Senior citizens are riddled with AIDS!

...hearing AIDS, Band-Aids, Rolaids, walking AIDS, government aid.
The golden years have come at last.

The elderly are the biggest population in getting HIV today in the US. Senior's engage in more dry sex as the body becomes more dry as you age. Some report also suggest that they engage in anal sex as it is easier for them. It's shocking to see so many seniors not using rubbers. Many cannot afford condoms so don't use them.
Seniors are one of the fastest-growing HIV-infected populations in the U.S. Sunny south Florida, a magnet for retirees, has the largest concentration of people 50 or older with HIV. Seniors account for 14% of AIDS cases in Dade, Broward and Palm Beach counties, compared with 10% nationally. "You've got people contracting it later in life," says Drace Langford, a member of the Florida HIV/AIDS and Aging Task Force. But there are also seniors who have been living with HIV for years, thanks to the effectiveness of the new AIDS "cocktails."

Before blood screening became mandatory, most older people got HIV from transfusions. But since such transmissions have been all but eliminated, medical workers are being forced to confront the fact that seniors are getting infected primarily during sex. Promiscuity is common in senior centers, where the ratio of women to men averages 7 to 1. Since fear of pregnancy is no longer a concern, many seniors don't use condoms. And Viagra has added more fuel to an already volatile mix.
Physically fit single men, dubbed "condominium Casanovas," often flit from one woman to the next, sometimes passing along AIDS. Widowers often hire prostitutes. The manager of a Miami apartment complex once asked former Miami Beach geriatric counselor Vincent Delgado to speak to an 82-year-old woman who brought young men to her apartment for sex whenever she got her Social Security checks. "She said she was going to die anyway," Delgado said, "and to leave her alone and let her enjoy life."

Public health officials blithely assumed that seniors weren't at risk because, of course, they didn't have sex. But the increasing numbers are challenging that assumption. The American Association of Retired Persons has produced an AIDS-prevention video called It Could Happen to Me, which is distributed to senior citizens nationwide. Meanwhile, public health officials are handing out condoms at senior complexes, offering free HIV tests and training a cadre of the elderly as counselors to help educate their peers about the dangers of unsafe sex.
Even so, this demographic group is often difficult to reach. Many elderly people are reluctant to discuss their intimate life with strangers. "A lot of people were taught that you don't air your dirty laundry," says John Gargotta, supervisor for the Senior HIV Intervention Project, an AIDS advocacy group. Most troubling, though, is that doctors often fail to consider HIV as a possible illness among their senior patients. As a result, the elderly are often misdiagnosed. Also, AIDS symptoms like dementia and weight loss can mimic the ravages of old age. "So there is a higher prevalence of people being diagnosed in the month of death," says Dr. Karl Goodkin, an associate professor at the University of Miami School of Medicine. Goodkin, who is conducting a national study on the rate of cognitive impairment in HIV-infected elderly, says the virus proceeds to full-blown AIDS twice as fast in seniors, making early detection all the more crucial.

Early intervention saved Sue Saunders. Her HIV was diagnosed eight years ago, but she is alive today, thanks in part to protease inhibitors. Meanwhile, she has made it her mission to warn others about the dangers of high-risk sex in the golden years. "I'd just like to save one life," she says.
Thirty years after the Centers for Disease Control and Prevention first recognized AIDS in the United States in 1981, there’s remains a perception that the disease is one that primarily affects people from poor, developing countries and—when it does affect Americans— is most prevalent in the gay and African American communities. Photographer Katja Heinemann addresses this misconception with her project, “The Graying of AIDS,” which documents the effects of the disease among people age 50 and older. According to the CDC, more than half of all people living with HIV in the country will be over 50 by 2015. “The Graying of AIDS” began in 2006 as a TIME magazine feature, and Heinemann has continued shooting in an attempt to both raise awareness about AIDS prevention among senior citizens and document hopeful stories about survival. “I wanted to try to find ways to connect with people and remind them that the epidemic isn’t over in this country,” Heinemann says. “We can’t really talk about sex and drug use in society, and we especially can’t talk about those things when it comes to older people. We just prefer not to think of our grandparents having sex, and it’s driven by the overall culture. Think about the last time you saw some really hot senior sex in a movie or on television.”
Heinemann says she’s been surprised by how candid her subjects have been in telling their stories. One woman, Sue Saunders, recalls her nurse asking if she got AIDS through needles. When Saunders explained that she contracted the disease from sex, the nurse reportedly said, “You’re having sex at your age? That’s disgusting!”

