

1800
my options



Sex
tember

a sexual and reproductive health zine

This zine was developed by **1800 My Options** and published September 2020.

1800 My Options is a health information and referral service of Women's Health Victoria. We provide Victorians with evidence-based information about all things sexual and reproductive health (including contraception, pregnancy options and abortion). We also help people to find the healthcare services that suit their needs.

You can call us on **1800 696 784**, weekdays 10am-4pm, or head to our [website](#).

This September - or Sextember as we like to call it - we wanted to mark important awareness events like World Sexual Health Day and International Safe Abortion Day with our very own sexual and reproductive health zine. We hope you enjoy this compilation of some of the fabulous resources out there around all things sexual health.

We are deeply grateful for the incredible work of the following contributors (in order of appearance):

- [Women's Health in the North](#)
 - [Emily N3ver](#)
 - [I Had One Too](#)
 - [Women's Health West](#)
 - [Yarli Creative](#)
 - [Claire Neale / Sexpression](#)
 - [The Labia Library](#)
 - [Jemima Longworth](#)
 - [Jasmine Giuliani](#)
 - [handlettered.by.kajal](#)
 - [Young Deadly Free](#)
 - [Family Planning Victoria](#)
 - [Centre for Excellence in Rural Sexual Health and the SHOUT working party.](#)
 - [Women's Health East / Laura Riccardi](#)
 - Our many generous anonymous writers
- Thank you all for your love!

Sex tember

LIST OF CONTENTS

What is Sex Positivity?

The Comics of Emily N3ver

Ange's Abortion Story

Consent and Empowerment

Winyar (woman)

Sex Ed Through the Generations

A History of Contraception

The Labia Library

A Contraception Guide

The art of Jemima Longworth

Bathophobia (abridged)

Menstrual Hygiene is a Human Right

What do trans and gender-diverse people want their doctors to know?

How to stay young, deadly and free (of STIs)

Be Your Own Advocate

Get Tested, The Check Up and The Follow Up

Unplanned Pregnancy - your rights

What is Reproductive Coercion?

Useful resources



What is sex positivity?

Sex positivity is about having a healthy attitude towards sex, whether you're having it or not.

Sex positivity is ensuring that enthusiastic consent comes before any sexual activity.

Sex positivity embraces comprehensive sex education and staying safe.

It promotes sex as a healthy part of human life which should be free from shame and stigma.

Sex positivity does not mean:

- You must like having sex
- Being interested in having sex at anytime, with anyone
- Making other people listen to you talk about sex
- Believing that some ways of having sex are better than others
- Not having your own sexual boundaries



Sex positivity rejects shame and stigma around having sex - including the choice to not have sex at all.

It is all about being **empowered** to make decisions about our bodies, and **respecting** the decisions of others.

THE COMICS OF EMILY NEVER

A disillusioned Australian female that can sometimes make art but most of the time make mess. She is a lover of Monsters, Music and Movies and would like to think that she does alright.



What do you mean I have to be proactive in my own life and invest in choices that benefit my future??

I'll kick anyone's ass.

I'll kick my own ass.



A dental dam is a square piece of stretchy latex or a similar material. It is placed over genitals or anus area to act as a barrier when giving oral sex.

5-8 years ago I could find at least a Durex blueberry dental dam in supermarkets and now it's like they've been outlawed...

Do you guys remember physical intimacy?

I sure don't.



@emily_n3ver

I HAD ONE TOO



I Had One Too is an online platform to share stories about abortion and discuss how laws and public perceptions impact safe and accessible abortion services in Australia.
ihadonetoo.com.au



ANGE'S STORY

I found out I was pregnant earlier this year. It would've only been a few weeks since I had gotten pregnant, and I just felt odd. **I did a test, it was positive, and I just couldn't believe it.** It felt really unreal. I was in shock. I called my best friend and was like "this has happened, I'm fucking pregnant, what do I do?" She was super supportive, as she'd had one a while back and I was there for her. She just said "**we'll deal with it together, babe**".

But **I still felt shame** wash over me. At that point I was almost thirty, I work in sex education, I'm incredibly passionate about reproductive rights, I did my Masters thesis in sex education!

I always assumed that if this happened to me, I'd just be like completely logical, practical, like it's just a cluster of cells, I don't want the child, and it's not right for me. But, I couldn't believe how much **it affected my mood and state of being**. And **no part of me wanted to have a child**. No part of me regretted that decision. But, I realised that I had underestimated the hormonal impact. It felt like my whole body was like "Great! We're pregnant! Keep it!" And I had to say, "No, body we have lots of other things to do."

The second I saw the nurses and the doctor, I felt this wave of calm. I realised these are medical professionals who have dedicated their lives to giving me access to this fundamental human right and I have nothing to feel shame about.

There were older single women and middle-aged couples, single women, young couples, different races and cultural backgrounds and **it made it so normal – it's just something that happens when people have sex.** I had my mum there with me at the clinic. You could have whoever you wanted. There were girls there with their friends, people were all being supported.

At that point too I realised, oh this is quite medical, cause you're in surgery. The anaesthetic works so quickly. Everything was blurry then I came to, and it had been maybe half an hour. It was actually amazing when I woke up, all that haze I felt, all that weirdness I felt while I was pregnant, had gone. And I felt like **“oh, I'm back.”**

I had a bit of reflection in that time of being thankful to my uterus. And sitting with myself and my thoughts. I thanked my uterus and said “That wasn't your time, gorgeous uterus. We will have time,” knowing that **this was what was best for me, but also was best for my future children.** I'm at the very start of my career, being pregnant wasn't what I needed at this time.



I envision I might have a bunch of kids later, and they will have a mother who wanted them, at the right time and with someone she wanted to have them with. And **I have never once doubted my decision.** Thank you to these generations of people that have given so much for me to have access to this and lessen the shame.

