

KNOWLEDGE FOR SEXUAL AND REPRODUCTIVE FREEDOM

ARE YOU COVERED



CHECK ME OUT: WHAT TO EXPECT AT AN STI CHECK, BECAUSE SAFE IS SEXY / MENOPAUSE MATTERS: MENOPAUSE MATTERS AT EVERY AGE AND EVERY STAGE / PHYSICAL ACTIVITY FOR YOUR MIND AND HEALTH: GET IN TOUCH WITH YOURSELF BECAUSE YOU CUM FIRST



ARE YOU COVERED
EST. 2015



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Are You Covered accepts sexual and reproductive health related advertisements, photo and story submissions, however acceptance is subjective to approval by the Content Director.

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Gippsland Women's Health acknowledges Aboriginal and/or Torres Strait Islander people as the Traditional Owners and Custodians of country and pay our respects to elders past, present and emerging for they hold the stories, traditions and culture.

We acknowledge the Gunaikurnai and Bunurong as the Traditional Custodians of the land and waters now known as Gippsland and acknowledge that they have never ceded sovereignty. We recognise the Gunaikurnai and Bunurong long and continued connection and protection of the beautiful coastline from the oceans through inland areas to the rugged southern slopes of the mountain ranges.

Gippsland Women's Health commit to respectful truth telling and working in partnership with Gunaikurnai and Bunurong to improve the health and well-being and security and safety of all Aboriginal and/or Torres Strait Islander women.

The Board and staff of Gippsland Women's Health acknowledge the victims and survivors of family violence, those who have died and the family and friends who have been impacted by these insidious crimes.





HI THERE,

A NOTE FROM THE EDITOR

Welcome to the first edition of the Are You Covered magazine, a Gippsland Women's Health sexual and reproductive health resource.

We know the word sex can make people feel uncomfortable, we also know it can be hard to talk about and most importantly we know it can be really hard to access information and services here in Gippsland.

We hope this can be the first step in getting 'you covered' by bridging some of these gaps with localised stories, plenty of information and links to further resources that is straight to the point, you won't find any birds or bees here but you will see a vibrator, and the word anal gets used a bit. This is important because your sexual health and relationships are important and if we keep ignoring it, it will hugely impact your overall health and wellbeing, your relationships and your quality of life.

If you would like to provide feedback on the magazine, have an idea or topic area you'd like to see focused on for the next installment (anonymously of course) or want to order physical copies for your workplace, clinic or school please fill this out <https://www.surveymonkey.com/r/AYCMAG>

Happy reading!

Marleigh

ARE YOU COVERED?

Are You Covered? is Gippsland Women's Health's very own Sexual and Reproductive Health (SRH) initiative.

The aim is to ensure people of all ages are covered when it comes to safe sex, contraception, consent, conversations about sexual health, prevention and screening, gender and sexual orientation, and women's SRH literacy.

Sexual and reproductive freedom and confidence starts with understanding all there is to know about your own sexual and reproductive health. Whether you want to find out more about reproductive rights, understand your contraception options, how to ask for and give consent, how to talk to your GP and health professional, or how to have healthy sexual relationships with your partner(s), we have got you covered.

Want to stay covered? Follow us via the [@AreYouCovered](#) Instagram!

Your feedback is valuable. It allows us to know whether these resources are helpful and what we should include in the next issue. Please fill out this short survey - <https://www.surveymonkey.com/r/AYCMAG>

Are You Covered? is Gippsland Women's Health's (GWH) very own Sexual and Reproductive Health (SRH) initiative. Follow GWH on our socials or visit our website to learn more about our work: www.gwhealth.asn.au
Gippsland Women's Health acknowledges the support of the Victorian Government.



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The background is a deep purple with various abstract, organic shapes and splatters in bright colors like yellow, orange, red, and blue. There are some black ink-like splatters and fine lines scattered throughout. The overall style is expressive and artistic.

WOMEN'S HEALTH WEEK

womenshealthweek.com.au



Women's
Health Week

Jean  Hailes
FOR WOMEN'S HEALTH

5-11

September

2022

TIME TO CELEBRATE WOMEN'S HEALTH JEAN HAILES WOMEN'S HEALTH WEEK 5–11 SEPTEMBER 2022



Jean Hailes Women's Health Week is Australia's biggest event dedicated to the health of women, girls and gender-diverse people. Starting on Monday 5 September, this year will be extra special – the unique national health awareness campaign is celebrating its 10th year.

"Even after our past successful campaigns, women still need reminding to put their health on their 'to do' lists. So often they put the needs of family, friends, even their pets, above their own," says Renea Camilleri, Women's Health Week and Community Engagement Manager at Jean Hailes for Women's Health.

"This year our theme is 'It's okay to put yourself first', and we are hoping this quiet nod will encourage women to do something good for their health and wellbeing during the week."

A GROWING INTEREST

Since it was first launched in 2013, Women's Health Week has thrived. In its first year there were 157 registered events and just over 6000 subscribers, but this year so far has clocked up over 2000 registered events and more than 150,000 participants across every state and territory, says Ms Camilleri. "That is pretty impressive, given the recent challenges posed by COVID-19."

"What is even more encouraging is the number of people already signed up to take part in this year's campaign," says Ms Camilleri. "I'm so happy we are able to reach such a wide diversity of women and engage so many workplaces and communities."

THOUSANDS OF WOMEN FROM ALL BACKGROUNDS AND ACROSS THE COUNTRY WILL GET TOGETHER

Tens of thousands of women across Australia from the largest cities to outback locations will take part in events celebrating women's health.

More than 2000 events with participants from all cultures, socio-economic backgrounds, and gender and sexual identities will stop and focus on their health and wellbeing. A list of public events near you can be found at womenshealthweek.com.au/events.

CAN'T GET TO AN EVENT? NOT TO WORRY! SIGN UP FOR EXCLUSIVE PODCASTS AND WEBINARS

What if you are unable to attend an event? Not to worry! "We know women are time-poor and it's not always easy to get to an event, so that's why we bring Women's Health Week to you. By signing up to our daily emails you will still be part of the week. They'll provide you with access to special podcasts, webinars, and free health information," says Ms Camilleri.



"I love listening to podcasts on my daily commute to work. This Women's Health Week, we'll have the opportunity to hear stories from our wonderful Women's Health Week champions, their journeys and health experiences."

A health topic for every day

This year's Women's Health Week daily topics are:

Day 1: Check me out – health checks at every age

Day 2: Menopause matters – menopause and perimenopause

Day 3: Pelvic power – pelvic floor health and pelvic pain

Day 4: Mind health – mental wellbeing and brain health

Day 5: Move and improve – physical activity and your health.

Information for women and health professionals, on all these topics, can be found by visiting the Women's Health Week website: womenshealthweek.com.au.

A HISTORY IN WOMEN'S HEALTH

Like her mother before her, the late Dr Jean Hailes, Janet Michelmores is passionate about women's health as well as her role as CEO of Jean Hailes for Women's Health.

“

“Women are very good at putting themselves last. They often see it as selfish to take up the mantra of self-care. But it's not selfish. It's crucial.”

”

"She spent her life telling her women patients that they had to look after themselves," said Ms Michelmores of her mother. "And that mantra has underpinned everything we do at Jean Hailes, the organisation named after her.

"Women are the greatest influencers of the family and the community's health. If they're not in good shape, the chances are their communities are not in great shape either.

"Women are very good at putting themselves last. They often see it as selfish to take up the mantra of self-care. But it's not selfish. It's crucial."

TAKE THE FIRST STEP

Any journey to better health begins with taking a first step. Here are just some that women can consider during Women's Health Week:

- make an appointment for a health check
- get moving – dance, swim, walk, play sport
- give your diet a healthy boost.

Women's Health Week is for all women, girls and gender-diverse people in Australia. Learn more, sign up for the free daily emails and get involved at womenshealthweek.com.au.

For trusted information on women's health at every life stage, visit jeanhailes.org.au.



CHECK ME OUT

WHAT TO EXPECT AT AN STI CHECK,
BECAUSE SAFE IS SEXY.

A STI test checks whether you have a sexually transmitted infection (STI). It is a quick, easy and important health check and regular testing is the best way to know if you have an STI as many people do not have symptoms.

WHO SHOULD HAVE AN STI TEST?

It is important to get tested if:

- you have symptoms or think you might have an STI
- you have had unprotected sex; that is, sex without a

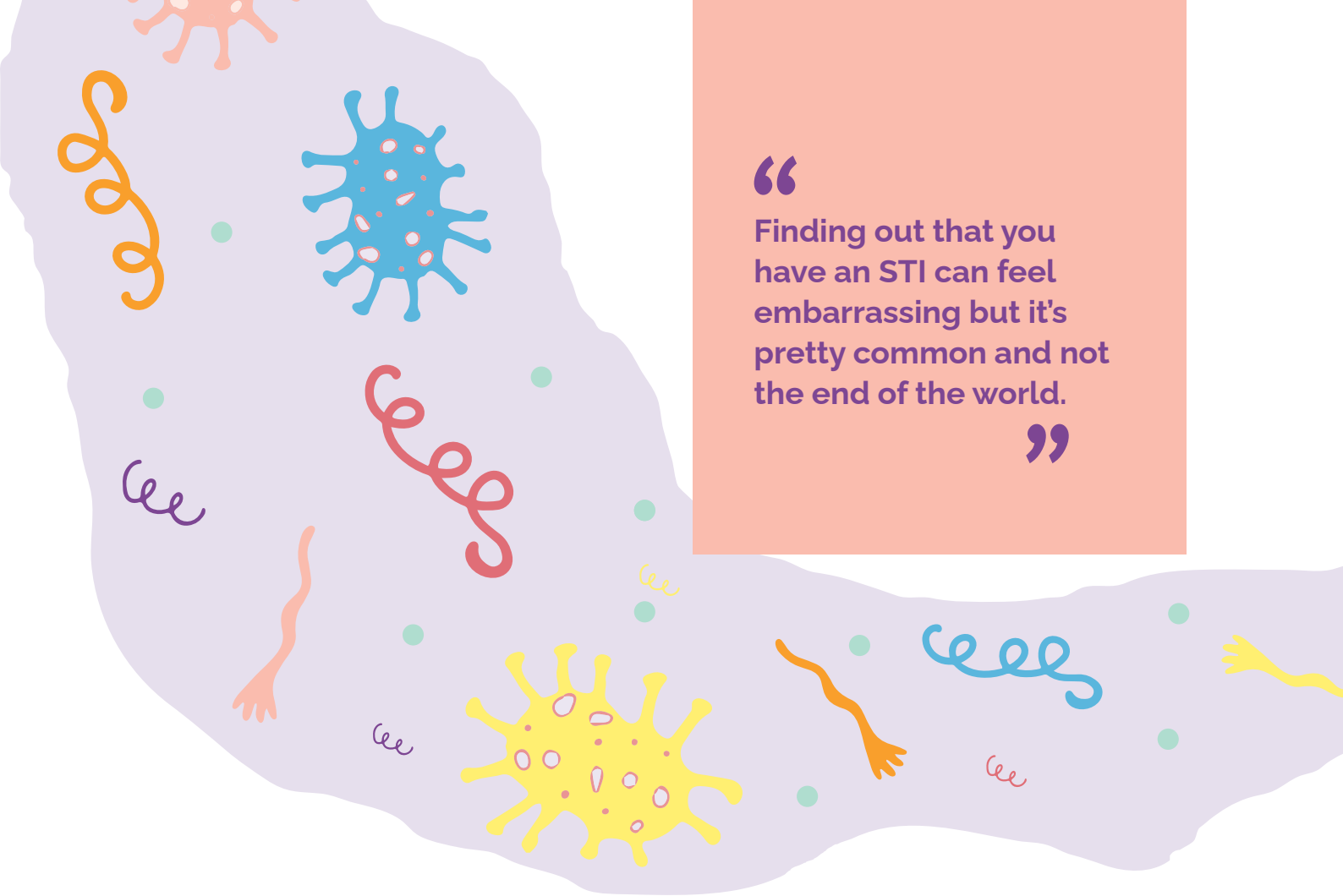
- condom or dam, including vaginal, oral or anal sex
- you have had a condom break or it has fallen off during sex
- your partner has another sexual partner or has had previous sexual partners
- you have shared injecting equipment
- you are starting a new sexual relationship

DO I NEED A MEDICARE CARD?

Some clinics require a Medicare card, others don't. When making an appointment, check whether they need a Medicare Card. If you are over 15 you can get your own Medicare Card, you can do this online. If you do not have a Medicare card the costs may be higher.

WHAT HAPPENS DURING AN STI TEST?

You will be seen by a qualified health professional, like a doctor or nurse, and they usually begin by asking you about your sexual history. Some of these questions may seem quite personal but the information you share is kept confidential.



“

Finding out that you have an STI can feel embarrassing but it's pretty common and not the end of the world.

”

They include:

- your sexual orientation (e.g. straight, gay, lesbian, bisexual)
- number of sexual partners
- sexual practices
- whether you have any symptoms
- whether you have injected drugs
- whether you have any tattoos or body piercings

This is also a good opportunity for you to ask any questions about sexual health.

A physical examination may be performed if you have symptoms. You may need to undress from the waist down in a private space in the consultation room.

THE FOLLOWING TESTS MIGHT BE DONE

- A urine sample
- Vaginal swabs. A long cotton bud takes a sample of vaginal secretions. If it makes you feel more comfortable, you can do this yourself

Some STIs and Blood Borne Viruses (BBVs), such as hepatitis, syphilis and HIV, require a sample of blood

taken from the arm. If you have had unprotected oral or anal sex, a throat swab or self-collected anal swab may be required.