Feelings of rejection and a longing for companionship are common themes in her subjects’ stories, Heinemann says, and the photographer hopes that “The Graying of AIDS” will provide a more understanding environment for older people living with the disease. “Sometimes the risky choices they make are because of that—wanting to be accepted and loved.”
Legal, moral and social censure of prostitutes has increased dramatically since the advent of HIV/AIDS. As has been the case throughout history, sex-trade workers are seen as the "vectors of disease." Female prostitutes in particular are perceived as the bridge between an HIV-infected "underworld" and the "general population" (to be read as heterosexual white males). According to policy-makers and the media, the protection of public health justifies draconian legal measures and moral intolerance. Few if any of these measures reduce a prostitute's own risk of contracting HIV. Research has indicated that punitive measures to control the sex trade -- such as increased criminal penalties, mandatory testing, and electronic monitoring -- will further erode prostitutes' ability to negotiate safe sex and further alienate them from public health initiatives. As a result, HIV risks will be increased rather than reduced. Nevertheless, governments continue to pursue these policies.
In order to develop policies that enhance rather than damage public health, policy-makers must understand what factors put populations at risk and how legal initiatives can affect the spread of HIV in stigmatized communities.

Early studies suggest that Canadian female prostitutes are no more likely to be infected with HIV or other sexually transmitted diseases than other women, unless they are also intravenous drug users. (W Darrow. Prostitution, Intravenous Drug Use and HIV-1 in the United States. In M Plant, supra, note 1.) Studies also show that in their sexual relations, sex-trade workers use condoms more consistently than other populations similar in age, race, and sex. Further, with respect to female hookers, the fact that the transmission of HIV from female to male is so difficult would suggest that the sex trade is unlikely to be a source of the spread of HIV/AIDS. Early studies of men who use female prostitutes confirm this; they did not reveal a single case in which a client was infected by a prostitute. It is far more likely, particularly in the current legal context, which excludes sex-trade workers from the protection of the law, that prostitutes are at risk from their clients.
Because only few studies have been done, it is difficult to estimate the seroprevalence rate for male hookers. Rates as high as 50 percent and as low as 11 percent have been reported by US researchers. It has been suggested that male hustlers in the US are at high risk of becoming infected by their clients due to several factors – their willingness to have sex without a condom for extra money (many hustlers are also drug users who need the extra money to buy drugs), the fact that receptive anal intercourse is a common service, and the young age of many hustlers. Fortunately, the extent to which the US experience can be applied to Canada is questionable. Toronto hustlers report that the most common sexual activity they engage in is oral sex. The second most common is anal intercourse, with the hustler giving rather than getting. Finally, of all the arrests for prostitution in Canada in 1992, only three percent were of youths under 18.
Legal and Policy Initiatives

- Legal and Policy Initiatives
- Imprisonment is one of the major responses to prostitution. A high percentage of women prisoners are incarcerated either for prostitution offences or for drug-related offences.
- Since the advent of HIV/AIDS, many US states have passed legislation requiring mandatory HIV testing of hookers convicted of, or in some cases charged with, prostitution. [Under a California law requiring mandatory testing, if a prostitute tests positive, subsequent prostitution convictions carry three-year sentences, whether the prostitute practiced safe sex or not. The law has spawned appalling forms of state oppression of HIV-positive prostitutes: for example, two women prostitutes who tested positive for HIV were released from custody only on condition that they agree to be "electronically monitored." In another US state, Florida, an HIV-positive prostitute was charged with manslaughter despite the fact that all her customers tested seronegative and she had used condoms consistently. Such draconian measures deter hustlers from seeking HIV testing or drug treatment.

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How do prostitution laws affect the spread of HIV among prostitutes? The criminalization of sex for money means that hookers who are subject to abuse from their customers are less able to report their abusers. It also makes it difficult for them to insist on condom use with their customers, and thus increases their chances of becoming infected. In conversations I had with a number of women who were raped by their customers, without condoms, they said that because their work is illegal they are not willing to prosecute these men. Instead, they maintain a "bad date" list and disseminate it to other hookers. In contrast, it has been found that decriminalization of prostitution enables those in the sex trade to practice safe sex, and will ultimately result in lower infection rates.
The intention behind increasing penalties in prostitution laws may be to discourage participation in the sex trade and thereby reduce health risks. In reality, however, few prostitutes are discouraged by tougher laws. Instead, such laws make them even more vulnerable. For example, increased penalties will result in an increased seriousness of a prostitute's criminal record, and this will reduce the employment opportunities for those who choose to leave the sex-trade industry.
What Is HIV?
To understand what HIV is, let’s break it down:

H – Human – This particular virus can only infect human beings.

