

# Tips for what not to do on first dates

BY ANNE REBAR  
Columnist

If you ask people to make a list of the most stressful situations in their lives, I can guarantee most would include first dates. Whether you're the type who rarely dates or someone who's been broken up with more times than Jennifer Aniston, a first date (or two, or 50) is bound to pop up. It could be the first day of the rest of your lives together or a disaster the size of the Titanic, your views of the opposite sex sinking with every bad joke and snorting laugh. All first dates will undoubtedly not be fairy tales, but here are a few tips to keep them from bombing:

## 1. Be on time.

There's nothing worse than waiting around for someone you barely know to show up. First of all, at this point, you aren't even sure if the person is worth your time, so spending half of it waiting for him or her to show up is

just annoying. Second, not being on time clearly shows disrespect and egotism right off the bat — not a winning combination. An article by the eHarmony staff at eHarmony.com said not being on time leaves the other person under the impression that you don't think the date is important. If some extenuating circumstance makes being on time impossible, at least give your date a call and let them know what's up.

## 2. Don't talk about your ex.

Period. End of story. The eHarmony article said that talking about an ex makes it seem as if you are stuck in the past and not ready to move on to something new. On a first date, the last person you were in a relationship with should not

be the one who's on your mind. Your attention should be focused on getting to know the person in front of you rather than

rehashing what happened with the one you left behind.

## 3. This is not a job interview.

Dating advice author April Masini said you don't want to give your entire autobiography on the first date, and you shouldn't be trying to sell yourself for the position of this person's boyfriend or girlfriend. They aren't hiring you. They just want to get to know you. Similarly, they don't want to just sit and hear about you the whole date. Hogging the conversation makes you look self-centered. Listen and ask questions because, after all, you

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should be trying to get to know them too.

## 4. Appearance does matter.

Although we all are taught that it's what's on the inside that counts, when it comes to first dates and first impressions overall, what you're wearing is a factor. The article "Dating and Appearance" by the eHarmony staff states that you should be dressed in a way that puts the best you forward. You don't have to be dressed in expensive clothes or even very fancy ones, but looking like you made an effort on your appearance shows you take care of yourself and you want to look nice for the other person.

## 5. Know what not to say.

Many people worry about what they should talk about with their dates, but oftentimes the key to a successful first date is knowing what not to say. Your date need not know your private medical conditions, your money situation or your deepest, darkest secrets. Divulging sensitive information too freely can be off-putting. If you bare your soul too soon in a relationship, it puts pressure on the other person to do the same, something they might not be comfortable with. This puts you both in an awkward situation. To be safe, stick to the basics and save the secrets for a while down the road.



BY ANNA MEIER  
Columnist

Genital warts and things of the sort — that's what girls are made of.

Women have never been the only sex capable of contracting or spreading the dangerous and prevalent Human Papilloma Virus, which will affect 50 percent of the sexually active community and is responsible for virtually all cases of cervical cancer, 85 percent of anal cancer, 25 percent of mouth cancer and 35 percent of throat cancer, according to the Centers for Disease Control and Prevention.

Yes, women might be the exclusive owners of cervixes, but men also share in the possession of anuses, mouths and throats. And yet, since the

## Talking About Our Generation:

# Genital wart vaccine causes stir in male population

creation of the Gardasil vaccine in 2006, women have been the sole receivers of the inoculation. That might be about to change.

The Food and Drug Administration recently approved the vaccination for males ages nine to 26 as a preventative measure against genital warts.

Although the widespread use of this immunization method didn't seem to cause much debate when approved for women, there is a question over whether the CDC will promote this inoculation for all males in this age group. Its reasoning for not recommending customary use on males is that they, the male sex, would not be the primary group benefiting from Gardasil.

In comparison to females, HPV poses relatively few risks for males. Although it can cause anal and penile cancers, women have a lot more to fear.

Cervical cancer can easily spread to other nearby organs or lymph nodes, making it much more difficult to treat. Men certainly can still contract HPV, although it will more likely manifest itself as an asymptomatic disease or as genital warts, which, though unattractive, are more of a nasty little problem than a serious health risk.

So the males who would be receiving this three-shot procedure would largely be doing so for the greater good. They would be doing it more for their future sexual partners than for themselves, which might be a hard sell to parents of the boys that would be receiving the Gardasil shots.

First off, I have to wonder if this is some sort of ploy by Merck, the company that makes Gardasil, to generate some scratch. Sales of Gardasil have been progressively decreasing

and, if the CDC advocates this vaccine in males, Merck estimates a \$200 million boost in sales, according to the Wall Street Journal.

Beyond the money issue, I don't think the burden of having this vaccine should rest solely on the shoulders of women. Just because women will be the ones to suffer the ultimate consequences if we are not proactive in keeping our bodies free from sexually transmitted infections it doesn't mean we don't deserve a little assistance from the people we're most likely to contract an infection from. A woman didn't ask for something a man picked up from an indiscretion on Midterm Break in Panama City to be passed on to her one night because that particular man was too broke, lazy or stubborn to use a condom.

In the grand scheme of things, women are

often held responsible for contraception as they are expected to be on the pill, use the Nuvaring, get the Depo Provera shot or, at the very minimum, have their own stash of condoms in their bedside table. And yet, we're not having sex with ourselves or transferring HPV directly from woman to woman in the majority of cases.