WHAT NEXT?

The samples taken are called pathology tests and will be sent to a lab. It can take up to a week for the results to come back to the clinic. You may need another appointment with the doctor or nurse to discuss the test results.

MY STI TEST CAME BACK POSITIVE, NOW WHAT?

Finding out that you have an STI can feel embarrassing but it's pretty common and not the end of the world. It is really important to let your sexual partners know about your result so they can also be tested and treated.

Let them Know is a tool to assist people who have been diagnosed with some STIs to inform their partners.

Let Them Know provides sample conversations, emails, text messages and letters people can send to their partners either personally or anonymously. Check them out via their website: <https://letthemknow.org.au/>



JADE'S STORY

BELOW IS JADE'S STORY OF HAVING HER FIRST BREAST SCREEN ALSO KNOWN AS A MAMMOGRAM.

You may have heard of breast cancer, here in Australia, we often link it to the colour pink and there are large fundraisers from the McGrath cricket round to the Mother's Day Classic fun run. But if we think beyond the pink, how much do you know about breast cancer and prevention?

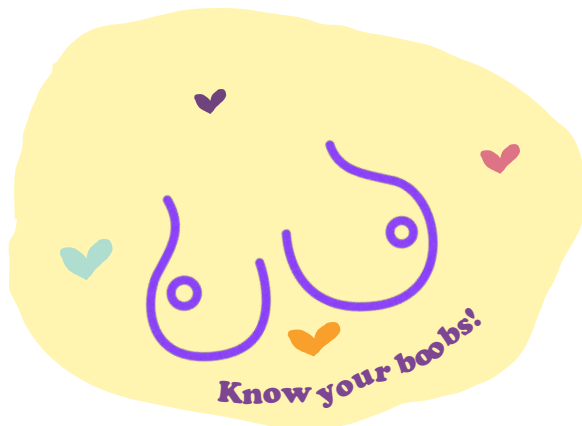
I'd been having conversations with friends about the lack of care that we have for ourselves and the constant putting of others needs before us. This was my push to take a little more self-care and I encouraged those close to me to do the same. As women/mothers there seemed to be an underlying feeling of lethargy and general "not quite right". This was becoming normal conversation in my circles.

After two years of a pandemic; recent COVID-19 diagnosis, not feeling myself and limited doctor's visits, I thought that it was time that I visited my GP to make sure that my health was in check. Bloods were ordered, heart was checked, the usual. But on our goodbyes, he passed me a slip of paper and told me to make contact.

I had not realised that from the age of 40 that Australian women were eligible for free mammograms via BreastScreen Victoria. So here at 42, I put that slip on the kitchen bench and promptly forgot about it, yet was still encouraging my friends to go for a general check-up with their GP.

A few did and others are getting to their GP's. One followed through better than I and went for her mammogram and spoke to her GP about a change in her breast. And now here we are travelling along on her Breast Cancer journey.

So...I took my own advice, hers and my GP's and booked in for my Mammogram. 16th August; off I went. With anxiousness and the unknown following along close behind me. I really had no idea what to expect, we'd all heard the story about boob squishing, but I had no idea what this was all going to be or how it felt. I did know that I wasn't scared, that I was doing this for the right reason and that I needed to make this more than just a moment in my own health discovery.



“

20 minutes!! No pain, no fear, no problem. A safe place for women to take a step of being in control of their health.

”

I was greeted by the most amazing women at BreastScreen Victoria at my local hospital, who answered my questions, explained the process and smiled my anxiety away. **20 minutes!! No pain, no fear, no problem. A safe place for women to take a step of being in control of their health.**

As I sit here writing this today, 10 days post mammogram, I've received my results this morning: "we are pleased to let you know.....no evidence of breast cancer." I feel relieved, sad, a whole concoction of emotion right now. I know that this is not the result that everyone gets and I know that it is as well. But I want you to know, the woman reading this right now; if you're over 40, family history or not, speak to your GP, make the appointment and call 132 050 to book your Mammogram. **Know your boobs!!**

According to BreastScreen Victoria, 1 in 7 women in Victoria will develop breast cancer in their lifetime. Most women with breast cancer do not have a family history of the disease.

A breast screen can find cancers that are too small to see or feel. Thanks to early detection and better treatments, more women today survive breast cancer.



WHO IS ELIGIBLE FOR A BREAST SCREEN?

Women, trans and gender diverse people aged 40 and over who do not have breast symptoms are eligible for free breast screens with BreastScreen Victoria. Those that are aged 50-74 are invited for a free breast screen every two years. This is because the evidence is strongest for this age group.

Breast screens are not effective for women under 40, however if you have any concerns contact your GP.

BE BREAST AWARE

Get to know the normal look and feel of your breasts, make it a fun thing you do every month
#feelitonthefirst

If you have a partner and you feel comfortable to do so, involve them in the process as well!

If you do notice any changes book an appointment with your GP straight away and before an appointment with BreastScreen Victoria.

BreastScreen Victoria is located throughout Victoria and has a mobile screening bus for places without a dedicated service. To find out more or to book a breast screen more **call 13 20 50 or visit breastscreen.org.au**

HOW TO PROTECT YOURSELF AGAINST CERVICAL CANCER



Now's the time to get familiar with the Cervical Screening Test. In this article, Cancer Council Victoria breaks down the Cervical Screening Test, the human papillomavirus (HPV) and explains how Australia is on track to eliminate cervical cancer.

HOW CAN AUSTRALIA ELIMINATE CERVICAL CANCER

Cervical cancer is the growth of abnormal cells in the lining of the cervix. It is also one of the most preventable types of cancer. However only 53 per cent of eligible Victorians are up to date with cervical screening.

Over the last 30 years, the number of Australian women and people with a cervix diagnosed with or who have lost their life to cervical cancer has halved. This is a result of a National Cervical Screening Program, National HPV Immunisation Program, and technological advances in treatment options for cervical cancer.

In 2020, the World Health Organisation launched a strategy that aims to eliminate cervical cancer as a public health problem globally in the next 100 years.

Cancer Council Victoria's Head of Screening, Immunisation and Early Detection Kate Broun said Victoria was set to be one of the first places in the world to reach this elimination goal, potentially as early as 2030.

"We can achieve the elimination of cervical cancer here in Victoria - in fact we're well on track for reaching this goal in the next decade," Ms Broun said.

Eliminating cervical cancer as a public health problem relies on a few key elements that include:

- Increasing cervical screening participation in eligible women and people with a cervix aged 25-74
- Ensuring there are high HPV vaccination rates in those who are eligible
- People who receive abnormal cervical screening results have access to early and appropriate follow up care and treatment.

WHAT IS THE HPV VACCINE AND HOW IS IT CONNECTED TO CERVICAL CANCER?

Human papillomavirus, or HPV, is a sexually transmitted infection that is passed on by genital skin-to-skin contact and not by bodily fluids such as blood, semen or saliva.

Anyone can get HPV regardless of their gender or sexual orientation. In fact, there are over 100 different types of HPV which mean most people will have at least one type of HPV during their life.

The HPV vaccine used in Australia is called Gardasil 9 and can protect people against the HPV types that cause most cervical cancers, most other HPV related cancers (such as vaginal, vulval, anal, throat and penile cancers) and most cases of genital warts.

In Australia, the HPV vaccine is provided free of charge to all children under the age of 19 under the National Immunisation Program. Most children receive the vaccine in high school.

People over the age of 20 may also benefit from having the HPV vaccine but will usually have to pay and book their vaccination through a doctor or immunisation provider.



ENSURE YOUR FAMILY ARE UP TO DATE WITH THEIR HPV VACCINATIONS.

In response to the COVID-19 pandemic and lockdowns, thousands of Victorian teenagers missed out on the HPV vaccine.

Statistics from NCIRS Annual Immunisation Coverage Report 2020 (<https://www.ncirs.org.au/annual-immunisation-coverage-report-2020-available-now>) show in 2020 there has been a 16.6% decrease in the number of Victorian teens completing the two-dose HPV vaccination than in 2019.

"We strongly encourage parents to check their child's immunisation history via the Australian Immunisation Register and book catch-up appointments if their child is unvaccinated for HPV," Ms Broun said

Parents and carers can check their children's HPV vaccination records on the Australian Immunisation Register (<https://www.servicesaustralia.gov.au/australian-immunisation-register>). If your child is over the age of 14, they must access their own records using the same website. Alternatively, you can ask your doctor to check.

You can also access an Immunisation History Statement online using your Medicare online account through MyGov.

WHAT IS A CERVICAL SCREENING TEST?

The Cervical Screening Test replaced the Pap test in 2017 and looks for the presence of HPV, which causes almost all cervical cancers.

The Cervical Screening Test can identify a person's risk of cervical cancer much earlier than the Pap test

could. As it can take 10 to 15 years for HPV to cause cell changes in your cervix, that's why you only need to have a Cervical Screening Test every 5 years compared to the previous Pap test every 2 years.

Regular cervical screening, combined with HPV vaccination, is the best thing you can do to protect yourself against cervical cancer. More than 70 per cent of people who develop cervical cancer in Australia have either never screened or are overdue for screening.

If you're eligible for a Cervical Screening Test, you can now choose between these options:

- Collecting your own sample from your vagina using a swab (a self-collection test) or
- Having a healthcare provider collect a sample from your cervix using a speculum and small brush (clinician collected test)

Both Cervical Screening Test options are equally reliable at detecting HPV and preventing cervical cancer.

WHAT HAPPENS AFTER THE CERVICAL SCREENING TEST?

If HPV is not found in your sample, you won't need another Cervical Screening Test for 5 years.

If HPV is found in your sample (about a 10% chance), your doctor will contact you to discuss follow up care. You may need to have further tests.

It is important to know that if your Cervical Screening Test detects HPV this does not mean you have cervical cancer.

HOW TO BOOK A CERVICAL SCREENING TEST?

If you're due or overdue for a Cervical Screening Test, please contact your doctor to book an appointment.

You can also find a list of doctors and specially trained Cervical Screening Nurses on Cancer Council Victoria's Cervical Screening Provider directory at www.cancercervic.org.au/cervical-screening-test/where.asp.

Learn more about protecting yourself against cervical cancer on the Cancer Council Victoria website: <https://www.cancercervic.org.au/preventing-cancer/attend-screening/cervical-screening>

For more information about HPV and the HPV vaccine, visit www.hpvvaccine.org.au.

If you would like to speak to a trained cancer nurse, **please call Cancer Council's Information and Support line on 13 11 20.**



MENOPAUSE MATTERS

MENOPAUSE MATTERS AT EVERY AGE AND EVERY STAGE

If you are of reproductive age, there have probably been times when you just wished your period (menstrual cycle) would go away. But what happens when it does?

Menopause is the end of menstruation. It is a natural occurrence at the end of the reproductive years, just as the first period during puberty was the start.

You will know menopause has taken place if you have not had any menstrual bleeding including light periods and spotting for 12 months and then will be considered **postmenopausal**.

Menopause usually takes place between the ages of 45 and 55. Menopause before the age of 45 is called

early menopause and before the age of 40 **premature menopause**.

WHAT HAPPENS DURING MENOPAUSE?

As you approach menopause, the production of hormones oestrogen and progesterone by the ovaries starts to slow down, this period is known as perimenopause. Hormone levels tend to fluctuate, and you may notice changes in the menstrual cycle such as:

- period cycles may become longer, shorter or totally irregular
- bleeding may become lighter
- bleeding may become unpredictable and heavy (See your GP)



Eventually, your hormone levels will fall to a point where your ovaries stop releasing eggs, your periods stop and menopause is reached.

"Mourning- your life changes so much that a part of you has died "

WHAT ARE THE SYMPTOMS OF MENOPAUSE?

Symptoms include:

- hot flushes, night sweats or feeling hot
- joint or muscle aches and pains
- crawling or itching sensations under the skin
- forgetfulness
- headaches
- mood changes such as irritability and anxiety
- lack of self-esteem
- reduced sex drive (libido)
- tiredness
- difficulty sleeping
- urinary frequency
- vaginal dryness "No one talked to me about having a dry vagina for the rest of my life !"
- discomfort with sexual intercourse
- weight gain especially in the tummy region

Symptoms can vary from person to person, however **only 20% of women report no menopausal symptoms.**

“

No one talked to me about having a dry vagina for the rest of my life!

”

HOW CAN WE MANAGE MENOPAUSE SYMPTOMS?

- Seek information (like reading and sharing this article) early. Many women and gender diverse people experiencing menopause were unaware of what menopause involved and wished they were more informed by health professionals, family and friends prior.

We asked some Gippsland women if they knew enough about menopause:

"Absolutely not! I saw snippets on social media, but no health professional ever discussed it with me."

"Get as much information as you can from your health professional. Ask questions!"

"No, other women didn't share enough and talk, my mum and sisters had a hysterectomy so it was different for them."



Lifestyle factors that can assist with Menopause management include:

- Eating a healthy diet similar to the Mediterranean diet involving a wide variety of vegetables, fruits, cereals, whole grains and small portions of lean proteins
- Increasing water intake and decreasing caffeine and alcohol intake. Try swapping the caffeine for herbal teas. You can still enjoy your favourite beverage but try aim for one to two standard glasses or less per day. We are lucky there is now an amazing range of non-alcoholic drinks available, with more and more people deciding to ditch alcohol all together!
- Regular exercise is important, aiming for at least 30-45 minutes on most days of the week can help with both physical and mental symptoms and maintain your general health as you get older
- Making sure you get enough good quality sleep each night. This may include factoring in going to bed earlier if you are experiencing symptoms affecting sleep
- Quitting smoking

OTHER TIPS:

- Wear loose fitting and/or layered clothing that are easy to peel off when you are feeling hot.

