

This zine was developed by **1800 My Options** and published September 2021.

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 9am-5pm, 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, World Contraception 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 West
- Yarli Creative
- Handlettered by Kajal
- Women's Health in the North
- Alita Brydon
- I Had One Too
- HERO Condoms
- Family Planning Victoria
- Our many generous anonymous writers

sex TEMBER

LIST OF CONTENTS

Consent, Empowerment and Respect

The Labia Library

Fierce Tidda Club

Let's Talk about Sex

**What I Wish I Knew
(as an international student)**

Masturbation Myths

Bad Dates of Melbourne

Queerness, Dating and Anxiety

**Tense Times: Dealing with
Vaginismus**

Abortion is a human right

I Had One Too: Jazz' Story

The good, the bad and the IUD

Condom Myths (debunked)

STI: So Totally Incorrect

**10 Questions with a Sexual
Health Nurse**

Highly Recommended Media

Useful Services

CONTENT WARNING

The contents of this zine address topics such as sexuality, unplanned pregnancy, abortion, masturbation, menstruation, vaginismus, relationships and consent. It also contains photographic depictions of genitals for educational purposes. In most cases, individual names have been changed to protect individual privacy.

If the contents of this zine are distressing to you in any way, please refer to the list of support services at the end of the zine.



con·sent /kən'sent/

noun

permission for something to happen or agreement to do something

em·pow·er·ment /əm'pouərmənt/

noun

the process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights

re·spect /rə'spekt/

noun

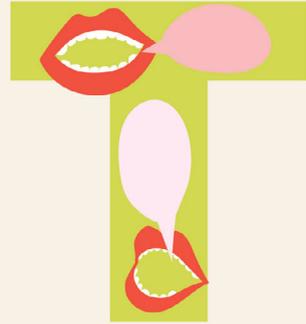
due regard for the feelings, wishes, rights, or traditions of others

A-Z OF CONSENT, EMPOWERMENT AND RESPECT



Pleasure – explore what feels good for you

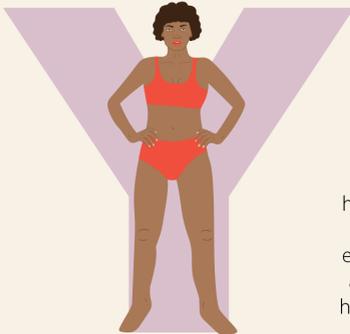
Sex is a natural and healthy part of life and it is something that should be fun and enjoyable! People may have sex to get pregnant, but sex is also about experiencing pleasure. To have the best sexual experiences, it helps to understand what you like and what feels good for you. This is something to consider whether you are being intimate with yourself or with others. Wanting pleasurable sex is not something to feel embarrassed about and the best way to achieve satisfying sex is to be open and communicate with your partner. Let people know what feels good and what does not. Sex should be an enjoyable experience for everyone involved, explore what you want and make a practice of mutually sharing this with your sexual partner.



Talk it out. Communicate your wants and needs

Communication is one of the most essential aspects of a healthy relationship and this includes communicating our sexual wants, needs and concerns. This is part of becoming more comfortable with our sexuality and understanding what we want and need in an intimate relationship. This might involve exploring our emotions and how we feel about ourselves, as well as our interactions with others.

Understanding ourselves, our partners and communicating well supports us to have satisfying relationships, in which we feel valued, respected and safe. Have conversations with your partners, share what you enjoy about your relationship, as well as things that you want and need, or are worried about. Communication is a two-way street, so listen to each other and keep talking!



Your body, your choice

You have the right to make decisions about anything that impacts your body, without pressure from others. This includes decisions about your appearance, menstrual products, sex, contraception, hormone therapy, pregnancy and abortion. Your body is your own - you have the right to choose how you express yourself and how you interact with others. It is also your right to make informed choices about your health and wellbeing. It's your body, so it's your choice.



CONTENT WARNING

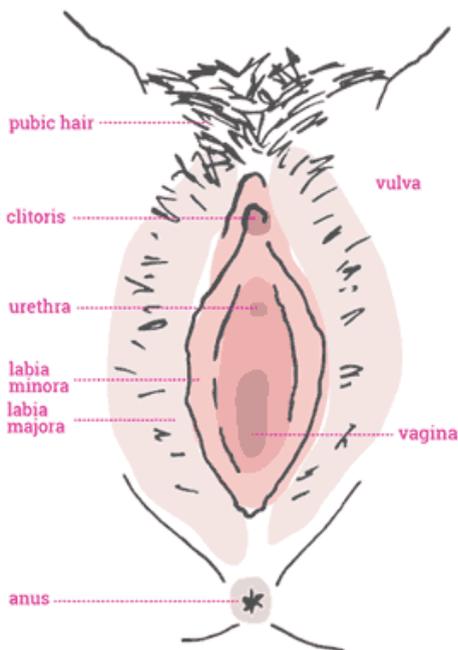
**The following page contains photographic depictions of
genitals, sourced from the Labia Library.**

**If you would prefer not to view these images, please
skip this page.**

the labia LIBRARY



Photographs are reproduced with kind permission from Show Off Books.
Photographs are taken from the book I'll Show You Mine.
Photographer: Katie Huisman.
Photographs © 2011 Show Off Books. All rights reserved.



MEET THE VULVA.

The proper name for these outer genitals is the vulva.

Just like any other part of the body, vulvas come in all shapes and sizes.

But because vulvas are hidden away, many people have never even seen their own. If they've only seen vulvas in magazines or pornography, they may not be getting the full story.



LABIA ARE ALL DIFFERENT.

Labia (the lips or folds of skin that sit on either side of the vaginal opening) come in all shapes, sizes, colours and textures. All of these variations are completely healthy and normal.

Labia symmetry

Exact symmetry is rare in nature. Most people have one foot that's bigger than the other, and most people don't have symmetrical labia. Some are more symmetrical than others, but they are all normal and healthy.

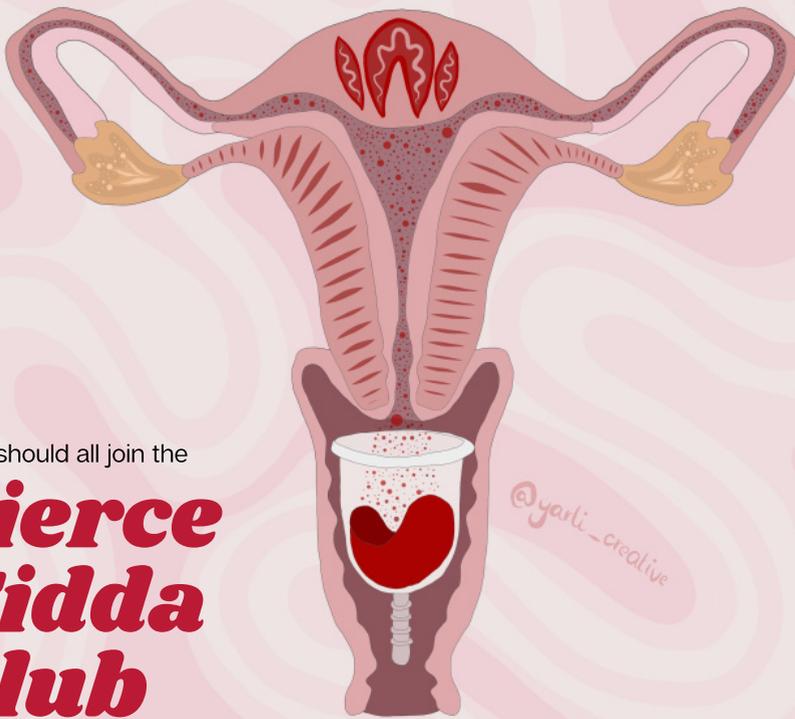
Labia colour

Some people have pink labia, and others have brown or reddish or purplish labia. Sometimes your labia are the same colour as your skin, but often they are lighter or darker, just like the lips on your face.



