



BRIGHT FUTURES HANDOUT ► PATIENT

18 THROUGH 21 YEAR VISITS

Here are some suggestions from Bright Futures experts that may be of value to you.

✓ HOW YOU ARE DOING

- Enjoy spending time with your family.
- Find activities you are really interested in, such as sports, theater, or volunteering.
- Try to be responsible for your schoolwork or work obligations.
- Always talk through problems and never use violence.
- If you get angry with someone, try to walk away.
- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help.
- Talk with us if you are worried about your living or food situation. Community agencies and programs such as SNAP can help.
- Don't smoke, vape, or use drugs. Avoid people who do when you can. Talk with us if you are worried about alcohol or drug use in your family.

✓ YOUR FEELINGS

- Most people have ups and downs. If you are feeling sad, depressed, nervous, irritable, hopeless, or angry, let us know or reach out to another health care professional.
- Figure out healthy ways to deal with stress.
- Try your best to solve problems and make decisions on your own.
- Sexuality is an important part of your life. If you have any questions or concerns, we are here for you.

✓ YOUR DAILY LIFE

- Visit the dentist at least twice a year.
- Brush your teeth at least twice a day and floss once a day.
- Be a healthy eater.
 - Have vegetables, fruits, lean protein, and whole grains at meals and snacks.
 - Limit fatty, sugary, salty foods that are low in nutrients, such as candy, chips, and ice cream.
 - Eat when you're hungry. Stop when you feel satisfied.
 - Eat breakfast.
- Drink plenty of water.
- Make sure to get enough calcium every day.
 - Have 3 or more servings of low-fat (1%) or fat-free milk and other low-fat dairy products, such as yogurt and cheese.
- Women: Make sure to eat foods rich in folate, such as fortified grains and dark-green leafy vegetables.
- Aim for at least 1 hour of physical activity every day.
- Wear safety equipment when you play sports.
- Get enough sleep.
- Talk with us about managing your health care and insurance as an adult.

✓ HEALTHY BEHAVIOR CHOICES

- Avoid using drugs, alcohol, tobacco, steroids, and diet pills. Support friends who choose not to use.
- If you use drugs or alcohol, let us know or talk with another trusted adult about it. We can help you with quitting or cutting down on your use.
- Make healthy decisions about your sexual behavior.
- If you are sexually active, always practice safe sex. Always use birth control along with a condom to prevent pregnancy and sexually transmitted infections.
- All sexual activity should be something you want. No one should ever force or try to convince you.
- Protect your hearing at work, home, and concerts. Keep your earbud volume down.

Helpful Resource: National Domestic Violence Hotline: 800-799-7233

18 THROUGH 21 YEAR VISITS—PATIENT

✓ STAYING SAFE

- Always be a safe and cautious driver.
 - Insist that everyone use a lap and shoulder seat belt.
 - Limit the number of friends in the car and avoid driving at night.
 - Avoid distractions. Never text or talk on the phone while you drive.
- Do not ride in a vehicle with someone who has been using drugs or alcohol.
 - If you feel unsafe driving or riding with someone, call someone you trust to drive you.
- Wear helmets and protective gear while playing sports. Wear a helmet when riding a bike, a motorcycle, or an ATV or when skiing or skateboarding.
- Always use sunscreen and a hat when you're outside.
- Fighting and carrying weapons can be dangerous. Talk with your parents, teachers, or doctor about how to avoid these situations.

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*

For more information, go to <https://brightfutures.aap.org>.


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Beyond Screen Time: A Parent's Guide to Media Use

Media in all forms, including TV, computers, and smartphones, can affect how children and teens feel, learn, think, and behave. However, parents (you) are still the most important influence.

The American Academy of Pediatrics (AAP) encourages you to help your children develop healthy media use habits early on. Read on to learn more.

Media Use and Your Children

You can decide what media use is best for your family. Remember, all children and teens need adequate sleep (8–12 hours, depending on age), physical activity (1 hour), and time away from media. (See the “Media Use Guidelines” chart for general guidelines for media use based on age.)

Because children today are growing up in a time of highly personalized media use experiences, parents must develop personalized media use plans for their children. Media plans should take into account each child's age, health, personality, and developmental stage. Create a Family Media Use Plan online at HealthyChildren.org/MediaUsePlan. By creating a Family Media Use Plan, parents can help children and teens balance their media use with other healthy activities.

Why use digital media?

- Digital media use can
 - Expose users to new ideas and information.
 - Raise awareness of current events and issues.
 - Promote community participation.
 - Help students work with others on assignments and projects.
- Digital media use also has social benefits that
 - Allow families and friends to stay in touch, no matter where they live.
 - Enhance access to valuable support networks, especially for people with illnesses or disabilities.
 - Help promote wellness and healthy behaviors, such as how to quit smoking or how to eat healthy.

Why limit media use?

Overuse of digital media may place your children at risk of

- **Not enough sleep.** Children with more media exposure or who have a TV, computer, or mobile device in their bedroom sleep less and fall asleep later at night. Even babies can be overstimulated by screens and miss the sleep they need to grow. Exposure to light (particularly blue light) and stimulating content from screens can delay or disrupt sleep and have a negative effect on school.
- **Delays in learning and social skills.** Children who watch too much TV in infancy and preschool years can show delays in attention, thinking, language, and social skills. One of the reasons for the delays could be because they interact less with parents and family. Parents who keep the TV on or focus on their own digital media miss precious opportunities to interact with their children and help them learn. Children and teens often use entertainment media

at the same time they're doing other things, such as homework. Such multitasking can have a negative effect on school.