- Pack a hand fan or water facial spray/mist with you to cool you down when you feel hot
- Journal your symptoms and feelings each day, journaling is a great mindfulness tool but will also help keep track of your symptoms and their frequency
- Otherwise healthy women experiencing moderate to severe menopausal symptoms can chat to their doctor about Menopausal Hormone Therapy (MHT). MHT covers a range of hormonal treatments that can reduce menopausal symptoms and is available as tablets, patches, gels or vaginal treatments. Your doctor can tailor the type of hormone treatment best suited to the individual
- Complimentary therapies such as naturopathy can be beneficial for some women and gender diverse people experiencing menopause. However, it is important to consult your doctor and naturopath of any current conditions, medications, supplements or herbal remedies being taken as these can cause side effects and interact with other medications

Menopause is a natural occurrence and you should never feel shame, stigma or the need to silently suffer. Talk to your doctor, your close friends and your family, there are resources and help out there available for you.



“

Yes, it's like many women's health issues. The information seems secretive and hidden.

”

WE ASKED SOME GIPPSLAND WOMEN DO YOU THINK THERE IS STILL STIGMAS SURROUNDING MENOPAUSE?

“Yes, it's like many women's health issues. The information seems secretive and hidden.”

“YES! We need to talk more, share our experiences, there is so much we don't know!”

Where to get more information on Menopause?

If you are reading this before the **28th of September**, join us for a free menopause webinar with the leading experts. Find out more and register **here** (<https://www.eventbrite.com.au/e/hot-topic-a-free-public-webinar-on-menopause-and-how-to-manage-tickets-389043087347>)

- This webinar will feature a panel of expert guests:
- Dr Fatima Khan, MBBS, BSc, DRCOG, MRCGP, FRACGP, BMS Accredited Menopause Specialist at

the Epworth Hospital

- Jodie Belyea, community change-maker and wellbeing ambassador, founder and Managing Director of the Women's Spirit Project
- Mary Crooks, AO recipient, feminist, public policy specialist and Executive Director of the Victorian Women's Trust

OTHER RESOURCES:

Better Health Channel <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/menopause>

Jean Hailes for Women's Health – resources, fact sheets, menopause friendly recipes, translated information and clinicians who specialize in menopause management. www.jeanhailes.org.au

Australasian Menopause Society <https://www.menopause.org.au/>



SAM'S STORY

GIPPSLAND WOMAN | THE '1' IN 9 WITH ENDOMETRIOSIS AND ADENOMYOSIS

I will preface this by saying that my story and journey so far is by no means overly unique or unusual, or perhaps even interesting - but instead it is common, too common - which makes this whole situation all the more outrageous, and at times frustrating.

I still remember the day I got my first period. I knew it would come eventually, all part of growing up and in a way something to look forward to. The light red spots came when I was early into Year 7 - my mum handed me a liner, I went and spent the Sunday at my Nan and Pops house with my cousins about 3-5 years younger than me. They were kids and I suddenly felt older, less childlike. That part of my life had officially ended it seemed. I felt shy telling my Nan about it but the ever-comforting woman she was, gave me a hug and said

it would all be fine. I got home that night, thinking the whole hype of having a period was overrated, and in my naivety - surprisingly easy. Watching TV with Dad and he says "so I hear you've become a woman" - all I said was 'yep' and proceeded to send myself to bed early. It was completely innocent, of course, he was simply bringing up the conversation the best way he knew how.

My second period and the ones thereafter were memorable for all the wrong reasons. The heaviness was always way too much for any extra-long winged pad to handle. I hadn't yet been taught how to use a tampon - it would be a while until my sister would learn herself then eventually teach me, and years before sustainability was a thing and period cups were created - and so I spent majority of early high school



in constant anxiety whenever my period came. I would feel sick from knowing my period was coming, from being completely distracted in classes, from constantly stressing about whether I'd leak onto my school dress or PE shorts, and from the pain. The pain I will never forget. It was the type that would make me not be able to walk properly, not be able to get to recess in time because stairs were too much, spending time in the bathroom trying to clean myself up and wait out the waves of nausea. It was crippling pain that would start deep in my pelvis and radiate through my lower back, up my spine, down my inner legs - twisting, burning, cramping, pulling. It was vaginal contractions that would make my whole lower half seize up. During these times my friend Sarah - who had been with me since primary school - would wait outside the toilet door if I asked her until I felt well enough to come out. I will never forget that either.

For years this is how it continued on until I was put on the pill when I was 16. I never spoke much about how I was feeling - in one sense because it felt embarrassing to talk about anything related to menstruation - and because I thought everyone else was going through the same thing. Whilst the pain never ceased, it was my hormonal acne that really drove me to seek help from my doctor. That and having some of my first sexual experiences - which were awkward to say the least, coming from an age where the lines of consent were

blurred and sexual empowerment was a foreign concept. I would go with my mum to see Dr. Hunter - whom many local Gippslanders would know as being one of the best in our region, a talented woman who was disgracefully robbed of her freedoms and career. Dr. Hunter was life-changing for me. She was empowering, progressive, informative - not just for me but for my mother too, who was then raising a teenager who seemed outlandish. Given the horror circumstances that followed, I was made to see other doctors which ultimately kick-started a trial-and-error phase of switching pills, being told my painful periods were normal, fluctuating weight and moods, and to just keep putting up with it. Countless doctors, appointments, scripts and pills that simply masked the real underlying condition.

By the age of 18 my body had been put through the ringer hormonally, but again this was nothing new for many young women my age. I'd always been a social person, going to whichever house (or in some cases, shed or paddock) party was on that weekend and being a teenager. While the pill dulled the pain slightly, I now experienced full body fatigue, stomach cramps and painful bloating, and I'd find myself cancelling plans last minute. The guilt I felt would sometimes outweigh the pelvic pain itself.

"It's just a period? You're not sick?"

I heard it and I believed it. The fact remains - we were all brought up on the notion that painful periods were normal. It was to be expected. So, more often than not, I would find myself pushing through - or drinking through - the pain, getting so uncomfortably bloated and sore, nauseous, and wanting to go home. Still, this felt easier than disappointing my friends and having to explain how I was really feeling in those moments.

I spent my early twenties living in Melbourne and was very much focused on finishing uni, starting a career at Myer, and being a broke young woman having fun in the city, living out of home and not prioritising my health. I simply couldn't afford it. I'd tried out a few doctors, with them never really presenting anything new, the pain eased somewhat thanks to the pill I was on, however more symptoms started developing. By this stage I had noticed a constant numb yet tingling sensation in my upper right leg - to this day I still don't have feeling in this spot - and it was put down to nerve damage. The diagnostic ultrasound and MRI were way out of my budget - that would have been groceries and Friday night drinks sacrificed for weeks. Over the next while I would try out local gynaecologists when I'd return home to Sale. One in particular I will never forget, when the insides of my vagina and cervix were snipped and prodded at so aggressively, I bled heavily the whole day. Tears in eyes, feet in stirrups, legs spread wide. From memory I still had to go to work later that afternoon. The other local gynaecologist was gentle and kind, but he did not give me information that at the time

felt relevant - briefly mentioning an unfamiliar word that he didn't elaborate much on, and which I wouldn't hear again for some time later. When I sought to return to him for another appointment, I'd learnt he'd retired so didn't bother looking further into a new gynaecologist. Not long after I was 'diagnosed' by another doctor with IBS, so I was popping inner health plus any chance I could and thinking this is all there was to it, with little to no relief.

"You don't have bowel issues. I think you have endometriosis".

It wasn't until I was about 22 that I visited another gynaecologist - whom I only chose because she was walking distance to my house in Hawthorn. I retold my SRH history which I knew off by heart now, that I had diagnosed IBS, but that something still just didn't feel right in my lower stomach. She did the familiar "lay on the bed and let me feel your pelvis" - then there were the cold hands, pushing gently here, "ooh that feels tender, do you feel pain there?" A ritual.

I got handed a leaflet about endometriosis, told what was needed to actually diagnose and help treat it (a key hole surgery called a laparoscopy... holes in my stomach, you're dreaming), told how much that surgery would cost - close to \$10k - and I walked out thinking thanks but no thanks. Plus this endo thing doesn't even have a cure.

About six months later I decided to completely rule out potential bowel/gut problems first, because it was cheaper and to me seemed more realistic, so I saw a gastroenterologist. Shortly after I was booked in for a colonoscopy and gastroscopy at Epworth. Mum came and stayed with me in Melbourne, and she kept my spirits up by laughing at me while drinking the colonoscopy prep.... If you know, you know. I felt glad to have my Mum around, and even moreso just to have a couple days off work. I woke up from the anaesthetic bliss - "all clear" they said ... so we spent the afternoon getting muffins on Glenferrie Road and that was that.

24 comes along and I finally come to my senses and head back to the gynaecologist. The thing that set me off? Months of doing something as simple as walking and having blood suddenly soak my underwear. Going to a Pilates class, feeling a sharp pain in my pelvis, and bleeding onto my mat in front of 20 others. Heading into an internal pelvic ultrasound and feeling like a blade was stuck inside me - they had to cut the screening short. As if expecting my return, my then gyno booked me in for a laparoscopy a couple months later, with me having absolutely no concept of the difference between ablation and excision, an endo-specialist and a general gynaecologist, or any knowledge that I should be questioning what will be happening to me. No idea that I should be more outraged at the fact that I got told 'treatment' options were to get pregnant or have a hysterectomy. An outrageous response yes, uncommon no.

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THE FIRST LAPAROSCOPY.

I woke up from that surgery weeping. Completely delirious, slipping in and out of consciousness, and in this state was told I had "mild endometriosis". I could barely see or remember my gynaecologist walk away, let alone hear or understand what she was saying. I later woke in the recovery room, maybe two other beds filled but my memory evades me. Nurses came in now and then, often rushing and rough, but I was in a whirl of nausea, unconsciousness and fatigue to take much notice to what they were doing. When my parents came to see me and I told them I had endometriosis, to my surprise I was crying again. This was the first time my health had caused this type of reaction, even after the years of pain already endured. I noticed my mum looked distracted - it was also the same day my Lolo (grandfather in the Philippines) was admitted to hospital, alongside one of my uncles. My Lola (grandma) had passed the year before, and these two men were largely at the heart of my extended family in the Philippines. I was heartbroken, especially for Mum.

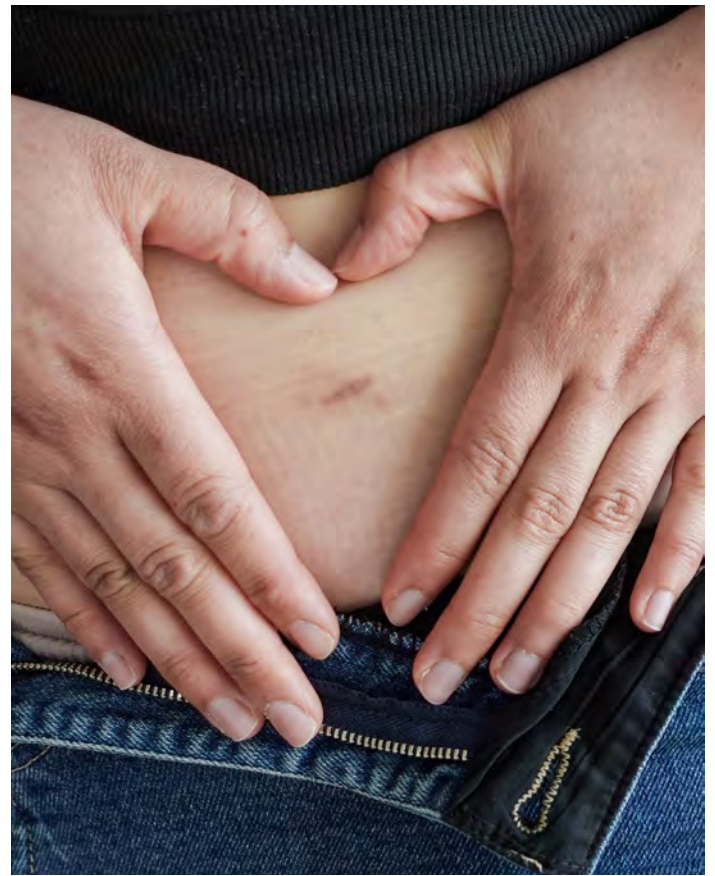
Not long after hearing this news my parents left briefly while the anaesthetic wore off some more. I'd be ready to go home that day. I am shaking my head while writing this because I was in no state to be leaving the hospital. It was negligence at its finest. By now the severe gas pain - which I did not know was a post-surgery symptom - had travelled into my lung cavity making it hard to breathe. The nurses came in to remove my catheter, which was some of the most excruciating pain that had



me screaming and sobbing while one nurse held down my chest and the other pulled from my urethra. It took about 5 attempts, and them not listening to me that I couldn't breathe, for them to get it out of me. I laid there in the foetal position crying so hard that the man in the bed opposite me was staring in my direction when they pulled the curtains open, holding his cup of tea mid-air with his mouth agape.

I then had to prove I could urinate before being sent home. I still had a bag collecting fluid which was attached by a tube running into my pelvis, which the nurse threw onto bathroom floor. The weight of the bag pulled my pelvis so hard and so unexpectedly that it sent fireworks through my whole lower region. "Quickly wee for me, would you?" I was starting to wonder if this treatment was too, normal.