Ange's story has been edited for length and clarity.
For the full video, please go to ihadonetoo.com.au/ange



WOMEN'S

ARE

HUMAN RIGHTS

An excerpt from Women's Health West's

A-Z OF CONSENT, EMPOWERMENT AND RESPECT



Consent – it's a two-way street

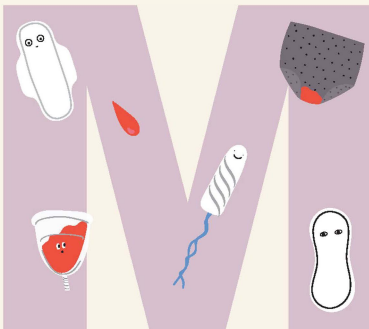
Consent is fundamental to being intimate with someone. Both you and your partner need to be enthusiastic, eager and in agreement about any of the sexual or romantic activity you're having. The only way to know for sure that someone consents, is if they tell you. Check in with your partner and be mindful of their body language and how they feel. Think about how much more enjoyable sex will be if you're both excited to be doing it! Remember that if consent is given for one thing, this does not mean it is given for anything else. Consent can be withdrawn at any time and it is crucial to respect this.

Having sex with someone without their consent is sexual assault and it is a crime. For more information on consent visit [WIRE's info on sexual consent](#). There are laws around consent and sex, which you can read more about on the [Legal Aid website](#).



Get tested!

Good news! The pap smear has been replaced with a cervical screen which detects the Human Papilloma Virus (HPV). You only need to have this test every 5 years. It's a quick test and is the best form of protection against cervical cancer. You should be getting this test if you have a cervix, you're sexually active and aged 25 or above. It's also important to get tested for sexually transmitted infections (STIs). You only need an STI check once a year, or a few more if you're having sex with different partners. It's a good idea to get tested if you notice symptoms, if you've had unprotected sex, and when you're starting a new relationship. For more information and to find out where you can get tested, visit [Better Health Vic](#).



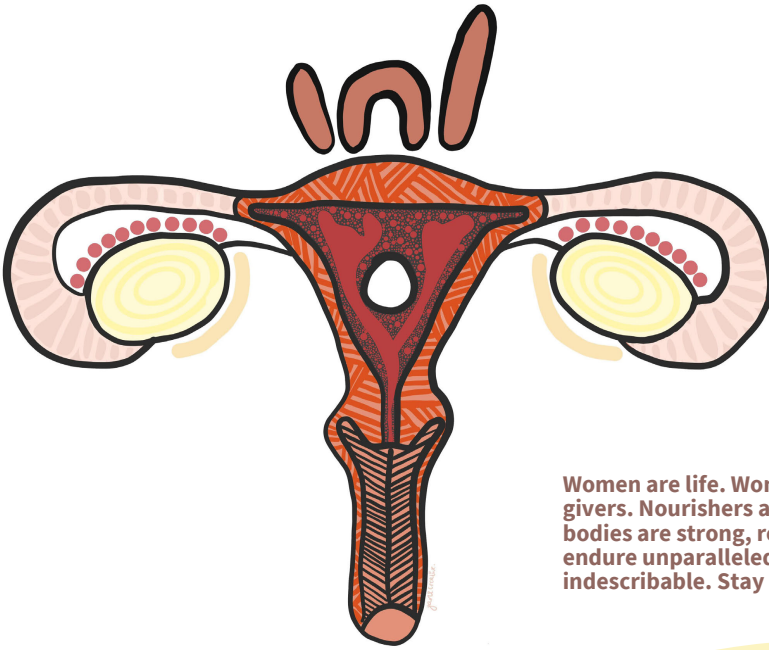
Moon cups, pads or tampons?

Choose what's right for you

In Australia, folks who menstruate (have periods), will use up to 12,000 disposable menstrual products in their lifetime. Menstrual products are used so often, it makes sense that you choose something that you're comfortable with. Thankfully, there are more options available than ever before. Whether it be tampons, pads, menstrual cups or absorbent underwear – choose what works best for you.

Important things to consider include how easily you can access it, the ongoing cost, your lifestyle and of course they need to be comfortable, you'll be using them every month!

[Read up about menstrual products](#) and [find out more about menstruation](#).



Women are life. Women are the birth givers. Nourishers and protectors. Our bodies are strong, resilient, and can endure unparalleled pain. This power is indescribable. Stay strong my tiddas.

Winyar (Woman), by Yarli Creative

I am an endo warrior! I have had it since I was a teenager but was only diagnosed when I was about 21.

I thought it was normal the way I felt every month. I thought the nausea and vomiting were normal parts of being a woman. I thought the debilitating pain was just normal and it was something everyone went through. Though it turns out it isn't, surprisingly 1 in 10 women suffer with endometriosis.

I created this piece when dealing with a lot of pain. I was channeling positivity to my body and asking it to heal. I was sending myself love and kindness. I was asking my body to allow me to be pain free.

About the artist

Madison Connors (nee' Saunders). A proud and strong Yorta Yorta (Wolothica), Dja Dja Wurrung and Kamilaroi woman and mother to two booris (babies) Marley and Yindi. Madison was born and raised in Shepparton, spending the majority of her life living on her grandmother's Country. She comes from a strong line of women and is following in their footsteps. Oral history has taught Madison to yarn with her Elders; to listen, to understand and acknowledge the challenges they faced, to be strong in the face of adversity and to continue teaching her children the importance of her history, their history.

Sex ed: back in my day

Four women share their memories of school sex ed.



For frank discussions on sex, relationships and power, check out Uni Melb society [@sexpressionmu](https://www.instagram.com/sexpressionmu)

Kate (45 - 55)

The 80's may have looked like a lot of fun with the BIG hair, neon clothing and fun music, but **when it came to sex education there was nothing.** Without the internet, all we had for advice was **a popular teenage magazine called Dolly.** I used to hide copies of it under my bed as sex wasn't openly discussed in our home. The only sex related conversation I recall was a very brief conversation with my mum **about periods when I was 12.**

Everything you learned about sex was from your friends, so there was a lot of misinformation.

When it came to contraception, condoms weren't frequently used. **STIs did not exist in our world.** At 17 a friend and I went to the local Family Planning Clinic to get the pill. Too embarrassed to say we were planning on having sex **we told the nurse we wanted to go on the pill to stop our periods for school camp!**

Growing up in such a sexist era it was a long time before I came to understand that **I had any real control over my sex life** and what I could expect from it. I really hope its better for young people today.

