


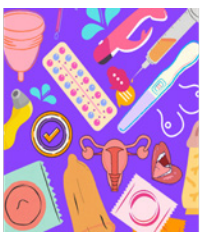
KNOWLEDGE FOR SEXUAL AND REPRODUCTIVE FREEDOM

ARE YOU COVERED

SEPTEMBER 2023 | Issue 2



CHECK ME OUT: CERVICAL SCREENING
SELF-COLLECTION, BREAST SELF-CHECKS /
PAIN DRAIN: HOW TO COPE IN THE
WORKPLACE / **HELLO HORMONES:**
PERIMENOPAUSE, MENOPAUSE /
FOOD FOR THOUGHT: RECIPES /
ABORTION: LOCAL GIPPSLAND WOMEN
STORIES AND SUPPORT SERVICES /
MISCARRIAGE: LOCAL GIPPSLAND WOMEN
STORIES AND SUPPORT SERVICES /
PERIOD PRIDE



**ARE YOU
COVERED**
EST. 2015



ARE YOU COVERED
EST. 2015

Editor and Content Director: Marleigh Andrews, Health Promotion Officer | marleigh.andrews@gwhealth.asn.au

Assistant Editor: Samantha Foat, Digital Communications Coordinator | comms@gwhealth.asn.au

Acting Marketing & Communications Manager: Elissa Duck | elissa.duck@gwhealth.asn.au

CEO: Kate Graham

Regional Manager, Health Promotion and Prevention: Melanie Brown

Proofreader: Jade Willox

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Email addresses are published for professional communications only.

ISSUE 002 CONTRIBUTORS

Photographic – Zac Porter, Laura Tancerdi, Antoni Shkraba, Cottonbro, Julia Larson, Karolina Grabowska, Sora Shimazaki, Craig Adderley, Andre Hunter, Duane Viljoen, Angela Roma, Artem Kovalev, Son Bom, Felicity Tai

Editorial – Marleigh Andrews, Samantha Foat, Fay Wilde, Alex Brown, Kerry, Cathleen, Julie, Gippsland People

Designer Cover Artist and Illustrations – Tegan Little | [Artful by Tegan](http://Artful.by.Tegan)

CONTRIBUTE TO ARE YOU COVERED

Communications, Advertisements and Marketing

Elissa Duck elissa.duck@gwhealth.asn.au

Sexual and Reproductive Health Partnerships

Marleigh Andrews marleigh.andrews@gwhealth.asn.au

CONTACT US

General enquiries and orders admin@gwhealth.asn.au

Subscriptions <https://gwhealth.asn.au/become-a-member/>

Your feedback is valuable <https://forms.office.com/r/sokPYz84iq>

Are You Covered online <https://www.instagram.com/areyoucovered/>

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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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ACKNOWLEDGEMENT



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

Gippsland Women's Health acknowledge that sovereignty has never been ceded and commit to respectful truth telling and working in partnership to improve the health and well-being and security and safety of all Aboriginal and Torres Strait Islander people.

Gippsland Women's Health acknowledge and pay respects to the women and children who have died as a result of gendered and family violence and those who continue to live with violence.

Gippsland Women's Health acknowledges the support of the Victorian Government.





WELCOME BACK!

WE'RE BACK!!

Issue two (2) of the Are You Covered Magazine is here, and we are super excited to bring this informative resource back to Gippslanders and beyond.

Our first issue was downloaded nearly 350 times, and we were able to print and distribute 500 copies to partners, services and people across Gippsland!

Here is some of the fabulous feedback we received:

“Wonderful resource presented so creatively. Thank you!”

“The Labia Library - excellent read! The breast screening was also great, something to check and ask my GP about in the future.”

Thank you for your support, we love your feedback and it helps us continue this dedicated, and frankly, wonderful resource. You will see this link <https://forms.office.com/r/sokPYz84iq> and QR code pop up throughout the magazine, it will take you to an evaluation survey. Please fill it out and let us know what you think, it helps keep the magazine running and provides future content that is relevant to you, the reader.

In the second issue we are kicking off by celebrating Jean Hailes Women's Health Week, with our take on the daily themes with information, stories, and resources. We cover all things menopause from hormone therapy to local women's menopause journeys. We look at the new affirmative consent laws introduced in Victoria, provide a snapshot of the recent Gippsland Pride Initiative, Rainbow Brick Road Report and so much more!

We are beyond grateful for everyone who contributed, submitted their own stories and participated in our survey. Storytelling is a powerful tool; we hope you enjoy this collaborative effort.

Content warning: *The magazine will cover topics such as miscarriage, menopause, consent, unplanned pregnancy and abortion. This magazine discusses sensitive topics openly, please take care whilst reading. A list of support services can be found via our website: <https://qwhealth.asn.au/services-and-partners/womens-health-services/>*

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://forms.office.com/r/sokPYz84iq>



SCAN ME

WE WOULD LOVE YOUR FEEDBACK! SCAN THE QR CODE TO COMPLETE OUR SHORT SURVEY.

Follow @GippslandWomensHealth 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.

**GIPPSLAND
WOMEN'S
HEALTH**



When it comes to navigating the health system and advocating for your own health, knowledge is power!

Take a look through our glossary of key terms to make sure you are always in the know and build your own health literacy. Go to our website page: <https://gwhealth.asn.au/glossary/> or scan the QR code below.

**SCAN ME!
KNOWLEDGE
IS POWER**



The Are You Covered Magazine was created for general information purposes only. Readers should speak with a medical or health care professional for specific advice and/or treatment. The contents do not constitute legal advice, are not intended to be a substitute for legal advice and should not be relied upon as such. All reasonable steps have been taken to ensure the accuracy of the information provided at the time of its initial publication. The copyright owner accepts no responsibility for the accuracy of the information after two years following its original publication.

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WOMEN'S HEALTH WEEK

4–8 September 2023

womenshealthweek.com.au



CHECK ME OUT

In order to stay in good health and identify possible health issues early, it is important for women and gender diverse people to have regular health checks. There are a number of specific tests that you should make part of your regular routine across your lifespan.

You know your body better than anyone else. Talk to your doctor if you notice any changes, have symptoms or family history.

In an emergency situation call 000.

BREAST SELF-CHECKS

Get to know the normal look and feel of your breasts, make it a habit you can stick to by doing it at the start of every month, we like #feelitonthefirst. If you notice changes - book an appointment with your GP straight away, do not wait for a BreastScreen Victoria appointment (see page 12 on how to do a breast check.)

BREAST CANCER SCREENING

A breast screen or mammogram is an x-ray of the breast. Women and gender diverse people aged 40 and over who do not have breast symptoms are eligible for free breast screens with **BreastScreen Victoria** (<https://www.breastscreen.org.au/>). Those that are aged 50-74 are invited for a free breast screen every two years. Breast screens are not effective under the age of 40, if you have concerns contact your GP.

BreastScreen Victoria is located throughout Victoria and has a mobile screening bus for rural and remote areas without a dedicated service. To find out more or to book a breast screen, **call 13 20 50 or visit** <https://www.breastscreen.org.au/>

SEXUALLY TRANSMITTED INFECTIONS (STIs)

If you are sexually active, particularly if you have sex without barrier protection such as a condom, you might get an STI. Some STIs don't have obvious symptoms, while others (e.g. chlamydia or gonorrhoea) may affect your health and fertility if left untreated. Talk to your doctor about how often you should be tested. To find a GP or sexual health clinic near you give 1800 My Options a call or visit <https://www.1800myoptions.org.au/>.

CERVICAL SCREENING

Cervical cancer screening is recommended every five (5) years for women and people with a cervix who are aged 25 to 74 years and have been/are sexually active.

The cervical screening test (which replaced the Pap test) checks for the presence of the human papilloma virus (HPV); a virus that can cause cervical cancer. Even if you have been vaccinated against HPV, regular cervical screening is still important as the vaccine does not protect against all types of HPV infection. From July 2022, everyone who is eligible for cervical screening will be able to collect their own vaginal sample if they choose, this is called self-collection. Self-collection is a safe and effective method of testing. Visit the Cancer Council website (<https://www.cancer.org.au/cervicalscreening>) for more information about self-collection and if there is a provider near you.

PREGNANCY

If you are planning to get pregnant, it's important to be as healthy as possible. It's a good idea to get a pre-pregnancy health check to assess your general health, smoking, alcohol habits, and weight and immunisation status.

OVARIAN CANCER

Unfortunately, there is no early detection screening test available for Ovarian Cancer. Visit Ovarian Cancer Australia's website to find support, more information on common signs and symptoms as well as a downloadable symptoms tracker. The tracker can be used to easily record symptoms that may be associated with ovarian cancer and more common and less serious conditions. <https://www.ovariancancer.net.au/>

GENDERED BASED VIOLENCE (GBV)

Gender based violence, including family violence/ domestic violence, is a serious and widespread problem in Australia. **On average, one woman a week is murdered by her current or former partner.**

If you are experiencing gender based violence and need support, contact the following:

Safe Steps - 1800 015 188 24/7 specialist support service for anyone in Victoria who is experiencing or afraid of gender based violence.

1800 RESPECT 1800 737 732 24/7 National domestic, family and sexual violence counselling, information and support service.

In an emergency situation call 000.



OTHER REGULAR CHECKS

Screening for bowel cancer in people aged 50 to 74 who do not have any symptoms, helps to find cancer early. The bowel cancer screening test uses chemicals to check a bowel motion sample for blood, which may be a sign of bowel cancer. The National Bowel Cancer Screening Program sends free test kits in the mail to people aged 50 to 74, every two (2) years.