Going to the toilet burned. When I had privacy, I lifted the hospital gown to see four large bloody bandages - one over my navel, one on each side of my hips, and one just above my pubic bone. This vision shocked me as much as the nurse throwing the bag on the ground. I dragged this along the floor to the sink, achingly picked it up trying to keep balance, and walked slowly, unassisted back to my bed. An hour or so later the nurse said I could go home, called my parents back in, and dropped my bag of belongings - filled with spare pyjamas, clothes, books and shoes - right onto my stomach where those four holes now existed. I couldn't wait to get out of there.



Mum had been upset - I could see it on her face - and it wasn't soon after that we realised she would need to return to the Philippines. My Lolo passed away.

The three-hour drive home in my Dad's beloved Ford falcon was not pleasant. The seat belts and angle of the car seat were uncomfortable, but the nausea was ridiculous. We finally got back to Sale - my main joy seeing our then pug Louie - who would usually come at you like a rocket, gently crawled onto my lap as soon as I laid down on the couch. Proof all dogs are angels.

Recovery was meant to look like no driving, no heavy lifting, no strenuous exercise for at least four-six weeks. I gave it maybe two weeks - Mum was away and I needed to help out. These days were filled with pain killers, gas pain in my chest and plenty of tea and heat packs. My follow up appointment with my gyno was dismissive and rushed - she ripped off my bandages and snipped out the stitches even when the wounds still looked fresh. Dad was patient with me while I left that appointment, went straight to the bathroom, and had to clean up my open wounds. I returned to work - at this point in time at Disney - earlier than I should have, the walk to the train station would often make me feel faint and I'd collapse once I got back home each night. Completely drained, but completely unaware I'd gone through a much more intensive surgery than described.

The months and years that followed were some of the best - my body felt good, work was fun, and I eventually quit to travel around UK and Europe for a while. I was off

the pill. My stomach and pelvic pain would return now and then, but nothing that made it feel unbearable. At times I almost forgot I had endometriosis. Until 2020 came along - we all know what that year entailed - and eventually I started thinking it might be time for another surgery. People had recommended an endo-specialist in Melbourne, but with lockdowns and also the expense of a consultation, I again put it off. My pain management approach was very much "out of sight, out of mind" and so I essentially would get through it all by not paying it any attention.

Towards the end of 2021 when the spasms returned, periods were painful, my fatigue was constant and bloating made it hard to wear my normal clothes, I booked in with the new gyno. From my 2017 surgical photos alone, he could see that I had severe (likely Stage 4) endometriosis, that surgery was suggested somewhat urgently, and for the first time I had a fuller comprehension of my condition and what was to be expected for the next surgery. This, in line with being part of online endometriosis support groups and working for a women's health organisation, had built my knowledge to the point that I was confident having these conversations and was able to advocate for my own health. I knew the right questions to ask and only proceeded with the operation knowing what I was in for... even though I wouldn't be getting much change from \$15,000 and would eventually have to wait months for the surgery due to state-wide elective surgery restrictions. The fact that this surgery is still considered elective is an argument in itself. The cost, with or without private health insurance, is another.

Before the surgery I was energised by knowing I was in good hands and in for some form of proper relief. I would be receiving excision surgery this time, was booked in for an overnight hospital stay as standard for my surgeon, who'd informed me it is simply malpractice letting patients go home the same day. This I could attest to. That night in hospital I mostly slept, barely ate - and if I did, felt like I would vomit it up shortly after - and had some of the best bedside care possible. My surgeon saw me the next day - when I was fully conscious - and told me my pelvis was full of scar tissue from the first surgery (which was taken for a biopsy and diagnosed as all endo tissue), my left ovary was completely immobile, and I also had adenomyosis (which put simply, is endometriosis that grows inside the uterus). My fertility looked good. It wasn't until I called my best friend Marleigh and cried telling her this - tears of relief, that is - regardless of how soon I plan on having a baby.

Then started the long road to recovery. This time of my life has been the hardest by far - physically, socially, mentally, financially. **Below** is a journal entry that I wrote shortly after my latest laparoscopy to put it into context



THE STATE I'M IN.

The anticipation for this surgery was building after COVID-induced delays and last moments of freedom for a while at Bluesfest. For me the laparoscopy meant potentially getting more pain-free days than not, and finally getting a better idea of the extent of the condition five years after my initial surgery and diagnosis. I was oddly looking forward to getting a good sleep once the anaesthetic kicked in and recovery was going to look like days spent catching up on all the photography admin, editing, increasing my virtually non-existent presence on social media and building my new website. Or reading the books that have been sitting beside my bed for months and finally having a chance to refresh and reset, free from the demands of work and socialising.

Two-weeks post-surgery - it's been a reality check. A physical and mental roller coaster that for now seems never-ending. I have barely made a dent in the backlog of editing and the website hasn't stood a chance of being looked at. From moments where I am moving about freely, thinking I can finally go on a walk and "I'll be right to work next week", to being bed-ridden and declining physically, or delaying jobs because picking up a camera is out of the question. To breaking down in very dramatic sobs at 3am (or if I get asked how

I'm going at the wrong time, for that matter) because the walk from my bedroom to the bathroom was pure agony, wondering if my pain threshold is weakening, and because my own body feels foreign and confusing.

There are times where I feel like I can throw the leftover painkillers in the bin, to double-dosing because they aren't doing their job anymore and the gut-wrenching aches won't seem to ease. Requesting more endone from the doctor with fear that I may appear as becoming too reliant. From the happiness of my incisions healing enough that I can get into the hydro pool, to swearing out loud in pain as a retired man just going about his early-morning water routine looks on. To a chance moment of seeing my mum's good friend and finding out she was also diagnosed 30 years ago, and laughing about the treatment being much the same then as it is now - have a baby or get a hysterectomy. The tears of relief and gratefulness from my surgeon telling me my fertility is intact to the fatigue of knowing that I'll need to go through this all again in a few years... and in the meantime, questioning how it will impact my work, relationships, finance, intimacy.

Because endometriosis has no cure - and no real prioritisation - despite the countless number of people with a uterus that have this disease. A very real reminder that the government funding needs to be put to good use - not only for advanced research but for better access to endometriosis excision specialists, earlier diagnosis, education, workplace support and more holistic approaches to pain management.

It's the realisation that having your independence stripped (not being able to drive, walk, exercise, do housework) can be completely and utterly soul crushing. Even if it is just for a short time. Regardless, I am grateful for the friends and family who have been so generous with their time, who keep showing up, helping out, checking in or getting me out of the house. My friends who have their own shit to deal with, my dad who's own health isn't 100%, my mum who works flat out, but can still find the time to run errands or cook me a nourishing meal, my ever-generous sister. It's my best-friend and housemate who is always patient, always listens, and takes the time to learn more about endometriosis so that she can be a better support than what she already is. I am privileged, because I know first-hand that there are women with compromised health that are not so fortunate to have this level of support, that can't recover in the safety of their own home or have the same access to good health care due to inequities. I am lucky because I have a workplace that understands. I am fortunate because there will be a time where my body will move normally again and will be able to conceive.

For now it's staying in recovery mode and giving myself the chance to heal... and finally giving private health insurance some more serious thought.

Five months down the track, I am very much still in recovery. There have been days where I get caught up on the financial disparity of conditions like endometriosis - where the costs are so significant that it is a barrier in itself for people to access quality health care and treatment. This financial burden where we spend extortionate proportions of our salaries on medical appointments, medications, therapies, for what at times feels like little return or relief. Not to mention, the cost of travel and accommodation, losses from having to take extended time off work or a reduction in productivity. Living regionally and having to travel to metro areas for decent care. Mental and social burden for 'not seeming yourself', cancelling plans, self-doubt from feeling like you're catastrophising or dramatising what it is your body is feeling. Seeing your surgeon who suggests fertility might in fact be tricky, you need to get more procedures elsewhere and that recovery will probably be more around 6 months. Physical burden from your body weakening and having to spend however long to regain your strength, to feel normal again, to trusting your body to move the way that it once did.

I wrote this article on a day where I started with yoga and coffee with a close friend, and was able to confide in her the relief of noticing that in the past week - for the most part - I have been pain-free in a time of my cycle that would usually be the most debilitating. Yes, there might be certain positions or movements that will send a shocking but familiar spark through my pelvis - but that is now outweighed by the feeling of gaining back parts of your health that had felt so out of reach for a long time. Without sounding too cliché, I am still recovering in all senses of self, but I am finally feeling like I am on an upwards trajectory.

Understanding, recognition and knowledge is key... that and some decent use of funding by our governments.

My story is not uncommon, or anything to be overly alarmed by really, and by no means better or worse than others also diagnosed with endo/adenomyosis. **What I do hope is that whoever reads this might relate, that they are encouraged to seek help, to listen to their body and keep asking questions of their health professionals, to keep pushing until they find answers that feels right to them.** I hope it is an aid for anyone who knows someone with endometriosis or a similar chronic illness to understand the support they need for their own health journeys. Without my own support system this process would be a lot harder, a lot lonelier, and for them I am grateful.

RECOMMENDATIONS - FROM MY EXPERIENCE ONLY

HOSPITAL LIST: WHAT TO PACK

- Comfy clothes without a tight waistband (dresses, loose shirts and pants are ideal)
- Heat pack or hot water bottle
- Pads or period underwear - no tampons, menstrual cups or discs - preferably high waisted so they sit over the incision sites
- Phone charger, phone, earphones
- Book (and eyeglasses if you wear them)
- Slip on shoes (bending over is hard) and thongs for the shower
- Nightie or loose-fitting pyjamas
- Any required medications
- Peppermint tea - helps with bloating and gas pain, hospital should be able to provide but pack some just in case
- Basic toiletries - toothbrush, toothpaste, soap, face wash / wipes
- Pillow or cushion for the drive home - helps with protecting the incision sites from seat belt pressure

WHAT NOT TO PACK:

- Your work computer because you 100% will not be productive! Switch off!

THINGS THAT HELP DAY-TO-DAY FOR PAIN AND BLOATING

- Peppermint tea
- Hot water bottles - personal preference over heat bags as they retain heat longer
- Yoga - cannot express this enough, particularly yin yoga - for mental and physical wellbeing
- Weights / strength training
- Orgasms - I said what I said
 - Great for pain relief, endorphins, strengthening those muscles
 - But I also get that libido drops when you are feeling shithouse so do what feels right!
- Swimming, hydro-pool, hot baths
- Reducing consumption of alcohol, gluten and dairy in diet ... a struggle
- Good quality sleep
- Not donating blood three months post-surgery! Learn from my mistakes!
- Keep a pain / symptoms diary - useful for doctors appointments so that you don't miss a thing
 - Also use this to track feedback and plans from your appointments



PRODUCTS AND OTHER THINGS

- How To Endo - By Bridget Hustwaite (this will be your bible plus follow [@endogram](#) on Instagram)
- Pain and Prejudice: A Call to Arms for Women and Their Bodies - By Gabrielle Jackson (a powerfully written overview of women's pain and the systemic and cultural disparities we face)
- ModiBodi high-waisted period undies - for post-surgery but also for the days where inserting something causes a flare up, it happens
- TOM Organic Period Cup
- FB Support Groups - search according to your location, note you need to prove you have been diagnosed to gain access
 - These groups, while at times overwhelming, are so knowledge- and experience-rich, filled with empowering women and advocates. The lessons learnt from these pages have improved my knowledge 10-fold
- The State of Me on Instagram (Dr. Anthea Todd and Gippsland local, love to see it)
 - Good, easy to understand info that won't overwhelm you. Plus [@areyoucovered](#) of course!!
- Vush Empress 2 - refer to point 5 under Things That Help Day-to-Day Pain and Bloating!

HOW YOU CAN SHOW SUPPORT FOR SOMEONE WITH ENDO

- Read, learn, understand what endometriosis is, the symptoms, what treatment involves and that diagnosis is often a long-winded process
- Understand that endometriosis is a chronic illness with no cure - yes there are days better than others, but it needs to be remembered symptoms are often present on a daily basis. People with endo often do not appear to be sick or unwell - there is no way of telling if someone has endo just by looking at them. Also, flare-ups and fatigue go hand-in-hand with mood swings or impatience. Please know it's never

about you – often this disease is an internal battle.

- As inconvenient as it can be, understand when they need distance, decline invitations or cancel last minute. Endo-flare ups are unpredictable and social events are often the last place we want to be when it happens. Keep the invitations coming, yes, but also don't continually make them explain or justify their non-attendance. As a suggestion, socialising while exercising (walks, swimming, yoga or gym classes) are helpful and often less stress-inducing.
- Workplace specific – introducing a menstrual leave policy or something similar. People with endo and chronic illness will often need additional leave to attend appointments (plus travel time for those who live rurally), recover from surgeries or to simply let them rest during flare-ups and when the fatigue sets in.

