Normal Development: Early Adolescence (12 to 14 Years Old)

Adolescence is divided into 3 stages: **early** (12 to 14 years), **middle** (15 to 17 years), and **late** (18 to 20 years). While certain attitudes, behaviors, and physical milestones tend to occur at certain ages, a wide spectrum of growth and behavior for each age is normal. Consequently, these guidelines are offered as a way of showing a general progression through the developmental stages rather than as fixed requirements. It is perfectly natural for a teen to attain some milestones earlier and other milestones later than the general trend.

**Physical Development**

- May experience adolescent growth spurt (girls usually develop 2 years earlier than boys).
  - girls: changes in fat distribution, pubic hair, breast development; start of menstrual period
  - boys: testicular growth, voice changes, pubic hair, "wet dreams"
- May try to experiment with body (masturbation).

**Emotional Development**

- May have moody behavior.
- Struggles with sense of identity.
- Is sensitive and has a need for privacy.
- Is anxious due to increased social and academic stresses.
- Starts to look for loving relationships outside of family.
- May become opinionated and challenge family rules and values.
- May try "show-off."

**Social Development**

- Becomes increasingly self-sufficient.
- Usually seeks out friends with beliefs and values similar to those of his or her family.
- May be preoccupied by appearance.
- Influenced by peers about clothes and interests.
- May be influenced by peers to try risky behaviors (alcohol, tobacco, sex).

**Mental Development**

- Mostly bases judgments on concrete rules of right and wrong, good or bad.
- Thinks in terms of the present rather than the future.
May start to think abstractly and about complex issues.

If you have any concerns related to your teen's own pattern of development, check with your healthcare provider.
## Schedule of Well Child Visits

<table>
<thead>
<tr>
<th>AGE</th>
<th>IMMUNIZATIONS/TESTS</th>
<th>VISIT DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3 days</td>
<td>none</td>
<td>exam, growth, development</td>
</tr>
<tr>
<td>2 weeks</td>
<td>state newborn screen</td>
<td>exam, growth, newborn screen</td>
</tr>
<tr>
<td>2 months</td>
<td>DTaP/IPV/HIB, HepB, Prevnar, RotaTeq</td>
<td>exam, growth, development</td>
</tr>
<tr>
<td>4 months</td>
<td>DTaP/IPV/HIB, (HepB*), Prevnar, RotaTeq</td>
<td>exam, growth, development (*no HepB if received birth dose)</td>
</tr>
<tr>
<td>6 months</td>
<td>DTaP/IPV/HIB, HepB, Prevnar, RotaTeq</td>
<td>exam, growth, development</td>
</tr>
<tr>
<td>9 months</td>
<td>Blood Count, Lead and TB screen</td>
<td>exam, growth, development</td>
</tr>
<tr>
<td>12 months</td>
<td>Prevnar, HepA</td>
<td>exam, growth, development</td>
</tr>
<tr>
<td>15 months</td>
<td>DTaP/IPV/HIB</td>
<td>exam, growth, development</td>
</tr>
<tr>
<td>18 months</td>
<td>Varivax, MMR</td>
<td>exam, growth, develop, autism screening</td>
</tr>
<tr>
<td>2 years</td>
<td>Hep A, Blood Count, Lead screen</td>
<td>exam, growth, devel, hearing</td>
</tr>
<tr>
<td>3 years</td>
<td>☒ None ☒</td>
<td>exam, growth, devel, hearing</td>
</tr>
<tr>
<td>4 years</td>
<td>MMR, Varicella</td>
<td>exam, growth, devel, vision, hearing</td>
</tr>
<tr>
<td>5 years</td>
<td>DTaP, IPV, Urinalysis</td>
<td>exam, growth, devel, vision, hearing</td>
</tr>
<tr>
<td>6 years</td>
<td>none</td>
<td>exam, growth, devel, vision, hearing</td>
</tr>
<tr>
<td>7 years</td>
<td>none</td>
<td>exam, growth, devel, vision, hearing</td>
</tr>
<tr>
<td>8 years</td>
<td>none</td>
<td>exam, growth, devel, vision, hearing</td>
</tr>
<tr>
<td>9 years</td>
<td>Cholesterol screen</td>
<td>exam, growth, devel, vision, hearing</td>
</tr>
<tr>
<td>10 years</td>
<td>none</td>
<td>exam, growth, devel, vision, hearing</td>
</tr>
<tr>
<td>11 years</td>
<td>Tdap, Menactra, UA, Gardasil (girls only, series of 3 shots)</td>
<td>exam, growth, devel, vision, hearing, puberty issues*</td>
</tr>
</tbody>
</table>

* Puberty issues: adolescent issues including sexuality will be discussed at these visits. These visits may include one-on-one time for the Teen and the physician. Please prepare your child appropriately.

DtaP = Diptheria/Tetanus/Acellular Pertussis  
HIB= Hemophilus influenza type B  
HepB= Hepatitis B vaccine  
IPV = Inactivated Polio Virus  
Prevnar = Pneumococcal 7- conjugate  
Varivax = Varicella (chickenpox)  
MMR = Measles/Mumps/Rubella  

RotaTeq= oral Rotavirus vaccine  
TdaP = Tetanus/Diptheria/aacellular Pertussis booster  
Gardasil= HPV (cervical cancer) vaccine  
Menactra = meningococcal vaccine  
UA= urinalysis  
Hgb= hemoglobin (blood count)  
HepA= Hepatitis A
Protect Your Family and Yourself from Carbon Monoxide Poisoning

Carbon Monoxide Can Be Deadly

You can’t see or smell carbon monoxide, but at high levels it can kill a person in minutes. Carbon monoxide (CO) is produced whenever any fuel such as gas, oil, kerosene, wood, or charcoal is burned. If appliances that burn fuel are maintained and used properly, the amount of CO produced is usually not hazardous. However, if appliances are not working properly or are used incorrectly, dangerous levels of CO can result. Hundreds of people die accidentally every year from CO poisoning caused by malfunctioning or improperly used fuel-burning appliances. Even more die from CO produced by idling cars. Fetuses, infants, elderly people, and people with anemia or with a history of heart or respiratory disease can be especially susceptible. Be safe. Practice the DO’s and DON'Ts of carbon monoxide.