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





Why we should all join the

Fierce Tidda Club

My name is Madison Connors (nee' Saunders), a proud and strong Yorta Yorta, Dja Dja Wurrung, and Gamilaroi woman, mother, founder and Creative Director of **Yarli Creative** and Fierce Tidda Club. I was born and raised in Kanny-Goopna (Shepparton), Victoria but now call Naarm (Melbourne) home. With Fierce Tidda Club, my vision is to create a movement which addresses period poverty experienced by many First Nations womxn.

Fierce Tidda Club (tidda translates to “sister”) aims to erase period poverty and stigma in Aboriginal and Torres Strait Islander communities across Australia.

Our period signifies regeneration; growth; the power of our being. It ought to be a time to retreat to our haven; to be comfortable; to be safe. It ought to be a time for us to feel empowered to carry on with our lives. To continue to be fearless leaders in our workplaces, our schools, universities, and in our communities. While this may be reflective of the experiences of some of us with periods, it's not representative of all.

And we need to change that.

Access to education is foundational for our success in life. Across the globe, millions of young women are skipping school, losing grades and dropping out early to manage their periods - which means missing out on reaching their full potential. This is felt particularly hard in Aboriginal and Torres Strait Islander communities. There are so many people with periods who, through inequitable access to sanitary products, face barriers to fully participating in their communities.

Fierce Tidda Club will work to design, develop and produce culturally inclusive, Australian-made, sustainable sanitary items and loungewear with a public health focus and social enterprise model. Fierce Tidda Club will work to create equitable access to sanitary products.

How you can help:

Our Go Fund Me hopes to raise \$120,000 to go towards the research, design, development and production of the sustainable period products, as well as fund an education program and resources.



Let's
talk
about
sex.



Kajal K.

COMPREHENSIVE SEXUALITY EDUCATION FOR INTERNATIONAL STUDENTS

Comprehensive Sexuality Education (CSE) is crucial for young people to equip them with the knowledge, skills and value to make responsible choices about their sexual and social lives (UNESCO, 2010). The issue? Several international students (I.S) did not receive CSE in their home countries hence adding to the barriers and challenges faced when accessing healthcare in Australia.



I.S. BECAME SEXUALLY ACTIVE AFTER COMING TO AUSTRALIA (CSIRO, 2020)

4000

INTERNATIONAL STUDENTS SEEK ABORTIONS ACROSS AUSTRALIA (MARIE STOPE AUSTRALIA, 2018)

TOPICS CSE SHOULD BE INCLUSIVE OF

- Bodily autonomy
- LGBTIQ2S inclusive
- Respectful relationships
- Recognition of coercion/abuse
- De-stigmatization of HIV
- Focus on gender and human rights
- Emphasis on informed consent
- Acknowledgment of pleasure
- Sexual rights for people with disabilities
- Debunk toxic ideals around morality

BARRIERS I.S. FACE IN ACCESSING SEXUAL HEALTHCARE (CSIRO, 2020)

- Sociocultural, religious and familial taboos
- Inadequate/lack of CSE in home countries
- Unfamiliarity with Australian healthcare system
- Costs associated with sexual health services
- Knowledge gap exasperated by language proficiency barriers
- Shame associated with report sexual misconduct/sexual harassment due to fear of publicity, victim blaming and concerns that reporting can affect their visa status
- Paradox of information access wherein I.S. have plenty information but are not as informed on how and where one can access support and services
- Lack of safe, non-judgemental and culturally sensitive spaces for responsive care/support

WHAT CAN HELP I.S. IN SAFELY ACCESSING SEXUAL EDUCATION + HEALTHCARE?

- Home countries to adopt and mandate CSE in schools ("*Growing up in the UAE, comprehensive sexuality education was never part of our curriculum.*" - Kaja)
- Accessible participatory and engaging programs in educational institutions
- Providing information on support services during orientation week and other events
- Peer-to-peer education programs (e.g. "Sex, Study, Safety" program by the Centre for Culture, Ethnicity and Health (CEH))
- Online resources to be available in different languages
- Universities need to do the work to reassure their I.S. that their safety is valued and any allegations of misconduct, harassment and abuse will be taken seriously whilst safeguarding the student's identity & without posing a threat to their living conditions (based on studies conducted by CSIRO, 2020)
- Clear understanding of health insurance entitlements (CEH, 2010)

AND SEVERAL OTHER POINTS THAT ARE COMPLEX AND BEYOND THE SCOPE OF THIS RESEARCH

- Sex education gap haunts Australia's international students, SBS News
- "Sex, Study, Safety": How peer-led programs champion sexual education - Meld Magazine
- Clarke D. (2010). Sexuality education in Asia: Are we delivering? An assessment from a rights-based perspective. Bangkok, Plan.
- Parker, A., Harris, P. and Haire, B., 2020. International students' views on sexual health: a qualitative study at an Australian university. *Sexual Health*, 17(3), p.231.
- Reenders, D. (2011) Responding to Diversity: Meeting the Sexual and Reproductive Health Needs of International Students. Melbourne: Centre for Culture, Ethnicity & Health.



An international student shares all she's learnt about sexual and reproductive health since moving to Victoria...

Sexual health is more than menstrual hygiene.

Back home, the little glimpse of sex ed was all about marketing companies coming to your school to speak about their menstrual hygiene products. Teachers were too embarrassed to discuss about sexual and reproductive health beyond your menstrual cycle, asking you to either skip the chapters or have the pages glued altogether!



Sex ed, or any talk about sexual and reproductive health was basically on the hush hush. Your main go to resource was your bestie who most probably had as little experience in the matter as you did. Your next best bet was the internet – a whole world of infinite possibilities but even then, you'd be too embarrassed to search the words 'SEX'. The stigma is REAL.

Even as an adult, you're subjected to face stigma from your very own doctor back home – for disclosing that you've had sex before marriage. Cultural barriers are REAL, my friend!

I mean, that's why so many international students - like myself - shy away from seeing doctors every time we have a sexual and reproductive health concern.

Contraception is not just about the pill.

Where I come from, we're mainly exposed to just two types of contraception – either the oral contraceptive pill or the condom, so I don't have much knowledge about other contraception like the IUDs or the implants.

I wish I knew where to go to get useful information especially when I'm unsure of how my body would respond. I think seeing how other women respond to other forms of contraception is certainly helpful and would help to have a healthier and positive relationship with our own body.

Check first with your health insurance provider + GP.

Don't be like me and settle for the first bill from your GP by paying out of pocket, with a hefty cost. Take the time to call your insurance provider – to see what is covered. Try and check with the GP beforehand too – for the cost, and whether they can directly bill you.

I wish I knew that rather than paying double for what I could have been covered for - ask around with your peers, sometimes you can get a referral to a GP who might make you feel comfortable to talk about your sexual and reproductive health.