I – Immunodeficiency – HIV weakens your immune system by destroying important cells that fight disease and infection. A "deficient" immune system can't protect you.

V – Virus – A virus can only reproduce itself by taking over a cell in the body of its host.

Human Immunodeficiency Virus is a lot like other viruses, including those that cause the "flu" or the common cold. But there is an important difference – over time, your immune system can clear most viruses out of your body. That isn't the case with HIV – the human immune system can't seem to get rid of it. Scientists are still trying to figure out why.
We know that HIV can hide for long periods of time in the cells of your body and that it attacks a key part of your immune system – your T-cells or CD4 cells. Your body has to have these cells to fight infections and disease, but HIV invades them, uses them to make more copies of itself, and then destroys them.

Over time, HIV can destroy so many of your CD4 cells that your body can't fight infections and diseases anymore. When that happens, HIV infection can lead to AIDS.

What Is AIDS?

To understand what AIDS is, let's break it down:

A – Acquired – AIDS is not something you inherit from your parents. You acquire AIDS after birth.

I – Immune – Your body's immune system includes all the organs and cells that work to fight off infection or disease.
D – Deficiency – You get AIDS when your immune system is "deficient," or isn't working the way it should.

S – Syndrome – A syndrome is a collection of symptoms and signs of disease. AIDS is a syndrome, rather than a single disease, because it is a complex illness with a wide range of complications and symptoms.

Acquired Immunodeficiency Syndrome is the final stage of HIV infection. People at this stage of HIV disease have badly damaged immune systems, which put them at risk for opportunistic infections (OIs).

You will be diagnosed with AIDS if you have one or more specific OIs, certain cancers, or a very low number of CD4 cells. If you have AIDS, you will need medical intervention and treatment to prevent death.
Where did HIV come from?

Scientists identified a type of chimpanzee in West Africa as the source of HIV infection in humans. They believe that the chimpanzee version of the immunodeficiency virus (called simian immunodeficiency virus or SIV) most likely was transmitted to humans and mutated into HIV when humans hunted these chimpanzees for meat and came into contact with their infected blood. Over decades, the virus slowly spread across Africa and later into other parts of the world.

HIV-2

In 1986, a second type of HIV, called HIV-2, was isolated from AIDS patients in West Africa. HIV-2 has the same modes of transmission as HIV-1 and is associated with similar opportunistic infections and AIDS. In persons infected with HIV-2, immunodeficiency seems to develop more slowly and to be milder, and those with HIV-2 are comparatively less infectious early in the course of infection. As the disease advances, HIV-2 infectiousness seems to increase; however, compared with HIV-1, the duration of this increased infectiousness is shorter.
HIV-2 infections are predominantly found in Africa. West African nations with a prevalence of HIV-2 of more than 1% in the general population are Cape Verde, Côte d'Ivoire (Ivory Coast), Gambia, Guinea-Bissau, Mali, Mauritania, Nigeria, and Sierra Leone. Other West African countries reporting HIV-2 are Benin, Burkina Faso, Ghana, Guinea, Liberia, Niger, São Tomé, Senegal, and Togo. Angola and Mozambique are other African nations where the prevalence of HIV-2 is more than 1%.

The first case of HIV-2 infection in the United States was diagnosed in 1987. Since then, the Centers for Disease Control and Prevention (CDC) has worked with state and local health departments to collect demographic, clinical, and laboratory data on persons with HIV-2 infection.
HIV is spread primarily by:

- Not using a condom when having sex with a person who has HIV. All unprotected sex with someone who has HIV contains some risk. However:
  - Unprotected anal sex is riskier than unprotected vaginal sex.
  - Among men who have sex with other men, unprotected receptive anal sex is riskier than unprotected insertive anal sex.

- Having multiple sex partners or the presence of other sexually transmitted diseases (STDs) can increase the risk of infection during sex. Unprotected oral sex can also be a risk for HIV transmission, but it is a much lower risk than anal or vaginal sex.