Rosie (35 - 45)

From memory, my sex ed was focused primarily on the **biology of sex** (I think it was in science class?), for example anatomy and reproductive organs. There was **nothing about consent, pleasure** (especially female pleasure) or foreplay and it was also all from a **heterosexual** perspective.

In hindsight, the complete absence of enthusiastic content and pleasure was pretty interesting - I mean **I can't recall anything on the clitoris?** (How can that be? Hahaha)

Gosh, there are so many more things it should have covered - off the top of my head: consent, respect (**so much around respect and sex is missed**) as well as foreplay, so much of that stuff you have to try and find out on your own. Also it should have been more inclusive of more sexual identities.

Miriam (25 - 35)

The first sex-ed class I had was in **Grade 6**. We talked about wet dreams, erections, ejaculation and penises (including the words shaft and head!) and their function in sex and making babies and what the boys would be feeling during puberty.

It all seemed exciting and I wanted to know what feelings I would be experiencing in puberty...but my hopes were dashed. **Puberty didn't sound exciting or fun for me**. It sounded like it was going to be **painful and embarrassing**.

Periods were going to be a **monthly messy nuisance** that I would fear leaking onto my clothes. My boobs would grow and I'd need to start wearing something to **cover them up** and my uterus was just there for **babies and periods**. I felt disappointed and wanted puberty to stay at bay for as long as possible.

I can only imagine how different I would have felt if sex and puberty had sounded fun for all, not just the penis having people - it was my first lesson in patriarchy and for that, I guess I'm grateful.



Claire (25 - 35)

What could be more awkward than a group of 15 year olds rolling condoms on bananas? Perhaps it's a blushing middle-aged P.E teacher addressing the gym floor demanding that the task be taken seriously.

And can you blame him? He doesn't want to talk about sex to the kids he sees in the supermarket. The kids whose parents he went to school with himself. The kids who will relate each cringe-worthy detail to his own children at lunch.

Rural schools = small towns. This makes it hard to keep the professional from the personal. Teachers are often family friends and parents of your peers, they're at weekend sports and your dance recital. Same goes for the GPs we consult about contraception, the pharmacists we ask for the morning-after pill and the person working at the checkout when we buy condoms.

When sex is taught by embarrassed people, it reinforces the idea that sex and talking about sex is embarrassing and shameful.

I attended both an underfunded public school where resources were limited to get outsider professionals in, as well as a Catholic school where sex-ed was about STIs, unwanted pregnancy with an **abstinence-is-probably-best** approach. The key takeaway messages from my sex-ed experiences were as follows:

- sex causes **scary diseases** and is therefore dangerous
- boys are horny
- girls carry **babies** and that's why we have sex.
- Clitoris? What's a clitoris?
- Sex is vaginal **penetration** by a penis. Full stop.
- Boys should carry condoms in their wallet.
- The pill. You should probably go on the pill (if you're in a **monogamous relationship**, that is).

But what about queer sex? Female masturbation? Pleasure? Consent? Power dynamics? Empowerment? Sensuality? Side effects of the pill? Porn? Abortions?... **I think I learnt more about sex from Dolly Doctor and anecdotal advice** divulged in coveted recess discussions. **And still I had so many questions.**



Contraception through the ages

As long as humans have had sex, we've tried to prevent unplanned pregnancies. So what methods were popular, back in the day?

RESEARCHED WITH CLAIRE NEALE

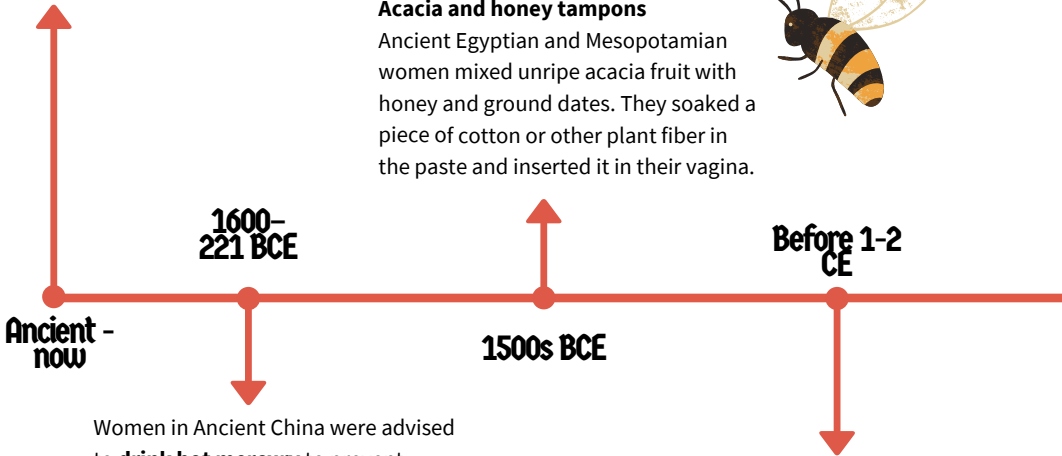


Withdrawal or coitus interruptus

The 'pull-out' method is considered to be literally the oldest one in the book, referenced in both the Bible and the Torah. Historians think Ancient Greeks and Romans used this method to keep families small.

Acacia and honey tampons

Ancient Egyptian and Mesopotamian women mixed unripe acacia fruit with honey and ground dates. They soaked a piece of cotton or other plant fiber in the paste and inserted it in their vagina.



Ancient - now

1600-221 BCE

1500s BCE

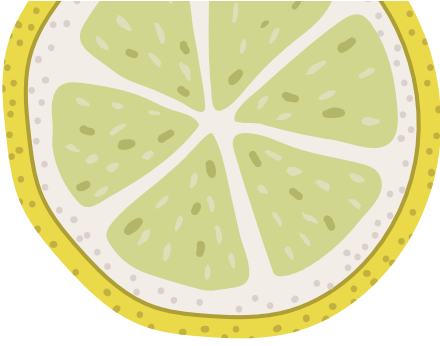
Before 1-2 CE

Women in Ancient China were advised to **drink hot mercury** to prevent pregnancy. This supposedly convinced the body that it wasn't fit to carry a child, leading to miscarriage. However, as mercury is enormously toxic, side effects could be extreme.