Cardiovascular disease is a leading cause of death for Australian women. A regular heart health check is recommended for anyone 45 and over (from 30 for Aboriginal or Torres Strait Islander peoples.) A heart health check is a 20-minute check-up with your doctor to assess your risk of having a heart attack or stroke. Heart health checks are covered by Medicare and are free at practices that bulk bill this service.

Bone health check. Osteoporosis is a disease that causes bones to become less dense, lose strength and break more easily. After menopause, your bone density decreases. Your doctor may recommend a bone health check once a year from age 45. Depending on your risk of osteoporosis, they might suggest a bone density scan (DXA) every two years.

Dental at least yearly or more if recommended by your dentist. Practice dental hygiene at home.

Skin checks. Perform regular skin checks at home and be alert to new or changing moles, freckles and spots. See your doctor if you notice anything unusual.

You should also keep up to date with the latest immunisations.

Most pharmacies offer blood pressure and diabetes checks at low to no cost and can provide advice and referrals to medical support when necessary.

Visit the **Better Health Channel** website for more information - <https://www.betterhealth.vic.gov.au/>

BREAST CHECK

WRITTEN BY LOCAL GIPPSLAND WOMAN

Something I'm getting better at is checking for any changes in my breasts when I shower and incorporating this into my routine. It started when my wife brought home a little infographic brochure that we hung on the bathroom door. I only had a basic understanding that as women we should be vigilant about checking for any lumps in our breast tissue but that was about it.

A few weeks ago, I noticed a small lump above my right nipple. Looking back, I may have felt something prior to this day, but initially thought it was just a bit of muscle. This particular day, it was about the size of a pea, large enough that I could pinch it between my fingers and

feel a protruding lump when running my fingertips flat over my skin. Even at the young age of 26, this startled me as my family has a history of breast cancer and I could feel a slight, localised pain when I put pressure into this little pea.

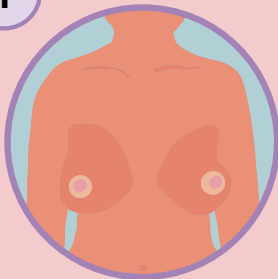
My Ma on my Mum's side, who is now 97, had experienced a mastectomy when she was in her late 70s. My Mum has six (6) sisters, most of them have daughters, so **there are many women in my family who need to be aware of the early signs of breast cancer.**

After discovering my lump, I booked an appointment online at my local GP, who gave me a referral for an ultrasound. I made a few calls around the local clinics but wasn't able to find a slot for weeks. I turned to Melbourne and was able to find an appointment for the next day in Monash. I am fortunate that I was able to get it checked so quickly but am aware that this is a unique experience where I have the ability to drive to Melbourne.

Thankfully, my ultrasound determined that the lump was a benign buildup of fluid that formed a cyst, which after three (3) weeks since my appointment has thankfully almost gone down completely on its own. **As the sonographer assured me, it's always better to be safe and get it checked out!**

Pick the same time each month and follow these 7 steps to complete a breast self-exam.

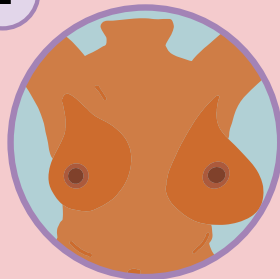
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1. Lower and Lift

Look at breasts with shoulders straight and arms on hips in the mirror. Look out for any changes.

2



2. Raise and Look

Raise your arms above your head and look for any changes in the breasts. Then examine your underarms.

3



3. Touch and Feel

Use your three middle finger pads to touch and feel your breasts. Moving in a circular motion is best.

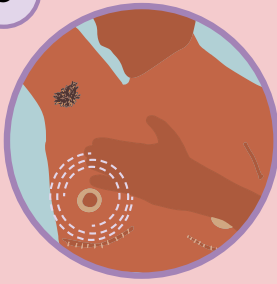
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4. Lay Down Touch and Feel

Lie down and touch and feel your breasts. You are feeling for anything that doesn't feel right, such as a lump.

5



5. Standing Up and Circles

Stand up and touch your breasts with your three middle finger pads and move in a circular motion around your whole breast.

6



6. Up and Down

Stand up and touch your breasts with your three middle finger pads and move up and down your whole breast.

7

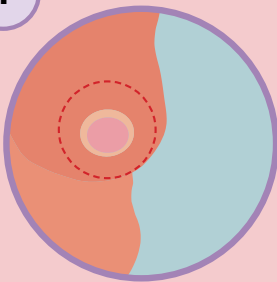


7. Repeat

Repeat the same 7 steps with your other breast.

These are just some signs and symptoms that may be breast cancer. It is always advised that if you notice any change in your breasts at all to seek medical advice.

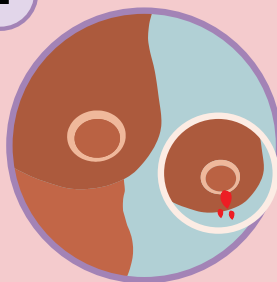
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1. Nipple Changes

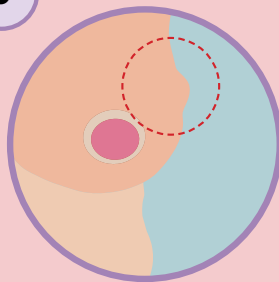
Retracted or inverted nipple (a nipple that points inward).

2



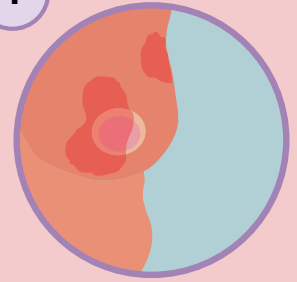
2. Bloody Discharge

3



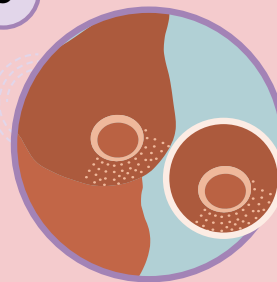
3. Lump in the Breast

4



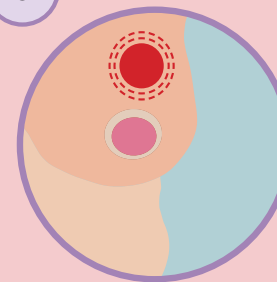
4. Change in Breast Colour

5



5. Pitting of the Breast Skin

6



6. Breast or Nipple Pain

Are You Covered understand that some people associate the word 'breast' with gender. In this case when we say the word 'breast' we are doing so in a medical sense.

Everyone, regardless of gender, has breast tissue and breast cancer refers to cancer in this tissue. So when using the word 'breast screening' and 'breast' we are doing so in relation to the tissue with the aim to prevent and raise awareness of breast cancer.



CHANGES TO THE NATIONAL CERVICAL SCREENING PROGRAM

WRITTEN BY **FAY WILDE**, HEALTH PROMOTION COORDINATOR
GIPPSLAND WOMEN'S HEALTH

Most of us cringe when we get that letter in the mail reminding us we are due for our routine cervical screen. I don't know about you, but I find I put it off as long as possible. When I do finally make the appointment to go to the GP and have my cervical screen, I'm mentally preparing myself in the lead up for this routine check. I find it incredibly invasive, uncomfortable and often experience pain. I don't think I'm alone in the fact that I don't like them and I'm pretty sure I never will? I do go though, I always have.

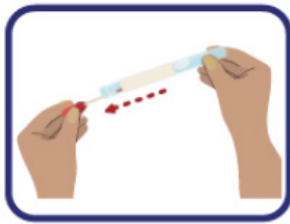
It's one of those things I know I should do, so I've always done it and have just 'put up with' the discomfort, pain and the feeling every single time of being completely and utterly vulnerable. Some years ago, my mother had some abnormalities on her cervical screen and she had

to have part of her cervix scraped out. She completely minimised it, as women we know often do, but this has added to my rationale for attending the routine checks. Often knowing someone who has had treatment is often the motivation for many people doing their routine screens and I know I definitely fit in this boat. Prevention is better than cure, right?

Over the years, probably due to low screening rates, there have been lots of changes to cervical screening and I'm here to tell you about them and why booking your appointment to have this done is no longer as daunting as it has been previously.

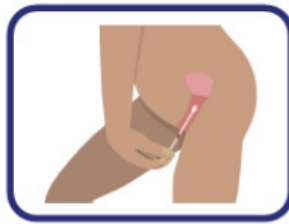
Some years ago, now when I saw my GP for my routine pap smear, I nearly leapt of my chair in excitement when she told me I wouldn't have to come back for another screen for five years instead of two due to improvements

How to do the test in four simple steps:



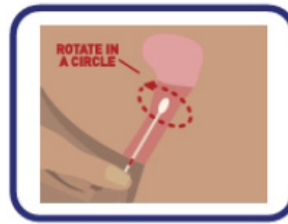
Step 1

- Wash your hands.
- Twist the cap off the tube and pull out the swab.
- Look at the swab and note the red mark closest to the tip.



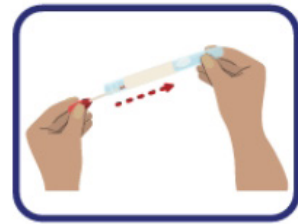
Step 2

- Get in a comfortable position.
- Insert the swab into your vagina, aiming to insert to the red mark.
- Tip: It may be easier to use your other hand to hold the outer skin at the entrance of your vagina.



Step 3

- Rotate the swab gently 2-3 times, for about 10 seconds.
- It should not hurt.



Step 4

- Remove the swab and place back in the tube.
- Return the tube to your doctor or nurse.

to the screening process. It was such great news and I was relieved and I remember thinking at the time, a pap smear every five years is more bearable than every two.