HOW TO HELP SOMEONE AFTER A SURGERY (LAPAROSCOPY)

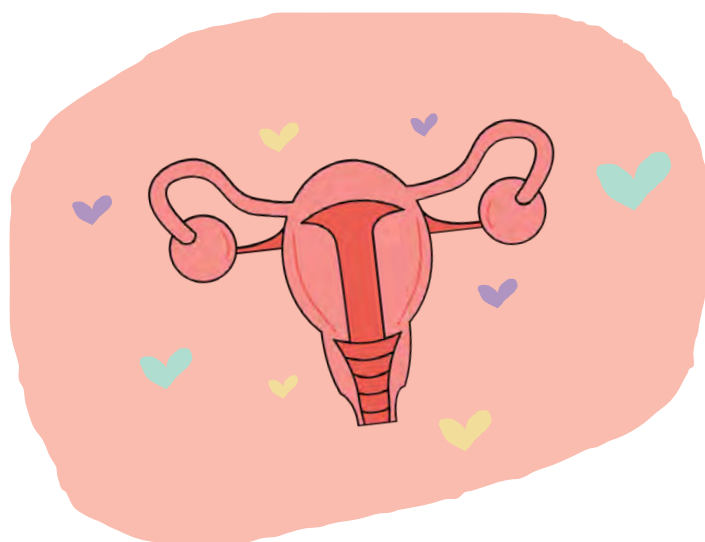
Laparoscopy is a medical procedure used to examine the interior of the abdominal or pelvic cavities for the diagnosis or treatment (or both) of a number of different diseases and conditions. There are usually 3-4 (or sometimes more) incision points, and the surgery – depending on severity – is a largely invasive procedure that deals with soft, delicate tissue, making the recovery time quite significant. Generally, people will need at least 4-6 weeks avoiding heaving lifting (anything over 2kgs is a no-go), driving and strenuous exercise (slow, short walks are okay). Doing these activities will only prolong the recovery and carries risk of doing further damage.

Someone recovering from a surgery will be so incredibly bloody grateful if you help them with:

- Housework – cleaning, lifting heavy items, cooking and meals
- Driving – especially to follow-up appointments and check ups
- Groceries or unpacking groceries – thank goodness for online orders
- Showering and going to the toilet (not in my experience, but worth the ask!)
- Getting out of the house, having chats and general mood lifting – cabin fever can set in quite quickly, so having someone to confide in (at times!) or to simply have around for some good company
 - Constantly listening to someone's pain can have an impact after a while – be mindful of your own boundaries and communicate this. We don't need to carry each other's burdens.

Someone recovering from a surgery will not thank you for:

- Signing them up to Park Run this weekend



Disclaimer: This article does not constitute medical advice and is a personal story by someone living with pelvic pain conditions. The medications, supplements, health providers mentioned in this blog are not endorsed by Gippsland Women's Health or Are You Covered nor does Gippsland Women's Health or Are You Covered receive financial incentive for these products or by the medical professionals mentioned. Please consult with your health care team before considering taking any supplement, medication or treatment pathway.



PHYSICAL ACTIVITY FOR YOUR MIND AND HEALTH

GET IN TOUCH WITH YOURSELF
BECAUSE YOU CUM FIRST

We thought we would put an AYC spin on the Jean Haile's women's health week topics of mental and physical health with the ultimate form of self-care. MASTURBATION!!

WOW, SOUNDS GREAT! WHAT IS IT?

Masturbation refers to stimulating the genitals or other areas of your body for pleasure. There is no right or wrong way to do this, some people orgasm, and some people don't - and that is normal.

Masturbation involves stimulating erogenous zones. Erogenous zones are parts of your body that are heightened to sensitivity. This can depend on the person and can be in the genital area such as the

clitoris and inside the vagina. Or outside the genital areas such as neck, nipples, inner thighs and ears.

Again there is no right or wrong way to do this, it may involve using your hands and fingers or using a sex toy for stimulation. Sex toys can be used to help stimulate different body parts. Sex toys come in many different forms, and can focus on internal stimulation (such as vaginal and anal), or external stimulation (such as clitoris and other erogenous zones). Some sex toys offer a combination of both internal and external stimulation.. Remember, if you are using sex toys they need to be cleaned after each use and if you are sharing a sex toy and/or masturbating with a sexual partner, toys need to be cleaned, hands washed before and after, and you

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You should never feel judgement or stigma around masturbation, it is not cheating and it is not a shameful thing to do.

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may need to use gloves or condoms to protect each other from STIs.

WHAT ARE SOME OF THE BENEFITS OF MASTURBATION?

- **It can help with relieving period cramps.** It is completely normal to masturbate whilst menstruating, you don't need to be concerned about blood. Clitoral stimulation can be all that is needed
- **It can trigger hormones like dopamine and serotonin,** also known as the happiness hormones which in turn boosts your mood, lowers stress level and can even help with sleep quality
- **It can double as a pelvic floor exercise.** Masturbation

is a great way to strengthen pelvic muscles and activate your pelvic floor. Try squeezing and releasing your pelvic muscles

- **It can also double as a mindfulness exercise.** Stay present and focus on your breath

You should never feel judgement or stigma around masturbation, it is not cheating and it is not a shameful thing to do. There is no specific age range to start and there is no range on how often you should masturbate. As long as you are being safe, clean and obviously only doing it in private and not public places, you are living your best self-care life. If you don't like or don't want to masturbate, that is completely normal too. Only do what you feel comfortable doing.



LET'S CHAT CONSENT

Whether you are in a long term relationship, enjoying the hook up life and everything in between. Whatever the situation, you should always feel safe and respected in an intimate or sexual relationship. Victoria has just made this official, with affirmative consent now law. This means that everyone has a responsibility to get consent before engaging in any sexual activity. For their belief in consent to be reasonable, a person must have taken steps by saying or doing something to find out if the other person consents (says yes/shows they are keen/😊).

Another great outcome is that stealthing is now illegal. Stealthing is the act of removing, not using or deliberately breaking a condom without the other person's consent. If you ever hear someone say they're "too big for a condom" firstly, you can tell them, it's [sex] not on if it's not on [condom]. Secondly, you can show them this video of a woman putting a regular condom on her leg, that's right, her leg...

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“it's not on if it's not on!”

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View video here: https://www.instagram.com/reel/CU-dlbPAz7U/?utm_source=ig_web_button_share_sheet

When it comes to sex, it's your decision whether you want to or not, you don't owe anyone anything. You are allowed to say no even if you really like the person, have dated for 10 years or changed your mind even after agreeing or beginning to have sex. Safe sex is more than just condoms and contraception, it is also about feeling respected and ready to do so.

Communicating your needs may be scary and feel really awkward but it will actually help you and your sexual



partner to connect better and in the long term, have better sex!

If you are finding it hard to do it verbally, try writing it down or send it in a message. You will both feel much better afterwards when you are both know what each other are thinking and feeling. If the other person isn't open to this at least you know this early and you can both move on (thank you, next).

Remember, **having sex without consent is an offence**. Here are some links to useful information and where to find more support and advice.

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- **Legal Aid Victoria** - Sex and the law <https://www.legalaid.vic.gov.au/sex-and-law>
- **Gippsland Centre Against Sexual Assault (GCASA)** - Free information and support available to anyone who has ever experienced sexual assault. www.gcasa.org.au or call 5134 3922 or the Sexual Assault Crisis Line 1800 806 292 outside of business hours.
- **1800 RESPECT** - is the national domestic, family and sexual violence counselling, information and support service. Call 1800 737 732 or reach out via the online chat www.1800respect.org.au
- **QLife** - Anonymous and free LGBTI peer support and referral for people in Australia wanting to talk about sexuality, identity, gender, bodies, feelings or relationships.
- **Kids Helpline** -Support for 5 to 25 year olds, anytime, any reason. Call 1800 55 1800 or chat online <https://kidshelpline.com.au/>
- **Lifeline** - 24 hour crisis support and suicide prevention services call 13 11 14, Text 0477 13 11 14 or chat online <https://www.lifeline.org.au/>
- **If you are in danger call 000**



"I NEVER REALISED THEY WERE SO DIFFERENT": INTRODUCING THE LABIA LIBRARY

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ILLUSTRATIONS TEGAN LITTLE, GIPPSLAND WOMEN'S HEALTH

Have you ever wondered if your labia are normal? Lots of people have. That is why Women's Health Victoria (WHV) developed the Labia Library, a website to show that just like any body part, labia come in all shapes, sizes and colours.

The Labia Library was created in 2013 when we identified a concerning increase in demand for female genital cosmetic surgery amongst young women and people with vulvas. Our research showed that the most common reason for wanting labiaplasty was a desire to look 'normal' – but people were unclear about what 'normal' looked like. This is because many of us don't have the chance to see accurate representations of female genitals, as the images we see in magazines and pornography are often altered and lacking in diversity. The increasing popularity of full pubic hair removal also means labia are more exposed than ever before, contributing to further uncertainty about the appearance of this part of the body.

The Labia Library was designed to give people the opportunity to view unaltered and non-sexualised images of labia to show how they can differ from one person to the next. It is important that young people understand body diversity and can recognise unrealistic body images. Helping girls to understand that the representations of labia they see in the media may not be realistic can also encourage healthy body image, self-acceptance, and a greater understanding of body diversity. It's important for boys and young men to also be aware of labial diversity, as their expectations around what girls' and women's bodies should look like are often based on the unrealistic images they see in media, including pornography. The Labia Library also helps parents, teachers, and health professionals to discuss genital diversity and anatomy with women, girls and people with vulvas.

“

Thank you!! I want to cry because I am so relieved. I felt like I had no clue if I looked normal and was worried and this helped put things into perspective for me and gave me more appreciation for my body. I am very glad to have found this. Thank you.

– A Labia Library visitor

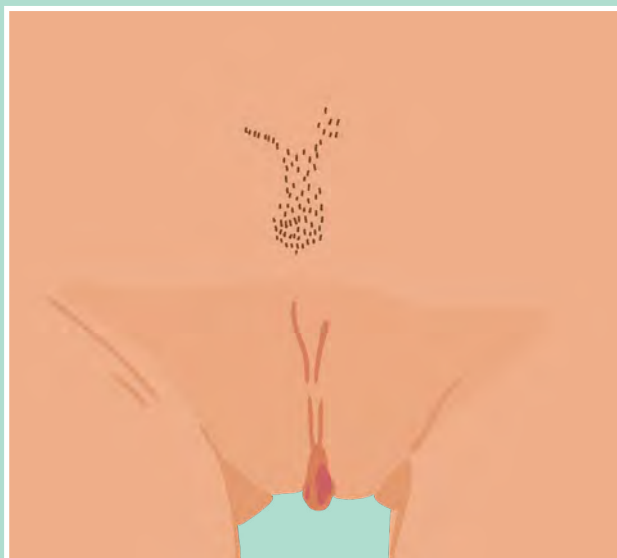
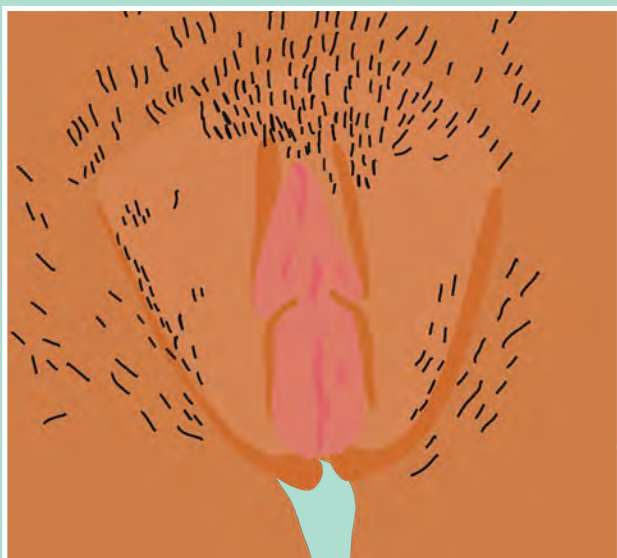
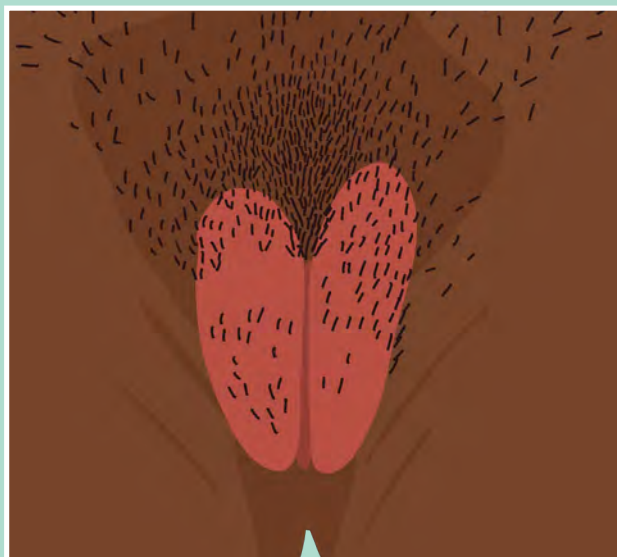
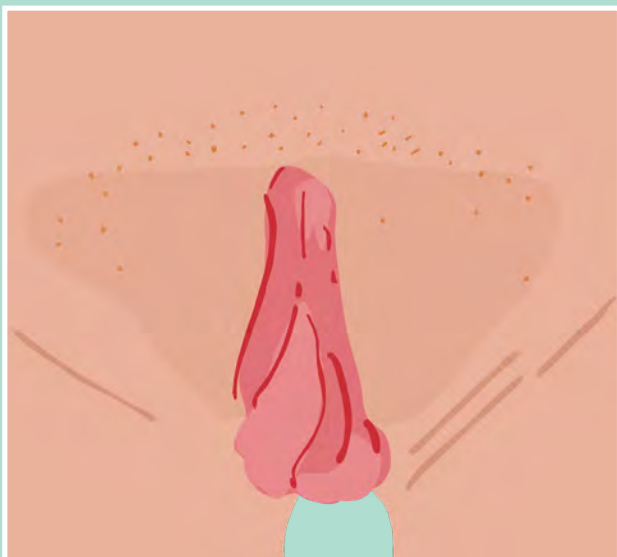
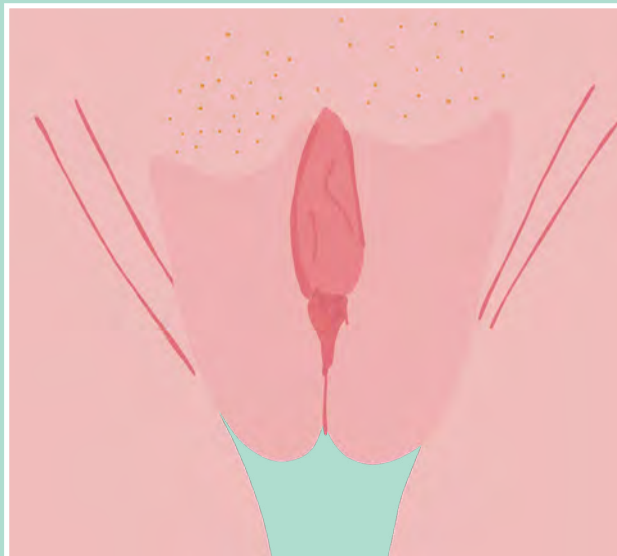
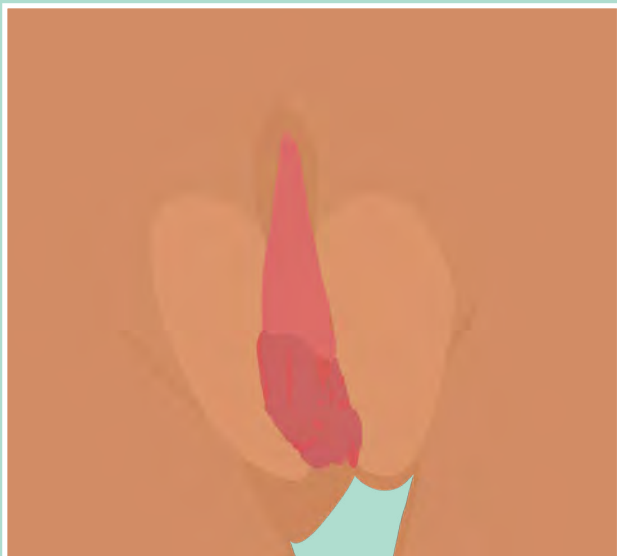
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The site was originally designed for young women and people with vulvas in Victoria but has reached global audiences, with around 3,000 – 5,000 people from all over the world visiting the site each day. The feedback that Women's Health Victoria receives from users of the Labia Library is overwhelmingly positive, with many women expressing gratitude and relief that their labia are healthy and that diversity in labia appearance is normal.