Silphium was a fennel-like plant that was used by Ancient Minoans, Egyptians, Romans, and Greeks. Women drank the heart-shaped seeds as a form of juice once a month, and also put wool soaked in the plant's juice into their vaginas to prevent pregnancy. The plant became extinct between the 1st and 2nd centuries CE.



DISCLAIMER: WE DEFINITELY DO NOT RECOMMEND FOLLOWING ANY OF THESE OLD REMEDIES! FOR SAFER AND MUCH MORE EFFECTIVE FORMS OF CONTRACEPTION, PLEASE SEE OUR CONTRACEPTION GUIDE OR HEAD TO THE [BETTER HEALTH CHANNEL](#).



Other chemical contraceptives

Vaginal suppositories of creams, pastes, jellies and chemicals have been used by people for thousands of years.

Ingredients might have included citrus fruits, oils, or even animal feces, as sperm doesn't thrive in acidic or alkaline environments.



Oral Contraceptive Pill

The pill was a watershed development for the Women's Liberation movement, enabling women to control when and if they wanted a family, and to remain in the workforce. Initially, the pill was only available to married women with a prescription, and burdened with a 27.5% luxury tax. German drug manufacturer Schering released the first pill, 'Anovlar', in Australia on February 1st, 1961.

"Natural family planning", "safe time" or the rhythm method

A better understanding of female ovulation in the 1930s enabled women and couples to plan for intercourse around different times in a menstrual cycle to avoid unwanted pregnancies.

1642 - now

Ancient - 1930s

1882 - now

Ancient - 1930s - now

1909 - now

1961 - now

Condoms/barrier methods

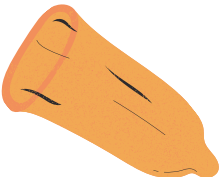
The oldest **condoms** ever found were from an old English castle, dating to 1642. In the 18th century, penis owners used animal intestines as a condom-like sheath. Skin condoms were replaced by rubber in the late 19th century, followed by latex in the 1930s.

Intrauterine devices (IUDs)

IUDs were initially made of silkworm gut inserted into the uterus. The copper IUD came onto the market in 1988, followed by the Mirena; an IUD which releases levonorgestrel, a contraceptive hormone. This was first listed on Australia's PBS in 2000.

Diaphragms

The invention of the diaphragm played an important role in female emancipation in late 19th century England. Many women finally had the power to control their own fertility.



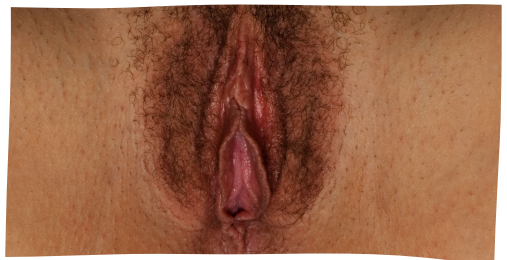
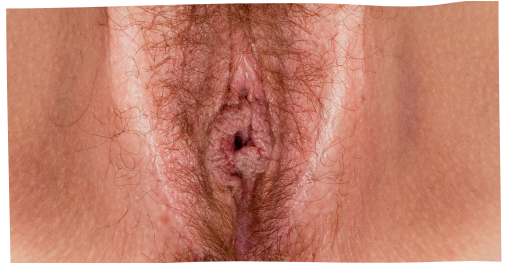
the Labia LIBRARY

Have you ever wondered
“Is my vagina normal?”



Lots of people have.

When people say vagina, what they're often talking about is actually the labia. **Labia are the lips** or folds of skin that sit on either side of the vaginal opening. You might call them flaps or lips. Whatever you call them, it's worth knowing that **labia are all different**. Sometimes this isn't obvious from what you see in magazines and pornography.



The Labia Library is about showing you that, just like any other part of the body, **labia come in all shapes and sizes**. They're also really important in sex and they keep your vagina healthy.





For more information, go to www.labialibrary.org.au

Photographs are reproduced with kind permission from Show Off Books.

Photographs are taken from the book I'll Show You Mine.

Photographs are copyright 2011 Show Off Books. All rights reserved. The photographer was Katie Huisman.

CONTRACEPTION

If you're having sex, and you don't want to be pregnant, you need to use contraception.

In Victoria, we have over 10 contraceptive options:

LARCS

Long Acting Reversible Contraception lasts a long time. They include...

The Implant:

- A small plastic rod inserted in your arm.
- 99.95% effective
- Lasts 3 years

The Hormonal IUD

- A small plastic device inserted in your uterus
- 99.8% effective
- Lasts 5 years

The Copper IUD

- A small copper device inserted in your uterus
- 99.2% effective
- Lasts 5-10 years

SHORT ACTING

Short Acting Contraception options must be used more regularly. These include:

The Injection

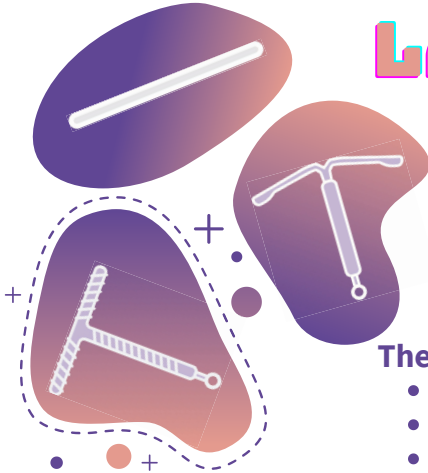
- An injection given by a nurse or GP
- 94% effective
- Done every 12 weeks

The Oral Pill

- A small pill that you swallow
- 91% effective
- Taken daily

The Vaginal Ring

- A soft plastic ring inserted in the vagina
- 91% effective
- Changed monthly



BARRIERS

Barrier methods are used each time you have sex. They include...