- **Obesity.** Watching TV for more than 1.5 hours daily is a risk factor for obesity for children 4 through 9 years of age. Teens who watch more than 5 hours of TV per day are 5 times more likely to have overweight than teens who watch 0 to 2 hours. Food advertising and snacking while watching TV can promote obesity. Also, children who overuse media are less apt to be active with healthy, physical play.
- **Behavior problems.** Violent content on TV and screens can contribute to behavior problems in children, either because they are scared and confused by what they see or they try to mimic on-screen characters.
- **Problematic Internet use.** Children who overuse online media can be at risk for problematic Internet use. Heavy video gamers are at risk for Internet gaming disorder. They spend most of their free time online and show less interest in off-line or real-life relationships. There may be increased risks for depression at both the high and low ends of Internet use.
- **Risky behaviors.** Teens' displays on social media often show risky behaviors, such as substance use, sexual behaviors, self-injury, or eating disorders. Exposure of teens through media to alcohol, tobacco use, or sexual behaviors is associated with earlier initiation of these behaviors.
- **Sexing, loss of privacy, and predators.** Sexing is sending nude or seminude images, as well as sexually explicit text messages, using a cell phone. About 12% of youth 10 to 19 years of age have sent a sexual photo to someone else. Teens need to know that once content is shared with others, they may not be able to delete or remove it completely. They may also not know about or choose not to use privacy settings. Another risk is that sex offenders may use social networking, chat rooms, e-mail, and online games to contact and exploit children.
- **Cyberbullying.** Children and teens online can be victims of cyberbullying. Cyberbullying can lead to short- and long-term negative social, academic, and health issues for both the bully and target. Fortunately, programs to help prevent bullying may reduce cyberbullying.

More Media Use Tips for Parents, Families, and Caregivers

- Do not feel pressured to introduce technology early. Media interfaces are intuitive, and children can learn quickly.
- Find out what type of and how much media are used and what media behaviors are appropriate for each child—and for you. Place consistent limits on hours of media use as well as types of media used.
- Select and co-view media with your child so your child can use media to learn, be creative, and share these experiences with your family.
- Check your children's media use for their health and safety.

Media Use Guidelines

Age	Description	Tips
Younger than 2 years	<p>Children younger than 2 learn and grow when they explore the physical world around them. Their minds learn best when they interact and play with parents, siblings, caregivers, and other children and adults.</p> <p>Children younger than 2 have a hard time understanding what they see on screen media and how it relates to the world around them.</p> <p>However, children 18–24 months of age can learn from high-quality educational media, IF their parents play or view with them and reteach the lessons.</p>	<ul style="list-style-type: none"> • Media use should be very limited and only when an adult is standing by to co-view, talk, and teach (for example, video chatting with family along with parents). • For children 18–24 months, if you want to introduce digital media, <ul style="list-style-type: none"> ◦ Choose high-quality programming. ◦ Use media together with your child. ◦ Avoid solo media use.
2–5 years of age	<p>At 2 years of age, many children can understand and learn words from live video chatting. Young children can listen to or join a conversation with their parents.</p> <p>Children 3–5 years of age have more mature minds, so a well-designed educational program such as Sesame Street (in moderation) can help children learn social, language, and reading skills.</p>	<ul style="list-style-type: none"> • Limit screen use to no more than 1 hour per day. • Find other activities for your children to do that are healthy for their bodies and minds. • Choose media that is interactive, nonviolent, educational, and pro-social. • Co-view or co-play with your children.
5 years and older	<p>Today's grade-schoolers and teens are growing up immersed in digital media. They may even have their own mobile device and other devices to access digital media.</p>	<ul style="list-style-type: none"> • Make sure media use is not displacing other important activities, such as sleep, family time, and exercise. • Check your children's media use for their health and safety.
Tweens and teens	<p>Tweens and teens are more likely to have some independence in what they choose and watch, and they may be consuming media without parental oversight.</p>	<ul style="list-style-type: none"> • Parents should engage tweens and teens in conversations about their media use, digital citizenship, what they've seen or read, who they are communicating with, and what they have learned from their media use.

See *More Media Use Tips for Parents, Families, and Caregivers*. Also, create a Family Media Use Plan online at HealthyChildren.org/MediaUsePlan. A Family Media Use Plan is useful to set consistent expectations and limits on media use for parents, children, and teens.