- Sharing needles, syringes, rinse water, or other equipment used to prepare illicit drugs for injection.

- Being born to an infected mother—HIV can be passed from mother to child during pregnancy, birth, or breast-feeding.
Less common modes of transmission include:

- Being “stuck” with an HIV-contaminated needle or other sharp object. This risk pertains mainly to healthcare workers.

- Receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV. This risk is extremely remote due to the rigorous testing of the U.S. blood supply and donated organs/tissue.

- HIV may also be transmitted through unsafe or unsanitary injections or other medical or dental practices. However, the risk is also remote with current safety standards in the U.S.

- Eating food that has been pre-chewed by an HIV-infected person. The contamination occurs when infected blood from a caregiver’s mouth mixes with food while chewing. This appears to be a rare occurrence and has only been documented among infants whose caregiver gave them pre-chewed food.
Being bitten by a person with HIV. Each of the very small number of cases has included severe trauma with extensive tissue damage and the presence of blood. There is no risk of transmission if the skin is not broken.

Contact between broken skin, wounds, or mucous membranes and HIV-infected blood or blood-contaminated body fluids. These reports have also been extremely rare.

There is an extremely remote chance that HIV could be transmitted during “French” or deep, open-mouth kissing with an HIV-infected person if the HIV-infected person’s mouth or gums are bleeding.
Tattooing or body piercing present a potential risk of HIV transmission, but no cases of HIV transmission from these activities have been documented. Only sterile equipment should be used for tattooing or body piercing.

There have been a few documented cases in Europe and North Africa where infants have been infected by unsafe injections and then transmitted HIV to their mothers through breastfeeding. There have been no documented cases of this mode of transmission in the U.S.

HIV cannot reproduce outside the human body. It is not spread by:

- Air or water.
- Insects, including mosquitoes. Studies conducted by CDC researchers and others have shown no evidence of HIV transmission from insects.
- Saliva, tears, or sweat. There is no documented case of HIV being transmitted by spitting.
- Casual contact like shaking hands or sharing dishes.
- Closed-mouth or “social” kissing.
- All reported cases suggesting new or potentially unknown routes of transmission are thoroughly investigated by state and local health departments with assistance, guidance, and laboratory support from CDC.
How do HIV tests work?

The most commonly used HIV tests detect HIV antibodies – the substances the body creates in response to becoming infected with HIV. There are tests that look for HIV's genetic material or proteins directly; these may also be used to find out if someone has been infected with HIV.

It can take some time for the immune system to produce enough antibodies for the antibody test to detect, and this “window period” between infection with HIV and the ability to detect it with antibody tests can vary from person to person. During this time, HIV viral load and the likelihood of transmitting the virus to sex or needle-sharing partners may be very high. Most people will develop detectable antibodies that can be detected by the most commonly used tests in the United States within 2 to 8 weeks (the average is 25 days) of their infection. Ninety-seven percent (97%) of persons will develop detectable antibodies in the first 3 months. Even so, there is a small chance that some individuals will take longer to develop detectable antibodies. Therefore, a person should consider a follow-up test more than three months after their last potential exposure to HIV. In extremely rare cases, it can take up to 6 months to develop antibodies to HIV.
Conventional HIV tests are sent to a laboratory for testing, and it can take a week or two before the test results are available. There are also rapid HIV tests available that can give results in as little as 20 minutes. A positive HIV test result means that a person may have been infected with HIV. All positive HIV test results, regardless of whether they are from rapid or conventional tests, must be verified by a second “confirmatory” HIV test.

How can HIV be prevented?

Because the most common ways HIV is transmitted is through anal or vaginal sex or sharing drug injection equipment with a person infected with HIV, it is important to take steps to reduce the risks associated with these. They include:
Know your HIV status. Everyone between the ages of 13 and 64 should be tested for HIV at least once. If you are at increased risk for HIV, you should be tested for HIV at least once a year.

- If you have HIV, you can get medical care, treatment, and supportive services to help you stay healthy and reduce your ability to transmit the virus to others.
- If you are pregnant and find that you have HIV, treatments are available to reduce the chance that your baby will have HIV.
Abstain from sexual activity or be in a long-term mutually monogamous relationship with an uninfected partner.

Limit your number of sex partners. The fewer partners you have, the less likely you are to encounter someone who is infected with HIV or another STD.