Back in December 2017, cervical screening changed in Australia to improve early detection of cervical cancer. The two-yearly Pap test was replaced with a five-yearly Cervical Screening Test. The new test looks for HPV which causes almost all cervical cancers and is passed on by genital skin-to-skin contact during sexual activity.

Roll on to 2022 and another major change to improve the rates of cervical screening has occurred with the introduction of a self-collection option.

Yes, you read that correctly.

You can now CHOOSE how you want to have your next Cervical Screening Test. Your options are:

- collecting your own vaginal sample (self-collection) using a swab, or
- having a healthcare provider collect your sample (clinician collected) using a speculum and small brush.

Self-collection is done in a private space at the doctors or another health setting, usually behind a curtain or in the bathroom. It's quick, easy and private.

About time!

So, what's the difference between the two tests I hear you ask?

Let's answer one of the most commonly asked questions when talking with people about the new self-collection option. Is the self-collection test as effective as the cervical screening test a nurse or doctor does with the speculum?

The answer is YES. The self-collection test is just as accurate at detecting HPV as a Cervical Screening Test taken by your doctor or specially-trained nurse.

A traditional Cervical Screening Test is taken by a doctor or Nurse Cervical Screening Provider. When they do the test, they are collecting a sample of cells from your cervix and conduct a speculum examination for the test.

If you take your own sample via self-collection, you are collecting cells from your vagina. Here is the important part: **HPV can be found just as well in cells from your cervix and cells from your vagina. Self-collection is just as safe, effective and accurate at detecting HPV as a Cervical Screening Test taken by your doctor or specially-trained nurse with a speculum.**



When the Cancer Council reached out to Gippsland Women's Health to partner in a campaign promoting cervical screening - with the aim to raise awareness of the new changes to cervical screening across East Gippsland - we jumped at the chance to be involved!

We connected with our long-standing partners in East Gippsland Bairnsdale Regional Health Service, Gippsland Lakes Community Health, Omeo District Health and Gippsport. Over the course of three months, GWH and our partners, were involved in a number of different community events, including; attending field days and markets, Women's Health events and education sessions.

Lou-anne Mooney, former Health Promotion Worker at Omeo District Health, coordinated four events in the Alpine region. **33 women attend four events held at Benambra, Omeo, Swifts Creek and Ensay. Lou-anne spoke with GWH regarding the success of the events and the positive outcomes achieved by providing women with the space to talk about cervical screening and all things women's health.** She commented that the women who attended appreciated the opportunity to come together and talk about women's health - issues they often don't get a chance to discuss, including screenings, menopause, the impact

of aging on their health and accessibility in a regional area.

Buchan Neighbourhood House Coordinator, Evelyn Schmidt, organised a very successful morning tea as part of Australia's Biggest Morning Tea to raise funds for the Cancer Council in partnership with Buchan Bush Nursing Centre, GWH and BRHS. Ashley Leach, the Prostate Nurse from Bairnsdale, ran an information education session on Prostate cancer and GWH ran a session about the changes to cervical screening.

It was a highly engaging morning, with great interaction from local community members who commented that they learnt a lot about cancer screening.



One of the highlights of the campaign was a Women's Health Event coordinated by Karen Hamilton at Bemm River Community House. Karen undertook a significant amount of work organising and coordinating a fantastic event for the local women of Bemm River. The day began with GWH speaking to the 10 women about cervical screening, followed by GippSport talking about the benefits of active living. It was fantastic to meet Fiona Jennings from CatholicCare who brewed up delicious hot coffee from her van. One of the women spoke to the group about Centenary House located at Latrobe Regional Hospital, which is subsidised accommodation for anyone travelling a significant distance for treatment at LRH. She also gave the attendees information about Victorian Patient Transport Assistance Scheme (VPTAS) - a travel subsidy scheme people in regional Victoria can access if they travel more than 100km to access medical treatment and appointments. The community connection, engagement and support was evident during this event and it was truly a humbling experience.

What came up throughout this campaign was the barriers that many women experience across East

“

What we have learned is that women still have difficulty accessing a reliable GP, that getting a simple cervical test can be challenging, and the cost of an appointment can be a barrier.

”

Gippsland which is nothing new to us at GWH. What we have learned is that women still have difficulty accessing a reliable GP, that getting a simple cervical test can be challenging and the cost of an appointment can be a barrier.

This campaign was to raise awareness and educate women and those with a cervix on what their options are in relation to cervical screening. Women who attended the sessions felt more empowered, educated and confident to be able to make the time to go and have a cervical screen. Women welcomed the news about the new self-collection option and many indicated they'd be more proactive with their screening now knowing this was an option for them.

So ensure you are up to date with your cervical screening, it's not as daunting as it used to be!

ABOUT THE NATIONAL CERVICAL SCREENING PROGRAM:

Women and people with a cervix aged 25 to 74 are invited to have a Cervical Screening Test every five years through the National Cervical Screening Program. Anyone who is eligible for cervical screening can choose the self-collection option for their next Cervical Screening Test. Our recommendation would be to ensure you ask for this option when booking your appointment for your cervical screen as some GPs and practice clinics may not yet be offering this as an option.

Cervical screening tests for HPV, so here's a bit more information about HPV and why it is important to get tested:

- HPV stands for human papillomavirus and is a key risk factor in the development of cervical cancer.
- HPV is a very common infection which usually shows no symptoms and goes away by itself. The virus is passed on by genital skin-to-skin contact during sexual activity and can infect both men and women. It is not passed on by semen, blood or saliva. HPV can still be passed on if a condom is used, as condoms do not cover all the genital skin. You can get HPV the first time you are sexually active and from having only one sexual partner.
- The body can get rid of most HPV infections naturally but if it doesn't, some types of HPV can cause changes to the cells of your cervix. If these cell changes are not picked up early and treated, they can turn into cervical cancer. **Almost all cervical cancers are caused by HPV**, hence why cervical screening is so important as it can detect the virus.

In Australia, we have a HPV vaccine (Gardasil) program. Australian children aged 12 to 13 are offered the free HPV vaccine through school-based programs. The vaccine is free for everyone aged 12-25 under the National Immunisation Program. Cervical cancer is largely preventable through HPV vaccination and cervical screening. Even if you are vaccinated against HPV, you need to participate in regular cervical screening.

Since Australia's National Cervical Screening Program was introduced in 1991, the rate of cervical cancer cases and deaths in Australian women has halved. Women and people with a cervix aged 25 to 74 who have ever been sexually active with a person of any gender are invited to have a Cervical Screening Test every five years through the National Cervical Screening Program.

If you have symptoms such as pain, abnormal vaginal bleeding or discharge, always see your doctor straight away - regardless of your age and even if your last screening test was normal.

“

Almost all cervical cancers are caused by HPV, hence why cervical screening is so important as it can detect the virus.

”



Learn more about self-collection here:

<https://www.cancervic.org.au/cancer-information/screening/cervical-screening/self-collection>

For more information on cervical screening:

<https://www.cancervic.org.au/cancer-information/screening/cervical-screening/look-after-your-health-with-cervical-screening/campaign-content-hub#about>

Glossary of key terms:

Take a look through our glossary of key terms to make sure you are always in the know and build your own health literacy. Go to our website page: <https://gwhealth.asn.au/glossary/>

Self collection is now an option for cervical screening.

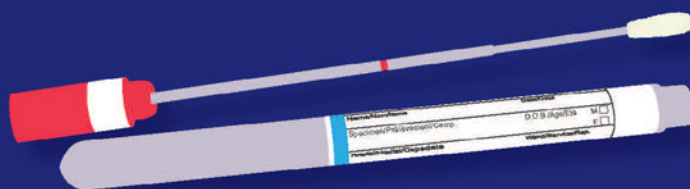
Due for a Cervical Screening Test?

**You can now collect your own sample,
using a swab.**

It's quick, easy, private and accurate.

A Cervical Screening Test
every five years could
save your life.

Speak to your doctor or
nurse about your options,
including self-collection.



Find out more:
cancervic.org.au/selfcollection





PAIN DRAIN

HOW TO COPE IN THE WORKPLACE

WRITTEN BY **SAMANTHA FOAT**, GIPPSLAND WOMEN'S HEALTH

Working 9-5, five days a week is a common lifestyle for many of us - and while we manage to get through all of the meetings, emails, projects and demands of working life - our bodies can often have other ideas. Period pain, pregnancy, fertility journeys, menopause and chronic pain from conditions such as endometriosis, PCOS or adenomyosis, plus hormone fluctuations in general, can make things tricky. In other words - they don't have regular times for clocking on and off.

When it comes to pain management, this differs from person to person and it is important to find tools and techniques that work for you and any conditions you may have. What works for me may or may not work

for you, and often it is a case of trial and error until you find something that fits your lifestyle, your budget, and working environment.

To give you some background, I am writing from the perspective of a 30-year-old woman living with endometriosis and adenomyosis, working with flexible arrangements (that is, I have the choice of working from home, at co-locations or in an office), I am more often than not working at a desk and my workplace is very accommodating when it comes to flex-hours. Let it be known I am already writing from a very privileged position.

KNOWING YOUR BODY AND RECOGNISING PAIN TRIGGERS

First things first - you need to get in tune with your body. I would regularly ignore signs that would eventually send my body into a downward spiral of intense pain or fatigue. This could be from working too long hours, spending too much time at a computer, eating particular foods, drinking alcohol, not getting enough sleep,

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certain exercises/intense movements or alternatively lack thereof exercise. The warning signs would come in the form of bloating, small but sudden bursts of pelvic pain, headaches, inability to concentrate, and overall lethargy. Our bodies are constantly going through changing periods of hormones as we make our way through the menstrual cycle, plus throw in the demands of day-to-day living, work, or even a chronic condition, and we can quickly feel out of whack. Whatever the circumstance, don't ignore what your body is telling you!