The diaphragm

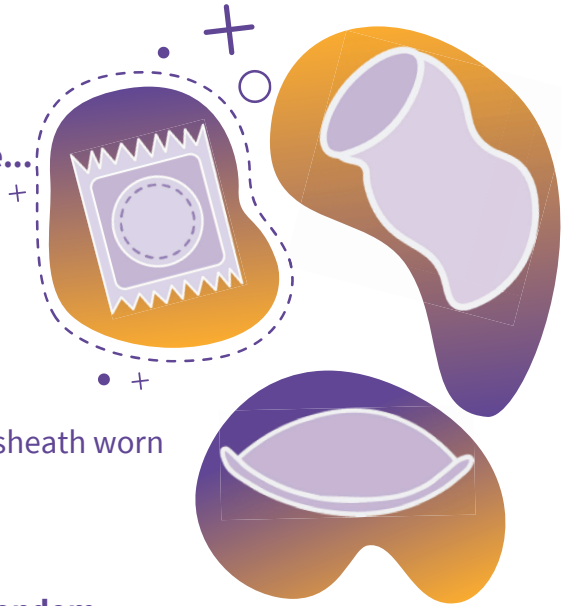
- A soft silicone cup inserted over the cervix
- 88% effective
- No STI protection

The external condom

- A rubber /synthetic sheath worn on the penis
- 82% effective
- STI protection

The internal condom

- A rubber/synthetic pouch which sits loosely in the vagina
- 79% effective
- STI protection



STERILISATION

Permanent sterilisation methods require a simple surgery, and last forever. They include...

Vasectomy

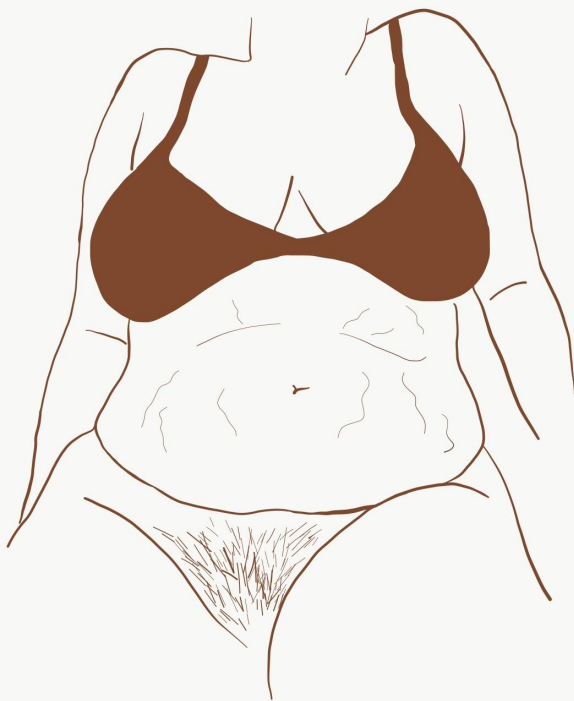
- The tubes that carry sperm are blocked
- 99.85% effective

Tubal Ligation

- The fallopian tubes are blocked with small clips
- 99.5% effective



i'm a work of art



Jemima Longworth's art practice explores the insistent sexualisation of the female form. By regaining control over the perception of the naked body she creates an accepting space for women to feel comfortable and not be sexualised automatically. Nudity does not equal sexual intent.

@jemimalongworth

Bathophobia (abridged)

by Jazz Giuliani

Jazz Giuliani is a Melbourne based poet and writer, interested in sensitive exploration of the deeply personal and political through the shared intimacy of storytelling.

Along the lip of the sandstone wall
we walk,
In the heat to pass time,
the coast an easy reprieve
from final decisions.

It's our turn to reach the gap stone,
find us
looking out to the amnesty where the bay meets
with ocean.
Darkness grumbling,
never giving way to the secrets
that lie deep within her intestines.

We don't say a word, he and I, just gaze ahead:
Pinkie kisses pinkie, waiting.

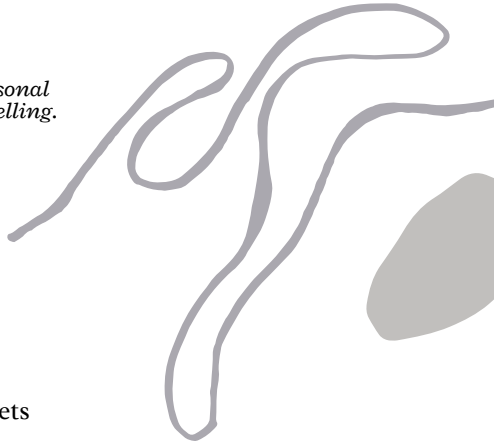
He watches the tourists
crinkles alongside his eyes,
amusement that seems bottomless.
I think about the bottoms and limits that are inside of me.
I think about the life that's inside of me:
A lump of cells, clots, not alive.


Like an ensemble, the tourists take the cue and
we stare at the cerulean blue:
Her depth a silence
encased in a hurricane.

Wind whips our faces,
my hand drifts to my womb and I wish suddenly to grip
The sandbar,
a father's shoulder.
If he knows
he doesn't say so.

I look up to the shrinking shoreline, panicked as
water swallows land,
the boundary of rock no longer joins to the sand.

"We need to swim back," he says, simply.





Before an objection has the chance to rise in my throat
he dives in,
ahead of me he swims.
He isn't plagued by second thoughts or even first.

I'm marooned on the ridge now
as I keep standing, looking at the water,
perturbed by its depths,
unknowns.

Only secret keepers are afraid of hidden truths.

The sun is descending and
I sense the futility of my silent protest,
moments continue to pass
I want to be sick
Instead
I drop.
I'm anchored in the black.

I try to move through the long patchwork of
seaweed and
Everything feels alive.

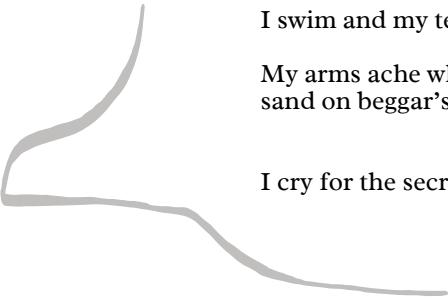
I imagine predators everywhere
below me
inside me.