It's impossible to showcase an exact match for everyone's body in the Labia Library image gallery, but WHV hope that the range of images reflects the message that genital diversity is natural and that there is no 'normal' or standard appearance that people should expect nor strive to achieve.

Access to high quality sexual and reproductive health information supports people's own health and wellbeing, their ability to have pleasurable and respectful intimate relationships, and is a key determinant for gender equality. A deceptively simple intervention, the Labia Library has demonstrated the ongoing demand for and value of accessible and candid health literacy and positive body image resources for women, girls and people with vulvas.





LABIA COME IN ALL SHAPES AND SIZES AND THAT'S NORMAL.

ARE YOU COVERED ABORTION ACCESS?



There's been a lot in the media recently about the change of abortion laws in the United States, which had many people questioning their own country or states' abortion laws. We have got you covered on everything you need to know about abortions and if you can access one here in Gippsland.

Abortion is a safe and common medical procedure used to end a pregnancy. In Victoria, abortion is legal up to 24 weeks pregnancy. Then after 24 weeks two doctors must agree that abortion is appropriate for that person. Here is a quick overview of abortion and the steps involved.

There are two types of abortion available in Australia.

Surgical abortion is most commonly performed during the first trimester of pregnancy (up to 12 weeks). The procedure is usually performed under light sedation and uses gentle suction to remove the lining and contents of the uterus. Surgical abortions past 12 weeks will most likely mean you will need to travel to Melbourne.

Medication abortion can be performed up to nine weeks of pregnancy. The method involves taking a combination of two tablets to bring on a miscarriage. Medication abortions are more accessible in rural areas and in some circumstances can be arranged through a telehealth appointment.

WHAT TO DO IF YOU NEED TO ACCESS AN ABORTION?

The first step is confirming the pregnancy, to do this you need:

- A urine test also known as a pregnancy test. These are available from supermarkets and pharmacies
- A blood test which will need to be arranged by your GP or sexual health clinic
- An ultrasound scan arranged by a GP or available from select abortion care services

The second step is choosing an abortion service for you. If you are under nine (9) weeks pregnant (63 days), you may be able to choose between a medication or surgical abortion. If you are over nine (9) weeks you will need to have a surgical abortion. Choosing the type of abortion is a personal decision and based on a range of factors and circumstances. It is a time sensitive decision and depending how far along you are in the pregnancy a decision may need to be made quite quickly.

The third step is finding an abortion service. This can be difficult depending on type of abortion, how far along you are in the pregnancy and where you live. 1800 My Options is the best way to find an abortion service across Victoria. You can either speak to one of their phone workers who will give you a number of different options for services, or you can search for an abortion service on their website.



You can also speak to a GP about abortion services. When booking your appointment, let the reception staff know your reason for the appointment so they book you with a GP that can help, as not all GPs provide or are willing to discuss abortion.

You will need to contact the abortion service to make an appointment. They can tell you about any fees and charges.

The fourth step is planning your time

- You will usually need at least a couple of days to have the abortion, rest and recover.

If you are having a medication abortion:

- It can be helpful to have someone with you during the time of your abortion
- You may need to consider getting some help with childcare if you have young children
- You may be able to time your abortion so it occurs over the weekend
- You will be given the details of a phone line that you can call if you have any questions during the abortion process. This phone line is staffed by trained nurses

If you are having a surgical abortion:

- You will spend at least half a day at the hospital or clinic
- You may need some time off work or get help with childcare
- You will need someone to take you home from the hospital or clinic

The fifth step is the follow up. Your doctor will talk to you about any follow up care that you might need. You should be able to return to your normal activities within a couple of days of your abortion. However, if you are feeling worried about anything you should contact the doctor/service who provided the abortion.

If you are feeling distressed after your abortion, you can speak to a pregnancy options counsellor. Some abortion services may provide their own post-abortion counselling services. You can also speak to your GP or 1800 My Options to help you find a counselling service.

WHERE CAN I FIND OUT MORE?

As you can tell by all the name dropping, we are pretty fond of our friends over at **1800 My Options.**

They provide information on contraception, pregnancy options and sexual health for community members and health professionals.

1800 My Options works alongside hundreds of trusted healthcare providers in Victoria to link you to the services that best suit your needs. **Pretty cool huh?** Check them out here www.1800myoptions.org.au or call 1800 696 784 from Monday to Friday 9am to 5pm.

CONTRACEPTION OPTIONS

Contraception is something that you use or do to prevent pregnancy. If you are having penetrative, heterosexual sex (where a penis enters a vagina) and do not want to become pregnant, you should use contraception. There are many different methods available what works for others may not work for you. It's best to learn which options are available, and then talk to a doctor or nurse about finding your best fit.

However, it is important to remember that barrier methods better known as condoms are the only method to prevent STIs. So if you are having casual sex, sex with a new partner or haven't had a sexual health check up in a while, protect yourself and wear a condom because no glove = no love. While you're at it, pack the lube as well. Same message applies for anyone having anal sex. Now, back to contraceptives.

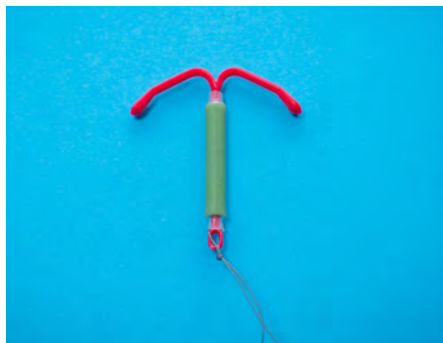
Set and forget methods also known as Long Acting Reversible Contraceptives or LARC for short, are the gold standard in preventing pregnancy, all offering a greater than 99% effectiveness rate .

HORMONAL INTRAUTERINE DEVICE (IUD): SOLD AS MIRENA AND KYLEENA

A small plastic device that is placed in the uterus and releases a small amount of progestogen hormone.

Effective for 5 years.

- It is inserted by trained doctors or nurses surgically inserted and gynecologists and can be removed by trained health professionals at any time
- While there may be some irregular bleeding in the first 3-6 months, the IUD will make periods lighter and may stop them all together
- No medications stop it from working and can be used while breastfeeding
- Some users have period type cramps when first inserted that usually settles after a few days.
- Sometimes difficult to find a trained provider in rural areas



NON-HORMONAL COPPER INTRAUTERINE DEVICE (IUD): MULTILOAD AND COPPER T

A small plastic device with copper wire coiled around the frame that is placed in the uterus and releases a small amount of copper. **Effective from 5 to 10 years dependent on type.**

- It is inserted by trained doctors or nurses and gynecologists and can be removed by trained health professionals at any time
- No medications stop it from working and can be used while breastfeeding
- Spotting can occur in the first three (3) months. This nearly always settles with time and your regular bleeding pattern will return. For most users, periods are about 50% heavier
- There are no hormones so no hormonal side effects
- Can also be used as an emergency contraceptive if inserted within 5 days of having sex
- Some users have period type cramps when first inserted that usually settles after a few days
- Sometimes difficult to find a trained provider in rural areas



CONTRACT IMPLANT: IMPLANON NXT. ALSO KNOWN AS THE ROD

A flexible plastic stick, 4cm long that is placed into the upper arm. The implant slowly releases the hormone, progestogen into your body. **Effective for up to 3 years**

- It is inserted by trained doctors or nurses and gynecologists and can be removed by trained health professionals at any time
- Cheaper option
- Many users have no vaginal bleeding at all or light bleeding
- Can be impacted by some medications so always check with your doctor, nurse or pharmacist
- Can be used while breastfeeding
- Side effects can include headaches, sore/tender breasts, skin and mood changes

Shorter acting reversible contraceptives use hormones to change fertility by stopping the release of the egg, blocking sperm, and changing the lining of the uterus. They are very effective when used correctly, but with typical use are less effective than LARC methods.



INJECTABLE CONTRACEPTION: DEPO

A progestogen injection given regularly every 12 weeks.

- You will need to get a script from your doctor, collect from your pharmacy and take back to the clinic to have the Depo injected.
- Periods usually stop while using this method
- No medications stop it from working and can be used while breastfeeding
- You will need a script
- It may cause side effects, including irregular bleeding, weight gain, moodiness, and pimples, this could last until the injection wears off
- It may temporarily delay a return to normal periods after stopping the injections



THE PILL (COMBINED ORAL CONTRACEPTIVE PILL): MULTIPLE BRANDS AVAILABLE

A pill that is a combination of progestogen and oestrogen, and is taken daily.

- It may make periods lighter, more regular and less painful
- It may be used to treat other conditions such as acne, Pre Menstrual Syndrome (PMS) and excessive body hair
- May not work if taken more than 24 hours late
- It may cause side effects such as headaches, nausea, breast tenderness and weight gain, although changing the type of Pill may help these problems
- May not be suitable if taking other medications or have certain health conditions. Always check with your doctor, nurse or pharmacist



PROGESTOGEN-ONLY PILL: ALSO KNOWN AS MINI PILL: DIFFERENT BRANDS AVAILABLE

A progestogen pill, taken every day.

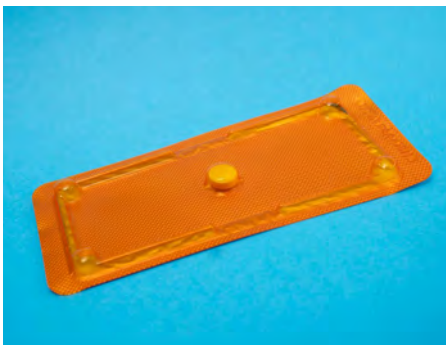
- It must be taken at the same time every day. May not work if taken from 3 hours to 24 hours late depending on type
- It may cause side effects, including irregular bleeding, weight gain, moodiness and pimples
- Can be used by people who cannot take the combined Pill for medical reasons
- May not be suitable if taking other medications or have certain health conditions. Always check with your doctor, nurse or pharmacist



VAGINAL RING: NUVARING

A soft plastic ring which is self-inserted into the vagina and slowly releases low doses of oestrogen and progestogen similar to the pill. It is left in place for 3 weeks and taken out for a week.

- Your doctor will provide you with a script which you can take to the pharmacy to purchase. You then insert the ring yourself
- It may make periods lighter, more regular and less painful
- It may cause side effects such as headaches, nausea, breast tenderness and weight gain
- May not be suitable if taking other medications or have certain health conditions. Always check with your doctor, nurse or pharmacist
- A small number of people find the vaginal ring uncomfortable. Partners are usually not bothered by the ring during sex



Emergency contraceptive pill (ECP) or Plan B

A pill taken after unprotected sex to

stop or delay the release of an egg by the ovary (ovulation). There are two types of ECP.

- It should be taken as soon as possible after unprotected sex for maximum effectiveness
- Depending on the type of ECP, it can be effective up to 5 days after unprotected sex
- It is available over the counter at pharmacies, and some hospital emergency departments



CONDOM

The most common condom is a thin piece of latex (rubber) which is shaped to fit onto an erect (stiff) penis—these condoms can also be called external condoms.