CO Poisoning Symptoms

Know the symptoms of CO poisoning. At moderate levels, you or your family can get severe headaches, become dizzy, mentally confused, nauseated, or faint. You can even die if these levels persist for a long time. Low levels can cause shortness of breath, mild nausea, and mild headaches, and may have longer-term effects on your health. Since many of these symptoms are similar to those of the flu, food poisoning, or other illnesses, you may not think that CO poisoning could be the cause.

Play it Safe

If you experience symptoms that you think could be from CO poisoning:

✔ **DO GET FRESH AIR IMMEDIATELY.** Open doors and windows, turn off combustion appliances and **leave the house.**

✔ **DO GO TO AN EMERGENCY ROOM** and tell the physician you suspect CO poisoning. If CO poisoning has occurred, it can often be diagnosed by a blood test done soon after exposure.

✔ **DO** Be prepared to answer the following questions for the doctor:

- Do your symptoms occur only in the house? Do they disappear or decrease when you leave home and reappear when you return?
- Is anyone else in your household complaining of similar symptoms? Did everyone’s symptoms appear about the same time?
- Are you using any fuel-burning appliances in the home?
- Has anyone inspected your appliances lately? Are you certain they are working properly?

**Prevention is the Key to Avoiding Carbon Monoxide Poisoning**

✔ **DO** have your fuel-burning appliances -- including oil and gas furnaces, gas water heaters, gas ranges and ovens, gas dryers, gas or kerosene space heaters, fireplaces, and wood stoves -- inspected by a trained professional at the beginning of every heating season.
season. Make certain that the flues and chimneys are connected, in good condition, and not blocked.

**DO** choose appliances that vent their fumes to the outside whenever possible, have them properly installed, and maintain them according to manufacturers’ instructions.

**DO** read and follow all of the instructions that accompany any fuel-burning device. If you cannot avoid using an unvented gas or kerosene space heater, carefully follow the cautions that come with the device. Use the proper fuel and keep doors to the rest of the house open. Crack a window to ensure enough air for ventilation and proper fuel-burning.

**DO** call EPA’s IAQ INFO Clearinghouse (1-800-438-4318) or the Consumer Product Safety Commission (1-800-638-2772) for more information on how to reduce your risks from CO and other combustion gases and particles.

**DON’T** idle the car in a garage -- even if the garage door to the outside is open. Fumes can build up very quickly in the garage and living area of your home.

**DON’T** use a gas oven to heat your home, even for a short time.

**DON’T ever** use a charcoal grill indoors -- even in a fireplace.

**DON’T** sleep in any room with an unvented gas or kerosene space heater.

**DON’T** use any gasoline-powered engines (mowers, weed trimmers, snow blowers, chain saws, small engines or generators) in enclosed spaces.

**DON’T** ignore symptoms, particularly if more than one person is feeling them. You could lose consciousness and die if you do nothing.

---

**A Few Words About CO Detectors**

Carbon Monoxide Detectors are widely available in stores and you may want to consider buying one as a back up -- BUT NOT AS A REPLACEMENT for proper use and maintenance of your fuel-burning appliances. However, it is important for you to know that the technology of CO detectors is still developing, that there are several types on the market, and that they are not generally considered to be as reliable as the smoke detectors found in homes today. Some CO detectors have been laboratory-tested, and their performance varied. Some performed well, others failed to alarm even at very high CO levels, and still others alarmed even at very low levels that don’t pose any immediate health risk. And unlike a smoke detector, where you can easily confirm the cause of the alarm, CO is invisible and odorless, so it’s harder to tell if an alarm is false or a real emergency.

**So What’s a Consumer to Do?**

First, don’t let buying a CO detector lull you into a false sense of security. Preventing CO from becoming a problem in your home is better than relying on an alarm. Follow the checklist of DOs and DON'Ts above.

Second, if you shop for a CO detector, do some research on features and don’t select solely on the basis of cost. Non-governmental organizations such as Consumers Union (publisher of Consumer Reports), the American Gas Association, and Underwriters Laboratories (UL) can help you make an informed decision. Look for UL certification on any detector you purchase.

If the CO detector alarm goes off:

- Make sure it is your CO detector and not your smoke detector.
- Check to see if any member of the household is experiencing symptoms of poisoning.
- If they are, get them out of the house immediately and seek medical attention. Tell the doctor that you suspect CO poisoning.
- If no one is feeling symptoms, ventilate the home with fresh air, turn off all potential sources of CO -- your oil or gas furnace, gas water heater, gas range and oven, gas dryer, gas or kerosene space heater and any vehicle or small engine.
- Have a qualified technician inspect your fuel-burning appliances and chimneys to make sure they are operating correctly and that there is nothing blocking the fumes from being vented out of the house.
Television and Your Family

While family is the most important influence in a child's life, TV is not far behind. TV can inform, entertain, and teach us. However, some of what it teaches may not be what you want your children to learn. Read on to find out how TV can affect your children and how you can help make TV-watching safe and fun for your family.

How TV negatively affects your children
There are many ways that TV affects a child's life. When used appropriately, TV can be a positive tool to help your children learn. Studies show that preschool children who watch educational TV can increase their reading and speaking skills. However, parents should be aware of the negative effects including the following:

Time
Most children in the United States watch about 4 hours of TV every day. Watching movies on tape or DVD and playing video games only add to time spent in front of the TV screen. It may be tempting to use TV, movies, and video games to keep your children busy, but playing, reading, and spending time with friends and family are much healthier activities.

Nutrition
Studies show that children who watch too much TV are more likely to be overweight. It takes away from the time they should be running, jumping, and getting the exercise they need. They often snack while watching TV. They also see many commercials for candy, snacks, sugary cereals, and drinks. As a result, children may persuade their parents to buy these unhealthy foods.