A sob rises and
reverberates in the cavities between my ears
as I swim.

I cry.
I cry for my fears.
I cry for my hesitation.
I cry for the shame I didn't choose.
I cry for the life I don't want to give.

I swim and my tears are the sea.

My arms ache when I finally reach the
sand on beggar's knees.



I cry for the secrets that I keep.



Kajal is a part-time letterer, illustrator and a small business owner! She's currently a full time engineering student and loves to create art on the side as a passion project! Her work primarily focuses on feminism, mental health, positivity, self love and equality. You can check out her work and follow through her journey on [@handlettered_bykajal](https://www.instagram.com/handlettered_bykajal) on Instagram or if you'd like to purchase her work, you can check out her Etsy shop on www.etsy.com/shop/HandletteredByK. She's always open to have a chat and make new friends so go check her page out!

What do trans and gender diverse people want their doctors to know?

The first thing I would like doctors to know, is please, please ask questions always and stop assuming, especially now with teleconferencing. I think I've been misgendered more in doctors appointments over the last year than I have anytime since the start of my transition. Second thing is rehash old notes with clients before seeing them. If I've had to tell you my gender, pronouns and suffix every single session, I'm exhausted and you're not a queer friendly doctor. I've had doctors continuously misgender and deadname me on Medical Certificates after I've had them correct them several times. It's exhausting. - **Danni, she/they**



I've been going back and forth between a number of health professionals for years now. I've only come out as nonbinary to one of them, a GP who I thought had received LGBT+ training and advertised themselves as an ally. They used the appointment to ask harmful questions rather than focussing on the concern I organised the appointment to discuss. Health professionals should not rely on their patient to give them transgender 101. - **Riley, they/them**

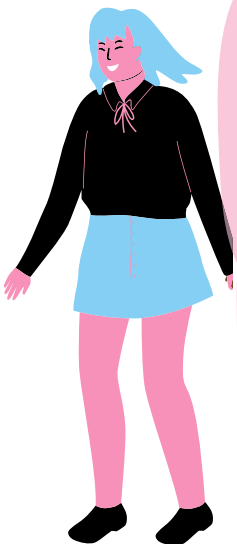
When I first mentioned to my doctor that I wanted to start testosterone therapy, one of her reactions was: “BuT wHaT aBoUt HaVinG kIdS?!”. Despite my response that I’d much rather stop hating my body than give birth, she insisted HRT was preposterous. Her attitude ignored that transmasculine people can have babies, and also demonstrated the lack of autonomy given to trans people in our own healthcare. Many doctors don’t use informed consent in prescribing HRT, insisting that trans people go through the psychological rounds for something we decided long ago. Trans people deserve autonomy and informed support in the decisions we make with our bodies, not an uneducated brick wall.

- Theo, he/they



I would like the health professionals I work with to learn about transgender health from someone other than myself. I would like transgender clinical competency to be included in medical training. I would like electronic medical records to reflect the identities of trans and gender diverse patients. I would like fewer of my trans siblings to succumb to unsatisfactory medical attention, despair over being denied critical care, or the frustration of explaining their own physiology to a doctor who has never needed to consider it. I would like to survive my 30s. I hope I am not asking too much.

- Séverine, she/her





STI FACTS

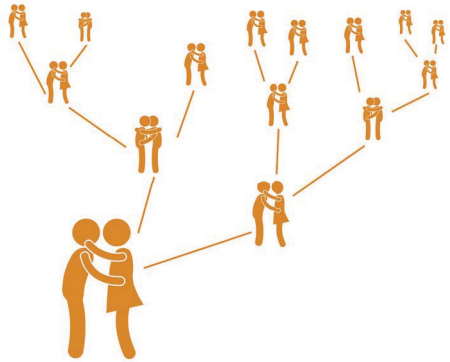
TESTING FOR STIs AND GETTING TESTED IS PART OF LIVING A HEALTHY LIFE. TESTING IS ALSO ABOUT RESPECTING YOURSELF, YOUR PARTNER AND YOUR COMMUNITY. IT'S ALL PART OF BEING YOUNG, DEADLY AND FREE!

GONORRHOEA, CHLAMYDIA, TRICHOMONAS & SYPHILIS

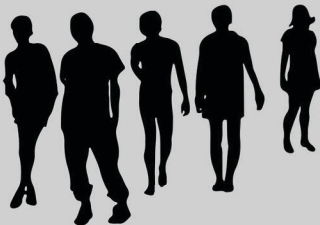
are sex diseases called STIs - short for 'sexually transmissible infections'. You can get an STI if you have sex with someone who has an STI and you don't use a condom.



Untreated STIs move between partners and through communities.



Anyone can get STIs if they have unprotected sex. But STIs are more common among young people under the age of 30 and people living in rural and remote areas.



The rate of gonorrhoea for Aboriginal and Torres Strait Islander people in remote communities is 30 times the rate for non-Indigenous Australians.



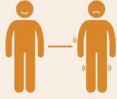
Non-Indigenous Australians



Aboriginal & Torres Strait Islander people

SYMPTOMS

Most people who have STIs don't know they have an STI because they feel well or don't have any symptoms. But STIs can spread inside your body and make you sick on the inside.



If you have symptoms, this is what can happen:

- PAIN IN THE LOWER BELLY (WOMEN)
- PAIN WHEN PISSING
- SORES OR WARTS
- DISCHARGE



TESTING

Anybody who has had unprotected sex should test for STIs. It is free to test and private at any clinic.

Get tested for STIs often - twice a year is perfect.

PROTECT YOURSELF AND YOUR PARTNERS FROM STI'S BY USING



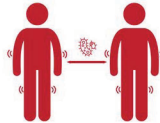
PREGNANCY



If a pregnant woman has an STI, it can pass to her baby. If left untreated, some STIs can lead to miscarriage or premature birth - or blindness in babies.

IT TAKES TWO...

IF ONE PARTNER GETS TESTED AND TREATED AND THE OTHER DOESN'T THE STI WILL KEEP TRANSFERRING BETWEEN THE TWO PEOPLE.