Don't be shy to ask the receptionist at the clinic - if you can have a GP who can speak your language or is a preferred gender, if this is what works for you.

- An international student in Victoria



Masturbation myths

Discussing masturbation can make some people feel uncomfortable. A number of myths about masturbation have grown out of this discomfort. Let's address these myths with some evidence and sex positivity.

How many of these have you heard before?

myth #1: **women don't masturbate**

People of all genders masturbate. Unfortunately, this isn't represented in popular media.

myth #2: **everyone masturbates the same way**

There is no one way to masturbate. What feels good for someone else may not be what feels good for you. It's about getting to know your body and what gives you pleasure.



**WOMEN'S HEALTH
IN THE NORTH**
voice • choice • power

myth #3: people in relationships don't masturbate

People masturbate whether they're in a relationship or not. Masturbation is simply a way of enjoying yourself.

Mutual masturbation can be a great way to get to know what your partner likes.

myth #4: you can masturbate too much

In the privacy of your own space, you can masturbate frequently, infrequently or not at all!

As long as you're not endangering yourself or someone else, you get to decide what feels right for you.

myth #5: masturbation ruins how sex feels

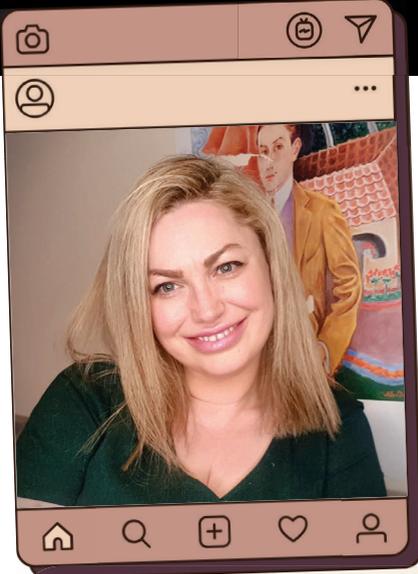
Discovering what feels good for you can help other sex feel better. It can also help you learn how to orgasm.

myth #6: masturbation has to lead to orgasm

If your masturbation leads to orgasm, that's great. However, looking at masturbation as an exploration of pleasure can remove the pressure of achieving a goal, and let you focus on the experience. Masturbation without orgasm is valid.



Bad Dates of Melb



Hello Team!

I'm [Alita Brydon](#) and I run the '**Bad Dates of Melbourne**' Facebook Page. It's a place where Melburnians gather online to anonymously discuss their super dodgy dates. Sometimes they're hilarious, sometimes they're heartbreaking – but they're always interesting.

I've got some shocker stories on safe sex to share with you – but first let me share with you my hot tips on why condoms are playful, useful and fun!



Try telling him you want to try glow in the dark condoms and, during the act, open your mouth and ask if he can see it shining out.



Give flavoured condoms a go and pretend they don't taste like you're licking a boot.



Buy new condoms because the ones you have are expired "due to the COVID break"... and not because you like to sit alone in your house in an Oodie.



The human body is capable of endless pleasure but none can compare to the dizzying satisfaction of the 1mm bump on a studded condom. Just kidding.



Condoms are great because it's good not to get sick. Yay!

Anyway, now I've convinced you to run off and buy a fresh pack of dingers, here are some tales that will give you a glimpse of the challenges can we find when practising safe sex in the modern dating era.

The Penis Waggle

"I was sore and feeling sorry for myself because I'd just had an Implanon [a contraceptive implant that goes in your arm] put in. I had dinner with my Hinge match later that day – and I told him. He said, 'Great! Then we don't have to use condoms anymore'. I was horrified he was planning on wagging his penis near me without anything on it – with no discussion as to what my thoughts were on the matter. I DON'T WANT TO CATCH SOMETHING. I told him that wouldn't be the case. I did see him a while longer but it hurt my feelings that he didn't consider my wellbeing (or my sore arm) and to be honest it never recovered."

– A Reader



The Zumba Class

"I met a guy for a very late night date which turned into a very night late hookup. About halfway through he stopped what he was doing and said, 'The condom has come off – and I can't find it.' So we stopped what we were doing and fished through the sheets looking for the thing. When we couldn't find it, he put a new one on and we continued. The rest of the night went fine.



Anyway, I continued on with my life – I went to a Zumba class with my mum, went to work, did my shopping – but in the back of my mind, I thought... I wonder where it went... Surely not. I ended up going to my GP a few days later and lo and behold she FOUND IT UP THERE. THANK GOD. The thing I am most horrified about is the fact while I was shimmying and shaking with my mum at Zumba, the manky condom was shaking it up with us. (And yes I did get tested)."

– A Reader

The Soap

"I met a guy on Tinder, we talked for about a week before we met. Conversation flowed and he was really funny and nice. We took a shower together and it was fun but he tried to use soap as lubricant. I almost fell over trying to get away. I had to explain you can't put soap on that area or up there. He was not a 'bad guy' but also he was in his late twenties so really he should have known better. We caught up a few more times but it didn't work out."

– A Reader



Discussing safe sex and asserting yourself can be tough – especially in the heat of the moment. But **your voice, boundaries and decisions are important**. You're not alone in standing up and doing what's best for you and your body. **Go have fun and smash it!**

x Ali

Find Bad Dates of Melbourne:

www.facebook.com/baddatesofmelbourne
www.instagram.com/baddatesofmelbourne

Find Alita Brydon:

www.instagram.com/alitabrydonn



Queerness, dating and anxiety



Anna

One night last year, in a drunken and quarantine-induced stupor, I downloaded a dating app. I used a photo of myself looking up with my tongue out, an expression that carries a lot more cultural cachet on the internet than I was equipped to deal with, but it seemed funny at the time – just like the whole pretence of what I was doing. As if I, a trans woman, could actually use a dating app. Hilarious.

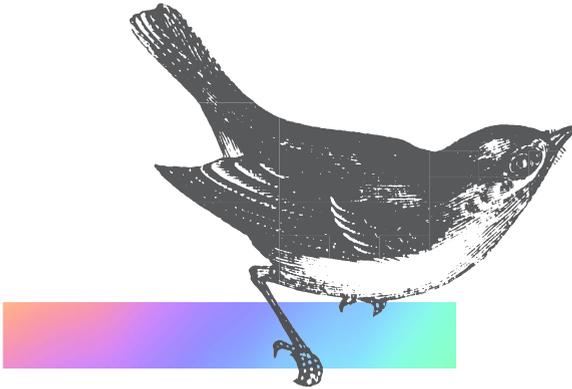
I woke up the next morning to find that a nice man had sent me a message and I was horrified.

Truthfully I was afraid of trying to date; I was afraid that men would react in an ugly and violent way to my transness, that women would pity me or reject me outright, that other queer people were way cooler than I was. And yet someone had reached out, not knowing that I had been joking, and I was suddenly forced to reckon with a much greater fear: maybe there are people who would go out with me?

We spoke over the app, then over social media, for a week before our first date. We seemed to get along really well, and I could hardly believe what was happening right up until the day we finally went out for the first time.

It was okay. I mean, it was actually kind of awkward. I was really nervous, and we didn't have the same chemistry in person that we seemed to have online. I was confused, kind of shaken, and after a while I made my excuses and went home.