Violence
By age 18, the average young person will have viewed 200,000 acts of violence on TV. Children who see violence on TV may become numb to it. They do not understand that real violence hurts people. They may also come to think that it is OK to use violence to solve problems.

Research also shows a very strong link between TV violence and violent behavior in children and teenagers. Watching a lot of violence on TV can lead to hostility, fear, anxiety, depression, nightmares, sleep problems, and posttraumatic stress disorder. It is best not to let your children watch violent programs and violence in cartoons.

TV and toddlers
The American Academy of Pediatrics does not recommend TV for children younger than 2 years. This is because the first 2 years of life are very important in the growth and development of a child's brain. It is during this time that language and social skills develop. Children need positive interactions with other people to develop these skills. Watching TV takes time away from these important interactions.

Sex
TV exposes children to adult behaviors, like sex. But it usually does not show the risks and results of sexual activity. On TV, sexual activity is often shown as casual, fun, exciting, and without consequences. In ads, sex is often used to sell products and services. Your children may copy what they see on TV to feel more grown up.

Alcohol, tobacco, and other drugs
Young people are surrounded by messages that say drinking alcohol and smoking cigarettes or cigars are normal activities. These messages often do not say that alcohol and tobacco harm people and may lead to death. TV frequently shows people who drink and smoke as healthy, energetic, sexy, and successful. It is up to you to teach your children the truth about the dangers of alcohol, tobacco, and other drugs.

Commercials
The average child will see more than 360,000 commercials on TV before graduating from high school. Commercials are quick, fast-paced, and entertaining and often are louder than the accompanying programs. After seeing the same commercials over and over, children can easily remember a song, slogan, or catchy phrase. Commercials try to convince children that having a certain toy or eating a certain food will make them happy or popular.

10 things parents can do
The following are ways you can help your children develop positive viewing habits:

1. Set limits. Limit your children's use of TV, movies, and video and computer games to no more than 1 or 2 hours per day. Do not let your children watch TV while doing homework. Do not put a TV in your children's bedrooms.

2. Plan what to watch. Instead of flipping through channels, use a program guide and the TV ratings to help you and your children choose which shows to watch. Turn the TV on to watch the program and turn it off when it is over.
3. **Watch TV with your children.** Whenever possible, watch TV with your children and talk about what they see. If your children are very young, they may not be able to tell the difference between a show, a commercial, a cartoon, or real life. Explain that many characters on TV are not real.

   Be especially careful of “reality-based” programs. Most of these shows are not appropriate for children. Even the news can contain violent or other inappropriate material. If you cannot watch TV with your children, talk with them later about what they watched. Better yet, record the programs so that you can watch them with your children at a later time.

4. **Find the right message.** Some TV programs show people as stereotypes. If you see this, talk with your children about the real-life roles of women, the elderly, and people of other races. Remember, if you do not agree with what you see on TV, you can either turn it off or explain why you object. These programs can turn out to be a good learning experience if you help your children find the right message.

5. **Help your children resist commercials.** Do not expect your children to be able to resist commercials without your help. When your children ask for things they see on TV, explain that the purpose of commercials is to make people want things they may not need. You can limit the number of commercials your children see by recording programs and leaving out the commercials or buying or renting children’s videos or DVDs.

6. **Look for quality children’s videos and DVDs.** There are many quality videos and DVDs available for children. Check reviews before buying or renting programs or movies. Information is available in books, newspapers, and magazines, as well as on the Internet.

7. **Give other options.** Watching TV can become a habit for your children. Help them find other things to do like playing; reading; learning a hobby, a sport, an instrument, or an art; or spending time with family, friends, or neighbors.

8. **Set a good example.** As a role model, limiting your own TV viewing and choosing programs carefully will help your children do the same.

9. **Express your views.** When you like or do not like something you see on TV, make yourself heard. Stations, networks, and sponsors pay attention to letters from the public. If you think a commercial is misleading or incorrectly targeting children, write down the product name, channel, and time you saw the commercial and describe your concerns. Call your local Better Business Bureau (BBB) if the commercial is for a local business or product. For national advertising, call the BBB’s Children’s Advertising Review Unit at 866/334-6272 (ext 111) or visit its Web site at www.caru.org. Encourage publishers of TV guides to print ratings and feature articles about shows that are educational for children.

10. **Get more information.** The following resources can provide you with more information about the proper role of TV in your children’s lives:

   - Your pediatrician may have information about TV or you can visit the AAP Web site at www.aap.org.
   - Public service groups publish newsletters that review programs and give tips on how to make TV safe for you and your child.
   - You can ask the parent organization at your child’s school.
   - Parents of your child’s friends and classmates can also be helpful. Talk with other parents and agree to enforce similar rules about TV viewing.

### TV Parental Guidelines and the v-chip

A TV rating system, known as the TV Parental Guidelines, was created to help parents know which programs contain sex and violence. Parents can use a computer device in their TVs called the v-chip to block programs based on these ratings. The v-chip is programmed from a remote control. All new TVs (13 inches or larger) that were made in the United States after 2000 are required by federal law to have the v-chip.

The ratings apply to all TV programs except news and sports. They appear for 15 seconds at the start of a program. When the rating appears on the screen, an electronic signal sends the rating to the v-chip in the TV.

The ratings are as follows:

<table>
<thead>
<tr>
<th>TV-Y</th>
<th>For all children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV-Y7</td>
<td>For children age 7 and older. The program may contain mild violence that could frighten children younger than age 7.</td>
</tr>
<tr>
<td>TV-Y7-FV</td>
<td>For children age 7 and older. The program contains fantasy violence that is glorified and used as an acceptable, effective way to solve a problem. It is more intense than TV-Y7.</td>
</tr>
<tr>
<td>TV-G</td>
<td>For general audience. Most parents would find this program suitable for all ages. There is little or no violence, no strong language, and little or no sexual content.</td>
</tr>
<tr>
<td>TV-PG</td>
<td>Parental guidance is suggested. Parents may find some material unsuitable for younger children. It may contain moderate violence, some sexual content, or strong language.</td>
</tr>
<tr>
<td>TV-14</td>
<td>Parents are strongly cautioned. The program contains some material that many parents would find unsuitable for children younger than age 14. It contains intense violence, sexual content, or strong language.</td>
</tr>
<tr>
<td>TV-MA</td>
<td>For mature audience. The program may not be suitable for children younger than age 17. It contains graphic violence, explicit sexual activity, or crude language.</td>
</tr>
</tbody>
</table>

Additional letters may be added to the ratings to indicate violence (V), sexual content (S), strong language (L), or suggestive dialogue (D).