COMMUNITIES CAN BE FREE FROM STI'S

if people test often and get treated.

youngdeadlyfree.org.au is a one-stop shop for resources about STIs and BBVs affecting young people in regional and remote Aboriginal and Torres Strait Islander communities. These resources have been developed and collated by the South Australian Health and Medical Research Institute.



**family
planning
victoria**

Reproductive & Sexual Health
Care. Education. Advocacy.



BE YOUR OWN ADVOCATE

Ready to take control of your sexual health? Good for you! Here are some tips from Family Planning Victoria on how to navigate the healthcare system when you're under 18.

How do I find a doctor I'm comfortable with?

- You can choose your own clinic.
- Check out a clinic's website, to see if it's right for you.
- Ask around! Friends, youth groups and other networks may know of clinics or doctors who are great with youth sexual healthcare in your area.
- FPV's Box Hill and CBD sites are specialised sexual and reproductive health clinics and most services are no cost for people under 25 who have Medicare.

Do my parents or guardians have to find out?

The law requires healthcare workers to keep what you talk about with them confidential. There are times when the health worker may need to share this information. This is if:

- You are at risk of/or being harmed by another person.
- Are at risk of/or self-harming.
- Are harming or intending to harm another person.
- You are having sex that is outside of the law in the state or territory you are living in.
- For in-depth information about your legal medical rights go to [Legal Aid](#).
- To receive medical treatment (eg contraception) you need to be able to give consent which means you freely agree.

- If you're under 18, the doctor will ask you some questions to decide whether you are mature enough to consent to treatment without involving your parents or guardians if that is what you wish. This usually includes getting to know you and discussing the treatment options. For some treatment, like abortion, it can be good to have a trusted adult to support you through the process.
- Have a chat to your doctor or the clinic about their confidentiality process, so you know what's going on and feel comfortable.
- Your doctor or nurse will generally discuss with you any time they need to share your information in order to protect your safety.

What is Medicare?

- Medicare is Australia's universal health care system.
- A Medicare card helps you to access medical services and prescriptions at a lower cost or sometimes no cost.
- If you are 15 years and older you are eligible to apply for your own Medicare card. You can have your own Medicare card and stay on a family card. For more information visit [Services Australia](#).
- Generally, from age 14, no one else can see your Medicare records without your permission – not even your parents, partners or friends. You have your own private records even if you do not have your own card.

About Family Planning Victoria

FPV is a sexual and reproductive health not-for-profit organisation with clinics in Box Hill and Melbourne's CBD. Visit www.fpv.org.au to find out more or call us on 1800 013 952.

You can also find us on Instagram and Facebook @familyplanningvictoria. You can check out our podcast 'Doing It' wherever you get your podcasts.



GET TESTED

Most people don't know when's the right time for a sexual health check up. Basically, any time is the right time!

When should you get tested?

If you're sexually active, try to go to a clinic at least **once every 12 months** - or more, depending on who you're having sex with and how often.

You might also want to head in if:

- **You think you might have an STI** (sexually transmissible infection), or someone you've had sex with has an STI
- If you've had **unprotected sex** (sex without a condom or a dental dam)
- If you have a **new partner, or multiple/casual sexual partners**
- If you're **experiencing any symptoms** (such as pain, lumps, discharge or bleeding.)

Remember, not all people will experience STI symptoms - so **always get tested to be sure!**

Getting tested

It's easy to get a sexual health check. You can even **bring a friend** along for support!

Depending on the clinic, you can also ask about **telehealth services** if you'd prefer to chat to a doctor or nurse **over the phone**.

There are also some **self-test options** available in Victoria, depending on your situation.



THE CHECKUP

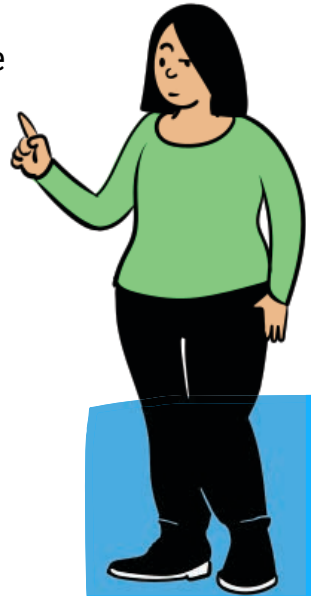
Lots of people can feel embarrassed or anxious before a sexual health checkup. Here's a quick rundown of what might happen in an appointment. Remember – health care workers have seen and heard it all!

What will I be asked?

In an appointment, the doctor or nurse will ask you some questions so they can decide how best to treat you. Even though it can feel awkward, these are important questions - the more they know, the more they can help. These questions might focus on:

- Any **medical conditions** you've got
- Any **medications** you're on
- Any **previous STI (sexually transmissible infection) testing or treatment**
- Any **symptoms** you're worried about (such as pain or discharge)
- Your **safe sex practices** (including whether you use contraception and what sort)
- Your **sexual partners** and relationships
- Your **sexual history** in general

And remember, **all your medical information remains confidential.**



What happens next?

If your doctor or nurse decide you need any tests, they should **explain what they're doing** and ask for your **consent** first. They don't look unless they have to! Most tests involve a **urine sample or blood test** - usually quick and easy. Sometimes they will happen on the day, other times you might need to wait, or go somewhere else to get the tests done.

FOLLOW UP

What happens if you do test positive to an STI (sexually transmissible infection)?

Most STIs are easy to treat. In most cases, the doctor will probably prescribe you some medication, just like treating any other illness.

Contacting sexual partners

It's important that if your results come back positive, **you must tell anyone you have had recent sexual contact with.** This is called “**contact tracing**”, and this is something clinic can help you with. This lets your sexual partners know to get tested/treated, and also prevents you from getting infected again.

Other than talking to them face to face or on the phone, there are other ways you can contact recent sexual partners. Sometimes, **your clinic can anonymously let someone know for you, or you can use an online service such as Let Them Know.**

Staying safe

Condoms and dental dams are the only contraception to prevent STIs.