REST AND BALANCE

So simple, yet often so hard to do. When the warning signs come, it is important to give yourself a break. As a standard, get more quality sleep. We will always be too busy, have too many commitments, too many deadlines to meet - but as the saying goes, rest before your body makes you. Learn to say no to plans or communicate that you are in fact feeling unwell - whether that be socially or at work. I appreciate productivity guilt can creep in, and for those in professions with higher demands (e.g. emergency services or with staff shortages) - it can feel impossible. It is still important to communicate with your employer or team members what you are experiencing, and where possible, find adequate time to rest properly when you're not at work. Remember - sick leave is there for a reason, so use it.

EXERCISE AND DIET

I've just told you all to rest, however, exercise can definitely play a big part in general pain management or prevention. This includes adjusting the type of exercise according to my menstrual cycle or to suit energy levels. Yoga, walking and swimming for the day-to-day. Reformer pilates has been a welcomed new addition, the perfect mix of gentle yet strengthening. Weights or more high intensity training when feeling my best.

In addition, what I eat plays a big part. This can be hard socially, when there's a team lunch or when wholesome team members bring in baked goods to share. Cutting out or minimising anti-inflammatory foods and beverages (sugar, gluten, dairy, red meat, highly processed foods, alcohol and caffeine) is often helpful. Not fun, but helpful.

TOOLS OF THE TRADE

For fellow pelvic pain sufferers - heat packs, hot water bottles and TENS machines are your friend. I am not someone who uses these daily or overly frequently (same goes for oral pain relief, but I'll always keep a pack on hand), but more so when the severe pain kicks in. The heat items are an essential after surgery or laparoscopy. These are especially useful if you're able to work from home, however there are many options on the market now that are discreet, can be easily worn under clothing or while you're on the move - wrap around heat packs, attachable TENS machines without the chords, stick on heat patches - for example. If you are someone that has to use these items throughout the work day and working from home isn't an option, I hope you can wear and use them proudly.

And that's my two cents. If you have any suggestions, or if you found these tips have worked for you - we'd love to hear your feedback. Let us know in the [survey](#) or get in touch with us via our [website](#) or social media.

Remember, pain management differs from person to person, condition to condition. As always, if pain persists - speak to a trusted doctor or health care professional, and find a treatment or management plan that works for you.



HELLO HORMONES

MENOPAUSE

We touched on menopause in the first issue of the AYC magazine, but we are back again for more because we are well beyond menopause being considered a taboo topic and frankly, we have plenty more to say. I must premise, menopause is for everyone to understand, regardless of age or gender!

Menopause, like puberty, **is a life stage not an illness** and considering half the population will experience menopause and the other half will know someone experiencing it, it is time to reclaim the shame. And with good reason too, it is literally costing us money.

The Australian Institute of Superannuation Trustees (AIST) looked at a range of data — including from the Australian Bureau of Statistics — and estimated that

even if just 10 per cent of women retired early because of menopausal symptoms, it would equate to a loss of earnings and super of more than **\$17 billion**. The more we can understand menopause, the more we can support those going through it, who are usually experiencing symptoms during the peak of their careers. While they seem like simple measures, greater support and understanding could mean menopausal people are less likely to prematurely leave the workforce or want to reduce their hours.

Quick recap on definitions before we continue:

- **Perimenopause** – the lead up to menopause. On average, it lasts four to six years but can last as long as ten years. During this time, your ovaries begin to run out of eggs. This causes hormone levels particularly oestrogen, - to fluctuate, causing different symptoms such as hot flushes, mood swings and changes to your menstrual cycle.
- **Menopause** – the final menstrual period. If you haven't had a period for 12 months, you've reached menopause.
- **Postmenopause** – starts when you have had no periods for 12 months

Take a look through our glossary of key terms to make sure you are always in the know and build your own health literacy. Go to our website page: <https://gwhealth.asn.au/glossary/>



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We ran a survey amongst GWH members and the wider Gippsland community, eligible to those somewhere on the menopause journey to gain greater understanding of their experiences. Here are a few of the results.

- Only **8% of respondents said they were well prepared for peri/menopause** prior to experiencing it compared to **33% who knew nothing**. With 42% stating they knew a little, but it wasn't what they expected.
- Most commonly experienced symptoms were tiredness, sweating at night, trouble sleeping, mood changes, brain fog and hot flushes.

Respondents were asked to rank how well they felt supported and understood on their journey:

- **83.3%** of respondents stated they were **not at all supported** politically.
- More respondents felt supported by **Internet search engines** or **social media** than they did their GP/health professional.

When asked how respondents could have been more supported in these areas:

- **“Education would have been great**, particularly through my GP. I felt it made sense to them what I was feeling but they didn't pass on helpful information.”

- “Education so I understood, **so I could tell others what I was going through.**”
- **“We need to speak more openly about menopause, which is after all something over half the population will experience.** Health professionals seemed to minimise and/or discount the impacts on my general wellbeing. It would be beneficial if they were to receive training on how to respond to women going through this stage of life.”
- “When you turn 50 and get various screenings, GPs provide a screen of information about menopause especially about everything ‘drying up’ and then work through that over the next years e.g., vagina health, skin health, muscle health etc.”

When asked what helped to manage their symptoms, many respondents stated lifestyle factors such as **diet, increased water intake, exercise, wearing layered clothing and sleeping solo when needed**. Sharing lived experience by talking with friends was also highly beneficial to respondents. Many respondents had also benefited from Menopausal Hormonal Therapy (MHT, previously referred to as HRT)

“Hormone replacement therapy!!! I felt better almost immediately. The hot flushes ceased, and I was able to sleep.”

WHAT IS MENOPAUSAL HORMONAL THERAPY (MHT)?

MHT is medication that contains oestrogen, progesterone and sometimes testosterone. It is used to manage the symptoms of menopause when they interfere with your daily life. MHT is available in different dosages and forms, such as pills, patches, gels, vaginal creams and intrauterine devices (IUDs). MHT is an effective treatment for relieving symptoms such as hot flushes, vaginal dryness, disturbed sleep, joint pain and itchy skin.

Many studies have investigated whether MHT increases the risk of cancers, further illness and disease. **A recent review of scientific evidence on MHT found it is an effective and safe treatment to relieve menopausal symptoms in healthy people. The data showed that MHT had low risks for women aged 50 to 60 years, or when used within 10 years of their final period.**

Like all medications, there can be risks and/or side effects with taking medications. We recommend reading up further on the Jean Hailes website (<https://www.jeanhailes.org.au/>) first, then having a thorough discussion with your doctor to see if it is the right option for you.

We also asked respondents **what didn't help with managing their symptoms**, many respondents stated **supplements both bought online and from the chemist**. These products contain various formulations and their effectiveness can vary due to the quality, quantity and combinations of the ingredients used. The best way to seek guidance about herbal remedies is to consult a health practitioner trained in herbal medicine use, such as a naturopath, herbalist or Chinese medicine practitioner.

MENOPAUSE AND THE WORKPLACE

- **42% of respondents answered they were not comfortable discussing menopause and their needs with their employer** compared to 33% that said they could. 25% stated they were self-employed.

When asked about management of menopause in the workplace and what could have been done better, respondents stated:

- I worked from home, but still **education for employers would help other people. it needs not to be taboo, it's a part of life** and knowledge (hopefully) results in understanding.
- I have my own business and am my own boss. I therefore have to manage it myself and do so the best I can.
- **Struggled, changed jobs**, so tired, just kept going
- Just got on with it.



WHAT CAN WORKPLACES DO TO BETTER SUPPORT EMPLOYEES?

- **Don't make fun of menopausal symptoms**, particularly around hot flushes and brain fog. It's boring. Just don't.
- **Be understanding**, if someone needs to leave the room due to a symptom, don't make a scene, they will come back when they are ready.
- **Educate yourselves**, visit the Better Health Channel or Jean Hailes website as a base point.
- **Provide staff training**. The Australasian Menopause Society (<https://www.menopause.org.au/>) has several options for evidence-based education, including webinars for employees as well as education for HR and managers, tailored to meet your organisation's needs.
- **Review existing policies and introduce reproductive/menstrual policies** including working from home and flexible hours where possible. Modibodi for example, launched a policy entitling its employees to paid leave explicitly for menstruation, menopause and miscarriage, in addition to the company's existing sick leave entitlements. The Victorian Women's Trust menstrual workplace policy began as a trial in 2016. It has resulted in greater productivity and a happier work environment. They have a Menstrual and Menopause Wellbeing Policy template which is freely available via their website, ready to be integrated into your workplace (<https://www.vwt.org.au/menstrual-and-menopause-wellbeing-policy/> for hard copy)

LET'S FINISH ON THE GOOD STUFF

"There are great benefits - no periods and the side effects of that. Not having to purchase period products. I feel more in control of my body because I'm not cycling. Flushes could be managed up to a point. Going into post menopause was good - I felt strong, capable."

KERRY'S STORY

At the age of 46 I was experiencing very heavy menstrual bleeding and according to my daughter, mood swings. I don't recall having any other systems through my perimenopause stage but I think some of the symptoms were slight and not so noticeable in me in the lead up given my age.

I consulted my GP about the excessive bleeding and he referred me to a Gynaecologist where an ultrasound revealed that I had a fibroid growing in my uterus that was the size of a dinner plate. They were uncertain as to whether it was cancerous or not and I was told that it should be removed as soon as possible.

My Gynaecologist advised that because of the size of the fibroid, the only way to successfully remove it was by way of a hysterectomy. I did however have the choice of whether it should be a full hysterectomy or partial (i.e. only removing the uterus and leaving the fallopian tubes). I decided that I would have the full hysterectomy.

