” (Center for Disease Control). Due to this, it can damage reproductive organs leading to higher chances of ectopic pregnancies, infertility, and chronic pains.

*Gonorrhea*
Gonorrhea is an infectious disease that is estimated to affect over 700,000 new people every year (Center for Disease Control). Since it is a bacterium, transmission can occur between any infected sexually active individuals. Thus, combined with little to no symptoms, the young are most affected. Gonorrhea can be prevented by normal safe sexual practices. (http://www.cdc.gov/std/gonorrhea/STDFact-Gonorrhea.htm)

As per the Center for Disease Control, the rate of infection for females age 15 to 24 was 1124.1 per 100,000 people in 2009 (CDC - STD Surveillance, 2009 - Table 20).

*HIV / AIDS*
HIV and AIDS are a disease that can be transmitted sexually and is the cause for many other health problems. According to the Center for Disease Control, “Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact. In addition, if an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons (Wasserheit, 1992).” HIV is a disease that suppresses the immune system, allowing for other secondary diseases and infections to develop further and faster. (CDC: HIV/AIDS & STDs - STD Information from CDC)

*HPV*
HPV, the human papilloma virus, is the most common STI in humans and has over 40 variations known in existence. HPV can cause genital warts, cervical cancer as well as other less common cancers, and RRP, a wart in the throat. From the Center for Disease Control website

How common are HPV and related diseases?
*HPV (the virus).* Approximately 20 million Americans are currently infected with HPV. Another 6 million people become newly infected each year. HPV is so common that at least 50% of sexually active men and women get it at some point in their lives.

*Genital warts.* About 1% of sexually active adults in the U.S. have genital warts at any one time.

*Cervical cancer.* Each year, about 12,000 women get cervical cancer in the U.S.
Other cancers that can be caused by HPV are less common than cervical cancer. Each year in the U.S., there are about:
• 3,700 women who get vulvar cancer
• 1,000 women who get vaginal cancer
• 1,000 men who get penile cancer
• 2,700 women and 1,700 men who get anal cancer
• 2,300 women and 9,000 men who get head and neck cancers. [Note: although HPV is associated with some of head and neck cancers, most of these cancers are related to smoking and heavy drinking.]
HPV can be prevented by using condoms, limiting the quantity of sexual partners, and getting a vaccination such as Cervarix and Gardasil.
(CDC: STD Facts - Human Papillomavirus (HPV))

Syphilis
Syphilis is caused by Treponema pallidum and is a disease that can mimic signs and symptoms of many other diseases. Syphilis is passed through contact with an open sore, which is found in the first two stages of syphilis. In the late and final stage, the sores disappear and the disease starts damaging internal organs. The spread can be prevented by using safe sexual practices and wearing condoms.
How does syphilis affect a pregnant woman and her baby?
The syphilis bacterium can infect the baby of a woman during her pregnancy. Depending on how long a pregnant woman has been infected, she may have a high risk of having a stillbirth (a baby born dead) or of giving birth to a baby who dies shortly after birth. An infected baby may be born without signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks. Untreated babies may become developmentally delayed, have seizures, or die.
(CDC: STD Facts - Syphilis)
There are many other diseases but these are the most common ones.

What Age?
Children mature at different ages, depending on gender, genetics, and other factors. Most girls begin to mature around 11 years of age. Boys are a little later at 12 years of age. In each group there is a few year difference, dependent on the child. (Familydoctor.org)
Thus, it is best to start talking with the kids when they are entering, or even just before, puberty. From Newsweek, 1 in 4 tween have already had oral or vaginal sex. Furthermore, WebMD states “The best time to begin having these discussions is when your children are in the preteen/middle school years” (WebMD)

Religion Influences Sexual Behavior for Some (AL)
In today’s society, there is a large majority of people who practice their religion daily. These people are committed to their faith and feel that it’s only right to obey the rules set by their religion. By abiding by these rules there are certain actions they are not to participate in; it is completely unacceptable if they are not true to their faith. They may go to hell if they do not obey the rules of their religions. A big topic amongst most religions is sex. Each religion is different, sexual behavior acceptability is different between each. Here I will talk about four common religions and their views on sex. Other than sex there are a list of rules to follow. For example in the Christian religion there are 10 commandments, each commandment states a rule.
Following these rules will lead to a greater life and the individual will be rewarded in the end. In every religion the individual will be rewarded in the end if they are faithful to their religion.

In the Christian community it is stated that procreation is the primary purpose of sex. People whom believe in the Christian faith should not participate in sexual activities before marriage. This is not exclusive to the Christian religion, in Hindu, Buddhism, and Judaism, sex before marriage is also frowned up. (Abma)

In 2006–2008, the most common reason that sexually inexperienced teens gave for not having had sex was that it was “against religion or morals” (42% among females and 35% among males). The second and third most common reasons for females were “don’t want to get pregnant” and “haven’t found the right person yet.” (Abma)

**Religious Priorities (JH)**

For Jewish religions, specifically orthodox, “A prohibition on dwelling on lascivious or immoral thoughts.