Correct and consistent condom use. Latex condoms are highly effective at preventing transmission of HIV and some other sexually transmitted diseases. “Natural” or lambskin condoms do not provide sufficient protection against HIV infection.

Get tested and treated for STDs and insist that your partners do too.
Male circumcision has also been shown to reduce the risk of HIV transmission from women to men during vaginal sex.

Do not inject drugs. If you inject drugs, you should get counseling and treatment to stop or reduce your drug use. If you cannot stop injecting drugs, use clean needles and works when injecting.

Obtain medical treatment immediately if you think you were exposed to HIV. Sometimes, HIV medications can prevent infection if they are started quickly. This is called post-exposure prophylaxis.

Participate in risk reduction programs. Programs exist to help people make healthy decisions, such as negotiating condom use or discussing HIV status. Your health department can refer you to programs in your area.
- If you would like more information or have personal concerns, call **CDC-INFO** 8A-8P (EST) M-F. Closed weekends and major federal holidays at 1-800-CDC-INFO (232-4636), 1-888-232-6348 (TTY), in English, en Español.

- Although it is said that everything is bigger in Texas, the statutes prohibiting prostitution in Texas are very similar in size and breadth to the other states in the U.S. That being said, prostitution is generally treated as a misdemeanor (until someone is convicted of multiple offenses or more serious ones), and relatively reasonable sentences are imposed upon guilty offenders.
TEXAS LAWS & FINES

- In Texas, the laws define a prostitute as any person who offers to engage in or agrees to engage in sexual conduct for a fee. The law clearly states that someone may be convicted of prostitution even if he or she were propositioned by another person.

- Patrons of prostitutes are individuals who solicit others in a public place to engage in sexual acts for hire.

- Both of these individuals (patrons and prostitutes) may be convicted of a class B misdemeanor for their first offenses. Sentences may include up to 180 days in jail and/or a fine up to $2,000. Second offenses get defendants a class A misdemeanor charge and up to 1 year in jail and, possibly, a fine up to $4,000. Someone who is convicted three or more times will receive a state jail felony. He or she will be required to serve 180 days to 2 years in prison and potentially pay a fine up to $10,000.
PIMPING

- Pimping is considered promotion of prostitution in Texas. A pimp is someone who may receive or accept money or other valuables per an agreement to participate in the proceeds of prostitution by soliciting others to engage in sexual conduct with prostitutes in exchange for compensation. The pimp operates as someone other than a prostitute who personally renders services to patrons.

- Pimps receive similar sentences to prostitutes and may be charged with having committed a class A misdemeanor.

- However, aggravated promotion is considered a 3rd degree felony. Someone who knowingly invests in, controls, supervises, maintains or manages a prostitution enterprise or house of prostitution is guilty of aggravated promotion. Sentences for defendants of this crime include 2 to 10 years in prison and fines up to $10,000.
Promotion offenses get more serious when compulsion is introduced into the picture. If someone forces (by violence or threats) a person to become or remain a prostitute, he or she may be guilty and charged with a 2nd degree felony, which faces a more serious sentence. Additionally, if someone is involved in the promotion of a prostitute who is under 17 years old, the 2nd degree felony charge may be applied.

In today's social climate, Texas law enforcement officials have moved to increase enforcement of prostitution laws. District attorneys have also focused their attention on prostitution convictions.

A conviction of prostitution and other crimes known as "crimes of moral turpitude" can cause serious and permanent future challenges for employment and reputation. In addition, a conviction now can greatly increase legal consequences for any following criminal conviction.
STDs and HIV/AIDS

Sexually transmitted diseases remain a major public health challenge in the United States. The Centers for Disease Control and Prevention (CDC) estimates that approximately 19 million new infections occur each year—almost half of them among young people ages 15 to 24. The two most commonly reported infectious diseases in America, Chlamydia and gonorrhea, pose a particular risk to the health of women, as both can cause infertility if left untreated. Together, these diseases were reported in nearly 1.5 million Americans in 2007, but the majority of cases continue to go undiagnosed. Both diseases, along with syphilis and herpes, have also been associated with increased Human Immunodeficiency Virus—or HIV—
transmission. In 2006, according to the CDC, an estimated 56,000 people around the country were newly infected with HIV, the virus that causes AIDS. HIV is of particular concern among all races of men who have sex with men, classified as MSM, as well as African-American men and women, where the HIV burden is now greatest. The CDC estimates that more than 1 million people in this country are infected with HIV, and 20 percent of them don’t know it. This lack of knowledge puts not only the infected person’s health at risk but it also increases the risk they will spread the virus to others. For more information on your state: 
http://www.cdc.gov/nchhstp/stateprofiles/usmap.htm; 
http://www.dshs.state.tx.us/hivstd/default.shtm
HIV infection among sexually active teenagers is on the rise in Houston, according to a new study.