The initial operation was a success and the fibroid was malignant however the day after my operation I was experiencing pain under my right rib cage. An x-ray revealed that a blood clot had formed near my right lung. I was once again sent into surgery and the clot was removed.

AFTERCARE

My recovery after surgery was a long process but I had wonderful support from my family and friends and follow up consultations with my Gynaecologist until she thought I was well enough to be referred back to my GP. The Gynaecologist was very caring and answered all of my questions without hesitation. I was only on Hormone Replacement Therapy (HRT) for six months and have not experienced anything out of the norm since.

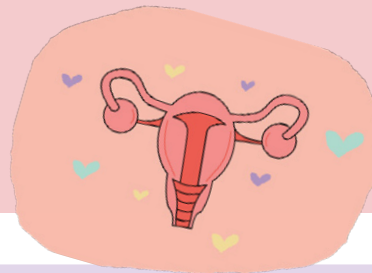
ADVICE & LEARNINGS

No-one knows your body better than you do. Don't hesitate to seek medical advice if something is not feeling right. Write your questions or concerns down prior to your medical appointment and take them with you so that you don't forget anything in the moment.

I would advise anyone who is a support to the person going through menopause to be patient and understanding. It is a difficult time for the woman going through this time in her life not just physically, but emotionally and mentally. Even at 46 years of age, I remember feeling a sense of

loss when I had my hysterectomy knowing that the reproductive stage of my life had finished.

My health has been quite good since my operation but I still have regular checks with my GP annually and breast screenings bi-annually.



WHERE TO GET MORE INFORMATION ON MENOPAUSE

- [Jean Hailes for Women's Health](#)
- [Better Health Channel Menopause](#)
- [Australasian Menopause Society](#)

WATCH

[The Truth About Menopause with Myf Warhurst](#)
Available to stream free on ABC iView.

Chatting to experts and women at all stages of menopause, Myf finds there is a broad range of menopausal experiences but many obstacles to get the help needed. This episode reduces the shame and stigma associated with menopause by providing the facts in a lighthearted way. Myf breaks down the jargon and asks the questions we all want to know. This episode is a must watch!

HOW HEALTH PROFESSIONALS CAN UPSKILL

Jean Hailes provides an online E-Learning course to assist general practitioners and other health professionals to provide well-informed, up-to-date advice and treatment in the care and management of patients during menopause. CPD points are available.

LEARNING OUTCOMES

- Identify the signs and symptoms of menopause.
- Outline key points to cover in consultation and diagnosis of menopause.
- Evaluate benefits and risks of menopausal hormonal therapy (MHT).
- Design a safe and effective menopause management plan appropriate to a woman's presentation and history.



CATHLEEN'S STORY

I started experiencing symptoms early – around 45 years. It began with occasional hot flushes, my periods became much lighter and more sporadic. At first it wasn't too much of an issue, but as the hot flushes started to increase in frequency I became anxious about when they might occur – there wasn't a pattern I could predict and prepare for. When they did occur I felt embarrassed and, well, shame I suppose. Turning red and breaking into a sweat during meetings (pre-Covid, so all in person) was (I felt) mortifying. Menopause and menopausal symptoms were not really talked about in my family, although it wasn't a taboo subject, it just wasn't discussed. Women in my friendship group were not going through the same thing (that I was aware of) and I didn't make an issue of it because of the embarrassment.

Looking back I realise the feelings of embarrassment and shame came from being socialised not to talk

openly about so called 'women's issues' and, at that time, media representation of women's sexual and reproductive health was still very euphemistic – think blue water used to demonstrate a pads absorption. I relied a lot on Dr. Google for information and validation about what I was experiencing.

When I first talked to my GP about my symptoms I was told I was 'a bit young' to be in peri-menopause, but didn't receive any information or advice. I spent a lot of money trying different natural remedies, but nothing helped.

Then, of course, there were other 'symptoms' like weight gain and the hair on my face and body took on a life of its own. Thick, long and random hairs started appearing on my chin and jawline. Just lovely. I also had vaginal dryness, but as I wasn't in a sexual relationship this wasn't an issue.

As I moved into my 50s things worsened. The hot flushes became more frequent and I wasn't able to sleep for more than a couple of hours at a time – sometimes because of hot flushes, but more often just a feeling of wakefulness at night. I also developed feelings of unmitigated rage. I was furious! Not for any valid reason, it seemed, but the feelings were real.

The lack of sleep had the biggest impact. I already experienced fatigue, but became exhausted. **I felt like**

I was losing my grip on reality. Trying to hold down a full-time job and manage the usual responsibilities of life became very difficult. When I first went to my GP to ask about hormone replacement therapy, she wouldn't prescribe it because it hadn't been more than 12 months since my last period. I asked a couple more times but got the same answer.

Looking back, menopause leave would have made a significant difference to what I was going through. Menopause leave validates what many women experience as a significant health issue and it needs to be in addition to sick leave.

It wasn't until an incident at work involving a drive to Bairnsdale from Moe without the work car remote key that I realised I couldn't go on like that – I'd popped home to grab my phone, left the car running and put the key down, but didn't pick it up. I just need to point out that I was (and am) in the habit of mindfully checking that I had my phone and keys before leaving home, so forgetting my phone was unusual and definitely the result of lack of sleep. A warning light came on when I drove away, but I was too focused on getting to the meeting in Bairnsdale to pay attention – again, my focus was shot because of lack of sleep.

I booked a GP appointment straight away and told her I wanted to try HRT and wasn't taking 'no' for an answer. She was reluctant, but gave it to me only because I hadn't had a period for over nine months. THE EFFECT WAS IMMEDIATE! I cannot even begin to describe the joy I felt after my first good night's sleep in over two years. The hot flushes and rage stopped. The brain fog lifted. I continue to feel fatigue, which may, or may not be related, but my quality of life is one thousand times better. I am now in post-menopause and dry skin and those pesky chin (and nose!!) hairs are the only issues I have now.

I began to see a new GP about a year ago and she raised concern about the HRT I am on. She was concerned about the risk of breast cancer. I agreed to a change of dose, but almost straight away the hot flushes and sleepless nights returned. I got onto it quick smart!! As I told my GP, for me quality of life, rather than quantity, is the more important thing. We've agreed to revisit this when I turn 60, as this is when the risk increases.

So, what have I learned? I've learnt not to accept a medical professional's opinion if I feel my needs haven't been met or if I haven't received adequate information. I've learnt that it's worth speaking to friends and family – even if they weren't going through the same thing, we need to talk more about the most normal and natural of experiences and my experience may have opened up a line of support for someone else, or maybe someone I know had been going through their

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Menopause leave validates what many women experience as a significant health issue and it needs to be in addition to sick leave.

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own peri-menopause journey. I more recently learnt one of my cousins had been experiencing almost the same things I had and we share a devotion to HRT!

Throughout I have maintained a healthy diet, exercise, including yoga and pilates, and have a meditation and mindfulness practice. **Even during the worst times I truly believe my commitment to self-care prevented my mental health from spiralling. It has helped me to manage an anxiety disorder and I continue to reap the physical and mental health benefits.** Life is challenging, it always will be in different ways, but today I'm happy with where I'm at. My body has changed, my bum and boobs moved south a few years ago and no amount of bridge pose has tempted it to head back the other way. My face is wrinkly and my right eyelid droops when I'm too tired. I can't say I don't care. Even though I don't watch commercial telly and avoid social media, representations of older women with smooth, unwrinkled skin and boobs in the right place abound. But I remind myself on a daily basis that I'm only here for a short time and to place value on my relationships, the natural world and justice. **I have a good quality of life and have people in my life I love and care for, including my exceptional son...and my cats Pie and George. I'm so very grateful.**



FOOD FOR THOUGHT

BY SANDRA VILLELLA, JEAN HAILES NATUROPATH AND HERBALIST

Day 5 of Women's Health Week is all about nutrition so we thought we would share a fun and easy recipe developed by our friends at Jean Hailes that may help relieve some symptoms of menopause.

LINSEED, BANANA AND DATE MUFFINS

Comically referred to as Juicy Vagina Muffins by some, these muffins are high in soluble fibre and gluten free. Linseeds, (also known as flaxseeds) contain lignans, which are a type of phytoestrogen (plant oestrogen). When a woman's oestrogen is low, vaginal dryness can occur. This can happen to women both before and after menopause, during breastfeeding and as a side effect of some medications. Two daily dessertspoons of linseeds (the amount found in one muffin) can help with vaginal dryness.

This *article/resource is provided for general informational purposes only. Readers should speak with a medical or health care professional for specific advice and/or treatment. All reasonable steps have been taken to ensure the accuracy of the information provided at the time of its initial publication. The copyright owner accepts no responsibility for the accuracy of the information after two years following its original publication.

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Image source Jean Hailes for Women's Health. A step-by-step video can be viewed via their [website](#).



INGREDIENTS

12 dessertspoons linseeds
1 cup chopped dates
¼ cup boiling water
1-2 ripe bananas
60g butter, melted (and allowed to cool)
3 teaspoons baking powder (gluten free, if required)
2 eggs, lightly beaten
½ teaspoon nutmeg

METHOD

Preheat oven to 180°C.

Soak chopped dates in boiling water while preparing the rest of the recipe.

Prepare muffin tins by lining with baking paper.

Grind linseeds in an electric seed/spice grinder or coffee grinder until it is a fine meal.

Use a fork to mash bananas in a mixing bowl. Add nutmeg and combine well. Mix through the date mixture and cooled melted butter.

Fold through the linseeds and baking powder followed by the eggs.

Spoon even amounts of the mixture into prepared muffin tins, starting with about 2 heaped dessertspoons in each.

Bake in the oven for 25 minutes.

Remove from tin when cooked and cool slightly on a rack. Delicious eaten while warm!