- A prohibition on staring at members of the opposite sex, particularly at the reproductive anatomy.
- A requirement to keep most of one's body clothed in respectable clothing.
- A requirement to avoid the company of uncouth individuals and avoid frequenting places where an atmosphere of levity and depravity prevails.
- A prohibition on looking at pictures or scenes that will be sexually arousing.
- A prohibition on touching a person of the opposite sex, especially in a lingering arousing manner. See Negiah.
- A prohibition on wearing the clothing of a member of the opposite sex.
- A prohibition on looking at animals copulating.
- A prohibition on erotically hugging (chibuk) or kissing (nishuk) one's spouse in public,
- A prohibition on sexual contact or touching between spouses when the wife is a niddah ("menstruant") or has not immersed in a mikvah following the niddah period.
- A prohibition on seclusion with a person of the opposite sex who is not a spouse or close relative (Yichud)
- A requirement that men and women be separated during prayer, dancing, and on certain other occasions (Mechitza)
- A prohibition on hotza'at zera levatala -- "secreting semen in vain" by men. There is no equivalent prohibition for women since there is no secretion. However, masturbation by women is considered to be a lewd act and is thus included in the general commandment "And you shall be holy".
- A prohibition on sex between men, or with any type of animal, or with a corpse.

Orthodox Judaism also maintains a strong prohibition on interfaith sexual relations and marriage. ([http://en.wikipedia.org/wiki/Religion_and_sexuality](http://en.wikipedia.org/wiki/Religion_and_sexuality))

**Muslims** are against it, too, because there are ‘anxieties about sex education that might be "un-Islamic."’ (Care2) From Wikipedia

“The Qur'an states the following conditions for men with regard to marriage:

4:22 And marry not women whom your fathers married save for what is past: it is shameful and odious—indeed an abominable custom.
4:23 Prohibited to you (For marriage) are:- Your mothers, daughters, sisters; father's sisters, Mother's sisters; brother's daughters, sister's daughters; foster-mothers, foster-sisters; your wives' mothers; your stepdaughters under your guardianship, born of your wives to whom ye have gone in,- no prohibition if ye have not gone in;- (Those who have been) wives of your sons proceeding from your loins; and two sisters in wedlock at one and the same time save for what is past; for God is Oft-Forgiving, Most Merciful.

4:24 Also (prohibited are) women already married. Thus hath God ordained (Prohibitions) against you: Except for these, all others are lawful, provided ye seek (them in marriage) with gifts from your property: desiring chastity, not lust, seeing that ye derive benefit from them, give them their dowers (at least) as prescribed; but if, after a dower is prescribed, agree mutually (to vary it), there is no blame on you. And God is All-Knowing, All-Wise.

4:25 If any of you have not the means wherewith to wed free believing women, they may wed believing girls from among those whom your right hands possess. And God hath full knowledge about your faith. Ye are one from another: wed them with the leave of their owners, and give them their dowers, according to what is reasonable. They should be chaste, not lustful, nor taking paramours: when they are taken in wedlock, if they fall into shame, their punishment is half that for free women. This (permission) is for those among you who fear sin; but it is better for you that ye practice self-restraint. And God is Oft-Forgiving, Most Merciful.

4:26 Allah doth wish to make clear to you and to show you the ordinances of those before you; and (He doth wish to) turn to you (In Mercy): And God is All-Knowing, All-Wise.”

(Wikipedia: Religion and sexuality)

Hinduism
“Religiously speaking, Hindus begin life at the Brahmacharya or "student" stage, in which they are directed to chastely advance themselves educationally and spiritually to prepare themselves for a life of furthering their dharma (societal, occupational, parental, etc. duties) and karma (right earthly actions); only once they reach the Grihastya or "householder" stage can they seek kama (physical pleasure) and artha (worldly achievement, material prosperity) through their vocations.” (Wikipedia: Religion and sexuality)

Christianity largely depends on the sect. An example of one is below.
Parents are against sex education for many different reasons. The Christian Crusade of Tulsa argues that teaching sexual education is “‘tossing God aside . . . to teach American youth a new sex morality independent of church and state,” and of telling young people about "their right to enjoy premarital intercourse . . . if they so desire” (Time Magazine).

Media on Sex (AL)
The media in today’s world is not how it was a decade ago. Whether it’s magazines, television shows, the internet etc., the common theme is, “sex sells.” This has been claimed on an internet article from scencedaily.com by Laurence Steinberg,

“Published this month in the online version of Developmental Psychology, Steinberg's study reevaluated data from a widely publicized 2006 study published in Pediatrics that claimed that adolescents between 12 and 14 who consumed a large amount of sexualized media -- including movies, television, music and magazines -- were more likely to have sex by age 16.”
The exposure received by young teens today, are causing them to know or better yet think about sex at an early age. Steinberg claims, “Adolescents are one of the largest consumers of mass media; existing research shows they are exposed to mass media for about eight hours a day. Further, a large portion of this group is also less likely to use condoms than their older counterparts, putting them at risk for a host of health problems.”