The study compared HIV infection rates among patients at the Teen Health Clinic of Baylor College of Medicine in 1988 and 1992. It found no cases of HIV infection among 1,200 adolescents tested in 1988. In 1992, however, 1,085 youngsters were sampled and nine tested positive.

Results were published in the December issue of the Texas Medical Association news magazine, Texas Medicine.

Heterosexual contact was reported as the potential risk factor by five of nine teens who tested positive in 1992. In addition, six of the nine teens were not in school. The results suggest an increase in HIV infection among Texas urban teens, the authors said.
TEXAS TEENS

TEXAS: TEEN BIRTH RATE PER 1,000 WOMEN AGES 15-19

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<thead>
<tr>
<th>2006</th>
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<tr>
<td>State Rank</td>
<td>2%</td>
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TEXAS: SEXUAL RISK BEHAVIORS AMONG HIGH SCHOOL STUDENTS, GRADES 9-12, 2007

- 52.9% of all students = SEXUALLY ACTIVE
- IF SEXUALLY ACTIVE, USED
- 56.4% of sexually active students = CONDOM WHEN LAST HAVING SEX
When should you talk to your adolescent and preteen about sex? Most experts would agree, there’s no time like the present. Talking to our youngsters about the birds and the bees is one thing when they’re preschoolers, it’s quite another when they’re preteens or young adolescents. Chances are that at this age you’ll get a lot of squirming and looks of disgust when discussing sexual health. But those reactions of embarrassment are pretty normal with preteens. “When they’re in the pre-pubescent age, they go into the gross-me-outer stage. Painful for parents, but it’s a really important time to persevere and keep talking to them about their bodies. However kids aren’t the only ones who squirm. Many parents find sexual health difficult to discuss and find themselves continually postponing a frank discussion with their child. If this is the case with you, the best bet is to pick up a book, do some reading and then stop procrastinating.
Now is the time to sit down and talk with your child because according to Meg Hickley, author of *Speaking of Sex*, “children in grades 4 to 7 have the greatest needs for information and this is the most crucial time to talk. They’ve been exposed to television and school yard gossip about sexuality and this is your last chance to talk. They need to know about breast development, for boys as well as for girls, that some children gain weight during puberty and it’s totally unfair to tease someone about being skinny or fat, and they need to know about body hair and daily washing.”
Marsden acknowledges that when it comes to discussing sexual health with children “it’s difficult to get the conversation going because they’re so embarrassed. So lock them in the car, take a long drive, get talking and keep talking. Then ask them to return the information and see how much they’ve actually picked up.”

And when you’ve finally had the big talk, pat yourself on the back. According to Hickley the open communication you’ve created around sexual health will pay off for many, many years. “If you’ve talked to your kids from preschool through to primary years, I can promise you are going to have a teenager who is filled with joy and optimism about their future adult sexual lives, and who is extremely easy to talk to
Breaking the ice

Sex is a staple of news, entertainment and advertising. It's often hard to avoid this ever-present topic. But when parents and teens need to talk, it's not always so easy. If you wait for the perfect moment, you might miss the best opportunities. Instead, think of sex education as an ongoing conversation. Here are some ideas to help you get started — and keep the discussion going.
- **Seize the moment.** When a TV program or music video raises issues about responsible sexual behavior, use it as a springboard for discussion. Remember that everyday moments — such as riding in the car or putting away groceries — sometimes offer the best opportunities to talk.

- **Be honest.** If you're uncomfortable, say so — but explain that it's important to keep talking. If you don't know how to answer your teen's questions, offer to find the answers or look them up together.

- **Be direct.** Clearly state your feelings about specific issues, such as oral sex and intercourse. Present the risks objectively, including emotional pain, sexually transmitted infections and unplanned pregnancy. Explain that oral sex isn't a risk-free alternative to intercourse.