The funny thing about dating is that the bar isn't set at people who are willing to go out with you. When you're openly trans and openly queer, you spend so much time trying to navigate spaces through a lens of safety and support that you forget that you need and deserve more than that. It isn't enough to feel accepted – you need to feel like you can relax enough to let your guard down.



Maggie

There are a lot of anxieties that come with dating as a queer person that I'm sure are shared with dating as a heterosexual person. Fear of rejection and anxieties about never finding anyone and being alone forever are chief among those, but as a queer woman who was exposed to several stereotypes regarding queer women being "predatory", I was also concerned by this notion that pursuing women could make me guilty of "forcing my sexuality" onto them.

It was early on that I developed this anxiety; that my attraction to women somehow made me dangerous to them, and that it was something to be very careful expressing. Being afraid of falling into that "predatory lesbian" trope, I would often keep myself from pursuing women I found attractive, reasoning that they would find my affection confronting or threatening. I've always been adverse to making people uncomfortable, so this anxiety in particular has affected how I approach potential romantic partners, and in almost every sexual or romantic situation I have been in, that situation was initiated by my partner.

In this sense, I've been lucky to find social groups comprised of other queer people. Finding others that experience this attraction the way I do, and who I definitely can see are not predatory or dangerous, helps normalize these feelings. I think this only proves how valuable it is that queer people be able to find that comfort and solidarity in each other.

Petra

The biggest thing for me is anxiety about how other people are experiencing me and my gender.

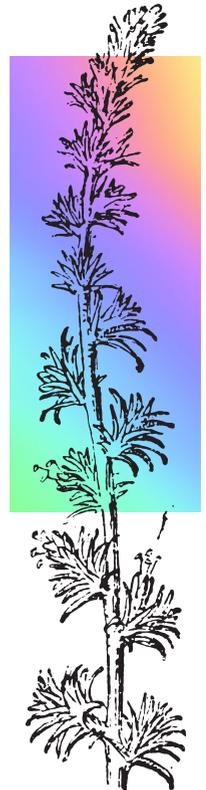
For example, I dated somebody who identified as queer, and they knew I was trans fem. But as I continued to transition more, the types of sex they were open to decreased, because it started to feel 'too gay' for their internalized homophobia.

This also implied that certain types of sex (ie PIV sex) were being experienced as 'straighter,' which would also mean I was being gendered as 'male' doing those acts.

This is kind of a sore point, as I have had several experiences of being the first queer person these women have properly dated. It felt like I was kind of a 'stepping stone' to dating cis women because I was being experienced as 'partially male' which is reductive and misgendering. When dating people now, I doubt or question how I am experienced during intimacy.

Gender is relational, and queer relationships can have strong gender elements, and this can cause other anxieties. Being a trans fem, genderqueer lesbian, it's like- am I enough of a girl to be allowed to identify as a lesbian with my girlfriend? Am I masc enough to be allowed to play with the historically significant identity of butch? If these things flux and flow, does this change our underlying relationship?

Another thing is, I know people who aren't 'out' as queer experience lots of difficulty. But, as an out trans person, I do want to say that dating people who aren't out, can be hard too! It can mean difficult choices - compromising your identity for their comfort and stability, and that can cause some challenging tradeoffs.



Noorie

As a Queer South Asian woman, I am constantly forced to navigate and negotiate my identity.

On one hand, I am well aware of my rich cultural history as being a South Asian woman and what that means to my family and myself. But on the other hand, I recognise and understand what it means to be bisexual in Australia. As a result, I feel I have not been living my life to the fullest.

Out of a fear of hurting my parents, I have accepted I never will “come out” to them and resigned myself to accepting a form of relationships which will meet their expectations.

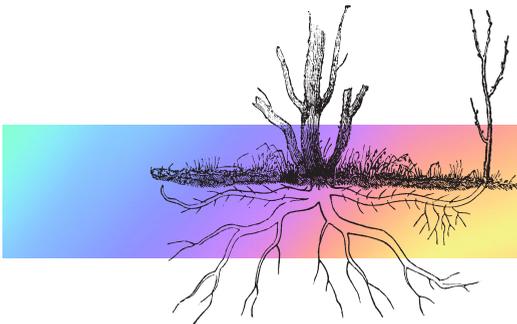
Moreover, this has led to a complete disinterest in dating.

The fear of being judged for holding my South Asian roots near and dear to my heart in Australian society leaves me scared to enter the dating pool.

This makes me feel like a fraud. For not living my identity to the fullest – not sexually or culturally.

When I look at my friends, being a lot closer to thirty than ideal, I feel have not experienced anything in comparison. No heartbreak, no love, no nothing. And as the older I get, the more my friends have solidified their relationships and moved on to the next chapters of their life – leaving me alone.

One day I aspire, to share my truth and my identity with someone else. But maybe not today.



Tense Times: Dealing with Vaginismus

"That's okay, we can just be one of those couples who have a bad sex life."

I lay in bed naked, tears rolling down my cheeks. This was the fourth or fifth time we had tried to have sex, without success, and hearing those words was too much for me.

"Is that really what you think of me?" I gasped through my sobs. I already felt like a failure as a woman. I already felt like he had good reason to leave me. After all, sex is important to a relationship; what kind of future are we going to have if, no matter how badly I want to have sex, my vagina simply won't allow it?

I found myself in this mental purgatory after trying to have sex with my first partner. I had always struggled with inserting tampons, and using my fingers when masturbating had always been more difficult than pleasurable. It was like there was a physical block in the way. I already had a long-standing suspicion that I had vaginismus, in which the vaginal muscles tense or spasm outside of conscious control, and this had now been brutally confirmed.



A few weeks later, my partner broke up with me, and I couldn't help but wonder if my broken vagina played a part in it all. In despair, I googled how to correct my own bodily malfunction, and was horrified at what I read – namely the several-year path to recovery and a highly variable success rate. I felt I was doomed. Shame and embarrassment demolished my already flimsy sexual self-esteem.

But I took the first step and reached out to my GP, and it felt like a weight lifted at least a little when she said she had made plenty of similar referrals for many similar people. I ended up in the cosy consult rooms of Health 4 Women Physiotherapy, looking out upon the Royal Melbourne Hospital, still utterly convinced I was going to be a hopeless case (but nonetheless eager to try).

My physiotherapist was a soft-spoken woman with a penchant for yoga, meditation and headbands, and had thirty years of science-backed practice under her belt. She educated me and helped me realise the roots of my vaginismus were out of my control: growing up in a household of domestic violence, my nervous system adapted to be on constant high alert. My body was living in fight or flight mode 24/7, but I had only noticed that guard when I had actively tried to let it down.

My physiotherapist helped me understand there are many triggers for vaginismus, including but not limited to pain (such as from endometriosis or skin infections), culturally or religiously-ingrained shame about sex, a background of sexual assault, and anxiety about intimacy. With the help and support of my physiotherapist, my psychologist, and a close friend (who I had told at the prompting of my psychologist), my journey to recovery was significantly faster than I thought it would be.

After several months of daily commitment to meditation, practicing mindful stretching, and using dilators, I had made a huge amount of very tangible progress.