UNPLANNED PREGNANCY

Pregnancy options and abortion rights

If you have an unplanned pregnancy, **you have the right to unbiased information** about ALL of your choices. If your doctor or health professional doesn't feel comfortable doing this, **they are required by law to send you to another health professional** who is.

If you're unsure of what you want to do, you can speak to a **non-directive pregnancy options counsellor**. You can ask your GP to help you organise this, or contact 1800 My Options. **You do not have to have any counselling** if you have made your decision and want an abortion.



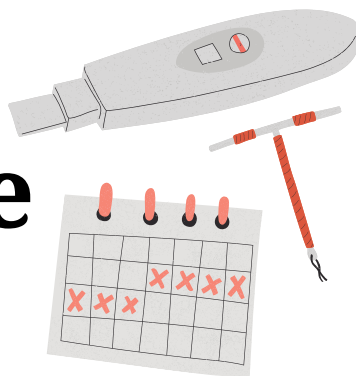
In Victoria, **you can legally have an abortion up until 24 weeks of pregnancy**. However, most abortions occur much earlier in the pregnancy, and different clinics may have different limits for when they can provide an abortion. **The sooner you seek help, the more options you'll have. Before 9 weeks of pregnancy, you can choose between a medical (with medication) or surgical abortion.**

Abortion services can be accessed through some GPs, private clinics and hospitals. **There are laws to protect patients going into abortion clinics from public harassment.**

Making a complaint

The **Health Complaints Commissioner (HCC)** resolves complaints about healthcare and the handling of health information in Victoria.

Reproductive Coercion



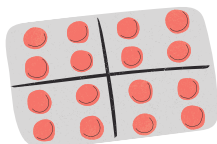
Good sexual and reproductive health is based on rights: the right to safe, consensual and pleasurable sex; the right to appropriate and inclusive healthcare; and the right to unbiased education and information.

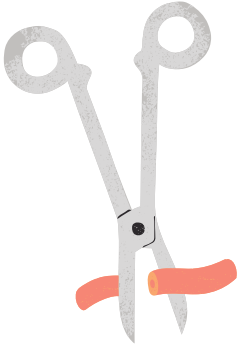
Women have the right to decide if and when they want to have a baby. Access to contraception and abortion is therefore essential as this gives girls and women control over their bodies.

Unfortunately, not everyone has freedom over their reproductive choices. Sometimes other **people will try and control another person's reproductive choices** by using a variety of controlling behaviours.

This type of controlling behaviour is known as reproductive coercion and can include:

- **sabotaging someone's contraception**, for example deliberately and without consent removing condoms ("stealthling") during sex or damaging a condom, or hiding or disposing of oral contraceptives, like the pill
- **sexual assault**
- **pressuring** another person into pregnancy against their will





- controlling the outcome of someone's pregnancy, for example **forcing another person to continue or terminate a pregnancy**.
- **forcing or coercing** a person to have a **permanent sterilisation**.
- **controlling another person's finances** so they don't have enough money to access contraception, abortion care or pregnancy care.

Reproductive coercion is a form of abuse. It often occurs alongside other forms of violence against women and girls, such as physical, emotional or sexual violence.

The majority of people who experience reproductive coercion are women and girls. It is most common in intimate relationships, and can occur in LGBTIQ relationships. Reproductive coercion is usually perpetrated against women and girls by their male partners, but can also be perpetrated by family members.



Research estimates that **1 in 10 women in Australia experience reproductive coercion**.

If you or someone you know is experiencing reproductive coercion or any type of abuse or violence, you can contact 1800RESPECT on 1800 737 732.



USEFUL SERVICES

PHYSICAL HEALTH

1800 My Options - 1800 696 784

10am - 4pm, weekdays

For info about sexual health, contraception and pregnancy options (including abortion) and local services.

Pregnancy, Birth and Baby line - 1800 882 436

7am - midnight, everyday

Speak to a Maternal Child Health Nurse for advice about pregnancy, birth, and parenting.

Nurse On Call - 1300 60 60 24

24/7

For immediate expert health advice from a registered nurse, and info about health services in your area.

MENTAL HEALTH

Kids Helpline - 1800 55 1800

24/7

For free, private and confidential counselling for young people aged 5-25. Also available online.

Lifeline - 13 11 14

24/7

Short-term, crisis support if you are feeling overwhelmed, having difficulty coping or staying safe.

Yarning SafeNStrong - 1800 95 95 63

12pm - 10pm, everyday

Social and emotional wellbeing support for Aboriginal Victorians.

Beyondblue - 1300 22 4636

24/7

Talk to a trained mental health professional, to address issues associated with depression, suicide, anxiety disorders and other related mental illnesses.

PANDA - 1300 726 306

9am - 7.30pm, weekdays

Free, national helpline service for anyone affected by perinatal anxiety and depression.



SEXUAL ASSAULT/ FAMILY VIOLENCE

Centre Against Sexual Assault - 9635 3610

24/7

Support for victim/survivors of sexual assault (including counselling, information + advocacy).

SafeSteps - 1800 015 188

24/7

Support for anyone experiencing family violence or concerned about another person experiencing family violence.

OTHER SERVICES

WIRE - 1300 134 130

9am-5pm, weekdays

Free support, referral and information for all Victorian women, nonbinary and gender-diverse people

QLife - 1800 184 527

3pm to midnight, everyday

Anonymous and free LGBTI peer support and referral for people wanting to talk about sexuality, identity, gender, bodies, feelings or relationships.

DirectLine - 1800 888 236

24/7

Information, counselling and referral service for anyone wishing to discuss an alcohol or drug issue.

Health Complaints Commissioner - 1300 582 113

9am - 5pm, weekdays

Resolves complaints about healthcare and the handling of health information in Victoria.



Sextember Zine, Issue 1, 2020

© 1800 My Options

This zine is also available online at
www.1800myoptions.org.au
@1800myoptions

We acknowledge the traditional custodians of the lands and waters of Victoria, and pay respects to elders past and present.

1800 My Options is supported by the Victorian Government.



1800 696 784

For information about contraception,
pregnancy options and sexual health.



Women's Health

V I C T O R I A