- Stop use of devices or screens for 1 hour before bedtime. Do not let your children sleep with devices such as smartphones.
- Discourage entertainment media while doing homework.
- Plan media-free times together, such as family dinners.
- Decide on media-free, unplugged locations in homes, such as bedrooms.
- Engage in family activities that promote well-being, such as sports, reading, and talking with each other.
- Set a good example. Turn off the TV and put your smartphone on "do not disturb" during media-free times with your family.
- Use sites like Common Sense Media (www.commonsensemedia.org) to help you decide if movies, TV shows, apps, and videos games are age and content appropriate for your children and your family values.
- Share your family media rules with caregivers or grandparents to help ensure rules are consistent.
- Talk with your children and teens about online citizenship and safety. This includes treating others with respect online, avoiding cyberbullying and sexting, being wary of online solicitations, and safeguarding privacy.
- Remember that your opinion counts. TV, video games, and other media producers, airers, and sponsors pay attention to the views of the public. For more information from the Federal Communications Commission (FCC), visit <http://reboot.fcc.gov/parents>.
- Encourage your school and community to advocate for better media programs and healthier habits. For example, organize a Screen-Free Week in your town with other parents, teachers, and neighbors.

From Your Doctor

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For Teens: How to Make Healthy Decisions About Sex

Before you decide to have sex or if you are already having sex, you need to know how to stay healthy. Even if you think you know everything you need to know about sex, take a few minutes and read on. Your doctor wants to make sure you know the facts.



Important Reminders:

- No one should ever be forced to have sex (<http://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Date-Rape.aspx>)! If you are ever forced to have sex, it's important to never blame yourself and to tell an adult you trust as soon as possible.
- Not using alcohol and drugs (<http://www.healthychildren.org/English/ages-stages/teen/substance-abuse/Pages/Talking-to-Teens-About-Drugs-and-Alcohol.aspx>) will help you make clearer choices about sex. Too many young people have sex without meaning to when they drink alcohol or use drugs.

Are You Ready for Sex?

Sex can change your life and relationships. Having sex may affect the way you feel about yourself or how others feel about you.

Many teens believe waiting until they are ready to have sex (<http://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Deciding%20to%20Wait.aspx>) is important. The right time is different for each teen. For example, some teens may want to wait until they are older (adults); other teens may want to wait until they feel their relationship is ready.

You may feel that your relationship is ready when:

- You can be completely honest and trust the other person, and the other person can trust you.
- You can talk with the person about difficult topics, such as feelings, other relationships, and if the person has had a sexually transmitted infection (STI) (<http://www.healthychildren.org/English/health-issues/conditions/sexually-transmitted/Pages/Types-of-Sexually-Transmitted-Infections.aspx>).
- You can be responsible, protecting yourself and your partner against STIs and pregnancy with condoms (<http://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/No-Condom-No-Sex.aspx>) and birth control (<http://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Birth-Control-for-Sexually-Active-Teens.aspx>).
- You can respect the other person's decisions about not having sex and about using protection.

However, if you are in love or really like someone, you may ignore the signs of an unhealthy relationship.

The following signs mean your relationship is **not** ready for sex:

- Your partner is jealous or possessive. For example, your partner prevents you from spending time with your family or other friends, texts or instant messages you constantly, or checks your cell phone to see who you are talking with.
- Your partner pressures you to have sex and refuses to see your point of view.
- Your partner manipulates you by either bullying you or threatening to hurt himself if you end the relationship.

Why Wait?

There's nothing wrong if you decide to wait. Not everyone is having sex. Half of all teens in the United States have never had sex. If you decide to wait, stick with your decision. Plan ahead how you are going to say no so you are clearly understood. Stay away from situations that can lead to sex.

Here are reasons why waiting to have sex makes sense:

- **Sex can lead to pregnancy** (<http://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Teenage-Pregnancy.aspx>). Are you ready to be pregnant or become a teenaged parent? ^{Back to Top} It's a huge responsibility. Are you able to provide food, clothing, and a safe home for your baby?
- **Sex has health risks.** A lot of infections can be spread during sex. Sexually transmitted infections (<http://www.healthychildren.org/English/health-issues/conditions/sexually-transmitted/Pages/Types-of-Sexually-Transmitted-Infections.aspx>) include chlamydia, gonorrhea, hepatitis B, herpes, HIV (the virus that causes AIDS), human papillomavirus (HPV), or syphilis.
- **Sex can lead to emotional pain and distractions.** 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 choose to have sex but your partner leaves you. Your partner may even tell other people that you had sex with her.

How Can You Prevent Getting an STI?

Nothing works perfectly to prevent STIs except abstinence (no sex). However, if you're going to have sex, using condoms is the best way to reduce the risk for getting STIs. You can also get a vaccine to protect against HPV (<http://www.healthychildren.org/english/safety-prevention/immunizations/pages/Human-Papillomavirus-HPV-Vaccine-What-You-Need-to-Know.aspx>).

Remember to use a latex condom every time you have sex—no matter what other type of birth control (<http://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Birth-Control-for-Sexually-Active-Teens.aspx>) you and your partner might also use. To protect against getting an infection from having oral sex, use a condom, dental dam, or non-microwavable plastic wrap. Your doctor can explain all these things to you.

To make sure you stay healthy, get regular medical checkups. If you have had sex in the past or are having sex, your doctor may recommend testing for STIs.

What Do You Need To Know About Condoms?

- Condoms work best when used correctly.
- Most teens use male latex condoms. Buy the type with a reservoir (nipple) at the tip to catch semen, if available. Female condoms are another option. Never use a male and female condom at the same time; they might tear.
- Follow the instructions on the package to make sure you are using them the right way.
- 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 (such as in the glove compartment of a car). Heat can damage a condom.
- The following additional tips about using male condoms are from the "Condom Fact Sheet In Brief" published by the Centers for Disease Control and Prevention.
 - Use a new condom for every act of vaginal, anal, and oral sex throughout the entire sexual act (from start to finish). Before any genital contact, put the condom on the tip of the erect penis with the rolled side out.
 - If the condom does not have a reservoir tip, pinch the tip enough to leave a half-inch space for semen to collect. Holding the tip, unroll the condom all the way to the base of the erect penis.
 - After ejaculation and before the penis gets soft, grip the rim of the condom and carefully withdraw. Then gently pull the condom off the penis, making sure that semen doesn't spill out.
 - Wrap the condom in a tissue and throw it in the trash where others won't handle it.
 - If you feel the condom break at any point during sexual activity, stop immediately, withdraw, remove the broken condom, and put on a new condom.
 - Ensure that adequate lubrication is used during vaginal and anal sex, which might require water-based lubricants. Oil-based lubricants (ie, petroleum jelly, shortening, mineral oil, massage oils, body lotions, and cooking oil) should not be used because they can weaken latex, causing breakage.

What Types of Birth Control Are Effective?

Talk with your doctor about birth control (<http://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Birth-Control-for-Sexually-Active-Teens.aspx>). Your doctor can answer questions about safe and effective methods, side effects, and costs. Here are some forms of birth control (all types for females; condoms for males) from most effective to least effective at preventing pregnancy.

- **Intrauterine devices (IUDs):** IUDs are small T-shaped devices placed inside the uterus by a doctor. They are highly effective at preventing pregnancy and may also be prescribed to help decrease menstrual bleeding and pain. The copper IUD contains a small amount of natural copper and prevents pregnancies for up to 10 years. There are 2 levonorgestrel IUDs, both of which contain a hormone and prevent pregnancy for 3 to 5 years depending on which one is used. Intrauterine devices when used as prescribed are about 99% effective in preventing pregnancy.
- **Contraceptive implant:** A contraceptive implant is a tiny flexible rod that a doctor puts under your skin in your upper arm. It slowly releases a hormone that prevents pregnancy for 3 years. A contraceptive implant when used as prescribed is about 99% effective in preventing pregnancy.

- **Contraceptive injection:** Depo-Provera is a shot given every 3 months. It's effective, and you don't have to remember to take a daily pill. The contraceptive injection when used as prescribed is 99% effective in preventing pregnancy. However, when used typically (eg, women may occasionally forget to get a shot exactly on time), it is 94% effective in preventing pregnancy.
- **Birth control pills, patch, and ring:** "The pill," the birth control patch, and the ring all contain 2 hormones, an estrogen and a progestin.
 - **Birth control pill:** You take one pill each day. Birth control pills when used as prescribed are about 99% effective in preventing pregnancy. However, when used typically (eg, women may occasionally forget to take a pill), they are 91% effective in preventing pregnancy.
 - **Birth control patch:** The birth control patch is an adhesive patch that is placed on the skin. You wear the patch 3 weeks, remove the patch for 1 week, put on a new patch at the end of the fourth week, and repeat these steps. The birth control patch when used as prescribed is about 99% effective in preventing pregnancy. However, when used typically (eg, women may occasionally forget to replace the patch on time), it is 91% effective in preventing pregnancy.
 - **Birth control ring:** You insert the birth control ring in your vagina, it stays in for 3 weeks, you remove it for 1 week, and you put in a new one at the end of the week. The birth control ring when used as prescribed is about 99% effective in preventing pregnancy. However, when used typically (eg, women may occasionally forget to put in a new birth control ring on time), it is 91% effective in preventing pregnancy.
- **Condoms:** Male condoms used the right way have about a 98% chance of preventing pregnancy, and female condoms have a 95% chance, but they must be used each time you have sex and used correctly. When they are not used correctly, male condoms may only have an 82% chance of preventing pregnancy, while female condoms may only be effective 79% of the time.

What Are Other Types of Birth Control?

The following types of birth control are less common and not as effective at preventing pregnancy:

- **Withdrawal:** The male "pulls out" before he ejaculates or "cums." It does not prevent pregnancy or STIs. Even a small amount of sperm can lead to pregnancy or an STI.
- **The "rhythm method:"** You avoid having sex during certain times of your monthly cycle. Because teens tend to have more irregular periods, this method is less effective at preventing pregnancy.
- **Spermicides:** These are creams and foams used during sex to kill sperm. They may add protection to other methods but are not effective when used alone.

What Is Emergency Contraception?

Emergency contraception (EC) (<http://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Emergency-Contraception.aspx>) is a form of birth control that you use **after** you have unprotected sex. Unprotected sex includes not using birth control, condoms breaking during sex, or forgetting to take birth control pills.

- Emergency contraception can be taken up to 5 days after sex but is most effective when taken as soon as possible after sex.
- You can buy EC pills over the counter and no longer need to show proof of age. The types of EC pills available over the counter are levonorgestrel at 1.5 mg (eg, Plan B One-Step or Next Choice One Dose).
- Another type of EC pill is ulipristal acetate 30 mg (eg, Ella), which you can only get with a prescription.
- A doctor can also put in a copper IUD that will provide both EC and regular birth control.