- **Consider your teen's point of view.** Don't lecture your teen or rely on scare tactics to discourage sexual activity. One client had told her child that if she had sex before marriage that she would go blind. Instead, listen carefully. Understand your teen's pressures, challenges and concerns.
Move beyond the facts. Your teen needs accurate information about sex — but it's just as important to talk about feelings, attitudes and values. Examine questions of ethics and responsibility in the context of your personal or religious beliefs.

Invite more discussion. Let your teen know that it's OK to talk with you about sex whenever he or she has questions or concerns. Reward questions by saying, "I'm glad you came to me."

Addressing tough topics
Sex education for teens includes abstinence, date rape, homosexuality and other tough topics. Be prepared for questions like these:
Promoting abstinence

When approaching the topic of teens and sex, it's never too late to talk about abstinence. Whether you feel strongly that sex before marriage is wrong or you simply want your teen to postpone sex until he or she is more mature, explain your feelings to your teen. If you share the reasons behind your beliefs, your teen may be more likely to understand and adopt your values.

Also ask your teen to think about his or her own values and hopes for the future — and consider how sex might affect them. Explain that teens and sex can be a risky combination. The only sure way to prevent teen pregnancy and sexually transmitted infections, such as Chlamydia, gonorrhea, human papillomavirus (HPV), herpes and HIV, is to practice abstinence from sex — oral, vaginal and anal. Abstinence can also save your teen some emotional stress if his or her relationship ends. Remind your teen that there are many nonsexual ways he or she can show feelings for someone.
Stay focused. See the big picture of your life. Don't tell yourself you are just living for the day, but at the same time take it day by day. Plan your life, have dreams and set goals. Those goals will be your motivation. Focus on your future. Taking casual sex risks can detour you from your intended destination. Stay focused.

Choose your friends wisely. Always make sure that you are around people that share the same values as you do. It will only slow you down if you hang around people who are engaging in things you are trying to avoid. If you are going to date, do it in a group; this will protect you from unnecessary pressure and ideas to get physical. Peer pressure is VERY real. Without even realizing it, the people around us influence the choices we make.

Remind yourself of the advantages you have. Having sex exposes you to a lot of risks that you would not otherwise have faced. You do not want to be a teen dropping out of school and having a baby, or with an STD. Some teens also experience intense regret which may led to depression and increase the risk of suicide. Sex has physical, psychological, emotional and social implications. There are over 25 STD's today, and many of them have symptoms which do not show all the time. You do not know who has what. By practicing abstinence, you are not at risk for hardly any of these!
Don't tempt yourself. Getting into situations where you can just go a "little bit" farther can lead to too much. It depends on your independent and combined willpower and ability to resist, but a general good rule is to not be alone for extended periods of time, or have a set time when you have to be back home so you can't detour.

Be proud. Love your purity! Some see purity as a beautiful thing and many books will tell you so. Read books that idolize purity and treasure it, such as *Les Miserables*.

Be Healthy. Remember that even though you are not having sex with others, men still need to release semen once in a while due to buildup. Imagine if you decided to stop going to the restroom, there will be a ton of backup, and it will come out at some point whether you like it or not. If you don't release it, you will have nocturnal emissions (wet dreams). Remember that although abstinence is a perfectly acceptable and wise decision for someone to make, you still need to be aware that if sperm isn't released, nocturnal emissions will occur about once a month. Do not be alarmed, it is perfectly normal to have wet dreams. Nothing more needs to be done.
How will I know I'm ready for sex? Various factors — peer pressure, curiosity and loneliness, to name a few — steer some teenagers into early sexual activity. But there's no rush. **When you are ready for sexual intercourse, you must be mature enough and ready to accept the consequences of your actions.** Remind your teen that it's OK to wait. Sexual activity is for mature individuals. In the meantime, there are many other ways to express affection — intimate talks, long walks, holding hands, listening to music, dancing, kissing, touching and hugging. **Explain heavy petting brings on the hormones creating an urge of sexual intercourse.**
The authors also cites statistics from the Centers for Disease Control and Prevention showing 1,412 cases of AIDS among adolescents ages 13 through 19, almost double the number of cases reported two years earlier. According to CDC, African-Americans and Hispanics account for half of the male HIV cases and two-thirds of the female HIV cases.

"We recommend that the educational focus for high-risk youth, especially those out of school, take place in a primary health-care setting where they are likely to be using services related to a critical health need," the authors of the study conclude. "This affords a good opportunity to engage their interest and provide a teachable moment about HIV prevention."
CITATIONS

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