This rating system was created to help parents choose programs that are suitable for children. The ratings are usually included in local TV listings. Remember that ratings are not used for news programs, which may not be suitable for young children.


---

### Toppling TVs pose a hazard

Newer TVs with larger, heavier screens can be dangerous to toddlers. Small children have been seriously injured and, in some cases, killed when these front-heavy models fall on them. Use these safety tips to keep your children safe:

- Place your TV on low furniture that is designed to hold your TV model.
- Use brackets or anchors to secure the TV to the wall.
- Do not place remote controls, videos, or other objects that children might try to reach on top of the TV.
- Do not allow children to climb on the TV.

---
The Children’s Television Act

The Children’s Television Act ensures that TV stations pay attention to the needs of children aged 16 and younger. Under this law, stations must air at least 3 hours of educational shows for children each week. They must also limit ads during these times to 12 minutes per hour on weekdays and 10.5 minutes per hour on weekends. Stations that do not follow the law risk losing their licenses.

Keep tabs on TV stations in your community. TV stations file quarterly Children’s Television Programming Reports with the FCC. For more information call 888/CALL-FCC (888/225-5322) or visit the FCC Parents’ Place Web site at www.fcc.gov/parents.

Please note: Listing of resources does not imply endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this publication. Phone numbers and Web site addresses are as current as possible, but may change at any time.

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

From your doctor
Puberty is the time in your life when your body starts changing from that of a child to that of an adult. At times you may feel like your body is totally out of control! Your arms, legs, hands, and feet may grow faster than the rest of your body. You may feel a little clumsier than usual.

Compared to your friends you may feel too tall, too short, too fat, or too skinny. You may feel self-conscious about these changes, but many of your friends probably do too.

Everyone goes through puberty, but not always at the same time or exactly in the same way. In general, here's what you can expect.

When?
There's no “right” time for puberty to begin. But girls start a little earlier than boys—usually between 8 and 13 years of age. Puberty for boys usually starts at about 10 to 14 years of age.

What's happening?
Chemicals called hormones will cause many changes in your body.

Breasts!
**Girls.** The first sign of puberty in most girls is breast development—small, tender lumps under one or both nipples. The soreness goes away as your breasts grow. Don't worry if one breast grows a little faster than the other. By the time your breasts are fully developed, they usually end up being the same size.

When your breasts get larger, you may want to start wearing a bra. Some girls are excited about this. Other girls may feel embarrassed, especially if they are the first of their friends to need a bra. Do what is comfortable for you.

**Boys.** During puberty, boys may have swelling under their nipples too. If this happens to you, you may worry that you’re growing breasts. Don't worry—you're not. This swelling is very common and only temporary. But if you’re worried, talk with your pediatrician.

Hair, where?!
**Girls & Boys.** During puberty, soft hair starts to grow in the pubic area (the area between your legs and around your genitals—vagina or penis). This hair will become thick and very curly. You may also notice hair under your arms and on your legs. Boys might get hair on their faces or chests. Shaving is a personal choice. If you shave, remember to use your own clean razor or electric shaver.

Zits!
**Girls & Boys.** Another change that happens during puberty is that your skin gets oilier and you may start to sweat more. This is because your glands are growing too. It's important to wash every day to keep your skin clean. Most people use a deodorant or antiperspirant to keep odor and wetness under control. **Don't be surprised,** even if you wash your face every day, that you still get pimples. This is called acne, and it's normal during this time when your hormone levels are high. Almost all teens get acne at one time or another. Whether your case is mild or severe, there are things you can do to keep it under control. For more information on controlling acne, talk with your pediatrician.

Curves and muscles
**Girls.** As you go through puberty, you'll get taller, your hips will get wider, and your waist will get smaller. Your body also begins to build up fat in your belly, bottom, and legs. This is normal and gives your body the curvier shape of a woman.

**Boys.** As you go through puberty, you'll get taller, your shoulders will get broader, and as your muscles get bigger, your weight will increase.

Sometimes the weight gain of puberty causes girls and boys to feel so uncomfortable with how they look that they try to lose weight by throwing up, not eating, or taking medicines. This is not a healthy way to lose weight and may make you very sick. If you feel this way, or have tried any of these ways to lose weight, please talk with your parents or your pediatrician.

Does size matter?
**Boys.** During puberty, the penis and testes get larger. There's also an increase in sex hormones. You may notice you get erections (when the penis gets stiff and hard) more often than before. This is normal. Even though you may feel embarrassed, try to remember that unless you draw attention to it, most people won't even notice your erection. Also, remember that the size of your penis has nothing to do with manliness or sexual functioning.

Wet dreams
**Boys.** During puberty, your testes begin to produce sperm. This means that during an erection, you may also ejaculate. This is when semen (made up of sperm and other fluids) is released through the penis. This could happen while you are sleeping. You might wake up to find your sheets or pajamas are wet. This is called a nocturnal emission or “wet dream.” This is normal and will stop as you get older.
Periods

Girls. Your menstrual cycle, or “period,” starts during puberty. Most girls get their periods 2 to 2½ years after their breasts start to grow (between 10–16 years of age). During puberty, your ovaries begin to release eggs. If an egg connects with sperm from a man’s penis (fertilization), it will grow inside your uterus and develop into a baby. To prepare for this, a thick layer of tissue and blood cells builds up in your uterus. If the egg doesn’t connect with a sperm, the body does not need these tissues and cells. They turn into a blood-like fluid and flow out of your vagina. Your period is the monthly discharge of this fluid out of the body. A girl who has started having periods is able to get pregnant, even if she doesn’t have a period every month.