Remember:

If you decide to have sex, it's important that you know the facts about birth control, infections, and emotions. Decisions of when to become sexually active, how to protect yourself from STIs, and how to prevent pregnancy are yours. These are important decisions and are worth talking about with adults who care about you, including your doctor.

Additional Resources:

- Effective Birth Control for Sexually Active Teens (<http://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Birth-Control-for-Sexually-Active-Teens.aspx>)
- Expect Respect: Healthy Relationships (<http://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Expect-Respect-Healthy-Relationships.aspx>)
- Sexually Transmitted Infections Prevention (<http://www.healthychildren.org/English/health-issues/conditions/sexually-transmitted/Pages/Sexually-Transmitted-Infections-Prevention.aspx>)
- Emergency Contraception (<http://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Emergency-Contraception.aspx>)
- Center for Young Women's Health (<http://www.youngwomenshealth.org/>)

- The Emergency Contraception Web Site (<http://www.not-2-late.com/>)
- National Campaign to Prevent Teen and Unplanned Pregnancy (<http://www.stayteen.org/>)
- Sex, Etc. (<http://sexetc.org/>) (Rutgers University)
- Young Men's Health (<http://www.youngmenshealthsite.org/>)

[Back to Top](#)

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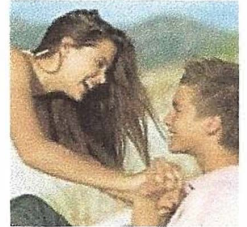
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Expect Respect: Healthy Relationships

Signs of a Healthy Relationship

- Respecting each other
- Knowing that you make each other better people
- Sharing common interests, but having outside friends and activities too
- Settling disagreements peacefully and with respect



Relationships are supposed to make both people feel happy. People should feel good about what happens when they are together.

Respect

- You ask each other what you want to do.
- No one tries to control the other person.

Common Interests

- You enjoy doing things together, but no one feels forced to do anything.
- If you do have a disagreement—and it's OK to disagree—you both get to say what you want, talk until you're both happy, and then go out and enjoy what you've planned.

Being With Each Other or Being Apart

- You enjoy each other's company and feel happy when together.
- You each feel free enough to have your own friends and interests outside the relationship.

Ways To Make Your Relationship Healthy

Respect Each Other

Show you really care by sharing your thoughts and feelings. Listen to what your partner has to say.

Ask About The Other Person's Interests

Talk about sports, music, or movies—whatever helps you get past any awkward feelings and get to know each other better.

Have A Life Outside The Relationship

People are more attractive to each other if they have other interests. Keep up with your schoolwork, friends, and the activities you enjoy that do not involve your partner.

Resolve Disagreements With Love and Respect

People don't always have to agree on movies, music, or favorite sports, or even on how often to call or see each other. It is only natural for people to disagree. The important thing is how you reach an agreement. With a good attitude, you can have a healthy disagreement.

Signs of An Unhealthy Relationship (/English/ages-stages/teen/dating-sex/pages/Dating-Violence-Tips-for-Parents.aspx)

Feelings of fear, stress, and sadness are not part of a healthy relationship.

[Back to Top](#)

Lack of respect

You “go along” with something even if you think it is not right. You feel bad about what happens when you are together.

Being held back

Your partner does not let you succeed in school (</English/ages-stages/teen/school/pages/Poor-School-Performance-How-Parents-Can-Help.aspx>), or you are made to feel guilty about doing things that interest you.

Controlling behavior

You may hear, “If you love me, I need to know where you are.” Your partner does not care about your friends.

Feeling “crazy in love”

One or both of you calls the other all the time. You feel your partner is possessive and smothering.

Getting blamed for your partner’s problems

You hear, “This is all your fault.”

Feeling jealous most of the time

A little bit of jealousy is normal. A lot of jealousy, or allowing jealousy to control what goes on between the two of you, will hurt the relationship.

Trying to change the other person’s behavior

One of you tells the other, “My way or no way.”

When you can talk about a problem, an unhealthy relationship can become a healthy one. But, if you can’t find ways to enjoy the time that you spend together, it may mean that it is time to end the relationship.

Crossing The Line

There are some things that should never happen in a relationship. Your relationship has serious problems if any of the following things are happening.

Verbal Abuse

Screaming, swearing, bullying, or calling each other names is never all right.

Pushing, Shoving, Hitting, or Kicking In Anger

Trying To Control The Other Person’s Behavior Forced Sex (</English/ages-stages/teen/dating-sex/pages/Date-Rape.aspx>)

You always have the right to refuse attention or affection.

Threats

If one of you does not get your way, a threat is made to hurt either the other person or yourself.

Breaking or Hitting Objects During An Argument

If your relationship is crossing the line, the behavior needs to stop right away or the relationship needs to end. If you are having trouble ending a relationship, seek the help of an adult who cares about your well-being.

Talk with an adult you trust about how to end an abusive relationship safely. Use what you have learned to help make your next relationship better.

No Excuse For Abuse

Nothing You Say or Do Is A Reason To Be Abused

When things have calmed down, try saying:

- “I hated it when you swore at me. Don’t do that again.”

- "Don't treat me that way. I have done nothing to deserve being _____."
- "If you are upset, tell me. I can try to help, but yelling, screaming, and swearing at me does not help." [Back to Top](#)
- "If you treat me like that again, it's over."