I look back on my early perspective and I wish I could reassure my past self with some advice. Instead, please allow me to reassure you if you feel like you can relate:

1. This can be a surmountable issue. **There is help available** and you are not alone.
2. Let go of the stigma. Vaginismus is a medical issue. **Please don't blame yourself.**
3. **Reach out for support.** The biggest difference was made for me when I told a trusted friend and I realised that my self-judgment was not shared by others.
4. If any partner makes you feel inadequate or like a failure because of vaginismus, just know **you deserve understanding**, not scrutiny. (And more than likely, they don't deserve you.)
5. There are plenty of other ways to share intimacy (sexual and otherwise). Go slow and do what you are comfortable with. **Your body is yours and yours only.**



Access to abortion is a human right.

It's your body, and your choice.

Abortion is a really common medical procedure.

In Australia, around 1 in 4 women will have an abortion in their lifetime.

Women and people of all ages and backgrounds have abortions, for all sorts of reasons.

In Victoria, it is safe and legal to have an abortion up to 24 weeks of pregnancy.

You may have heard a lot of myths about abortion. Evidence shows that abortion is safe, and does not cause infertility, breast cancer or long term mental health issues.

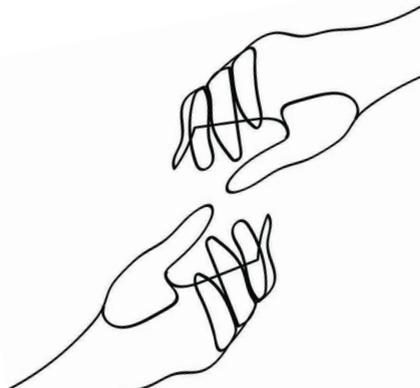
No form of contraception is 100% effective.

Unplanned pregnancy is a fact of life.

Around half of all pregnancies in Australia are unplanned.

Abortion is healthcare.

You have the right to abortion care.



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

JAZZ' STORY

I'd been in a relationship for about 4 years, and I found out I was pregnant.

I was probably about nine weeks. It was pretty shocking to me - I'm usually very careful and protected when we have sex.

I felt really unwell. I thought that I had some serious illness - I was really fatigued, could barely keep my eyes open. Something was really, really wrong. I went to the doctor and did all these blood tests. We thought I must be anemic or something; I was so lethargic, and I just felt so sick.

It was something that we talked about lots, my partner and I. Initially he just told me, "It's your body - you make this decision, and whatever you decide is fine." That was beautiful and true, that is my body, my decision - but it also puts a lot of pressure on the person who's pregnant! We both decided that we weren't ready, and didn't want to have a baby.

Then I started to do a little bit of research - trying to talk to friends who'd had the



same experience - just to find out, where do I go? How do I do this? I actually didn't know. I had no idea. The hardest thing was accessing information, not just information that was from a medical website - information about how you feel, from people's experiences.

One of the challenges was that it's not comfortable to speak about with other people. There's this stigma around abortion - even in my own circles, which are very progressive and pro-choice. It would be a lot better if the conversation was more open; everything that was valuable to me in this process was coming through stories of other people who've experienced this.

After I found a clinic, my main thought was “Where am I going to get the money for this?” because it's pretty expensive! So that was one big consideration and stress that I had. And you don't have time, either, because it is a time sensitive issue. I'm lucky that we were able to get some money but I can imagine that would be a real struggle for people.

I had an initial consultation where I basically was being counselled through it, which was really good. On the day of the procedure, I was nervous because I'd never had any operation before. But then it was fine - I woke up and it went really well. I stayed there for an hour to have a little rest. The nurses were lovely, and made sure that I was feeling okay. I needed to get somebody to drive me home, and couldn't do any physical work after. I wasn't really in any pain, but there was a little bit of pain and cramping on the day of. Beyond that, it was just emotional.

Initially, I found it really difficult to talk to people about it. I felt a little bit hypocritical because I don't politically believe that it's something that you keep secret, or that isn't okay. I was even a bit ashamed of myself that I wasn't openly talking about it. I think we need more open conversations in society and in workplaces, and just realising this is part of health.



I didn't even have my family, either...I didn't plan on telling them at all. My mum is a nurse and maybe a week later, she saw that I'd been intubated and asked what was going on. And then I told her. I didn't think that she would judge me, but I wasn't ready to tell her for some reason. And then it was really interesting...because she actually turned to me, and said, “I had one.”

And I didn't know that! After me, she had one. It's just amazing how many women have the same story. Hearing it changed everything. It really made me feel a lot more comfortable. My mum gave me some great advice. She said, “Yes, I would love for you to have a family one day, absolutely...but I'm a woman, and I know that no woman makes that decision lightly. You've thought about it.”

I know there's a lot of ways in which I am very lucky. I live in a city, I have easy access, I did have an online space I could reach out to, and although it wasn't necessarily easy to come up with the money, it wasn't crippling and I could find a way to access it.

There's a lot of reasons why my experience would be a lot easier than other peoples. It makes you aware and empathize with people who have to go through the trauma of not having the final word on your own body.



The good, the bad and the IUD

IUDs, or intrauterine devices, are small, T-shaped contraceptive devices inserted in the uterus. They're over 99% effective at preventing pregnancy, and last up to 10 years!

However, less than 2% of Australian women use them. Part of the reason is that we simply haven't heard much about them, and don't know what it's like to get one. 4 women share their stories here - and remember, everybody reacts to different contraception differently!

After struggling with menstrual migraines for almost 12 months, and being back in a cis straight relationship, I thought I'd kill 2 birds with one stone – **contraception and possible treatment for menstrual migraine.**

I was fortunate to find there was a doctor that inserted IUDs at my regular GPs office. It was a 2 visit process and so incredibly thorough – I got a repeat CST, full STI screen including syphilis and HIV, and a vaginal exam to make sure the doctor knew which was my uterus tilted (it's anteverted rather than retroverted – tilts forward rather than backwards). I felt taken care of right from the get-go.

I rocked up for my 2nd visit and was feeling excited and nervous – my blood pressure went up to 140/90. I went in pretty cocky that I'd be able to manage it all, but am still very grateful for the anaesthetic spray (a little spicy but very effective) and for the doctors recommendation to take ponstan and buscopan half an hour before. Everything was super straightforward and painless but then ooh boy - when that uterine sound was inserted to measure the length of my uterus I yelled! It was a feeling I have never experienced before or since but it settled so incredibly quickly that I kind of instantly forgot it. Then we cracked on and the device was in! 15 minutes later I was out the door feeling very accomplished if a little embarrassed about my small yelp.

I love my IUD. It is the safest I have ever felt on any form of contraception. And while I wasn't one of the lucky 15% for whom it suppressed ovulation and therefore my menstrual migraines – I'm still so glad to have it and wouldn't want anything else.

The most important consideration for a contraceptive that works for me is choosing a method that can **reduce or eliminate my period.** As an underground mine geologist, my job requires me to spend large amounts of time with no access to bathrooms.

In the past I've taken various oral contraceptives and found they had significant negative impacts on my mental health. Deciding on an effective LARC (long-acting-reversible-contraceptive) was critical for me, and after receiving health advice, I chose to use a Mirena.

I booked myself into a clinic where I had a consultation with a doctor, and had the IUD inserted under general anesthetic on the same day. I chose to have it done under anesthetic, as my work schedule made it hard to book an appointment on my period.

For the next two weeks, I had heavier than usual bleeding and some cramping. However, since that month and for the past 2.5 years I've enjoyed a complete elimination of my period and no symptoms that come with menstruation like breakouts, mood swings or cramps.