You will need to wear some kind of sanitary pad and/or tampon to absorb this fluid and keep it from getting on your clothes. Most periods last from 3 to 7 days. Having your period does not mean you have to avoid any of your normal activities like swimming, horseback riding, or gym class. Exercise can even help get rid of cramps and other discomforts that you may feel during your period.

Voice cracking?

Boys. Your voice will get deeper, but it doesn’t happen all at once. It usually starts with your voice cracking. As you keep growing, the cracking will stop and your voice will stay at the lower range.

New feelings

In addition to all the physical changes you will go through during puberty, there are many emotional changes as well. For example, you may start to care more about what other people think about you because you want to be accepted and liked. Your relationships with others may begin to change. Some become more important and some less so. You’ll start to separate more from your parents and identify with others your age. You may begin to make decisions that could affect the rest of your life.

At times you may not like the attention of your parents and other adults, but they too are trying to adjust to the changes that you’re going through. Many teens feel that their parents don’t understand them—this is a normal feeling. It’s usually best to let them know (politely) how you feel and then talk things out together. Also, it’s normal to lose your temper more easily and to feel that nobody cares about you. Talk about your feelings with your parents, another trusted adult, or your pediatrician. You may be surprised at how much better you will feel.

Sex and sexuality

During this time, many young people also become more aware of their feminine and masculine sides. A look, a touch, or just thinking about someone may make your heart beat faster and produce a warm, tingling feeling all over. Talking with your parents or pediatrician is a good way to get information and to help you think about how these changes affect you.

You may ask yourself...

- When should I start dating?
- When is it OK to kiss?
- Is it OK to masturbate (stimulate your genitals for sexual pleasure)?
- How far would I go sexually?
- When will I be ready to have sexual intercourse?
- Will having sex help my relationship?
- Is oral sex really sex?

Some answers...

Masturbation is normal and won’t harm you. Many boys and girls masturbate, many don’t. Deciding to become sexually active, however, can be very confusing. On the one hand, you hear so many warnings and dangers about having sex. On the other hand, movies, TV, magazines, even the lyrics in songs all seem to be telling you that having sex is OK.

The fact is, sex is a part of life and, like many parts of life, it can be good or bad. It all depends on you and the choices you make. Take dating, for example. If you and a friend feel ready to start dating and it’s OK with your parents, that’s fine. You may find yourself in a more serious relationship. But if one of you wants to stop dating, try not to hurt the other person’s feelings—just be honest with each other. After a breakup both partners may be sad or angry, but keeping on with normal activities and talking it over with a trusted adult is usually helpful.

Getting close to someone you like is OK too. Holding hands, hugging, and kissing may happen, but they don’t have to lead to having sex. Deciding whether to have sex is one of the most important decisions you will ever make. Some good advice is in a brochure called Deciding to Wait that your pediatrician can give you. Why not take your time and think it through? Talk with your parents about your family’s values. Waiting to have sex until you are older, in a serious relationship, and able to accept the responsibilities that come along with it is a great idea! And you can avoid becoming pregnant, getting someone pregnant, or getting deadly diseases. There is only one way to avoid pregnancy and infections related to sex, and that is by not having sex. And remember that oral sex is sex. You don’t have to worry about pregnancy with oral sex, but you do have to worry about infections like herpes, gonorrhea, and HIV (the virus that causes AIDS).

However, if you decide to have sex, talk with your pediatrician about which type of birth control is best for you and how to protect yourself against sexually transmitted diseases.

Taking care of yourself

As you get older, there will be many decisions that you will need to make to ensure that you stay healthy. Eating right, exerc-
cising, and getting enough rest are important during puberty because your body is going through many changes. It's also important to feel good about yourself and the decisions you make. Whenever you have questions about your health or your feelings, don't be afraid to share them with your parents and pediatrician.

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

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

From your doctor
The Risks of Tobacco Use:  
A Message to Parents and Teens

Many people think tobacco-related health problems affect only adults after a lifetime of smoking or tobacco use. Yet, children and teens suffer from tobacco-related health problems as well. The fact is tobacco use can affect every member of the family.

Infants and children
As a parent, you would never knowingly harm your child. Yet, if you are a smoker, the smoke from your cigarette, cigar, or pipe may be putting your child’s health in danger. Environmental tobacco smoke, or ETS, is the smoke that is breathed out by a smoker. ETS also includes the smoke that comes from a burning cigarette, cigar, or pipe.

Exposure to ETS is a serious health threat to children. Children exposed to ETS have a greater risk of many health problems including:
- upper respiratory tract infections
- ear infections
- pneumonia
- bronchitis
- asthma
- long-term lung damage

Smoking and ETS are also dangerous to pregnant women and their unborn babies. They have been linked to low birth weight, delayed growth, miscarriage, and stillbirth. Recent studies have found that infants are at greater risk of dying from SIDS (sudden infant death syndrome) if exposed to ETS or if their mother was exposed to ETS during pregnancy.

For more information on ETS, ask your pediatrician about the brochure, Environmental Tobacco Smoke: A Danger to Children from the American Academy of Pediatrics.

Teenagers
Ninety percent of all smokers begin the habit during their teens. Over the past 10 years, the number of smokers has decreased in every age-group except teenagers. Among teens, the number of young women smokers has actually increased. Teenage smokers suffer from:
- addiction to nicotine
- long-term cough
- faster heart rate
- decreased lung function
- increased blood pressure
- decreased stamina
- increased risk of developing lung cancer
- increased respiratory tract infection

Smoking is a lifelong addiction that is often hard to break. It may also lead to other addictions and a poorer quality of life. Fighting the influence of the tobacco companies and convincing children not to use tobacco products is a tough task. Parents need to give teenagers the facts about the negative effects of smoking.