Obedience Is Not Respect

Nothing Anyone Says or Does Is A Reason For You To Be Abusive

You deserve to be liked and respected. Using force, power, or control only gets "your way." This is not how to get respect.

If You Push Your Partner Around, You May Get Your Way, But You Lose Your Partner's Respect, Support, and Love.

If You Are Crossing The Line, STOP!

If you can't stop, get help.

- A teacher, coach, or counselor at school can help you learn how to treat your partner with respect.
- A spiritual leader or an adult at an after-school activity or club can help you learn how to control emotions (/english/health-issues/conditions/emotional-problems/Pages/default.aspx), like anger or jealousy, and avoid abusive behavior.

By changing your behavior, you can get the true respect, support, and love that you deserve.

Last Updated 11/2/2009

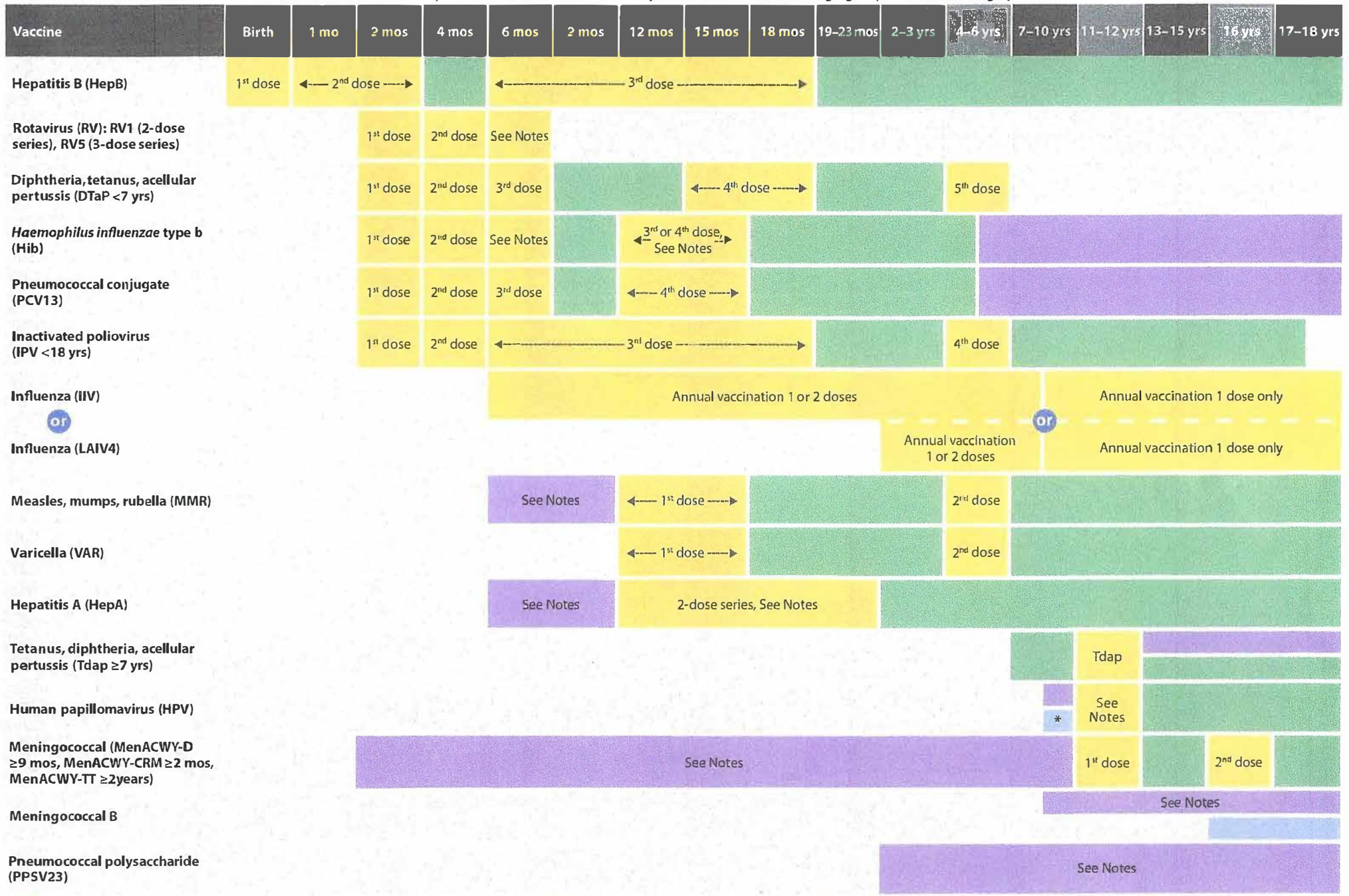
Source Connected Kids: Safe, Strong, Secure (Copyright © 2006 American Academy of Pediatrics)

The information contained on this Web site 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.

Table 1

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.



Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Recommended based on shared clinical decision-making or
No recommendation/ not applicable

Immunizations: What You Need to Know

Vaccines (immunizations) keep children healthy. Vaccines are safe. Vaccines are effective. Vaccines save lives.