WHO ARE



Gippsland Pride Initiative Inc. exists to provide visibility, engagement, awareness and celebration to LGBTQIA+ Gippslanders.

Gippsland Pride Initiative have three goals:

Educate, **Engage** and **Celebrate**.

They achieve this by:

- Tackling the barriers to inclusion through awareness/education
- Engaging with the community in a positive context to encourage visibility and participation
- Creating spaces of welcome, celebration and socialisation

THOUGHTS AND EXPERIENCES OF MEMBERS OF THE GIPPSLAND LGBTQIA+ COMMUNITY



The following statistics and personal experiences were gathered from Gippsland Pride Initiative Inc. through their Rainbow Brick Road Project. We thank them for the work that they've done and urge you to support them in building LGBTQIA+ inclusion all year round in Gippsland.

IN THE WORKPLACE

"I HAVE EXPERIENCED HOMOPHOBIC BEHAVIOURS FROM INDIVIDUALS AT MY WORKPLACE. MANAGEMENT ARE SUPPORTIVE OVERALL, BUT IGNORANCE EXISTS."

- 49%** had heard negative/offensive statements or had been exposed to subtle forms of harassment.
- 29.7%** had experienced harassment in the workplace.
- 58.2%** had not experienced harassment in the workplace.

IN HEALTHCARE

"I HAVE EXPERIENCED DISCRIMINATION, HARASSMENT OR MISTREATMENT BASED ON MY GENDER OR SEXUALITY WHEN SEEKING MEDICAL ATTENTION OR SUPPORT."

- 67.1%** had concerns or serious concerns for their mental health.
- 44.9%** of the participants were not able to access mental health support in their immediate location.
- 30.2%** had concerns or serious concerns about their physical health status.

IN SCHOOLS

"IT WAS HORRIBLE, AND I WAS BULLIED AND BEATEN UP AND DEVELOPED MANY NEGATIVE STRATEGIES TO SURVIVE WHICH TOOK ITS TOLL ON MY MENTAL HEALTH. I KNOW IT'S CHANGED A LOT SINCE MY SCHOOL DAYS BUT THERE IS SO MUCH MORE WORK TO DO."

- 81%** participants felt that they were not supported to be their whole selves at school.
- 45.2%** of participants highlighted the need for policies and procedures in the education sector.

BUILDING LGBTQIA+ INCLUSION ALL YEAR ROUND



Support LGBTQIA+ events or donate to a LGBTQIA+ organisation. By attending events or donating you are helping to support their future work.



Educate yourself and explore LGBTQIA+ inclusion. Gippsland Pride Initiative has some great resources on their website



Make sure inclusive language is used at your workplace or place of education.



ASEXUAL HEALING

WRITTEN BY LOCAL GIPPSLAND WOMAN

You know that feeling when you think you have lost your phone and you frantically search for it even though you've actually been holding it in your hand? Like, how could you possibly have taken so long to realise that it was with you this whole time! That's what it felt like for me when I realised I was asexual at the beginning of this year. How on earth did it take me this long to make the connection between how I have always felt and this orientation that fits me like a glove? Consequently, there has been some highs and lows over the last 15+ years as I tried - and continue to try - to navigate dating in a world that is seemingly obsessed with sex.

Asexuality is defined as experiencing little to no sexual attraction toward others, regardless of their gender. Asexuality is a spectrum and one asexual person (an Ace, for short) may have a different experience with asexuality to the next. Whilst I'm sure

some Ace's will relate to my experience, I speak only for myself when I reflect on my journey.

I've been in love before. I've experienced romance and giddy happiness from going on dates and spending time getting to know people. There's a common misconception that without sexual desire, any connections formed with people are purely platonic. That is just not the case. Romantic attraction is a standalone thing, and surprise surprise, I learned that the hard way.

I ended my last relationship because I never felt ready for that 'next step', which is a step most people reach as dating progresses. I had so much love for this person, but at the time concluded my feelings must be platonic because I didn't have any desires to take the relationship a step further. So, I ended it. I mourned what I thought at the time was the loss of a friendship that meant so much to me and I put myself back out in the dating world.

Fast forward four years later, where I find myself deep into research about Asexuality; reading limitless articles, reading stories with Ace characters and listening to any podcast I could get my ears on. I realised that this is who I am. I am Ace. You know that weight I mentioned earlier? It lifted, that's true and I'm so grateful for it. But something else happened that caught me completely off guard. I experienced romantic heartbreak; four years delayed.

Hindsight is a beautiful thing and of course if I could go back in time, knowing what I know about myself now, I would do things so differently. But it just wasn't meant to be and I have come to terms with that. All this to say, romantic attraction is real, romantic love and intimacy can exist without sexual attraction and I hope to find it for myself, again, with the right person.

I've always known I viewed dating and relationships differently to most people - but for the longest time I justified it as me 'not being ready' for anything serious; and by anything serious, I mean sex. I was young and didn't need to rush into it, despite most teenagers my age having the complete opposite view. As I got older, if someone piqued my interest, the first thought that would register in my brain was (and still is) "I would really love to get to know them". I could talk to them for hours, day in and day out. Being in close proximity with them, holding hands, stealing the occasional hug and kiss is all I really needed.

The first time I said out loud that I was asexual was in a therapy session.

It wasn't "I think I might be" it was a definitive "I am". I had sat with it alone for a month or so and was finally ready to talk about it; and we did, my therapist and I, for the whole hour. Dissecting how it felt for me and how my life will be different moving forward. Then a few days later, I told my brother. He deserves his own paragraph, so I'm going to give him that.

There was no doubt in my mind that my brother would be the first person I came out to. He's been my best friend for my whole life; one of my favourite people on the planet. I wasn't nervous to tell him, but all the same I sat on our FaceTime call grinning for what felt like minutes - but was really only about 20 awkward seconds - before I spat it out. An hour and 45 minutes later, I hung up the phone so happy. I was never in doubt, not even for a second, but the feeling of having my brother's unwavering support and being affirmed by him is something I will never forget.

One month later, I told my parents. Now that was a conversation I was nervous for. I needed my big brother there to help me out. I don't know what I expected, but I did feel the need to proceed with caution. The conversation however, went far better than I thought. My parents still loved me and I had their support. Then I started to tell my friends; I'm so lucky to have them. Their reactions were filled with so much love and support - I felt so safe in all of those conversations and so happy to know and love those incredible people. They are living proof to me that family extends beyond just blood.

Whilst asexuality has been with me forever, I'm officially going on six months since firmly placing myself in the



Image source: International Planned Parenthood Federation

“
I know I'm not alone in how I feel
and there are people out there in the
world who will think that I, as I am,
am perfectly enough for them too.
”

Ace space. I am starting to feel ready to put myself back out into the dating world and navigate how that's going to work best for me. I would be lying if I said I didn't feel anxious about it. Sometimes I think about the conversations I'm going to eventually need to have and I lose some sleep. **It's not a fear of dating, but rather the vulnerability that comes with the lack of control I will have over people's reactions when/if the time comes for them to know.** But that's also just life and I know I'll be ok regardless.

I don't expect for a second that my asexuality will mould with everyone else's relationship expectations - I won't be for everyone, I probably won't be for most, but **I know I'm not alone in how I feel and there are people out there in the world who will think that I, as I am, am perfectly enough for them too.**

FOR INFORMATION ABOUT CONTRACEPTION, UNPLANNED PREGNANCY + SEXUAL HEALTH:



1800
my options



1800 696 784

Monday - Friday, 9am - 5pm
NRS: 1800 555 660 / Interpreter: 13 14 50



1800myoptions.org.au

**Confidential. Free.
Non-judgemental.
Pro-choice.**



1800 My Options is a service of Women's Health Victoria, supported by the Victorian Government.



ABORTION

WRITTEN BY LOCAL GIPPSLAND WOMAN

Last year in June 2022, I found out I was pregnant. My husband and I, were not married at that time. I am a migrant woman from Asian background. I have been working in the health sector for the past 2-3 years in Australia.

Our families supported us with the pregnancy and asked us to get married in Australia. But I had some other plans of getting married back in my country with my extended family. Also, this pregnancy was very unplanned and thus I was not ready for it. At the time I was a temporary resident, meaning I would not financially afford the child as well. Also, I had an important exam to complete which I thought would get interrupted due to pregnancy.

As a result, I convinced my husband to get an abortion. We had no idea how it would be and how much it would cost us. We went to a local female GP in the Latrobe Valley. **Surprisingly, the GP was not supportive at all. She tried to convince us to continue with the pregnancy and she was very dominating during the whole appointment. She even said, "abortion is sin."** Also, she charged us a lot higher amount for a 30 minute consultation. I was very destroyed and sad after the appointment. I had a hard time convincing my husband earlier, and after the appointment my husband was in favour of [keeping the pregnancy]. **I was suffering mentally and emotionally, I HAD NO ONE TO SHARE OR TALK TO. I blamed myself for doing this 'sin'.**

Luckily, my husband was very supportive. I searched Google for doctors who can prescribe medicines. However, I could not find a single GP in Gippsland. They all were in Melbourne and it was very expensive too. I almost gave up and thought of keeping the pregnancy.

But I was scared and not ready for it now, I started calling GPs locally. I was very lucky enough, to find one female GP in Baw Baw who could prescribe me the medicines and help me in this tough journey. I met her, she supported my decision without being bias and got me through.

It's been a year now, and since then I am always blamed for getting an abortion. I thought, **it's my body and my choice** but in our community it's not.

“

I was lucky to find a female GP in Baw Baw who supported my decision without bias.