Having an IUD is a game changer as I never have to worry if I'm about to get my period or deal with heavy bleeding and cramps while I enjoy a physically active lifestyle. Unlike oral contraceptives, I haven't noticed any negative side effects on my body. Knowing I won't get pregnant is a big bonus too!

After having a bad reaction to a contraceptive pill (I'm talking crying-because-your-dog-walked-away-from-you-level of bad), I decided to look into a **hormone-free contraceptive method that was more reliable than condoms** and found out about the copper IUD.

I was lucky enough to be able to see a doctor with a particular interest in IUDs, and she spent about 45 minutes walking me through all the pros and cons of the different type of IUDs, as well as explaining how insertion worked and what the potential side effects were.

After deciding I wanted to go ahead with getting the copper IUD, I received a prescription and had to go and purchase one from the chemist - from memory it was about \$80, and the price for insertion was about the same (at a private clinic including the medicare rebate) - so overall it's a pretty good price!

Insertion itself was a bit nerve racking - I am someone with acute health anxiety so even minor procedures can be very stressful for me. My doctor and the assisting nurse did an amazing job of keeping me calm throughout the whole procedure, and while I can't say the feeling of my cervix being opened by a speculum was pleasant, it was all over pretty quickly and I had a bit of light spotting but no real pain or long term issues.

Of course, this is different for everyone but in my experience it wasn't too big of a deal. The IUD worked really well for about 3 years, and then for some reason it caused spotting and irregular periods, so the decision was made to remove it and get a Mirena IUD instead.

I would highly recommend IUDs as a long term contraception method because after insertion you forget they're there!

My IUD story starts with my period. Until I was in my 30s my period only lasted 2-3 days, was regular, and easy. After pregnancy and breastfeeding it was normal for awhile, but gradually got heavier and heavier and heavier.

I eventually went to the GP who did some tests and declared I was very low in iron and probably needed hormonal contraception to manage the bleeding. She didn't provide this service, so referred me to a gynaecologist.

As gynaecological procedures often do, it started with a speculum, and I felt some pressure but no pain. But when she attempted to insert the IUD, it just didn't work. I lay on the bed gritting my teeth through the discomfort of my cervix being poked and prodded for several minutes until she gave up. I'd given birth twice and have a good pain threshold, and had my period during the procedure, but it just didn't work. I was so disappointed. My gynaecologist told me that my experience was rare, and I could try again another day, or have insertion under sedation.

Worried about being disappointed by another failed insertion attempt, I booked in for insertion under sedation. On the day of my procedure I needed to fast beforehand and wait around awhile. The procedure itself was over and done with very quickly.

After 2 years of having a hormonal IUD I can say that the things I would hoping it would do have happened. My bleeding settled down within three months of insertion, and I now have ultra-light periods, no more iron deficiency, and the added benefit of a super-effective contraception. Whilst it was a bit of a hassle having it inserted, **it has certainly made a huge and positive difference to my life and to my health.**





CONDOM MYTHS [DEBUNKED]

with HERO condoms

words by Juliet Allen

It seems that in today's day and age, the topic of condoms still remains largely taboo. Many people feel as uncomfortable talking about condoms, as they do talking about sex. So why is it that people don't feel comfortable talking about them, and more importantly, why aren't they using them regularly?

Myths about condom usage are common in our society and a lack of education is responsible for the increasing jump in **STI and HIV rates** in young Australians.

Which leads me to debunking my top 3 condoms myths:

MYTH #1: CONDOMS BREAK EASILY

No, they don't break easily. All condoms are tested vigorously for **strength and safety** prior to being sold on your local grocery shelf.

To ensure that a condom doesn't break, put it on carefully with extra **lube** and make sure there is **no air bubble** at the end.

Check the **expiry date**, avoiding using sharp nails or teeth, and if the condom doesn't roll down, it's because you are putting it on the wrong way.

If in doubt, **throw it out and try again.**

Remember, practice makes perfect when learning to use condoms correctly.

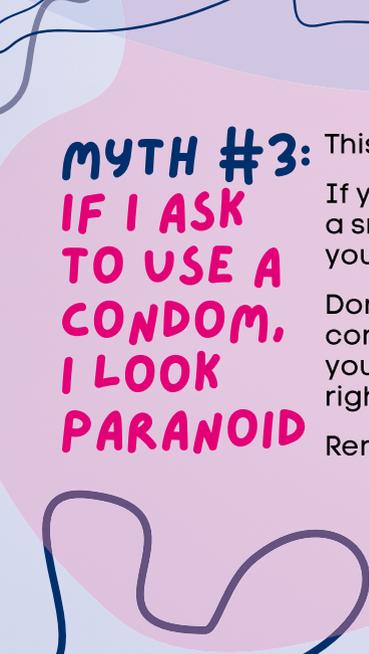


MYTH #2: CONDOMS DECREASE SEXUAL PLEASURE

It seems many people still believe the myth that condoms decrease pleasure.

This isn't true...yes, using a condom may create a different sensation compared to not using one, but the fact is that if you find a condom that **fits you** properly, and you use plenty of **lube**, then sex can be pleasurable and feel great!

Plus you won't have to worry about the consequences of unsafe sex, which is always a bonus for your **mental and physical health**.



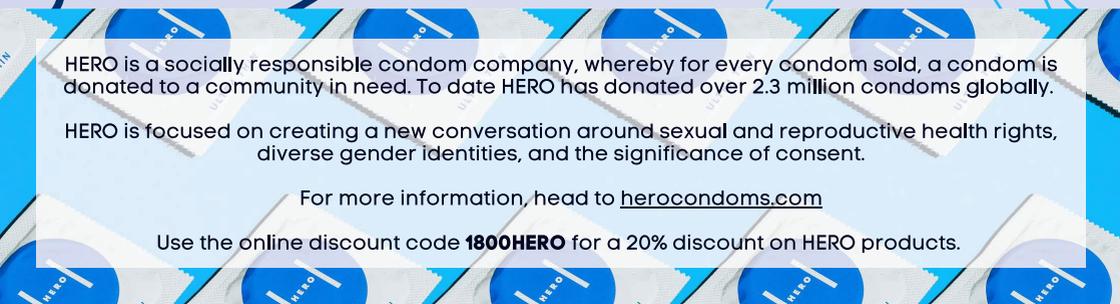
MYTH #3: IF I ASK TO USE A CONDOM, I LOOK PARANOID

This couldn't be further from the truth.

If you ask to use a condom, it means you are a smart and wise person who **respects** yourself enough to want to practice safe sex!

Don't ever be ashamed of asking to use a condom... if the person you are with ridicules you for that, then perhaps they're not the right person for you.

Remember, **being prepared is sexy!!**



HERO is a socially responsible condom company, whereby for every condom sold, a condom is donated to a community in need. To date HERO has donated over 2.3 million condoms globally.

HERO is focused on creating a new conversation around sexual and reproductive health rights, diverse gender identities, and the significance of consent.

For more information, head to herocondoms.com

Use the online discount code **1800HERO** for a 20% discount on HERO products.

STI: So Totally Incorrect



About 16% of people will report having an STI in their lifetime. That's one in six people in Australia! Certain types of STIs have increased in our communities lately, including gonorrhoea (which tripled between 2008 and 2017), and syphilis (which doubled from 2004 to 2017). To keep you as STI-safe as possible, read on as we myth-bust the top five most common misconceptions about STIs with Melbourne doctor, Dr Madeleine.