However, parents may still have questions about why vaccines are needed, and some parents may be concerned about vaccine safety because they have been misinformed.

Read on for answers from the American Academy of Pediatrics (AAP) to some common questions parents have about vaccines. The AAP is a source you can trust for reliable medical information.

Q: What vaccines does my child need?

A: Children need all the following vaccines to stay healthy:

- **Hepatitis A and hepatitis B vaccines** to help protect against serious liver diseases.
- **Rotavirus vaccine** to help protect against the most common cause of diarrhea and vomiting in infants and young children. Rotavirus is the most common cause of hospitalizations in young infants due to vomiting, diarrhea, and dehydration.
- **DTaP and Tdap vaccines** to help protect against diphtheria, tetanus (lockjaw), and pertussis (whooping cough).
- **Hib vaccine** to help protect against *Haemophilus influenzae* type b (a cause of spinal meningitis and other serious infections).
- **Pneumococcal vaccine** to help protect against bacterial meningitis, pneumonia, and infections of the blood.
- **Polio vaccine** to help protect against a crippling viral disease that can cause paralysis.
- **Influenza vaccine** to help protect against influenza (flu), a potentially fatal disease. This vaccine is recommended for all people beginning at 6 months and older.
- **MMR vaccine** to help protect against measles, mumps, and rubella (German measles), all highly contagious and potentially very serious diseases.
- **Varicella vaccine** to help protect against chickenpox and its many complications, including flesh-eating strep, staph toxic shock, and encephalitis (an inflammation of the brain).
- **Meningococcal vaccine** to help protect against very serious bacterial diseases that affect the blood, brain, and spinal cord.
- **HPV (human papillomavirus) vaccine** to prevent cancers of the mouth and throat, cervix, and genitals.

Remember, vaccines prevent diseases and save lives. It's important to follow the schedule recommended by the AAP. Contact your child's doctor if you have any questions.

Q: Why are some of these vaccines still needed if the diseases are not as common anymore?

A: Many of these diseases are not as common as they once were because of vaccines. However, the bacteria and viruses that cause them still exist and can still make children very sick.

For example, before the Hib vaccine was developed in the 1980s, there were about 20,000 cases of Hib disease in the United States a year. Today there are fewer than 100 cases a year. However, the bacteria that causes Hib disease still exists. That is why children still need the vaccine to be protected.

In the United States, vaccines protect children from many diseases. However, in many parts of the world vaccine-preventable diseases are still common. Because diseases may be brought into the United States by Americans who travel abroad or by people visiting areas with current disease outbreaks, it's important that your child is vaccinated.

Q: Chickenpox is not a fatal disease, so why is the vaccine needed?

A: Chickenpox is usually mild. However, there can be serious complications. In fact, before the vaccine was licensed in 1995, there were about 4 million cases, 11,000 hospitalizations, and 100 deaths each year from chickenpox. Chickenpox is also very contagious. Most children feel miserable and miss 1 week or more of school when infected. It is because of the vaccine that the number of cases of chickenpox and its complications, including deaths, have gone down so dramatically.

Q: Does my baby need immunizations if I am breastfeeding?

A: Yes. While breastfeeding gives some protection against many diseases (and is the best nutrition for your baby), it is not a substitute for vaccines. In fact, breastfeeding and vaccines work well together. Studies show that breastfed babies respond better to vaccines and get better protection from them than babies who are not breastfed. And breastfeeding during or right after immunizations may help calm babies upset by the shots.

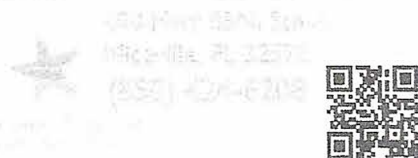
Q: Do vaccines even work? It seems like most of the people who get these diseases have been vaccinated.

A: Yes. Vaccines work very well. Millions of children have been protected against serious illnesses because they were immunized. Most childhood vaccines are 90% to 99% effective in preventing disease. Children who aren't vaccinated are much more likely to get a disease if they are exposed to it. And if a vaccinated child does get the disease, the symptoms are usually milder with fewer complications than in a child who hasn't been vaccinated.

Q: When should my child get immunized?

A: Children should get most of their shots during their first 2 years after birth. This is because many of these diseases are the most severe in the very young. Most newborns receive their first shot (hepatitis B) at birth before leaving the hospital, and more are given at well-child checkups in the first 6 months after birth. Other shots are given before children go to school. Older children and teens need vaccines to continue to protect them throughout adolescence and early adulthood. (Parents and caregivers also need vaccines so that they can prevent bringing infections home to their children and to keep themselves healthy so that they can care for their children!)

Children who are not immunized or who are behind on their shots are at risk of getting many of these diseases. They can also spread these diseases to others who have not yet been immunized. Ask your child's doctor if your child is up to date. Keep track of the vaccines each child receives and bring this information to each doctor visit.



Q: What side effects will my child have after getting a vaccine? Are they serious?

A: There may be mild side effects, such as swelling, redness, and tenderness where the shot was given, but they do not last long. Your child may also have a slight fever and be fussy for a short time afterward. Your doctor may suggest giving your child pain medicine to help relieve discomfort. It is very rare for side effects to be serious. However, you should call your child's doctor if you have any concerns after vaccines are given.