”

*Abortion is a **safe and common medical procedure** used to end a pregnancy. Abortion is legal in Australia however gestation limits differ between states and territories. **In Victoria, abortion is legal up to 24 weeks pregnancy.** After 24 weeks, two doctors must agree that abortion is appropriate for that person.*

CONSCIENTIOUS OBJECTION: THE LAW AND YOUR RIGHTS

Some doctors will not provide abortion information or services because of their personal beliefs. This is known as conscientious objection.

In Victoria, it is the law that doctors who have a conscientious objection must refer any person who is seeking information about abortion to another doctor who doesn't object.

You have the right to make a formal complaint against any doctor who fails to refer you to another doctor or service who can provide you with information on abortion.

SERVICE SHOUT OUT

[1800 My Options](#) is a confidential and free phone line and online service, giving you information about contraception, pregnancy options (including abortion) and sexual health. They are proudly pro-choice, non-judgmental, woman-centred and independent. Working alongside hundreds of trusted healthcare providers in Victoria, to link you to the services that best suit your needs.

As a health professional or support worker you can:

- Refer patients/clients directly to 1800 My Options to find information and services
- Call the phone line and talk about services that best meet your patients' /clients' needs
- Search the database online to find services

1800 My Options phone workers can also speak directly to your patient/client at the time of their appointment with you, if they would like to.

In cases where your patient or client has complex medical or social issues, please consider direct referral to the most appropriate tertiary health service.





AFFIRMATIVE CONSENT

You may have noticed the term 'consent' popping up quite a lot lately - thanks to changes in legislation and advocates like Chanel Contos and the 'Teach Us Consent' movement, Jess Hill's latest documentary series 'Asking For It,' and books such as 'Welcome to Consent' by Dr. Melissa Kang and Yumi Stynes. At GWH, we have found that consent is the most requested sexual and reproductive health topic area for both professionals and young adults - people who want to learn more and make sure they are getting it right.

In Victoria, **affirmative consent laws came into effect on 30 July 2023**. Here is some information to explain what this all means.

WHAT IS SEXUAL CONSENT?

To give sexual consent is to agree to a sexual act. It must be a free and voluntary agreement, and no one

involved in the sexual act should feel forced, coerced, or threatened.

WHAT IS AFFIRMATIVE SEXUAL CONSENT?

Affirmative consent means if someone wants to engage in a sexual act with another person, they must actively gain consent, rather than rely on the other person to give their consent. This means if a sexual assault is alleged, the burden of proof of consent is the responsibility of the alleged perpetrator, not the alleged victim survivor.

A person does not consent merely because they do not resist physically or verbally – this moves away from outdated notions of lack of consent, which is based on the amount of resistance rather than something that is positively communicated.

Consent cannot be assumed based on previous sexual behaviours. If they have said yes to something previously, doesn't mean they will say yes every time.

WHAT ARE THE NEW AFFIRMATIVE SEXUAL CONSENT LAWS?

The Victorian Government has brought in reforms to provide key changes to consent laws under the Justice Legislation Amendment (Sexual Offences and Other Matters) Act 2022.

The changes include:

- Updated definition of consent
- Affirmative consent model
- Inclusion of non-consensual condom tampering or removal (this is known as stealthing)
- Changes to image-based abuse laws
- Improvements to the justice system to better protect victim survivors, including better education and direction for jury members to understand sexual violence

Sexual consent is not given if there is:

- Force, fear, coercion, or harm of any kind
- Abuse of a relationship, authority or trust
- If a condom is not used when it is agreed it will be used
- If a condom is removed or tampered with
- Or if you change your mind

CAN YOU WITHDRAW SEXUAL CONSENT?

Yes. Just because someone has given consent doesn't mean they can't change their mind. If someone doesn't feel safe or respected about withdrawing their consent, then that is not consensual sex.

Saying yes to sex does not automatically mean 'yes' to all types of sex, e.g., consenting to vaginal sex doesn't mean you consent to anal sex. You need to communicate throughout the act and make sure you both give consent.



“

Just because someone has given consent doesn't mean they can't change their mind.

”

WHERE TO GET MORE INFORMATION, SUPPORT OR ADVICE

Know your legal rights:

- [Justice Legislation Amendment \(Sexual Offences and Other Matters\) Act 2022](#)
- [Victorian Legal Aid: Sex and the Law](#)
- [Youth Law Australia: What is Consent?](#)

For further support:

- [Sexual Assault Services Victoria](#)
- [1800 Respect: Consent](#)
- [Gippsland Centre Against Sexual Health \(GCASA\)](#)
- [Gippsland Community Legal Service](#)

Professional Learning:

- [Safe + Equal Affirmative Consent and Primary Prevention Practice Webinar](#)
- [Sexual Health Victoria's learning resources for professionals and parents and carers](#)
- [Talking the Talk Healthy Sexuality Education](#)

Books:

- [Kit and Arlo Find a Way](#)- Teaching consent to 8-12 year olds. By Ingrid Laguna & Vanessa Hamilton
- [Welcome to Consent](#)- How to say no, when to say yes and everything in between for ages 10+. By Yumi Stynes and Dr. Melissa Kang

Glossary of key terms:

Take a look through our glossary of key terms to make sure you are always in the know and build your own health literacy. Go to our website page: <https://gwhealth.asn.au/glossary/>

Disclaimer: This information is intended as a general overview only. The contents do not constitute legal advice, are not intended to be a substitute for legal advice and should not be relied upon as such.

**Before
getting
saucy...**



Let's talk

FRIES

Consent must be:

Freely Given

Reversible

Informed

Enthusiastic

Specific

**Sexual
Health
Victoria**

Care
Education
Advocacy

shvic.org.au

© Sexual Health Victoria

SEXUAL REPRODUCTIVE HEALTH HUBS

GIPPSLAND HUBS SHOUT OUT

Did you know Gippsland has two dedicated Sexual Reproductive Health (SRH) hubs?

Here's a bit about them and what to expect.

The SRH Hubs are a dedicated, confidential, no judgement, and safe space established in community health services.

WHAT SERVICES DO THE SEXUAL REPRODUCTIVE HEALTH HUBS OFFER?

- Contraception advice
- Pregnancy testing
- Pregnancy options and counselling
- Medical abortion
- STI testing and treatment
- Referrals to other services such as specialists, surgical abortion, blood and urine tests and diagnostic imaging.

MAKING AN APPOINTMENT

- You usually do not need a referral to make an appointment.
- Contact the hubs directly to book your appointment.
- Hours of operation may vary. At time of writing, both hubs in Gippsland run at a part-time capacity.

WHAT TO BRING TO AN APPOINTMENT

- Bring your Medicare card and any concession cards you have. You can get your own Medicare card and number if you are 15 years or older and enrolled in Medicare. Visit the **Services Australia** website to find out more <https://www.servicesaustralia.gov.au/>
- You are welcome to bring a support person with you.
- We recommend writing down your signs and symptoms, key things you want to say and any questions you may have. This can help you feel more prepared for the appointment and build your confidence when speaking with medical professionals.

“

The Sexual Reproductive Health hubs are a dedicated, confidential, no judgement, and safe space established in community health services.

”

WHAT HAPPENS AT THE APPOINTMENT?

- You may see a doctor (GP) or nurse depending on the service you need.
- You may be asked to fill out some forms about your medical history.
- Any information you provide will be kept confidential.

HOW MUCH DOES IT COST TO ACCESS A SEXUAL REPRODUCTIVE HEALTH HUB?

Most services offered at SRH hubs are free or low-cost. You may need to pay fees for services you are referred to such as pathology and medications.

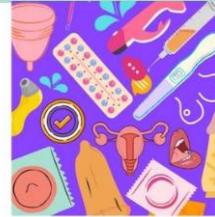
SOUNDS GREAT! HOW DO I MAKE AN APPOINTMENT?

- **Clinic 281 Bairnsdale** book online (<https://glch.org.au/medical-and-nursing/clinic-281/>) or call 51689639
- **LCHS Morwell Clinic** (<https://www.lchs.com.au/services/general-health/sexual-and-reproductive-health-services/>) call 1800 242 696

WHAT IF I DON'T LIVE NEAR THESE HUBS?

Visit [1800 My Options](https://www.1800myoptions.gov.au/) to find a sexual health service near you! 1800 696 784

**GIPPSLAND
WOMEN'S
HEALTH**



**ARE YOU
COVERED**
EST. 2015

SAVE THE DATE

The 13th Annual

Gippsland Sexual & Reproductive Health Forum

TUESDAY 23 APRIL, 2024



- Expert guest speakers
- Networking opportunities
- Sexual and reproductive health resources
- Giveaways

Want More Details?



SCAN OR CLICK TO VISIT
GIPPSLAND WOMEN'S
HEALTH EVENTS PAGE



See you
there!





MISCARRIAGE

A miscarriage is defined as the loss of a pregnancy before 20 weeks gestation. Miscarriage happens when a pregnancy stops growing. Usually, no treatable cause is found. It is estimated that 1 in 4 pregnancies end in miscarriage. Many miscarriages are unreported or go unrecognised because they occur very early in the pregnancy.

Despite miscarriage being common, there is no 'right way' or 'set time' to feel.

LOCAL GIPPSLAND WOMAN

I was pregnant with my first child when I was 26. My husband and I were so excited. Lots of our friends were also pregnant and due around the same time as us. I hadn't had any morning sickness, and it was all going so smoothly. I remember waking up one morning with some bleeding. I went to work, and after a few hours knew something was wrong. I went to the doctor and was told I was miscarrying. I was grateful to the GP at the time, he didn't ask to examine me, but just said 'you know what's happening'. The next day was extremely painful. My husband worked away at the time, and I went with him as he didn't want to leave me at home alone. I remember stopping on the drive home to use the toilet and that's when my body released our baby, I'll never forget that. I was nearly 12 weeks along.