"STIs always show symptoms."

Symptoms of STIs can include itch, developing a rash or sores on your genitals, unusual discharge and pain passing urine. In people with uteruses, you may experience pain in the lower stomach, and have bleeding after sex or between periods. People with testicles may experience pain in this area.

However, many infections are completely asymptomatic – one study estimated 45% of gonorrhoea cases and 77% of chlamydia cases didn't present with symptoms! Viruses such as HIV and Hepatitis C often cause infection silently, and can present for the first time years later with life-threatening illness.

As such, it's important to have STI screening regularly even without symptoms, and to discuss your risk profile with your doctor so you can be tested appropriately. We recommend screening every 6 to 12 months, or more often if you have a new partner or a frequent change in partners.

"STIs are only transmitted via penetrative sex."

STIs can be transmitted with any sexual act! This includes vaginal sex, anal sex, oral sex, and oral-anal sex. Sharing toys can also pose a risk. It's best to protect yourself by using condoms and dental dams whenever you have any type of sex, and keep on top of your own status with regular health checks.

"Taking contraception will protect me from STIs."

Whilst taking some form of contraception is a great idea if you don't want to become pregnant, it will not protect you from an STI. Ongoing use of condoms or other barrier protection is still essential. And don't forget that STI protection and contraception are the responsibilities of both partners to think about.



"Having an STI means I'm "dirty" or "promiscuous"."



This is very far from the truth. In fact, a person could have sex once and get an STI! Alternatively, a person could have multiple partners and remain STI-free by taking appropriate preventative steps.

Whilst utilising condoms or other barrier protection is your best bet, no method is 100% effective at preventing STIs. There may still be some skin-to-skin contact which could predispose you to herpes or HPV, and condoms have been known to break.

As such, regular screening, abstaining from sex until you've been completely treated (such as finishing your course of antibiotics), and making sure any skin sores have completely healed before you have sex again, are very important too.



Also, being aware of language that encourages the stigmatisation of STIs (such as referring to oneself as "clean" from STIs, or implying that STIs only happen to people who have lots of sex with lots of different people), will help us collectively remove the shame associated with STIs, and normalise the need for sexual health care!



"Having an STI screen is too expensive for me."

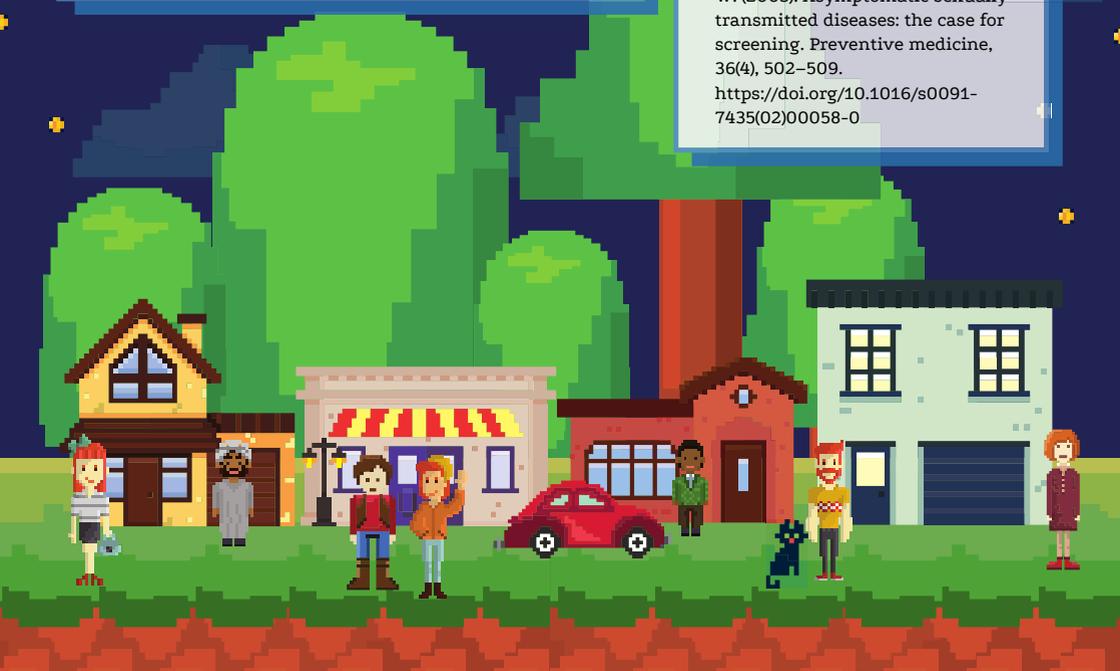
In Victoria, testing can be bulk-billed or directly-billed - meaning there is no out-of-pocket cost for you to have the test.

However, some clinics may charge you to see a GP. If cost is an issue for you, try to find a GP who can bulk-bill you for your appointment or visit a sexual health clinic (as they're typically free or low cost). You can contact 1800 My Options for STI testing services near you!

References



1. Department of Health. (2018). Sexual health. Commonwealth of Australia.
2. Australian Institute of Health and Welfare. (2018). Australia's health 2018. Canberra: AIHW.
3. Farley, T. A., Cohen, D. A., & Elkins, W. (2003). Asymptomatic sexually transmitted diseases: the case for screening. *Preventive medicine*, 36(4), 502–509.
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**family
planning
victoria**

Reproductive & Sexual Health
Care, Education, Advocacy.

10 Questions with a Sexual Health Nurse

from Family Planning Victoria



1 What's your name?

Larissa Hudson

2 Where do you work?

I work at the Box Hill and Action Centre (Melbourne CBD) sites of Family Planning Victoria, as a Senior Sexual and Reproductive Health Nurse.

3 What do you do on a normal day?

No two days are ever the same. I see people for **sexual health screening**, pregnancy testing, to discuss contraception, to talk about heavy/painful periods or painful sex and to chat about relationships and consent. I'm involved in providing medical abortion and inserting contraceptive **implants and intra-uterine devices** (IUDs). I also hang out on the nurse resource line - a phone number people can call when they have questions about their sexual and reproductive health.

4 What do you do on an unusual day?

Hang out at home in lockdown and watch whatever is new on Netflix whilst eating too much popcorn? At work, absolutely anything could happen, so **nothing is unusual.**

5 What sort of patients do you see?

Our clients really vary, we see folks from **all walks of life.** I personally love seeing young people and anyone from the LGBTQA+ community.





6

What are people most embarrassed about?

Society has a lot to answer for. It makes people think there is some sort of stigma attached to accessing help around their sexual health - especially around topics like abortion. **There is no stigma** at Family Planning. Sexual health is what we do, and we love it.

7

What's the hardest part of your job?

Nurses like to fix things and make them better. In my job that is not always possible. **I love being there for people** and just listening, but it is tough knowing I can't always make everything ok for people.



8

What would make your job easier?

If nurses had the ability to do more with our role. We have to rely on our awesome doctors for a lot. Also, if the world were a more accepting place and people didn't have to struggle so much with the real or perceived stigma around things like abortion and sex.

9

What's the best part of your job?

I love being there for people at a time when they may be feeling vulnerable and needing a **genuinely non-judgemental person** to listen to them. I feel like that may be the part of my role that makes the most difference.

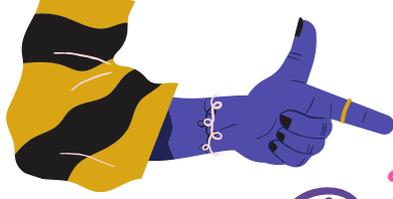


10

What's one thing you want everyone to know?

You are awesome. **You deserve positive, pleasurable sexual experiences** - don't ever let anyone yuck your yum. You have the right to decide if, and when, you carry a pregnancy. You deserve to be true to who you are. Come see us at Family Planning for all your sexual and reproductive health needs.

Family Planning Victoria 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 to book an appointment or speak to a nurse on 1800 013 952. You can also find us on [Instagram](#) and [Facebook](#). You can check out our podcast 'Doing It' wherever you get your podcasts.

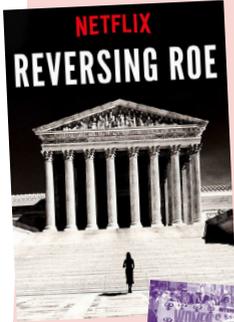


HIGHLY Recommended

A round up of our favourite media content, centring all themes sexual and reproductive health!



DOCOS



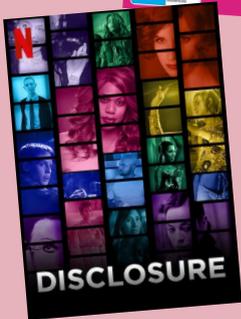
Reversing Roe

Abortion rights globally are incredibly fraught. This documentary highlights the United States decades long political campaign to overturn the Supreme Court Ruling Roe v. Wade. This ruling reshaped American politics, dividing much of the United States into abortion rights and anti-abortion movements, while activating grassroots movements on both sides. It's America at its peak Americanness.



Brazen Hussies

This documentary shows the fierceness and boldness of some of the Australian women at the heart of the Women's Liberation Movement from 1964-1975. This is feminist history; these women taught my mum what feminism was so that she could pass it on to me.



Disclosure: Trans Lives on Screen

Leading trans creatives and thinkers share heartfelt perspectives and analysis about Hollywood's impact on the trans community. This documentary both joyously and wryly highlights so much of the way Hollywood has shaped and misinformed and prejudiced society against trans folk. But also gives great hope for a future that can include trans mediocrity as well as excellence.

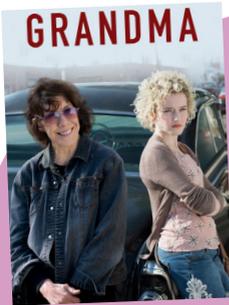
Honourable mentions:

Crip Camp – Disability Justice: There can be no sexual and reproductive justice without disability justice.

Vessel: Follow Dr. Rebecca Gomperts' work with 'Women on Waves', as she sails a ship around the world and provides abortions at sea for women who have no legal alternative.

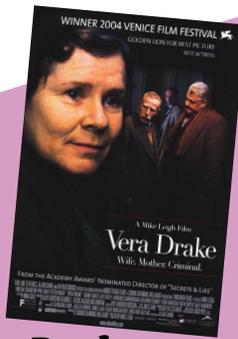


MOVIES



Grandma

An abortion movie starring Lily Tomlin, what more do you need to know?



Vera Drake

Imelda Staunton before she was Professor Umbridge, saving lives rather than destroying them. Based on many true stories of the midwives who provided abortion forever and always to anyone who needed it. This post war film set in 1950's London is beautifully sad and precious in reminding us how far things have come.



Obvious Child

This irreverent comedy starring the endearing Jenny Slate normalises abortion and just how difficult it still is for a person in the 21st century to have autonomy and be respected for their choices. It's really nice to laugh in a movie about abortion.

Honourable mentions:

4 Months, 3 weeks, 2 Days – Romanian film, harrowing but incredible.

Ask for Jane – About underground group The Jane Collective who helped people access abortion before Roe v Wade.

TV SHOWS



Sex Education

This series goes beyond the tropes of a teen coming of age comedy. It is joyful, awkward and cringe in the best ways possible. And it stars bisexual ICON Gillian Anderson as a sex therapist – an outstanding choice for an outstanding show.

I May Destroy You

The relatability and crushing honesty of this show is all thanks to Michaela Coel's writing and direction. Be mindful that it can be incredibly triggering in its depictions of sexual assault, but that it does so with tenderness and thoughtfulness. With a soundtrack of Janelle Monae and wild London fashion, it's a beautiful and joyful, if difficult, watch.



The Handmaid's Tale

With all reproductive justice and choice removed, and tyrannical patriarchal cishetero white supremacist leadership, this show is unnerving, infuriating, powerful and empowering.

Honourable mentions:

Shrill – hilarious, triumphant and fat positive. We need more Lindy Wests and Aidy Bryants!

You Can't Ask That – so many of these are a must watch!



PODCASTS



Doing It

Family Planning Victoria have absolutely nailed it with this podcast! For informative, relaxed, normalising and thoughtful discussions about sexual and reproductive health for all. We definitely recommend episodes 45, 46 and 47 featuring our own team (not that we're biased or anything...)

Science VS (Abortion)

For evidence based unbiased data on abortion look no further. This episode looks into abortion mostly in the US and debunks a lot of the harmful and dangerous myths that the anti-abortion/"pro-life" movement have perpetuated. We deal with questions based on these alarming lies everyday and it's affirming to hear the truth and scientific fact of the safety and RIGHT to abortion.



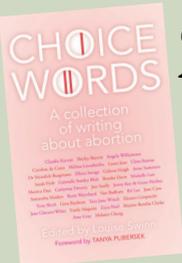
The Sex Agenda

From the team behind @decolonisecontraception comes one of the most informative, reproductive justice focused podcasts. Each episode reflects the need for sexual and reproductive health to be intersectional, inclusive and accessible for ALL.

Honourable mentions:

"Life Uncut: Living with Endo. Interview with Bridget Hustwaite" - a listen for everyone whether you have endo or not.

BOOKS



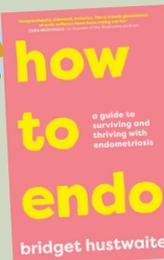
Choice Words:

A collection of writing about abortion

Essays, thoughts, remembrances and feelings from some of Australia's foremost writers, thinkers and leaders about abortion. From many intersections of life and at many different times of abortion legality these stories will move you and make you proud of how far abortion rights have come in Australia and how far we still must go.

Welcome to Your Period!

We wish we had this book when we were growing up! It actually makes me excited about the possible future where I can share this information with a kid of my own.



How To Endo: A Guide to Surviving and Thriving with Endometriosis

This book gives a powerful, inclusive and insightful guide to endo for anyone living with endo or loving someone with endo. An astounding voice to decades (probably centuries) of people and their pain not listened to and dismissed. Bridget has changed the lives of many people with this guide.

Honourable mentions: *The Women's Doc*
Caroline De Costa = HERO!



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.

FAMILY VIOLENCE / SEXUAL ASSAULT

SafeSteps - 1800 015 188

24/7

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

Centre Against Sexual Assault - 9635 3610

24/7

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

OTHER SERVICES

WIRE - 1300 134 130

9am-5pm, weekdays

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

Rainbow Door - 1800 729 367

Or SMS - 0480 017 246

10am - 5pm, everyday

A free helpline providing information, support, and referral to all LGBTIQ+ Victorians, their friends and family.

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 2, 2021
© 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.