Q: Should some children not be immunized?

A: Children with certain health problems may need to avoid some vaccines or get them later. In most cases, children with cancer, those taking oral or injected steroids for lung or kidney conditions, or those who have problems with their immune systems should not get vaccines that are made with live viruses. To protect these children, it is very important for others to be vaccinated. On the other hand, a child with a minor illness, such as low-grade fever, an ear infection, cough, a runny nose, or mild diarrhea, can safely be immunized.

Q: Does the MMR vaccine cause autism?

A: No! The MMR vaccine does not cause autism spectrum disorder (ASD). Many research studies have been done to address this issue. There may be confusion because children with ASD are often diagnosed between 18 and 30 months of age—around the same time the MMR vaccine is given. This has led some people to assume that the vaccine is the cause. Increasing evidence shows that even though the symptoms of ASD may not be visible until the second year after birth or later, ASD starts before a baby is born.

Q: Do vaccines cause SIDS?

A: No! Babies get many of their first vaccines between 2 and 4 months of age. This is also the peak age for sudden infant death syndrome (SIDS), which is why some people feel they might be related. However, careful scientific studies have confirmed that vaccinations not only do not cause SIDS but may help prevent it.

Q: How do we know vaccines are safe?

A: The safety and effectiveness of vaccines are under constant study. Because vaccines are designed to be given routinely during well-child visits, they must be safe. Safety testing begins as soon as a new vaccine is considered, continues until it is approved by the US Food and Drug Administration (FDA), and is monitored indefinitely after licensure. The AAP works closely with the Centers for Disease Control and Prevention (CDC) to make recommendations for vaccine use.

Q: What is thimerosal and does it cause neurologic problems?

A: In the 1930s a preservative called thimerosal was added to vaccines to prevent contamination of vaccines. Thimerosal contains very small amounts of mercury, but it is in a different form than the potentially harmful mercury we are all exposed to in the environment. Even after many studies, the type of mercury in thimerosal has never been shown to cause health problems other than rare allergic reactions in some people. Thimerosal does not cause neurologic problems. Since 2001 all vaccines for infants either are thimerosal-free or contain only trace amounts of the preservative. Many are available in single-dose, preservative-free forms.

Q: Is it safe to give more than one vaccine at a time?

A: Yes! Your child's immune system is capable of handling multiple vaccines. Many years of experience and careful research have shown that routine childhood vaccines can be given together safely and effectively. Side effects are not increased when vaccines are given together.

Q: Where can I find more information?

A: Be sure your information comes from reliable and accurate sources. You cannot trust everything you find on the internet. Credible sources include

American Academy of Pediatrics

www.aap.org and www.HealthyChildren.org

CDC Vaccines & Immunizations

www.cdc.gov/vaccines

Immunization Action Coalition

www.immunize.org

Remember

If you have any questions or concerns about your child's health, contact your child's doctor.



After the Shots...

Your child may need extra love and care after getting vaccinated. Some vaccinations that protect children from serious diseases also can cause discomfort for a while. Here are answers to questions many parents have after their children have been vaccinated. If this sheet doesn't answer your questions, call your healthcare provider.

Vaccinations may hurt a little... but disease can hurt a lot!

Call your healthcare provider right away if you answer "yes" to any of the following questions:

- Does your child have a temperature that your healthcare provider has told you to be concerned about?
- Is your child pale or limp?
- Has your child been crying for more than 3 hours and just won't quit?
- Is your child's body shaking, twitching, or jerking?
- Is your child very noticeably less active or responsive?

▶ Please see page 2 for information on the proper amount of medicine to give your child to reduce pain or fever.

What to do if your child has discomfort

I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. An easy way to do this is by taking a temperature in the armpit using an electronic thermometer (or by using the method of temperature-taking your healthcare provider recommends). If your child has a temperature that your healthcare provider has told you to be concerned about or if you have questions, call your healthcare provider.

Here are some things you can do to help reduce fever:

- Give your child plenty to drink.
- Dress your child lightly. Do not cover or wrap your child tightly.
- Give your child a fever- or pain-reducing medicine such as acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil, Motrin). The dose you give your child should be based on your child's weight and your healthcare provider's instructions. See the dose chart on page 2. *Do not give aspirin.* Recheck your child's temperature after 1 hour. Call your healthcare provider if you have questions.

My child has been fussy since getting vaccinated. What should I do?

After vaccination, children may be fussy because of pain or fever. To reduce discomfort, you may want to give your child a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.* If your child is fussy for more than 24 hours, call your healthcare provider.

My child's leg or arm is swollen, hot, and red. What should I do?

- Apply a clean, cool, wet washcloth over the sore area for comfort.
- For pain, give a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.*
- If the redness or tenderness increases after 24 hours, call your healthcare provider.

My child seems really sick. Should I call my healthcare provider?

If you are worried **at all** about how your child looks or feels, call your healthcare provider!

HEALTHCARE PROVIDER: PLEASE FILL IN THE INFORMATION BELOW.

If your child's temperature is 102.5°F or 39 °C or higher, or if you have questions, call your healthcare provider.

Healthcare provider phone number (850) 424-6208

immunization
action coalition

A
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Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p4015.pdf • Item #P4015 (2/19)