I was lucky to have the support of our friends and family, but the awkward moments with people who hadn't heard our sad news were pretty regular. No one knows what to really say in those times. I had one person tell me 'Well, it happened for a reason - at least you won't have a disabled kid to look after'. On the other hand, the majority of people looked

genuinely in pain when I told them, and I felt so sorry for them too. I wish I knew how to comfort them at the time. I still struggle to know what to say to people who have lost their babies, even though I've gone through the experience myself.

I didn't have any follow up treatment; the GP didn't check in with me - the plan was if the pain got worse, I'd have to go back and potentially have surgery. I wasn't offered any mental health support; my husband and I got through it together.

Looking back, it would have been great to have had professional support offered to me. Even a follow up call from the GP to check in on my welfare would have been appreciated. I'm not sure I would have reached out for further support, but knowing there was someone to talk to would have been somewhat comforting. I remember my husband feeling like he'd been completely left out of the support process; he was grieving too but was somehow overlooked, so much focus was on me. Maybe people think the physical pain is more important because it's more obvious, or that men can handle these things better. We shouldn't ignore the grief that our partners go through during this time.

For others going through miscarriage, I'd say in my experience, the grief process takes more time than I thought. Even writing this now, 15 years on, it still hurts a little. It's not something to be ashamed of, or that there was something wrong with me, but I felt that.

I know my husband felt the same. I guess there are sometimes no explanations as to why we miscarry, and that's hard to comprehend.

I found people telling me their miscarriage stories, which was strangely comforting, but a lot of people also told me it was very common, which I must admit didn't make it any easier for me - it felt like I was being told I just need to get on with things, it happens - move on. I found the hardest days being



my due date, when our friends were having their healthy babies. I was lucky enough to be pregnant again, however I did find myself wondering why me, and being so scared I was going to lose another baby. The sense of relief we felt when our first healthy baby was born was immense.

I'm very grateful that I was able to have healthy children, and I didn't have any other problems after our first miscarriage. I found myself telling my children about my experience when they were at an age that I thought they could understand. It wasn't a planned conversation, but it came up, and I wanted them to know about it so it's not such a taboo topic for them when they're planning to have families of their own. I hope that gives them some level of knowledge and strength if they also experience miscarriage one day.

AFTERWORD

Thanks for giving me a safe space, I haven't written it down before, it has been quite a healing experience actually. I really didn't expect to feel like I did after I wrote that, maybe it will be useful for others.



JULIE'S STORY

It was 1992, Rich and I had gotten married in the Feb of this year. We had moved interstate for work and were away from our friends and families. Inner city Sydney was a wonderful place to live and we both had jobs. Rich as a Youth & Family worker and I as a Machinist for an interior design firm.

The prospect of having children together was exciting and when friends of ours said they were pregnant we decided to join them in this adventure. I went off the pill and fell pregnant very soon after.

We were so excited. Rich was over the moon and I came home to our flat with the lounge room filled with bunches of flowers from him. Rich had already started imagining life with a little person.

After about eight weeks I started to have period type pains. We went to our local doctor who said

there was really nothing you could do except stop any strenuous chores, no vacuuming. She also let us know that miscarriage is quite common with your first pregnancy. We went home wondering.

I continued to go to work and felt awkward as I hadn't told my bosses that I was pregnant, we thought it best at that time. Then at three months I started hemorrhaging. I was at work, I was overcome with distress and fear at what may have started happening. I then had to approach a work mate who had become my friend and tell her that not only was I pregnant but I was bleeding profusely and needed to go to the hospital. My bosses clicked into action and I rang Rich to let him know what was happening. I was driven to the hospital and met Rich there.

We hugged and felt quite numb throughout these moments. I was put into the maternity ward surrounded by babies.

The next morning I woke, Rich was there holding my hand when I felt something warm pass

through between my legs. I inhaled and said 'I think I've just passed it'. We called for the nurse looking after me.

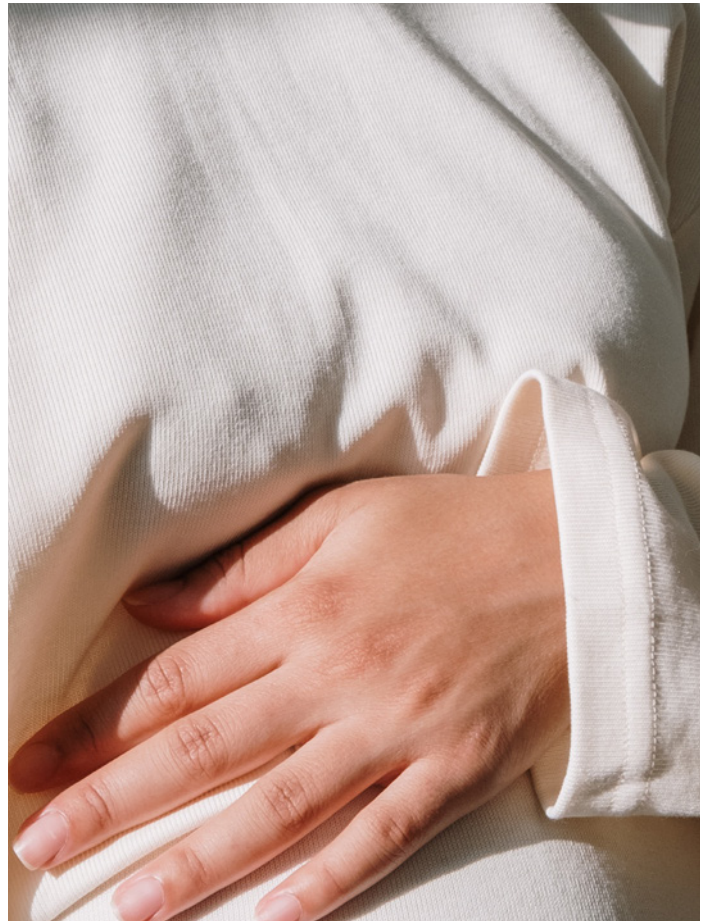
The nurse was inexperienced and had no idea what to do, she quickly looked at the mass I had passed and left the room clearly distressed.

Another staff member came in and reviewed the situation ... yes it was true I had miscarried. The fetus was still at stem stage and had stopped growing, the body doing its thing and expelling the dead growth. I was lucky I didn't need a curate as everything was intact. Our instructions were - no sex for two weeks and then protected sex in case of infection.

We left the hospital so numb and had cried so much we felt exhausted... but it was Christmas eve and all we wanted to do was to be with our families in Melbourne. We quickly went home, packed our things and drove overnight to our families. No one knew how to approach the subject but showed their love and concern through hugs and sympathetic words.

The more we shared our story the more people shared their experiences of loss through miscarriage.

There was no follow up via the hospital and we were left to grieve.



FOR MORE INFORMATION AND SUPPORT

- [Better Health Channel - Miscarriage](#)
- [Miscarriage Australia](#) are researchers and clinicians who aim to help all affected by miscarriage.
- [The Royal Women's Hospital](#)
Tel. **(03) 8345 2000**
- [Recurrent Miscarriage Clinic](#), The Royal Women's Hospital Tel. **(03) 8345 2000**
- [Stillbirth and Neonatal Death Support \(SANDS\)](#) Tel. **(03) 9899 0218**

Glossary of key terms:

Take a look through our glossary of key terms to make sure you are always in the know and build your own health literacy. Go to our website page: <https://gwhealth.asn.au/glossary/>

PERIOD PRIDE

HOW THE GIPPSLAND WOMEN'S HEALTH TEAM DOES PERIOD PRIDE

End the Stigma.
Be Period Proud

Share the Dignity provided GWH with a period box full of a variety of different period products and resources which we have been using in our sexual reproductive health literacy sessions across Gippsland.

The biggest takeaway is that many women were unaware that period undies existed! They are even more shocked to find they are well priced, available at most supermarkets and designed to be discreet, flattering and not at all bulky.

Buying all my period products loudly and proudly! As a teenager and even young adult I used to hide them under other items when in the grocery store. Now I don't care who sees what I am buying as periods are a part of everyday life.

While I was in high school, I also would ask my dad to buy me supplies when he's doing the grocery shopping and taught him which ones I need.

I no longer try to hide my period pain, if I am having a bad day, I am open with my partner. This usually means he goes looking for the heat pack!

How things have changed and thank goodness for the better!! When I first got my periods in the 70's we had pads that needed a suspender like belt to hold them in place. Different again to the generation before me who used to have to make rags (hence the saying) as absorbent pads hadn't been invented then.

As a mum of three daughters, we always have talked openly about periods and had our products scattered around the house and in the car. We have a basket in the toilet which is always stocked with different types of pads and tampons. There is no hiding anything in our household.

I started talking to both my son and daughter about periods early in their adolescence. They both know what to do and how to support their friends. I also share tips with my friends who have kids a similar age and they have started having these conversations with their kids too.

I've taught all my children about periods and products. My son knows what to do to support me and his sisters as well as any friends.

Period bathers! Amazing!

I have grown to have confidence when purchasing pads and tampons in the supermarket. I hold my thorough restock in my arms and stroll on through without caring who sees it. I also have organised a clear, pretty period drawer in my bathroom for anyone who needs it!



Back home [India] buying period products was very difficult. Shopkeepers used to wrap the pads pack in a newspaper and then in black bag as if I am buying a weapon.

But now, when I went back, I openly asked for pads and told them not to wrap and give me as it is.



we are



PERIOD PROUD

We are helping remove the shame and stigma around periods by taking part in the Creating Period Pride competition.

www.sharethedignity.org.au



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://forms.office.com/r/sokPYz84iq>



SCAN ME



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Sale Victoria 3850

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