Rubella shots are required for infants, not because of the danger to the infant, but of the serious risks Rubella poses to pregnant women. Why, then, would it be so outlandish for males to receive a vaccination that could reduce diseases in women? I guarantee that finding cauliflower-esque clusters on your nether regions is not pleasant. I also guarantee that losing your wife, sister or mother to cervical cancer would be worse. If the virus is not

gender-specific, I think the vaccine shouldn't be either.

I don't necessarily think everyone between the ages of nine and 26 should be receiving this vaccine, and I don't know that years of use will not someday prove that we shouldn't have been administering it all along. But I do think that it's a good step toward teaching people to be responsible and conscious of their own bodies and the effects they could have on others' bodies.

When it comes right down to it, we have a responsibility to protect ourselves from these types of dangerous infections, but just looking at yourself isn't always enough. A man should have enough respect for a woman and her body that, even if he doesn't call her the next day (or ever), he also doesn't saddle her with the weight of a lifelong disease.



BY ELIZABETH NECKA  
Columnist

Amaretto cake is a favorite among my family members. My grandma has been making it for every holiday for as long as I can remember, and my mother and uncle fight over the leftovers every time. Because my family took the long, snowy drive to visit me two weekends ago, I decided to make them some as a thank you.

My snotty 14-year-old brother refused the cake I worked so hard on! "It's got alcohol in it," he claimed, like the straight-edge high school freshman that he is. He didn't seem to understand that the alcohol baked off, leaving the flavor, and that he wouldn't get drunk from indulging in my dessert. The notion that alcohol is bad has been drilled into his head so meticulously that he wouldn't even budge in his ways for the sake of indulging his older sister.

I am not advocating that my little brother should try alcohol anytime soon. In fact, I'm proud of him for being so strong in his beliefs. But I couldn't help thinking of the various educational conventions which have so sculpted his social belief system and wonder how many kids are as convinced as he is. Schools, instructors and parents have a lot of social influences to stand up against in today's world — between the various portrayals of teen parties on television and in movies to the skimpy role models that parade across magazines and the Internet, there has to be some opposing force

## The Truman Experiment:

# Institutional programs prove ineffective with students

examining the morality of such conduct.

But just how effective are these programs? How do these programs help shape the perceptions and behaviors of those they aim to reach, and what can we do to improve them?

Despite its great popularity, growing research suggests the ineffectiveness of D.A.R.E. programming. Daren the lion might advocate against drugs and alcohol to fifth-graders and teach them the importance of self-esteem and resistance to peer pressure, but when these situations actually present themselves later in life, he might as well not have existed at all.

Students of the D.A.R.E. programs are no more or less likely to engage in illicit activities than those of regular drug awareness programs, according to a 1999 study in the Journal of Counseling and Clinical Psychology. In the study, researchers examined D.A.R.E. students in a 10-year follow-up study on negative and positive expectancies and frequency of use of cigarettes, alcohol, marijuana and other illegal drugs. Each individual's perception of and likelihood to try the substance is correlated significantly with his or her beliefs pre-programming and is not statistically different from control conditions — suggesting that as a whole, the program is unsuccessful in advocating abstinence and that personal social beliefs are more deeply rooted within

pre-existing personality traits and family influences.

A similar study examined the effectiveness of abstinence-only sex education. It compared the programs to comprehensive or no sex-education programs that supplement regular health education in junior high and older elementary school students. It is important to note that although the programs under examination were

classified as abstinence-only education, many of them still included discussion on STIs and risk management, although not specified to sexual situations. This 2008 study in the Journal of Policy Analysis and Management found no statistically significant differences between the groups. Instead of examining students' belief systems, which are highly influenced by many different factors, it studied students' behaviors three to six years post-programming, when most students were 15- to 18-years-old. Despite the education they received, about half of the youth in both programs remained sexually abstinent. For those who had

engaged in sexual activity, there was little to no difference in the number of partners or the safety measures between those in the abstinence-only and comprehensive programs. Overall, the study indicates an ineffectiveness of either type of sex-education program.

Quite frankly, these results are star-

ling. How are we supposed to reach out to teens and teach them about the maladaptive nature of certain behaviors when all of the programs through which we do so are ineffective? Is there any way to reach them?

Social cognitive theory suggests our learning is derived from the models we observe around us. Our social experiences and external influences shape our thoughts and behaviors. It seems improbable, if not impossible, to moderate teens' social influences back to a more conservative level, especially given the accessibility of information today and the increased emphasis on freedom of expression. Plus, I do not believe necessarily that this material should be censored — consenting adults should be more than able to make their own decisions regarding alcohol, drugs and sex. I just worry about children's exposure.

Psychologically speaking, we are much more impressionable than we might realize. Every day a variety of situations affect us, almost as much as those biologically predisposed personality traits. I wish I could offer a solution to the ineffectiveness of such programming, but until we better understand how people process and perceive alcohol, sex and drugs, I don't know that we can better regulate children's behaviors regarding them. Understanding how people think about those issues can lead to more effective programming and perhaps to societal change and improvement.

I was mostly humored by my brother's narrow-minded, straight-edge approach to my cake. Nonetheless, a better understanding of the root of his perceptions might lead to a better understanding of his behavior.