Smoking and the media
A big influence on a teen’s decision to smoke is the media. Young people today are surrounded by images in the media that smoking is normal, desirable, and harmless. Tobacco companies spend billions of dollars every year promoting their products on TV, in movies and magazines, on billboards, and at sporting events. In fact, tobacco products are among the most advertised products in the nation. The tobacco companies hope to get back the profits they lose as older smokers die and as more and more adults quit smoking. As a result, young people are the primary targets of many of these ads.

Tobacco companies and advertisers never mention the harmful effects of smoking, such as bad breath, stained teeth, heart disease, and cancer. Most ads show smokers as healthy, energetic, sexy, and successful. Help your teenager understand the difference between these misleading messages in advertising and the truth about the dangers of smoking.

What parents can do:
- If you smoke or use tobacco, quit. Your actions will influence your child’s behavior too.
- Talk about ads with your children. Help them to understand the real messages being conveyed.
- Teach your kids to be wary consumers.
- Make sure the TV shows and movies your child watches do not normalize or glamorize the use of tobacco.
- Do not allow your child to wear T-shirts, jackets, or hats that promote tobacco products.
- Talk to administrators at your teen’s school about starting a media education program.

Adults
Smoking is the most preventable cause of death and disability in the United States. Consider the following facts:
- In this country, 350,000 deaths a year are related to tobacco use.
- One third of all deaths from cancer and heart disease are caused by smoking, chewing tobacco, or snuff.
- Three fourths of the deaths from chronic lung disease are related to tobacco.
- A nonsmoking spouse of a smoker has a 30% greater risk of lung cancer. This alone accounts for 2,000 deaths a year.
- Teenagers whose parents smoke are twice as likely to start smoking than children of nonsmokers.
- In 1964, 55% of adult Americans smoked cigarettes. By 1993, this percentage decreased to 25%. This shows that thousands of Americans have found a way to stop smoking. By doing so, they will live longer, feel better, and improve the health of their families.
Smokeless tobacco: not a safe choice!
The term “smokeless tobacco” refers to both chewing tobacco and
snuff (also called “dip”). Chewing tobacco is a form of leaf tobacco.
Snuff is finely ground tobacco. Both products lead to nicotine addic-
tion because the nicotine is absorbed into the bloodstream. Smoke-
less tobacco products damage the lining of the mouth and throat
and may cause mouth cancer, throat cancer, and gum disease.

Use of smokeless tobacco products also results in:
• stained teeth
• bad breath
• slow healing of mouth wounds
• lowered sense of taste and smell.

Tobacco companies have increased their advertising programs to
promote smokeless tobacco products. Famous athletes often endorse
these products, making them seem even more appealing to teen-
agers. As a result, the number of teenagers and young adults who
are chewing tobacco is increasing. Parents need to oppose the use
of smokeless tobacco. Inform your children of the serious side effects
of its use. The facts on the health risks from smokeless tobacco make
one thing very clear: IT IS NOT A SAFE CHOICE!

Break the habit
Would you like to join the growing numbers who have quit using
tobacco? Have you tried in the past and failed, but would now like to
try again? Why not ask your doctor for help? Your doctor may be just
the person to help you find an effective stop-smoking program. For
more information, contact any of the following organizations:

American Cancer Society:
1-800/ACS-2345
Web site: www.cancer.org

American Heart Association:
1-800/242-8721
Web site: www.americanheart.org

American Lung Association:
1-800/586-4872
Web site: www.lungusa.org

Your pediatrician understands that good communication between parents
and children is one of the best ways to prevent drug use. If talking with
your child about tobacco use is difficult, your pediatrician may be able
to help open the lines of communication. If you suspect your child is
smoking cigarettes or cigars, chewing tobacco, or using any other drug,
rely on your pediatrician for advice and help.

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

From your doctor
The use of tobacco, alcohol, and other drugs is one of the biggest problems facing young people today. This brochure is designed to help parents prevent some of these problems. Your pediatrician cares very much about your family, and wants to help if there are problems in any area—especially if you have concerns about substance abuse.

Prevention starts with parents
There are no guarantees that your child will not choose to use drugs, but as a parent, you can influence that decision by:
- not using drugs yourself
- providing guidance and clear rules about not using drugs
- spending time with your child sharing the good and the bad times

All of these are necessary to help your child grow up free from the problems of drug use.

Ask yourself a few questions
Much of what children learn about drugs comes from parents. Take a few minutes to answer the following questions about your feelings and behaviors about tobacco, alcohol, and other drugs.
- Do you usually offer alcoholic drinks to friends and family when they come to your home?
- Do you frequently take medicine for minor aches and pains or if you are feeling sad or nervous?
- Do you take sleeping pills to fall asleep?
- Do you use alcohol or any other drug in a way that you would not want your child to?
- Do you smoke cigarettes?
- Are you proud about how much you can drink?
- Do you make jokes about getting drunk or using drugs?
- Do you go to parties that involve a lot of drinking?
- Do you drink and drive or ride with drivers who have been drinking?
- Has your child ever seen you drunk?
- Do you let minors drink alcohol in your home?

Teach your child to say no
Tell your child exactly how you expect her to respond if someone offers her drugs:
- Ask questions (“What is it?” “Where did you get it?”)
- Say no firmly.
- Give reasons (“No thanks, I’m not into that.”)
- Suggest other things to do (go to a movie, the mall, or play a game)
- Leave (go home, go to class, join other friends)

Parents can also help their children choose not to use tobacco, alcohol, and other drugs in these ways:
- Build your child’s self-esteem with praise and support for decisions. A strong sense of self-worth will help your child to say no to tobacco, alcohol, and other drugs and mean it.
- Gradually allow your child to make more decisions alone. Making a few mistakes is a normal part of growing up, so try not to be too critical when your child makes a mistake.
- Listen to what your child says. Pay attention, and be helpful during periods of loneliness or doubt.
- Offer advice about handling strong emotions and feelings. Help your child cope with emotions by letting her know that feelings will change. Explain that mood swings are not really bad, and they won’t last forever. Model how to control mental pain or tension without the use of tobacco, alcohol, or other drugs.
- Plan to discuss a wide variety of topics with your child including alcohol, tobacco, and other drugs and the need for peer-group acceptance. Young people who don’t know the facts about tobacco, alcohol, and other drugs are at greater risk of trying them.
- Encourage fun and worthwhile outside things to do; avoid turning too much of your child’s leisure time into chores.
- Be a good role model by avoiding tobacco, alcohol, or other drugs yourself. You’re the best role model for your child. Make a stand against drug issues—your child will listen.