Being that young teens have such a great amount of exposure to the mass media, shows on networks such as MTV, BET, E!, etc. promote sex indirectly. If there is a show on with a pretty young woman chic, young boys are going to watch it because they want to see her. This whole image of sex selling is a reality.

A few years back MTV used to show MTV Spring break on television. In this series, there would be many competitions on college students’ spring break. They would have some games, in which the contestants would get naked or perform in acts that mimic sexual activity. This is being aired to the public, and there are young children who turn on these networks and enjoy watching these shows. I’m sure these networks have great ratings because of all the bikinis and topless males that were on the show.

More recently, a popular show on MTV that has been receiving great ratings is, “The Jersey Shore”, this show consists of 7 housemates that set out to party all summer at Seaside, NJ and go clubbing at night. This seems normal to any teenager today, but what is seen on the show is women making out with each other, wearing revealing outfits, making out with different men, guys practicing polygamy, the list goes on. This reality show is really reality, and it’s being taped and shown to the public.

The Service Project: Birth Control in Schools (DG)

In order to inform the at risk adolescents about the consequences of birth control use, the location for our project was very important. We decided to do our community service project at Orange High School located in Orange, New Jersey on Wednesday, April 6th, 2011. Orange High School has 1127 students, and the demographics at this school are 1% Asian, 10% Hispanic, 88% African American, and 1% unknown. For our service project we passed out brochures that included information about safe sex and a condom to go along with the brochure. We decided to pass out the brochures after school, outside the exits, so that students who were getting picked up by a bus or even leaving in their own car could obtain one. We also had some of the teachers make an announcement at the end of the last class period encouraging the students to take a brochure.

Overall, we were very successful with the brochures. Based on the demographics of the school, we felt that many students including the pregnant teenagers did benefit from this. Students from 9th to 12th grade approached us for brochures and to our surprise asked additional questions about birth control. The students were very honest with us and felt comfortable with us due to the closeness of our ages, which made them look at us more like peers than educators. Many had
said that this was the most sexual education they received during their whole school year. Others were very honest and admitted that they would not use the condoms, but knew others that would.

Statistics show that there is a low percentage of students in Orange that pursue their associates or bachelors degree, therefore as a result many of the educators try to focus more on educating the students and encouraging them to be successful and forget the importance of sexual education. The lack of sexual education these students had received prior to our community service project was evident and shocking, but hopefully after receiving these brochures they will make wiser decisions and be more conscious of the possible risks and consequences they may face if not careful.

References


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Editorials

Dear Mr./Ms. Principal,

My name is Joseph Heaton and with my group, consisting of fellow Rutgers students, I would like to set up an informational booth to handout material related to the education of sexual intercourse. This would include information on STD’s, birth control, safe practices, and other relative information. This service project for Rutgers will not only help our cause, but also help the children make better decisions in the future.

The reason we are requesting to do this service project is that children today face so many advertisements and peer pressures when it comes to sexual activity that they may not be able to distinguish between fact and fiction. Our goal is to show these growing children the nature of, specifically, birth control. This includes what it is, what it really does, any side effects that it has, and what are the limitations to birth control. With your help we can educate our future leaders so that they can make wiser and more informed decisions.

Thank you,
The topic of birth control is one not to be taken lightly because it has several aspects that can be both good and bad. It is necessary to provide awareness to birth control’s negative effects in high schools, so that young teens can make the right decision when it comes to sex. By handing out informative pamphlets with goodies that go along with them, this can increase young teens awareness to birth control.

In the pamphlets, young teens will be educated about the negative affects of birth control, STD’s, safe sex, as well as relevant information regarding sex. Pictures will be added to these pamphlets, so the teens know that this is real and not just useless information. Helping teens change their mind when it comes to sex, by making smarter decisions, will let us known we’ve done our job. Our main goal is focused on birth control, but everything is related to it, so we plan to highlight some of the major issues.

EDISON YMCA
Cindi.Crane@ymcaofmewsa.org

Today, teen pregnancies and STDs are rising at an astounding pace. Many teens don’t realize the simplicity that comes with being safe in sexual activity. Today, condoms are sold anywhere with no age restrictions and any type of contraception is sold at any health clinic for affordable prices. These opportunities to be safe can prevent unexpected pregnancies and the spread of STDs, but it will not be effective if students are not educated in the options they have and the various consequences they may face.

Many schools do offer a lesson or two of sexual education during health class, but the reality of the issue is not shown. Many students may know about condoms and the gist of what the common Stds are, but are they being taught about why it is so important to be strong against peer pressure and how easily an Std can be spread and what exactly occurs when one has contracted one? The emotional and physical obstacles someone faces when enduring an unexpected pregnancy, abortion, or sexually transmitted disease is something that cannot be taught from a textbook. As part of a social project, a group of Rutgers students and me would like to set up an informational booth to answer any questions and hand out educational pamphlets about safe sex. We hope by educating our youth we can help make a difference in their future decisions.
Sincerely,
Daisy Gallegos