There is also a condom which can be inserted into the vagina—these are called vaginal or internal condoms.

- These methods prevent sperm passing between sexual partners to prevent pregnancy
- **Condoms are the only form of contraception that reduce the risk of sexually transmitted infections**
- They are more effective when used with water-based lubricant to prevent friction and breakage
- They need to be used before any genital contact occurs because sperm can be present before ejaculation (cumming)
- Latex and non-latex external condoms are available in supermarkets, pharmacies and some other retail outlets



Vaginal Condom and Condom



Vaginal/Internal Condom



DIAPHRAGM

A soft, dome-shaped rubber cap that is placed over the cervix.

- It must be inserted before sex and left in place for at least 6 hours following intercourse
- It does not need to be fitted by a health professional, however some practice may be needed before using it for contraception
- It can be purchased online or at some pharmacies

PERMANENT CONTRACEPTIVE METHODS

These methods are best if you have already have children and have decided you do not want any more or have decided you do not want to become pregnant and/or have children in the future.

VASECTOMY

A procedure that cuts the tube called the vas deferens so that sperm produced in the testes cannot get into the semen (cum).

- It can be performed by some doctors or a surgeon. The procedure is performed under either local or general anaesthetic
- It is not immediately effective, it requires about 20 ejaculations to become effective
- It is considered permanent

TUBAL LIGATION

This is a procedure to block the fallopian tubes to prevent sperm getting to the egg. Tubal ligation is a procedure where the tubes are closed off and is performed by a gynaecologist.

- Tubal ligation is more invasive than vasectomy
- The procedure is performed under general anaesthetic
- It is considered permanent

OTHER METHODS

FERTILITY AWARENESS METHODS (FAMS)

These are methods where people become aware of the signs of fertility and learn to detect when they are most likely to become pregnant. This requires not having unprotected vaginal intercourse during the more fertile times of the cycle to prevent pregnancy.

- All FAMS require an understanding of the menstrual cycle
- They require motivation, experience, commitment and cooperation by all sexual partners
- They may be used with other non-hormonal contraception such as diaphragms and condoms
- They are cost effective

WITHDRAWAL (NOT RECOMMENDED)

Withdrawal is removing the penis from the vagina before ejaculation (cumming). This is unreliable because sperm can be present in the pre-cum. Other methods of contraception offer greater effectiveness against preventing pregnancy.

SOME QUESTIONS TO ASK YOURSELF WHEN CHOOSING THE BEST CONTRACEPTIVE METHOD FOR YOU

- How effective is it?
- How much does it cost?
- Is it permanent or reversible?
- How long does it last?
- What are the side effects and risks?
- Does it have other benefits for example, for menstruation or acne management?
- Do you have any current medical conditions?
- How does it fit with my lifestyle? Daily management or a set and forget method.

WHERE CAN I GET MORE INFORMATION AND SUPPORT ABOUT CONTRACEPTIVE OPTIONS?

Sexual Health Victoria, resources and sexual health clinics in Melbourne shvic.org.au/

1800 My Options to find what contraceptive services are on offer near you. www.1800myoptions.org.au/ or call: 1800 696 784 Monday- Friday 9am-5pm

Shine SA: shinesa.org.au/

Jean Haile's: www.jeanhailes.org.au/

GLOSSARY



KEY TERMS

A

ABORTION - Abortion is a safe and common method to end a pregnancy.

ADENOMYOSIS - Adenomyosis is a condition of the uterus (womb) where the cells similar to the lining on the inside of the uterus are also present in the muscle wall of the uterus.

ANAL SEX - A penis goes into an anus.

ANUS - The anus is the opening where the gastrointestinal tract ends and exits the body.

ANXIETY - Anxiety is excessive and uncontrollable anticipation of future perceived threats. Feeling anxious in certain situations can help us avoid danger, triggering our 'fight or flight' response. This is how we have evolved to keep ourselves safe. However, when your worries don't go away, happen for no particular reason, are out of proportion to the situation or get in the way of your daily life, this may indicate that you have an anxiety disorder.

ASEXUAL - Asexual means not experiencing any sexual attraction towards other people.

B

BISEXUAL - Bisexual means being attracted to the gender the same as your own, AND to other genders. Some people use it to mean "attracted to two or more genders".

BREAST CANCER - Breast cancer occurs when abnormal cells in the breast grow in an uncontrolled way. Breast cancer can occur in both males and females, but is far more common in females.

BREAST SCREEN - Breast screening (also known as mammogram) is the best way to detect breast cancer early.

Screening mammograms use low dose x-rays of the breasts to detect cancers that are too small to be felt by you or your doctor.

C

CERVICAL CANCER - Cervical cancer is the growth of abnormal cells in the lining of the cervix. The most common cervical cancer is squamous cell carcinoma, accounting for 70% of cases. Adenocarcinoma is less common (about 25% of cases) and more difficult to diagnose because it starts higher in the cervix.

CERVICAL SCREEN - A test to see if your cervix is healthy or has Human Papillomavirus infection.

CERVIX - Most females have a cervix. It is inside. It is the lower part of the uterus and has a small hole to the vagina. It opens very wide for a baby to be born.

CLITORIS - Your clitoris is the pleasure centre of your reproductive anatomy. Many people think of the clitoris as the tiny nub of flesh located at the top of the genitals (vulva), but this is just the part of the clitoris you can see. Your clitoris consists of a complex network of erectile tissue and nerves, with parts located inside and outside your body.

COERCION - The practice of persuading someone to do something by using force or threats.

Reproductive coercion refers to any behaviour that has the intention of controlling or constraining another person's reproductive health decision-making and can take a variety of forms. For example: Sabotage of another person's contraception: e.g. deliberately removing or damaging a condom, or hiding or disposing of oral contraceptives.

CONDOMS - A condom is a very fine sheath made of rubber or plastic that's designed to stop body fluids from mixing during sexual activity.

Condoms can be used for vaginal, anal or oral sex. They act as contraceptives, and also reduce your risk of getting or spreading sexually transmitted infections (STIs).

CONSENT - People have the right to say 'yes' or 'no' to things in their lives. Everyone is in charge of their own body. When it comes to having sex with another person, all people involved must give consent. Consent means agreement or permission.

CONTRACEPTION - Contraception is a method, medication or device used to prevent pregnancy. It is also called birth control or family planning. If you have sex and do not want to get pregnant, you can use contraception.

CYST- A cyst is a sac-like pocket of membranous tissue that contains fluid, air, or other substances. Cysts can grow almost anywhere in your body or under your skin. See also: Ovarian Cyst.

D

DENTAL DAM - Dental dams are used as a barrier during oral sex.

DIAPHRAGM - A diaphragm is a barrier method of contraception for women. It's a shallow dome of silicone with a firm and flexible rim. A diaphragm is placed in your vagina like a tampon so that it covers the cervix (entrance to the uterus) and tucks in behind the pubic bone to stop sperm from entering. It's held in position by the pelvic muscles.

E

ENDOMETRIOSIS - Endometriosis is a common and often painful condition that affects around 10% of women. It can happen any time from when periods start right up to the time of menopause (when periods stop).

Endometriosis happens when the tissue lining the uterus (the endometrium) is found outside the uterus, where it implants and starts to grow and function.

ETHICAL PORN- Ethical porn is porn that is made legally, respects the rights of performers, has good working conditions. Most ethical porn will require the consumer to pay for the content. Porn that is available for free on the internet may not be legal, respectful and mostly doesn't accurately represent what sex and bodies look like.

F

FALLOPIAN TUBE - The narrow ducts or tubes in a woman's abdomen that carry the egg from the ovaries to the uterus. This is where fertilisation most often occurs.

FEMALE - The gender assigned at birth based on female external genitalia (vulva).

FEMALE/INTERNAL CONDOM - The internal condom is a soft pouch made of nitrile (synthetic rubber), that has two flexible rings at each end. It is inserted into the vagina or anus before having sex.



GLOSSARY

KEY TERMS

G

GAY - Most commonly used to describe someone who is attracted to someone of the same identified gender.

GENDER - Gender Identity is our sense of self when it comes to masculine or feminine. Basically, it's how we feel in our mind. For a lot of people, gender identity will match their sex. This is called being cisgender.

GONORRHEA - Gonorrhoea is a sexually transmissible infection (STI) caused by bacteria. It can infect the cervix (top part of vagina), urethra (where urine comes out), rectum (anal passage), throat and occasionally the eyes.

GP - A general practitioner (GP) is a doctor who is also qualified in general medical practice. GPs are often the first point of contact for someone, of any age, who feels sick or has a health concern. They treat a wide range of medical conditions and health issues.

GYNAECOLOGIST - An obstetrician-gynaecologist is a specialist doctor who cares for women and specialises in pregnancy, childbirth and reproductive health. They help women before, during and after childbirth, detect sexually transmitted diseases, perform reproductive health screening and surgical procedures (such as caesareans, hysterectomies and tubal ligations).

H

HEPATITIS - Hepatitis is inflammation of the liver. Hepatitis may be caused by alcohol, drugs, toxins or infection with a virus (called viral hepatitis). There are five (5) viruses known to cause hepatitis. The most common are hepatitis A, B and C. Hepatitis B is a sexually transmissible infection (STI) and blood-borne virus (BBV), which means it can be passed on through sexual contact or by blood to blood contact.

Hepatitis A and C are not considered STIs however, they can be transmitted (passed on) during some types of sexual contact. Hepatitis C is a BBV.

HERPES - Genital herpes is one of the most common sexually transmissible infections.

It is transmitted from an infected person to a sexual partner through vaginal, anal or oral sex or by genital skin-to-skin contact.

HETEROSEXUAL - Being attracted only to people of another gender. Most often refers to men who are exclusively attracted to women and women who are exclusively attracted to men.

HIV AND AIDS - HIV stands for Human Immunodeficiency Virus. It is a virus that weakens the immune system. It attacks and takes over

the immune cells, using them to reproduce itself and go on to infect other cells. It is primarily transmitted in blood, semen and vaginal fluids via condomless sex or sharing injecting equipment. HIV is the virus that can cause AIDS. Acquired immune deficiency syndrome (AIDS) is not a single disease. It is a diagnosis that results from a spectrum of conditions that can occur when a person's immune system is seriously damaged after years of attack by HIV. The terms HIV and AIDS are not interchangeable.

HOMOPHOBIA - Fear or hatred of people who are gay, lesbian, bisexual.

HOMOSEXUAL - Being attracted to people of the same gender.

HORMONES - Chemicals that cause changes in our bodies and brains. They naturally exist and can also be made in a lab.

HOLISTIC - A holistic approach means to provide support that looks at the whole person, not just one part or issue. A holistic approach considers the physical, mental, emotional, social and spiritual needs.

HPV - Human Papillomavirus (HPV) is the most common sexually transmissible infection (STI). Most people who are sexually active will be infected with at least one type of HPV at some time.

HYSTERECTOMY - Hysterectomy is the surgical removal of the womb (uterus), with or without the cervix. The operation may also be with or without the removal of the ovaries and the fallopian tubes.

INFERTILITY - Infertility is defined as the inability to conceive within a 12-month period while actively trying.

INTERSECTIONALITY - The mixed nature of social factors such as race, class, and gender as they apply to a given individual or group, often creating an overlap and susceptibility of discrimination or disadvantage.

INTERSEX - People are born with different kinds of bodies. People who are intersex are born with natural variations in their body that differ from what we might expect to be 'typically' male/female. This can include (but is not limited to) variations in hormones, chromosomes, and sexual organs. A lot of us are taught that when you have high testosterone that you're male, but if you're a male that is born with low testosterone you may describe yourself as intersex. There are heaps of ways that you can be intersex!

IUD - The Intrauterine Device (IUD) is a small device made of plastic and/or metal that is inserted into the uterus (womb) to prevent pregnancy.

IUI - Artificial Insemination or Intrauterine Insemination (IUI) involves inserting the male partner's (or donor's) prepared semen through the neck of the womb (cervix) and into the uterus, close to the time of ovulation. It is a simpler, less invasive form of fertility treatment.

IVF - IVF (In Vitro Fertilisation) is a procedure, used to overcome a range of fertility issues, by which an egg and sperm are joined together outside the body, in a specialised laboratory. The fertilised egg (embryo) is allowed to grow in a protected environment for some days before being transferred into the woman's uterus increasing the chance that a pregnancy will occur.

L

LABIA MAJORA - Hairy skin around the labia minora.

LABIA MINORA - Hairless thin skin folds around the vagina hole.

LABIAPLASTY - Female genital re-shaping, or labiaplasty, is performed to change the size and shape of the inner labia, the inner lips of the vulva.

LAPAROSCOPY - Laparoscopy is a medical procedure used to examine the interior of the abdominal or pelvic cavities for the diagnosis or treatment (or both) of a number of different diseases and conditions.

LESBIAN - A woman whose enduring physical, romantic, and/or emotional attraction is to other women. Some lesbians may prefer to identify as gay or as gay women.

LGBTQIA+ - LGBTQIA+ is an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more. These terms are used to describe a person's sexual orientation or gender identity.

LUBRICANT - A lubricant is a liquid or gel that women and their partners can apply during sex to make the vulva, vagina, or anal area wetter. Lubricant can also be applied to a man's penis or a sex toy to make them more slippery.

M

MALE - The gender assigned at birth based on male external genitalia (penis, scrotum).

MASTECTOMY - The surgical removal of a breast. Trans and nonbinary people may have double mastectomies to better fit their gender identity. Some people may have a mastectomy to treat or prevent breast cancer.

MENOPAUSE - Menopause, also known as 'the change of life', is the end of menstruation (having periods) in a woman's life. It is a natural occurrence at the end of the reproductive years, just as the first period during puberty was the start.

GLOSSARY

KEY TERMS

MENSTRUAL CUP - Menstrual or 'moon' cups are reusable, bell-shaped devices made of silicon or rubber which are worn internally. They sit low in the vaginal canal and collect, rather than absorb, the menstrual flow.

MENSTRUATION - Menstrual bleeding is the elimination of the egg and thickened lining of the uterus (endometrium) from the body through the vagina. Menstrual fluid contains blood, cells from the lining of the uterus (endometrial cells) and mucus, also referred to as period

MENSTRUAL PAD - An absorbent reusable or disposable lining made of cotton or similar materials that you wear in your underwear against your vulva and vagina to absorb menstrual flow.

MENTAL HEALTH - A state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

MINDFULNESS - Mindfulness is a type of meditation in which you focus on being intensely aware of what you're sensing and feeling in the moment, without interpretation or judgment. Practicing mindfulness involves breathing methods, guided imagery, and other practices to relax the body and mind and help reduce stress.



MIRENA - A type of IUD.

MISCARRIAGE - When an embryo or fetus dies before the 20th week of pregnancy.

N

NATUROPATH - A professional naturopath is someone who has completed, at a minimum, an Advanced Diploma in either Naturopathy or Health Science, is registered with a professional body. Naturopathy takes a holistic approach to wellness. Naturopathy supports a person to live a healthy lifestyle. A range of therapies are used to support the person. Therapies may include nutritional medicine, diet advice, herbal medicine, homeopathy, lifestyle advice, and tactile therapies, such as massage, acupressure.

O

ORGASM - The peak of sexual arousal, when all the muscles that were tightened during sexual arousal relax, usually causing a very pleasurable feeling.

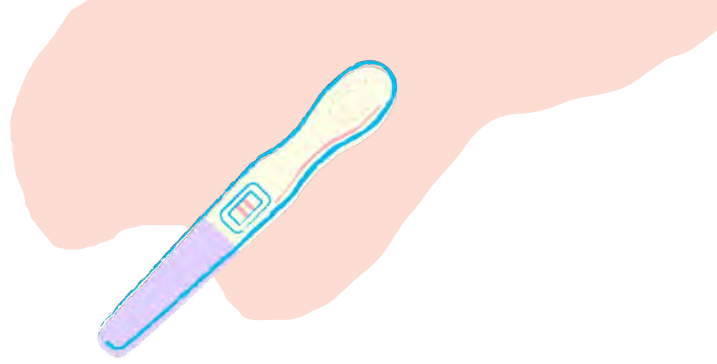
OVARIAN CYST - A growth on an ovary. Usually benign (not cancerous). May cause belly pain or irregular periods, and sometimes requires treatment.

OVARIES - The female reproductive organs that release eggs into the fallopian tubes, where they may be fertilised if sperm are present

P

PANSEXUAL - Describes the sexual, romantic or emotional attraction towards people regardless of their sex or gender identity.

PCOS - Polycystic Ovary Syndrome (PCOS) is a complex hormonal condition. It is relatively common, affecting 8-13% of people with ovaries. However, the majority of people go undiagnosed. People living with PCOS can experience irregular periods, excessive facial and body hair, acne, obesity, reduced fertility and can have an increased risk of diabetes. PCOS



can be diagnosed by taking a medical history, examination, blood tests and an ultrasound. Treatment for PCOS includes a healthy diet and exercise and targeted therapy such as hormones and medication.

PELVIC FLOOR - The pelvic floor muscles support the bladder, uterus, and bowel. Pelvic floor muscles support the bladder, bowel and the uterus. They prevent incontinence of bladder and bowel, prolapse and are also important in sexual function.

PELVIC PAIN - The lowest part of your abdomen and pelvis. Pelvic pain might refer to symptoms arising from the reproductive, urinary or digestive symptoms or from muscles and ligaments in pelvis. Depending on its source, pelvic pain can be dull or sharp, the pain might be constant or sometimes and can hurt more during activities such as going to the bathroom or having sex.

PEP (POST-EXPOSURE PROPHYLAXIS) - Medicine that helps prevent HIV (or other infections) if started within a few days after being exposed.

PERI-MENOPAUSE - Perimenopause is the stage of life leading up to your last menstrual period, which is known as menopause. During this stage you may experience some of the symptoms of menopause.

PERI-NATAL DEPRESSION - Depression during pregnancy and the year following birth.

PERIOD POVERTY - Period poverty is a global problem, with millions of women and girls being held back and even endangered by not being able to afford basic menstrual care.

PHYSICAL HEALTH - Any bodily movement produced by skeletal muscles that requires energy expenditure. Physical activity refers to all movement including during leisure time, for transport to get to and from places, or as part of a person's work. Both moderate- and vigorous-intensity physical activity improve health.

POLYAMOROUS - Is the act of having intimate relationships with more than one person at the same time. A polyamorous person might have or might be open to having multiple romantic partners.

POLYGAMY - Marriage to more than one spouse at a time.

PORN - Video, photos, or words that are meant to be sexually exciting or entertaining.

POST-NATAL DEPRESSION - A condition that affects some mothers in the days, weeks or months after giving birth.

PREGNANCY - Pregnancy is the term used to describe the period in which a fetus develops inside a woman's womb or uterus.

Pregnancy usually lasts about 40 weeks, or just over 9 months, as measured from the last menstrual period to delivery.

PRE-EXPOSURE PROPHYLAXIS (PREP) - A medicine taken daily to reduce the risk of getting HIV.

PRONOUNS - Pronouns are words that we use to refer to a person when talking about them, without using their name. Common pronouns include She/her and He/him. Neo pronouns include They/them, Xe/Xir and Ze/Zir. Some people use only one set of pronouns, while others may use two sets of pronouns interchangeably (she/they). People may change their pronouns at different stages during their life.

Q

QUEER - A common umbrella term used to mean anyone who is same gender attracted or gender diverse.

R

RAPE - In Victoria, sex is considered rape if Sex is considered rape if:

- someone sexually penetrates you without your consent, either:
 - while being aware that you are not, or might not be, consenting
 - while not giving any thought to whether you are not, or might not be, consenting
- after you start having sex, the other person does not stop after becoming aware that you are not, or might not be, consenting
- a person makes you sexually penetrate (or not stop penetrating) them or another person or animal. It does not matter if the person being penetrated consents to the act. You must also consent.

GLOSSARY

KEY TERMS

REPRODUCTIVE HEALTH - Good sexual and reproductive health is important for women's general health and wellbeing. It is central to their ability to make choices and decisions about their lives, including when, or whether, to consider having children

REPRODUCTIVE RIGHTS - The right to make your own decisions about your body. It includes being able to access accurate information about these issues, access sexual and reproductive health services including contraception and abortion. Being able to decide on your sexual partner and if you want to have children and how many.

S

SEX - A label assigned at birth of female or male, sometimes intersex. Also, the act of vaginal, anal or manual intercourse or stimulation of genitals with a sexual partner(s).

SEX POSITIONS - The physical position of two or more lovers for sexual intercourse.

SEXUAL HEALTH - Sexual health is fundamental to the overall health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. Sexual health, when viewed affirmatively, requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable

and safe sexual experiences, free of coercion, discrimination and violence.

SEX POSITIVITY - Sex positivity is the idea that people should have space to embody, explore, and learn about their sexuality and gender without judgment or shame.

SEXUAL ASSAULT - 'Sexual assault' is any kind of sexual activity that you were forced, coerced or tricked into doing when you didn't want to. It refers to a wide range of unwanted sexual behaviours, including:

- forced, unwanted sex, sexual acts or touching
- child sexual abuse: using power over a child or adolescent to involve them in sexual activity
- indecent assault: touching, or threatening to touch, someone else's body sexually without their consent.

SEXUAL FREEDOM - having the freedom to define, explore and experience your own sexuality as you want, without fear of repression or violence.

SEX THERAPY - Treatment to resolve a sexual problem or dysfunction, such as premature ejaculation, inability to have orgasm, or a low level of sexual desire.

SEX WORKER - A person who's paid for providing sex or sexually arousing activities, including phone or camera sex, erotic massage, lap dancing, or striptease.

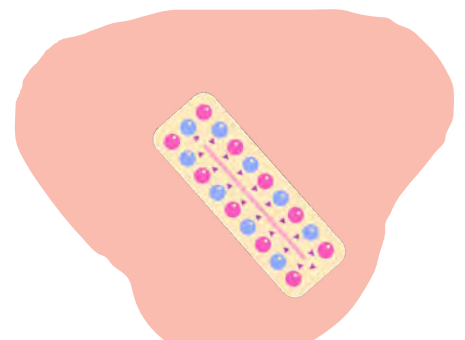
STI - Sexually transmissible infections (STIs) are infections which can be passed from one person to another during sexual contact.

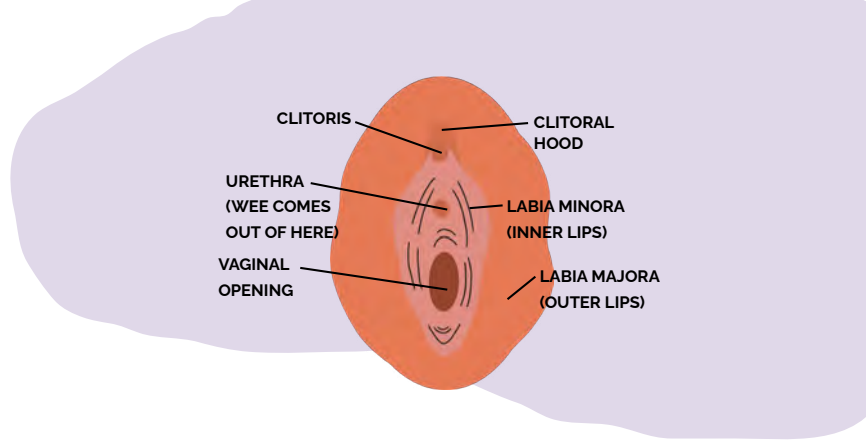
SYPHILIS - Syphilis is a bacterial infection usually spread by sexual contact. The disease starts as a painless sore — typically on the genitals, rectum or mouth. Syphilis spreads from person to person via skin or mucous membrane contact with these sores.

STI TEST - An STI test checks whether you have a sexually transmitted infection (STI). It is quick and painless. It's really important to have an STI test even if you don't have any symptoms.

T

TAMPON - These are little cotton plugs that you put in your vagina to soak up blood. They have a little string on the end to make removing them easier. Sometimes they come with plastic applicators that help to insert them, which work like a syringe. You can get tampons with various absorbency ratings.





THE PILL - There are two types of oral contraceptives:

1. The Combined Pill (contains both estrogen and progestogen)
2. The Mini Pill (contains progestogen only)

You use oral contraceptives by swallowing one pill at the same time or around the same time every day.

TRANSGENDER - Transgender people are people whose gender identity is different from the gender they were thought to be at birth. "Trans" is often used as shorthand for transgender.

U

URETHRA - A tube that empties the bladder and carries urine to the urethral opening (the hole you pee out of). The urethra also carries ejaculate and pre-ejaculate in people with penises.

UTERUS - Reproductive organ from which people menstruate and where a pregnancy develops. Also called "womb."

UTIs - Urinary Tract Infection (UTI) A bacterial infection of the bladder, the ureters, or the urethra. It is not sexually transmitted. The most common symptom is a frequent urge to pee and pain while peeing. Curable with antibiotics.

V

VAGINA - Most females have a vagina. It is a stretchy tube inside the body. The opening of the vagina is between the legs in the vulva.

VAGINAL DISCHARGE - Vaginal discharge is fluid or mucous made by glands inside the vagina and cervix. You might notice it in your underwear or on toilet paper after you wipe. Vaginal discharge cleans and moistens the vagina and helps prevent and fight infections.

VAGINAL SEX - When a penis goes inside a vagina.

VAGINISMUS - Painful muscle spasms in the vagina as a response to pressure/contact. Sometimes has no known cause, and sometimes happens after psychological or physical trauma.

VAGINITIS - The irritation or inflammation of your vagina or vulva due to an infection, allergy, or change in the chemical balance in your vagina.

VIBRATOR - An electrically powered sex toy that applies vibrations to parts of the body for sexual pleasure.

VULVA - Most females have a vulva. It is between the legs the outside parts that you can see. It is between the legs the outside parts that you can see.

W

WOMEN'S RIGHTS - Women's rights are the fundamental human rights that were enshrined by the United Nations for every human being on the planet nearly 70 years ago. These rights include the right to live free from violence, slavery, and discrimination; to be educated; to own property; to vote; and to earn a fair and equal wage.

GLOSSARY SOURCES

- Sexual Health Victoria
- Planned Parenthood (USA) <https://www.plannedparenthood.org/>
- Pelvic Pain Foundation <https://www.pelvicpain.org.au/>
- She Decides <https://www.shedecides.com/>
- World Health Organization (WHO) www.who.int/
- Beyond Blue <https://www.beyondblue.org.au/>
- The Mayo Clinic <https://www.mayoclinic.org/>
- Better Health Channel www.betterhealth.vic.gov.au/
- Minus18 <https://www.minus18.org.au/>
- Jean Hails <https://www.jeanhails.org.au/>
- Cure Cancer <https://www.curecancer.com.au/>
- IVF Australia <https://www.ivf.com.au/>




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