Your pediatrician understands that good communication between parents and children is one of the best ways to prevent drug use. If talking to your child becomes a problem, your pediatrician may provide the key to opening the lines of communication.

Parents guide to teenage parties

If your teen is giving a party:
- **Plan in advance.** Go over party plans with your teen. Encourage your teen to plan some organized group activities or games.
- **Keep parties small.** 10 to 15 teens for each adult. Make sure at least one adult is present at all times. Ask other parents to come over to help you if you need it.
- **Set a guest list.** The party should be for invited guests only. No “crashers” allowed. This will help avoid the “open party” situation.
- **Set a time limit.** Set starting and ending times for the party. Check local curfew laws to determine an ending time.
• Set party “rules.” Discuss them with your teen before the party. Rules should include the following:
  ✓ No tobacco, alcohol, or other drugs.
  ✓ No one can leave the party and then return.
  ✓ Lights are left on at all times.
  ✓ Certain rooms of the house are off-limits.
• Know your responsibilities. Remember, you are legally responsible for anything that happens to a minor who has been served alcohol or other drugs in your home. Help your child feel responsible for this as well. Guests who bring tobacco, alcohol, or other drugs to the party should be asked to leave. Be ready to call the parents of anyone who comes to the party intoxicated to make sure they get safely home.
• Be there, but not square. Pick out a spot where you can see what is going on without being in the way. You can also help serve snacks and beverages.

If your teen is going to a party:
• Call the host’s parent to verify the party and offer any help. Make sure a parent will be at the party and that tobacco, alcohol, and other drugs will not be allowed.
• Know where your child is going. Have the phone number and address of the party. Ask your teen to call you if the location of the party changes. Be sure to let your child know where you will be during the party.
• Make sure your teen has a way to get home from the party. Make it easy for your child to leave a party by making it clear that he can call at any time for a ride home. Discuss why he might need to make such a call. Remind your teen NEVER to ride home with a driver who has been drinking.
• Be up to greet your child when he comes home. This can be a good way to check the time and talk about the evening.

Talk to your teen about safe partying
Maybe your teen has been to parties where there were tobacco, alcohol, and other drugs. Maybe he tried them. Maybe after using them your teen did something stupid, something he wouldn’t normally do.
It’s hard for people to stay safe when they aren’t thinking clearly. How can teens keep a clear head and still have fun? Give them the following suggestions for staying safe while having a good time:
  - Hang out with people who don’t smoke, drink, or use other drugs.
  - Plan not to smoke, drink, or use other drugs. Do whatever it takes to help you remember.
  - Use the “buddy system”—team up with a friend. Use a code word to remind each other when it’s time to leave a party.
  - If your teen likes to meet new people, suggest trying some of the following activities instead of parties:
    free concerts, dances, museums, community centers, sports events, film festivals, volunteer work

How can I tell if my child is doing drugs?
Despite your best efforts, your teen may still abuse drugs. Some warning signs of drug use are:
• Smell of alcohol, smoke, or other chemicals on your child’s breath or clothing
• Obvious intoxication, dizziness, or bizarre behavior
• Change in dress, appearance, and grooming
• Change in choice of friends
• Frequent arguments, sudden mood changes, and unexplained violent actions
• Change in eating and sleeping patterns
• Skipping school
• Failing grades
• Runaway and delinquent behavior
• Suicide attempts

How parents can help
As you read this brochure, you may be worried that your child is using tobacco, alcohol, or other drugs. Before you confront your child, consider talking to friends, relatives, teachers, employers, and others who know your child. Get their impressions as to how she is doing. If others are concerned, this may make you more comfortable in your decision to talk to your child. Always choose a time when your child is awake, alert, and receptive to talking. Avoid interruptions, maintain privacy, and keep your wits about you. Go over the checklist with your child, highlighting those concerns that have you worried.

Send loving messages. For example:
• “I love you too much to let you hurt yourself.”
• “I know other people your age use drugs, but I can’t let you continue to behave this way.”
• “We’ll do anything we can to help you. If tobacco, alcohol, or other drugs are part of the problem, we must talk about it right away.”
• “If you are sad, upset, or mad, we want to help you. But our family will not permit any use of tobacco, alcohol, or other drugs.”

Don’t be critical (avoid these statements):
• “There’s only one reason you could be acting this way—you must be on drugs.”
• “Don’t think you are fooling me. I know what you are doing.”
• “How could you be so stupid as to start using drugs and alcohol?”
• “How could you do this to our family?”
• “Where did I go wrong? What did I do to make you start using tobacco, alcohol, and other drugs?”

Remember, if your child is using drugs, she needs your help. Don’t be afraid to be a strong parent! However, the problem could become too much for you to handle alone. Don’t hesitate to seek professional help, such as your pediatrician, a counselor, support group, or treatment program.

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

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

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

Before things go too far, try asking yourself the following questions:
- Do I really want to have sex?
- Is this person pressuring me to have sex?
- Am I ready to have sex?
- What will happen after I have sex with this person?

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

Can you be sexual without having sex?
Yes. Being sexual can mean
- Spending romantic time together
- Holding hands, kissing, or cuddling

Are you ready?
Ask yourself the following questions:
- How do you feel when you are with this person?
- Is this person kind and caring?
- Does this person respect you and your opinions?
- Have you talked together about whether to have sex?
- Have you talked together about condoms and other birth control?
- Will you stay together even if one of you does not want to have sex?
- Do you know if your partner has ever had sex with other people?
- Do you feel pressured to have sex just to please your partner?

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

Know the risks
It’s normal for teens to be curious about sex, but deciding to have sex is a big step.

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

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

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

Stick by your decision
If you don’t know what to say, here are some suggestions
- “I like you a lot, but I’m just not ready to have sex.”
- “You’re really fun to be with, and I wouldn’t want to ruin our relationship with sex.”
- “You’re a great person, but sex isn’t how I prove I like someone.”
- “I’d like to wait until I’m older before I make the decision to have sex.”
Remember, “no” means “no”—no matter how far you go. If you feel things are going too far sexually, tell your partner to stop.

Better safe than sorry
If you choose to wait to have sex, try to avoid
- **Being alone with your date too often.** Spending time with your other friends is important too.
- **Giving your date the wrong idea. Stick to your limits.** It’s also not a good idea for you and your date to “make out” or go too far sexually if you don’t really want to have sex.
- **Using alcohol or drugs.** Both of these **affect your judgment,** which may make it hard to stick to your decision not to have sex.
- **Giving in to the pressure.** It may be tempting to keep up with the crowd, but keep in mind that they may not be telling the truth.

Why wait?
People who **wait** until they are older to have sex usually find out that it’s
- More **special**
- More **satisfying**
- **Less risky** to their health
- Easier to act responsibly and take precautions to avoid infections and pregnancy
- More **accepted** by others

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

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

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

Are you thinking about having sex?
Is anyone trying to talk you into having sex? Does it seem like all your friends are having sex?

Before you make any decisions, or even if you have had sex but are unsure if you should again, read on for some important information about how to stay healthy. (And remember, if anyone has ever forced you to have sex, this is WRONG and not your fault! Tell someone you trust as soon as possible.)

It’s OK to say NO Way!
Not everyone is having sex. Half of all teens say “no” to sex. There’s nothing wrong if you decide to wait; in fact, it’s a great idea. If you decide to wait, stick with your decision. Plan ahead how you are going to say “no” so that you are clearly understood. Stay away from situations that can lead to sex. Too many young people have sex without meaning to when they drink alcohol or use drugs. Not using alcohol and drugs will help you make clearer choices about sex. Whether you decide to have sex, it’s important that you know the facts about birth control, diseases, and emotions.

Why wait?
• Sex can lead to pregnancy. Are you ready to be pregnant or a teen parent? It’s an awesome responsibility—will your baby have food, clothes, and a safe place to live?
• Sex has health risks. You could become infected with one or more sexually transmitted diseases (STDs) like herpes, Trichomonas, or human immunodeficiency virus (HIV) (the virus that causes acquired immunodeficiency syndrome [AIDS]). One type of disease called human papillomavirus (HPV) may cause cancer.
• You may feel sad or angry if you let someone pressure you into having sex when you’re not really ready.
• You also may feel sad or angry if you chose to have sex and then your partner leaves you. He may even tell other people that you had sex with him. Can you handle that?

If you don’t want to get an STD, use condoms
If you’re going to have sexual intercourse, using condoms is the best way to avoid getting STDs. Remember that nothing will ever be 100% effective in preventing diseases except abstinence (no sex). Use a latex condom every time you have sex—no matter what other type of birth control you and your partner also might use. To protect against getting a disease from having oral sex, use a condom, a dental dam, or non-microwavable plastic wrap. Your pediatrician can explain all these things to you. To make sure you stay healthy, get regular medical checkups, urine testing for STDs, and a pelvic exam (if you’re female).

Condoms are easy to use. They work best when you use them the right way. Here is what you need to know.
• Use only latex or polyurethane condoms. You also have a choice between a male condom or female condom. Never use these 2 types of condoms at the same time; they might tear. When buying male condoms, get the kind with a reservoir (nipple) at the tip to catch semen.
• Follow the instructions on the package to make sure you are using them the right way. Also, check the expiration date on the package. Don’t buy or use expired condoms.
• You can carry condoms with you at all times, but do not store them where they will get hot (like in the glove compartment of a car). Heat can damage the condom. Also, you can carry them in a purse or wallet, but not for too long—this shortens their life.

If you don’t want to get pregnant...
You need a reliable form of birth control!
• Condoms used the right way have a 90% chance of preventing pregnancy.
• “The pill” is the most popular type of birth control used by women. There are many brands of the birth control pill. For the pill to work, a woman must take it every day. When used correctly, the pill is 99% effective at preventing pregnancy.
• The birth control patch is similar to the pill and looks like an adhesive strip. The patch is placed on the skin and changed every week for 3 weeks. Side effects are similar to the pill.
• Depo-Provera is a shot that you get every 3 months. It is a popular choice for women who have trouble remembering to take the pill.

There may be minor side effects when using the pill, patch, or Depo-Provera like mild irregular bleeding, nausea, sore breasts, or weight gain. Your pediatrician will talk to you in detail about what to expect.

Other types of birth control
The following are NOT recommended for young people:
• Withdrawal (when the male “pulls out” of the female before he ejaculates or “cums”) does not prevent pregnancy. If even a small amount of sperm enters a woman, pregnancy can occur.
• Norplant. It’s no longer approved.
• **Diaphragms and spermicides.** These require some planning. The teen pregnancy rate using these methods is very high.

• The **“rhythm method.”** This is when you avoid having sex during certain times of your monthly cycle. This method is not very effective at preventing pregnancy.

• The **intrauterine device (IUD),** unless you have had a baby and are at a low risk for STDs. The choice to become sexually active is your choice. Choosing not to have sex is the **only** way to avoid all STDs and getting pregnant.

**It’s your choice!**

Talk with your pediatrician about birth control—how safe and effective these methods are, what side effects they can cause, and how much they cost.

Note: Products are mentioned for informational purposes only and do not imply an endorsement by the American Academy of Pediatrics.

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

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

Medication doses...
Symptoms and signs...
When to worry...
When to call us...

Our website is always available

😊 Lunch time
😊 Night time
😊 Fussy time
😊 Any time!!

Your **fastest** answers are here: