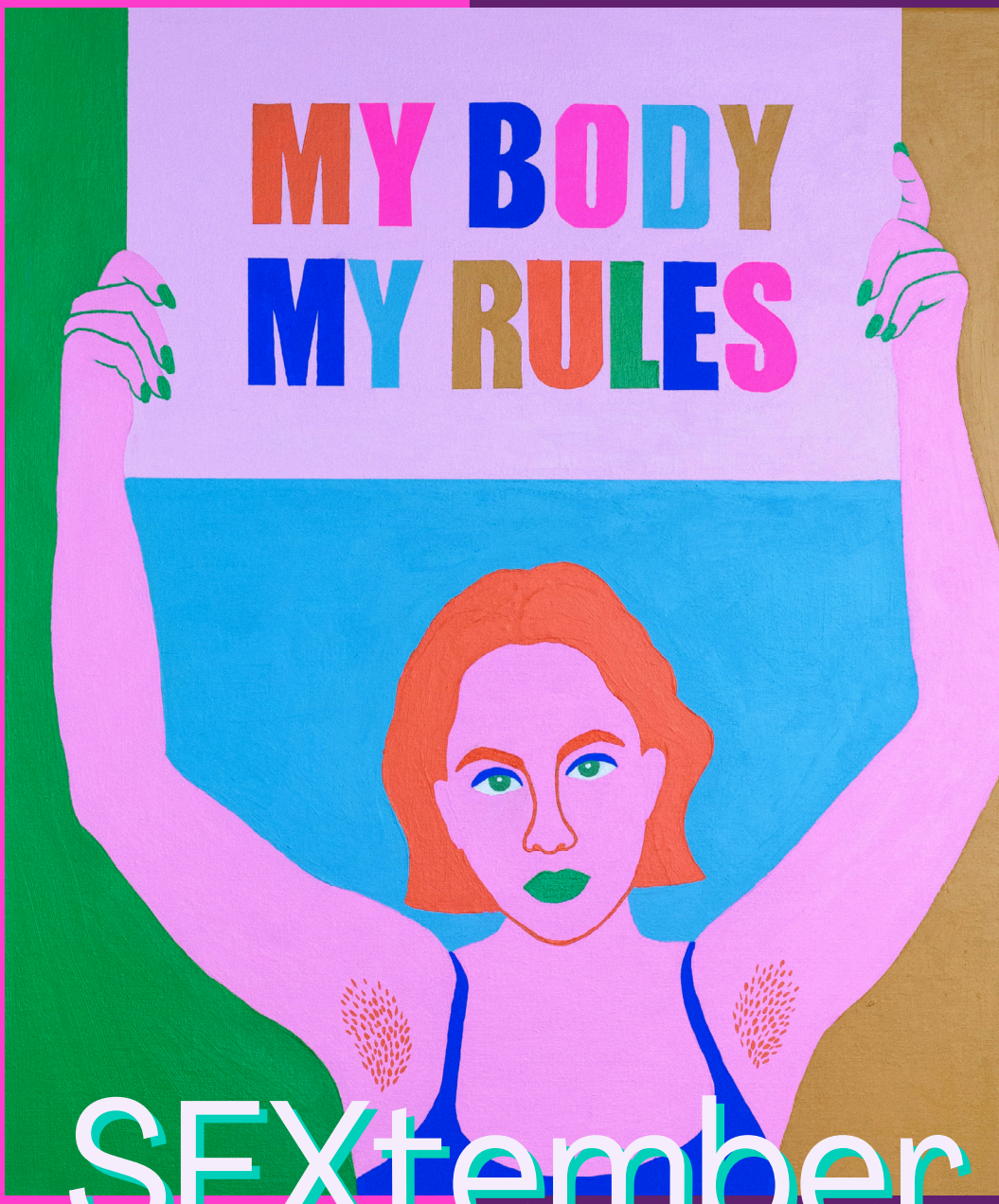
1800 my options



SEXtember

a sexual and reproductive health zine | 2024

This zine was developed by **1800 My Options** and published September 2024.

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.

Every September - or Sextember as we like to call it - we 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):

- ***Camila Paz***
- ***Dr Maddie Spicer***
- ***Cancer Council Victoria***
- ***The Molly Institute Djäkamirr Team***
- ***GenWest***
- ***Gippsland Women's Health***
- ***Women's Health in the North***
- ***The STOP Campaign***
- ***Swan Hill District Health***
- ***Share the Dignity***
- ***And our many anonymous contributors***

1800 my options

Women's Health Vic

VICTORIA State Government

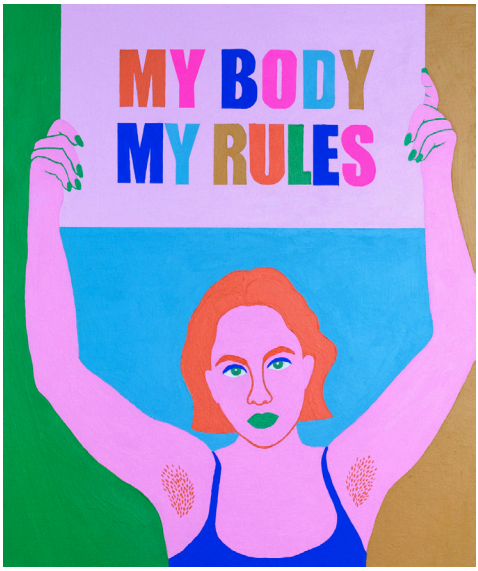
1800 My Options acknowledges and pays our respects to the Traditional Custodians of the land that we are situated on, the peoples of the Kulin Nation.

As a statewide service, we also acknowledge the Traditional Custodians of the lands and waters across Victoria. We pay our respects to them, their cultures and their Elders past and present.

We recognise that sovereignty was never ceded and that we are beneficiaries of stolen land and dispossession, which began over 200 years ago and continues today.

Cover image
"My body my Rules"
by Camila Paz

Acrylic on canvas,
70cm (W) x 50.8cm (H)



In June 2022, while I was creating this artwork, the Supreme Court of the United States made the landmark decision to overturn Roe v. Wade, effectively dismantling decades of established abortion rights. This pivotal moment struck me deeply, feeling like a significant setback to progress and human rights that had been painstakingly fought for over the years. As an artist, this event has influenced my creative process, compelling me to explore themes of resilience, advocacy, and the impact of political decisions on personal freedoms within my work.

About the Artist

As a Chilean artist who relocated to Australia, my work explores themes of identity and the unifying bonds between people across borders, catalyzed by the transformative experience of migration. Achievements such as becoming a finalist for the Southern Buoy Studios Portrait Prize and receiving a grant from the Sustaining Creative Workers Initiative in 2021 marked significant milestones in my artistic journey. These accolades empowered me to expand my artistic horizons through a solo exhibition at Brunswick Street Gallery, where I experimented with larger formats and new materials. Self-taught in watercolors and acrylics, my art is characterized by a modern aesthetic featuring simplified shapes and vibrant pop-art colors, aiming to evoke energy and optimism through dynamic compositions. Each artwork serves as a reflection of my personal growth, cultural heritage, and aspirations for inclusivity, aiming to uplift viewers and foster connections across diverse experiences. Ultimately, my art underscores the transformative potential of creativity to inspire unity and understanding, encouraging others to embrace their identities with strength and unity.

@camilapazart

Contents

Content Warning: The contents of this zine address topics such as unplanned pregnancy, abortion, menstruation, relationships and consent. 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.

MENSTRUAL PRODUCTS:

A walk through history

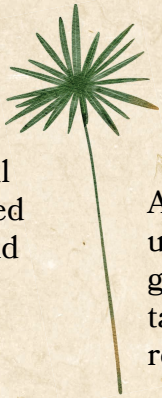
How you managed your menstrual period depended heavily on your time period. Let's take a look at some of the ingenious ways people have dealt with periods throughout human history...

Ancient Times

In Ancient Greece, Hippocrates reported that **lint** was wrapped around **wood** to act like a tampon.

Periods in the Stone Age were managed with rudimentary pads made of **leather**, **moss** and **sand** wrapped in **linen**.

Ancient Equatorial African people used rolled up **grass** and grass mats to manage periods.



Ancient Egyptians utilised **papyrus** and grass to act as tampons, and had reusable loin cloths!

Middle Ages

The increasing demonisation of menstruation driven by religious influences in Europe led to people using homemade **cloth rags** as sanitary pads.

oh no

There are reports of use of a powder made of **dried toad** worn at the waist, used to lighten up a heavy period!

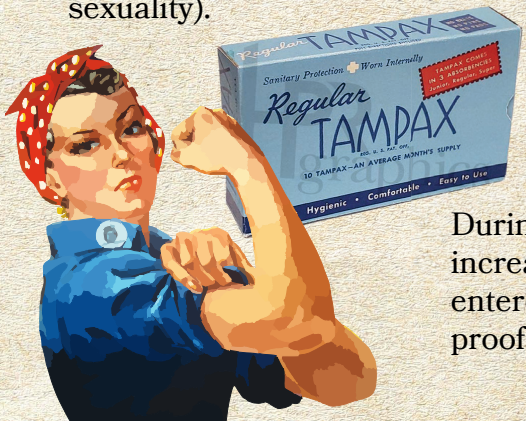
19-20TH CENTURY

Women often made their own pads by sewing **absorbent old cloth** into thick strips. They then attached them to **sanitary belts** they wore at the hips, to keep their pads in place.

In the late 19th century, some women used **sea sponges** as an absorbent alternative.

The first form of the modern pad was released in 1921 by Kotex, which involved **cellucotton** covered with **gauze**.

Tampons were made by modifying strategies used to manage bleeding from deep wounds. After many years of stymied innovation due to "social" concerns, the first models were released by Tampax in 1931. (Unmarried women were discouraged from using these, as they carried connotations of inappropriate sexuality).



During WWII, tampon use became increasingly popular as more women entered the workforce and required leak-proof and reliable period products.

The 1970s and beyond

The first **adhesive sanitary pads** were introduced, which made the sanitary belt obsolete. In the 70s, these pads were often worn in conjunction with period underwear, which had a waterproof section.

Period underwear have had a resurgence in popularity since the mid-2010s as customers seek out more reusable and less ecologically-impactful period strategies.

Tampons continue to be popular strategies, and a Tampax television ad starring actress Courtney Cox in 1985 was the first time the word “period” was ever said on television!

Mooncup, a type of **menstrual cup,** was released in 2002 and has been popular due to its reusability and lack of toxins, made fully from **medical-grade silicone**.

Interestingly, the first iteration of the menstrual cup was made in 1937, but due to war-related **rubber** shortages, production had to be discontinued.

What's next?

Increasing community awareness about toxins, especially in tampons which can be absorbed from the vaginal lining, is leading to increased pressure to invent **'non-toxic' options**.

Ongoing research is being conducted into the **best materials** to use for pads and tampons, as these products historically have not used **real period blood** in their testing phases.

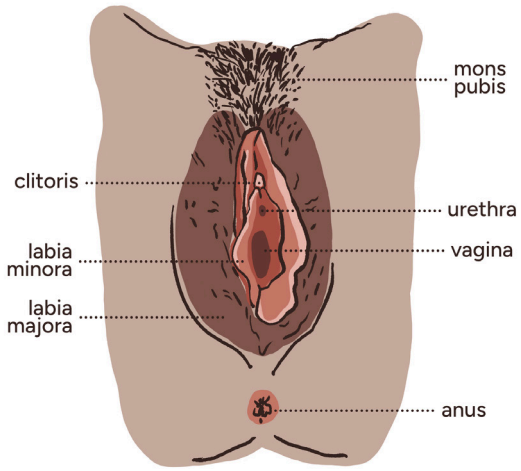
Reusability is a priority in our current age, given climate concerns and the ever-growing issue of safe waste management. As such, period underwear, menstrual cups, reuseable pads and other innovative strategies continue to grow in popularity in the marketplace.

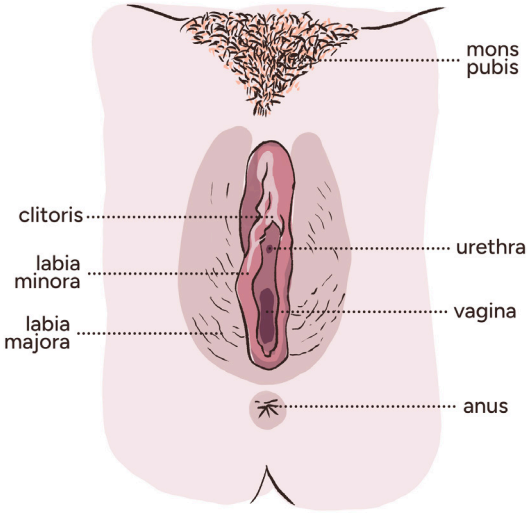
Finally, there's been a huge movement to ensure **everybody has access** to period products! This movement has sought to remove barriers such as cost, stigma and availability issues with period products, and has shown how period products are vital to keeping girls in education.

We've loved campaigns to provide **free period products** in schools, **removing luxury goods taxes** on period products and raising awareness of **period poverty** worldwide.

The Labia Library

The Labia Library is about showing you that, when it comes to labia, there is no one version of normal.





Anatomy

Vulva

The vulva is the proper name for all the parts that make up the outer female genitalia. This includes the mons pubis, clitoris, labia, urethra and vaginal opening (all described in more detail below). You would use the word vulva when referring to all these parts together, or when talking about the outer female genitalia in general.

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

Labia

There are two sets of labia: the labia majora and the labia minora.

The **labia majora** are the outer labia (or outer 'lips') that go from the anus to the mons pubis. They protect the labia minora, clitoris, vaginal opening and urethra. Pubic hair usually starts growing on the labia majora from puberty.

The **labia minora** are the inner labia (or inner 'lips') that sit inside the labia majora. They come in a wide variety of shapes, sizes, colours and textures, and do not grow hair. The main function of the labia minora is to protect the vagina and urethra. They're also full of nerve endings that provide sensation and lubrication during sex.

Urethra

The urethra is the tiny opening through which urine passes.

Mons pubis

The mons pubis, also known as the pubic mound, is an area of fatty tissue that sits over the pubic bone. It can be smaller, or more prominent, largely depending on your genetics. Pubic hair usually starts growing on the mons pubis from puberty (typically beginning between 8 and 13 years old). The main role of this part of the vulva is to provide protection and cushioning during sexual intercourse.

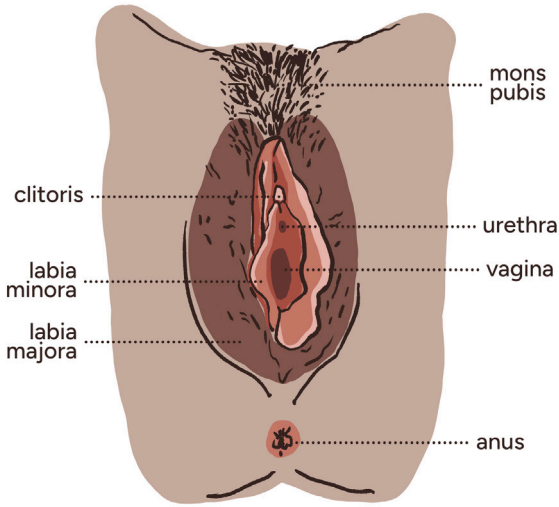
Clitoris

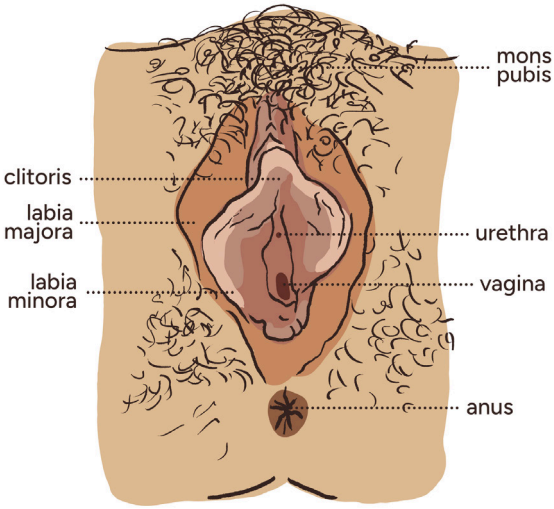
The tip of the clitoris is located where the labia minora join at the top of the vulva. The tip may be visible or 'hooded' by a loose fold of skin. From the tip, the rest of the clitoris extends internally along both sides of the vulva (beneath the labia) and is full of nerve endings – 15,000 of them. The tip of the clitoris is usually the most sensitive area on the vulva and is the only organ in the entire body whose sole purpose is sexual pleasure.

Vagina

The vagina is a tube that connects the vulva (external genitals) to the cervix. It is mostly located internally, with only the opening visible from the outside. The vaginal opening sits right below the urethra. It is common for people to refer to the vulva as the vagina, but these are separate parts of the anatomy.

The vagina performs a number of important functions. It provides a passageway for sperm to reach the uterus during conception, for menstrual blood to leave the body, and for childbirth. Vaginal walls also contain nerve endings that provide you pleasure during sex.





Learn more about labia and view the online gallery here:

HPV AND THE HPV VACCINE

Protecting yourself against a very common sexually transmitted virus

HPV or human papillomavirus is a common sexually transmitted virus that affects people of all genders.

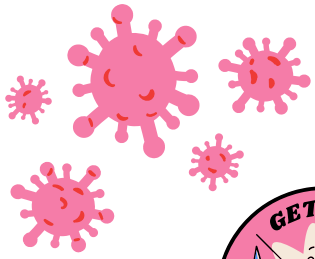
Usually, an HPV infection will cause no symptoms and go away on its own. But if your body can't clear an HPV infection, it can cause serious illness, including cervical cancer, other HPV-related cancers and genital warts.

The HPV vaccine protects against the high-risk types of HPV that can cause these cancers and diseases.

What does the HPV vaccine protect against?

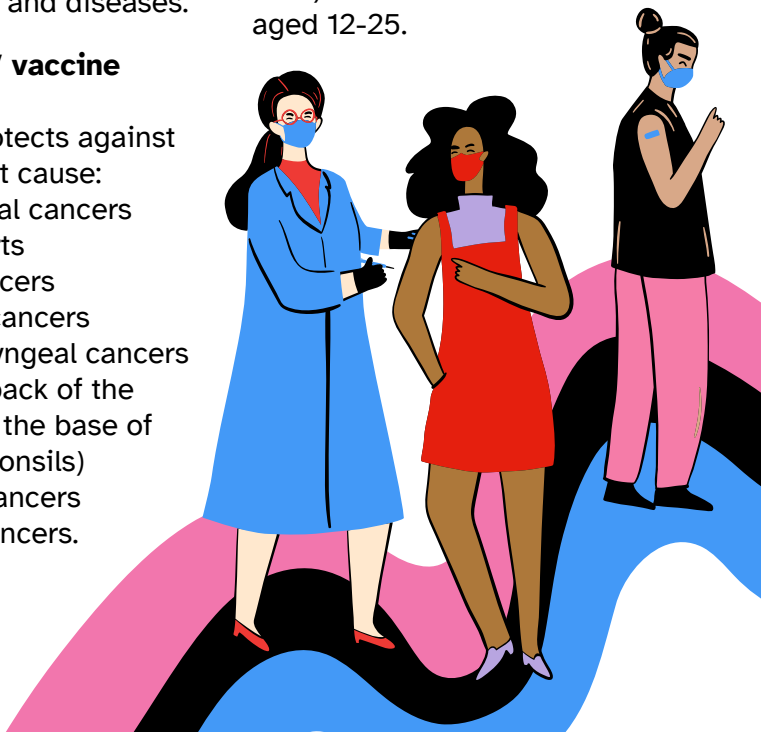
The HPV vaccine protects against the types of HPV that cause:

- Almost all cervical cancers
- All of genital warts
- 90% of anal cancers
- 78% of vaginal cancers
- 60% of oropharyngeal cancers (cancers of the back of the throat, including the base of the tongue and tonsils)
- 50% of penile cancers
- 25% of vulvar cancers.



Who should get the HPV vaccine?

The HPV vaccine is recommended (and free!) for all Australians aged 12-25.



How do you get the HPV vaccine?
Most people will get the HPV vaccine at school at age 12-13 through the Secondary School Immunisation Program.

You can also get the vaccine through your doctor, local council immunisation provider, or some pharmacies.

You can check if you've had the vaccine on your immunisation history statement on your Medicare account through MyGov or ask your doctor.

Find out more about the HPV vaccine and how to catch up:

IN VICTORIA, ONE IN SEVEN 15-YEAR-OLDS HAVE MISSED OUT ON THEIR HPV VACCINE.

I haven't had my HPV vaccine; can I still get it?
If you're 25 and under and haven't had the HPV vaccine, you can still get it for free through your doctor, local council or some pharmacies. Although the vaccine itself is free, there may be costs for the appointment. Make sure you check this before you book.

If you're over 25 or are not eligible for Medicare, you may need to pay for the vaccine.

Have a cervix? Screening is important too!
Even though the HPV vaccine is effective at protecting against most types of HPV that can cause cervical cancer it doesn't protect against all, which is why it's so important to do a Cervical Screening Test every 5 years from the age of 25.

You can now choose to self-collect your Cervical Screening Test with a small swab. It's quick, easy, private and just as accurate.

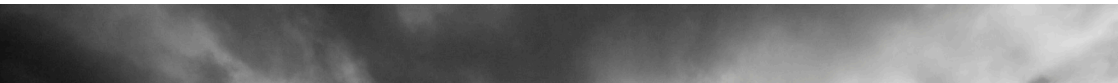
For more: cancervic.org.au/cervical

For over 60,000 years Yolŋu (First Nations) childbirth happened on-country with skilled *djäkamirr* - midwifery caretakers using ancestral wisdom and bush technologies to support women and babies on Country. With the arrival of colonisation, traditional practices were removed and Yolnu women were forced to birth in western styled hospitals contributing to poorer health outcomes for both baby and mother.
Now, First Nations people are reclaiming their birthing culture from the stronghold of Western medicine through a growing djakamirr workforce in North East Arnhem Land.

We interviewed Assoc. Professor Sarah Ireland, from the Molly Institute Djäkamirr Team, part of the team driving this aspirational practice.

Tell us a bit about the Molly Institute Djäkamirr Team.
The Molly Wardaguga Research Institute for First Nations Birth Rights at Charles Darwin University is named in honour of Burarra Elder and midwife - Molly. She worked to improve health outcomes, with a vision of returning birthing services to First Nations communities and First Nations control.

The Molly Institute works on a remote tropical island in North East Arnhem Land, Northern Territory in partnership with the Galiwin'ku Yolŋu (First Nations) community. Led by Yolŋu scholar Professor Elaine Ļäwurrpa Maypilama, the partnership project To be Born Upon a Pandanus Mat is working to reduce the region's high premature birth rate by improving midwifery services and innovating a Yolŋu djäkamirr – First Nations doulas - workforce.



Who are the Djäkamirr?
Djäkamirr are Yolŋu (First Nations) doulas- skilled companions that provide support to Yolŋu women through pregnancy, birth and other outcomes such as miscarriage or termination of pregnancy. In partnership with the Australian Doula College and Yolŋu knowledge experts, djäkamirr are undertaking Certificate II government recognised vocational education in pregnancy, birth and postnatal companionship.

What happens when Yolŋu people can't access culturally appropriate maternity care?
Yolŋu have been disempowered and the djäkamirr are helping to support women to understand their choices. Yolŋu women currently have no option to give birth in their community and must travel alone to a regional hospital for childbirth. The Molly Institute is supporting community aspirations around returning childbirth services to the island and Yolŋu control. Professor Maypilama says, "We want out Yolŋu Birth Knowledge system strong again."

Yolŋu flourished for thousands of years using place-based ancestral practices and bush technologies supporting women through pregnancy and birth. Senior Yolŋu community researcher Ms Rosemary Gundjarraŋbuy says 'Balanda [non-First Nations] have their own material and technologies but for Yolŋu we have our own and we practiced normal birthing. When the missionaries came our birthing culture started to change. We would like to strengthen and practice our ancestral birth system and the way our old people did it'.

How can non-indigenous people learn more from First Nations peoples?
You can find out more by watching the Djäkamirr documentary where you can follow Ḻäwurrpa and Sarah, on their journey through ancestral time, country and culture to empower community and reclaim traditional childbirth practices.

Stream and watch the documentary: https://one20productions2.vhx.tv/products

The Molly Institute also encourages non-indigenous peoples to:

- Subscribe and learn from their blog: https://www.pandanusmatfringe.com/
- Participate in their call to action: https://www.birthingoncountry.com/djakamirr-action
- Read more about their current project: https://www.birthingoncountry.com/to-be-born-upon-a-pandanus-mat

STI and BBV testing

Most sexually transmitted infections are asymptomatic, so testing should be done even if no symptoms present. Suggested frequency of testing is roughly every 12 months, even if you are partnered, but a person can choose to get tested more frequently if preferred. Testing should also be done with every new sexual partner and after unprotected sexual intercourse.

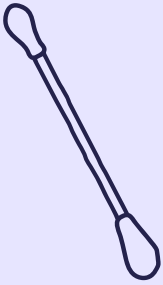
Cervical screens now replace pap tests and should be done every 5 years after the age of 25 unless the previous test result was positive, in which case follow up tests should be done.

1 Urine Sample

Chlamydia, Gonorrhoea and Trichomoniasis

2 Blood test

HIV, Syphilis, Hep B and Hep C

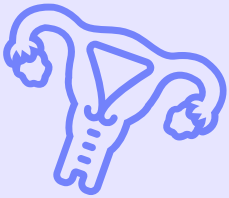


3 Swab

Herpes (genital swab if sores present)
Chlamydia and Gonorrhoea (anal and/or throat swab if having anal and/or oral sex)

4 Cervical Screen

Human papillomavirus (HPV)



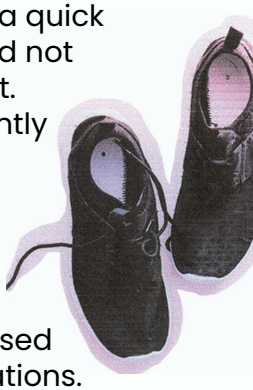
Life with PCOS

PCOS is common condition affecting around 10% of women and people with ovaries, from puberty to menopause. It is caused by an imbalance of hormones called insulin and androgens. While the impacts of PCOS can severely impact people's physical, social and mental wellbeing, it is believed that around 70% of people with PCOS are not diagnosed worldwide.

Below are three Victorian women's accounts of life with PCOS.

Azra

PCOS. Poly Cystic Ovarian Syndrome. I'm told that 1 in 10 women suffer from PCOS. "A complex hormonal condition." But what exactly does that mean? Symptoms include irregular periods, heavy bleeding, excess hair growth, but also hair loss, acne, weight gain leading to obesity, darkening of the skin, headaches, interfertility and low mental health. I'm so grateful for this wide range of symptoms, which has always been answered with a – "if you try and lose weight, it'll help reduce your symptoms."



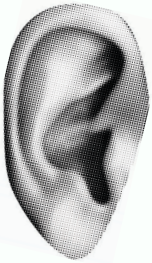
I was diagnosed with PCOS at the age of 15 after my mother was worried my periods weren't regular enough. After a quick ultrasound, I was promptly put on birth control and told not to worry about it unless I was planning to get pregnant. Skip to age 24, I was frustrated with my weight constantly growing. I was feeling increasingly insecure about my body and wanted some answers. I was finally referred to a specialist, who took one look at my bloods, and was like, let's try to lose some weight.

I tried everything possible to lose weight, from specialised diets to extreme gym routines and weight loss medications.

Nothing really seemed to stick, and I felt like a constant failure as I was unable to do the one thing that would help ease my symptoms. Doctors, too, would look at me with pity and would tell me to keep on trying with what I'm doing.

Obviously, my mental health tanked. I had bouts of depression and was diagnosed with Body Dysmorphia and hid my body as much as possible. My PCOS made me ashamed of who I am. From the outside, I felt no one could understand how I had become the person I was. Thus, I became a recluse, refusing to participate in things people my age would normally do – you wouldn't catch me dating, and you definitely wouldn't catch me wearing a sleeveless top.

Five years later, at the age of 29. I can honestly say I don't understand my body any more than I did when I was 15. Perhaps what I have learned is to be more compassionate to myself. The most significant help for me is having a psychologist who advocated for my health and helped me process who I am as a person. They helped me understand myself beyond my body and gave me the strength to try and make peace with the body I live in. That doesn't mean I still have genuinely accepted my condition, but rather, some days are easier than others.



If I were to talk to my 15-year-old self, I'd advise her not to compare herself with others because her experiences are her own and what will ultimately be a part of the person she becomes. The most important thing is to surround yourself with people who genuinely support and care for you. At the end of the day, you are not alone, and you have loved ones to support you as you tackle your PCOS.

Stephanie

From a young age, my periods were irregular and heavy but painless. I never noticed this until finishing Uni, when I was around 22 years old or so. At this time, I assumed it was because of the stress and anxiety I was experiencing, and working in an industry that required standing or walking around a lot. I've always been a curvy chubby lady since my first period. However, when my work dried up due to the pandemic, I increased weight and no matter what I did, I never lost any. My periods became painful and the cramps would be terrible. I assumed this was because of the stress of the pandemic or my poor mental state. It wasn't until a year or so had passed, I discussed this issue with my doctor.

Diagnosis:
In 2021, I was diagnosed with PCOS after completing a decent amount of blood tests, ultrasounds and physical examinations with the great support of my GP. At first, this was hard to discuss with my gyno as she was under the impression that PCOS = cysts in ovaries, but my GP was adamant as I had two or more indicators of PCOS and really validated my experiences. I appreciate all the support she's given me. A main myth about PCOS is that your ovaries need to be cystic. In my case, I didn't have any cysts in my ovaries but have increased androgen levels, physical descriptors such as skin tags, hair on my face/other areas, thinning hair on my scalp and skin discolouration under my armpits etc. The diagnosis of PCOS was honestly a relief and made a lot of sense after my pain, the way I still had acne after my teenage years and the blood test results.

Living with PCOS:
Most of my life since then has been disrupted by irregular periods. Often, I found it hard to work because I couldn't physically move or would have to stop lifting things to "breathe" through pain and not pass out. I would have to take pain meds (Panadol or ibuprofen or mefenamic acid)

that often would make me drowsy or nauseous, so my cognitive thinking would be affected, and I would miss work because of this. I tried to take the mini pill to ease my period pain but I experienced negative mental health effects. I hated feeling that I was weak or unreliable because one week I couldn't lift something or miss an event, while if I wasn't experiencing these issues, I could see friends and lift anything.

Since I have a family risk of diabetes, my main focus was improving my health and ensuring I don't increase my insulin levels. It's been really difficult for me to restrict/reduce my food intake due to previous harmful ways I used food and saw my body. Currently I'm medicated with metformin, spironolactone, an IUD and use psychology and physio sessions to ease my symptoms, so my periods are more regular and manageable now.

Rosie

I have always been a bigger person, which is something I've struggled with for most of my life. My family are, to quote my father, 'built like brick shit-houses' and are rugby players, footballers and bouncers. Saying this, a few years ago, I put on almost 40kg in the span of a few months which pushed me to near breaking point. This was in the peak of the COVID lockdowns, and while dieting and compulsively exercising my body continued to change. I was shaking with hunger when I woke up, and despite taking care to eat a balanced, solid meal, I'd be shaking again within a couple of hours.

At first I went to a doctor to discuss this sudden weight gain, and was basically I told I needed to be eating better. I was incredibly frustrated, because as a long term vegan, I've always had to have a solid understanding of what I need to eat in order to look after my body – I love a hot chip, but who doesn't? Nothing was explaining why my body was changing so rapidly.

I found a new doctor who immediately suggested I go and get an ultrasound to see if something else was going on, and what do you know... it was PCOS! So much about how my body worked was making sense to me. I felt like I'd been gaslit by my body for so long, which had led to such a hateful and destructive attitude towards it.
I'd developed a pretty severe eating disorder and it took a lot of time working with a dietitian, psychologist and my incredible doctor to heal that relationship with my body.
My doctor told me PCOS was genetic, and shortly found out several of my cousins also have it.

Shortly after the PCOS diagnosis, I got a Mirena IUD inserted. Before the Mirena, I would often have to take time off work due to the heavy periods I've had all my life, and now I experience very little pain or even bleeding during periods.

I also take Ozempic, which has helped immensely with the insulin resistance and overwhelming hunger I had begun experiencing. It also resulted in me getting back to the size I was before I had the sudden weight gain. I have complicated feelings about it - on one hand, it has helped me to develop a healthier relationship with food now that I'm not hungry to the point of not being able to focus on anything else all the time, but the compliments and positive response I got from people after I lost weight made me feel pretty awful. I wish people wouldn't make comments on other people's bodies, and I wish we as a society didn't view smaller bodies as better than larger ones.

Overall, living with PCOS has been something that caused me a lot of pain and anger at my body, but I've made my peace with it, and am so fortunate to have access to medicine and healthcare providers that make it manageable.

For more information on PCOS, go to AskPCOS.

According to Relationships Australia, there are 12 signs of coercive control:

1. Isolating you from your support system.

2. Monitoring your activity throughout the day.

3. Denying you freedom and autonomy.

4. Gaslighting

5. Name-calling and severe criticism.

6. Limiting access to money and controlling finances.

7. Coercing you to take care of all the domestic duties.

8. Turning your children against you.

9. Controlling aspects of your health and your body.

10. Making jealous accusations about the time you spend with family or friends.

11. Regulating your sexual relationship.

12. Threatening your children or pets as an extreme form of intimidation.

GIPPSLAND WOMEN'S HEALTH

*An excerpt from **Before I knew It: Coercive Control** - written for **Are You Covered** Issue Three by **Rachel Grieve** and **Danielle Wagstaff** from **Federation University**.*

Before I Knew It: Coercive Control

Coercive control and the behaviours that coincide can take many forms. Some are more obvious than others and can be difficult to recognise, especially as an isolated occurrence.

Coercive and controlling behaviour has been a subject of great interest in the media recently. Sadly, there is no shortage of stories about controlling partners, particularly when reading about the murder of a spouse. The deaths of Hannah Clarke and her children in February 2020, for instance, sparked outrage and just recently Queensland State Government passed law - colloquially referred to as **Hannah's Law** - outlawing coercive control. In Hannah's case, a coronial inquest revealed her death was preceded by her husband displaying controlling and abusive behaviours, including **controlling her clothing, body, and contact with friends**, pushing coercive control as a concept into the public sphere.

What Are the Red Flags?

The well publicised cases may sound extreme, but, like other forms of domestic abuse or violence, the extreme behaviours can, and often do, **happen gradually**. It is worthwhile noting that people who are experiencing coercive control within a relationship may not realise that it is occurring. The controlling behaviours become normalised and the person experiencing these may be led to believe that they are responsible for the problem or deserving of the coercive actions. Other behaviours might be more socially acceptable and so pass under the radar. Hearing a friend say something like "he doesn't like me talking to other men" isn't that unusual. A person with **controlling behaviour may act jealous or possessive**, but this can be endearing, after all, who doesn't want someone who cares about them? Eventually, this can escalate into something more sinister. Sometimes it isn't until the relationship is over that people who have been coercively controlled are able to see that controlling behaviours are not part of a normal, healthy relationship.

> **"Coercive control involves behaviour used to dominate, manipulate, intimidate, and control another person. This behaviour is most often used in intimate relationships or between family members, although may also happen in other contexts."**

Love-bombing is a technique that abusers often use to hook victims in. Quickly accelerating romance, constant affection and gifts, and lots of compliments without any real listening, are techniques that an abuser may use to make their victim feel comfortable. Often, these overly affectionate actions will be public, winning friends and family over to the abuser's side as they perceive someone who is doting and caring.

However, after the love-bombing phase comes devaluing. The abuser will **withdraw the love, start isolating the victim from their friends or family, and may manipulate them** into actions they are not comfortable with. Often, they'll use gaslighting to convince the victim either none of these things are happening, or that the behaviours are the victim's fault. Eventually, this may escalate.

Coercive Control Online

Digital technology allows us to connect and share in what has become a normal part of our lives. However, with these technologies comes additional risks. Tech-facilitated coercive control may include regulating **who your partner can 'friend' on social media, accessing online accounts without the owner knowing, cyberstalking and harassment.** A partner may monitor communications, or control what you can and cannot post on social media, or they might use location tracking to track your movements. These sinister acts may occur with or without the in-person abusive behaviours, and because they can be easily hidden, may be harder to spot.

What the Law in Victoria Says

Currently, there is no separate law for coercive control, instead, this behaviour is legislated under the Victorian Family Violence Protection (FVPA) Act 2008. According to the Victorian Government "**Coercive control is recognised within the FVPA, where family violence is framed as 'patterns of abuse over a period of time', inclusive of behaviours that coerce, control and dominate family members.**"

The FVPA defines family violence as behaviour by a person towards a family member or person that is:

- Physically or sexually abusive
- Emotionally or psychologically abusive
- Economically abusive
- Threatening
- Coercive
- In any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person.

The ***Are You Covered*** magazine is Gippsland Women's Health's sexual and reproductive health (SRH) resource, designed to meet local demand for accessible SRH information. It features articles, local stories, and support service details, aiming to empower readers with knowledge to advocate for their health.

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

LET'S TALK BODY HAIR.

Despite what our society would have you believe about body hair, you can do whatever you like with it. You get to make all the choices about your body and the way it looks. It's about what feels right for you, right now. Body hair is natural and normal. It can be curly, straight, dense or barely there. You can keep it, trim it, remove it, celebrate it. It's up to you. You get to make all the choices about your body and how it looks.

Pubic hair is normal and natural. Why do we have pubic hair? We've evolved this way for a reason. Pubic hair can reduce friction during sex. It also serves a similar function to eyelashes. That is, it traps dirt and protects against potentially harmful microorganisms. What you do with your pubes is up to you and you alone.

There is no such thing as too much body hair. For years we've been told that a hairless body is the beauty ideal. If a hairless body makes you feel comfortable, go for it. However, keeping and celebrating your body hair is just as valid and beautiful. It's about what feels right for you, right now.

YOUR Contraceptive Implant STORIES

Contraceptive Implants - also known as “Implanon”, “Nexplanon” or “the rod” - are the most effective form of contraception available. They’re a small plastic rod placed under the skin of the upper arm, slowly releasing a low dose of the hormone progesterone, to stop the ovaries from releasing an egg each month. Here, we’re sharing 5 people’s real experiences with the implant - both negative and positive. (Remember, contraception will affect everybody differently - what happens for one person won’t necessarily happen to another!).

Alison

When considering contraception options, I was keen to use something that had a high success rate and would be an easy set and forget. I was a bit worried about mood changes because I hadn’t used contraception before and didn’t know how my body would react. I read about the Implanon and talked to friends and family about their experiences, which were mostly positive.

The insertion process was really easy. My doctor talked me through different contraception options, and when I confirmed I’d go ahead with the Implanon, I picked one up from the chemist and had it inserted in a very quick procedure. I had some bruising for the next day or so but nothing painful. While I’ve had a positive experience so far (9 months since insertion) I’m unfortunately not one of the lucky ones who have less or no bleeding. This was particularly sad when I was dreaming of being period free! My cycle has extended from around 26 to 40 days, and bleeding has grown from 4-5 days to 9-12 days.

I'd have monthly PMS before implanon and I'd say that's still around, to the same degree...Once I month I just feel like all my problems are much more extreme than they are and I cry a bit and am grumpy, but then the next day comes and life is ok. My period symptoms are mostly the same and my flow is not much different. I'm pretty satisfied with the results and plan to keep it in for at least two years. I'd recommend to others too!

Tegan

I chose the Implanon back in 2015 and have had it replaced three times. In deciding which birth control to use, there were a few considerations. I thought about First, I preferred the high efficacy of Implanon in preventing pregnancy compared to other options, with over 99% effectiveness. This gave me peace of mind, and I have never had a pregnancy scare since I've been using it. It's relatively cheap, given it only needs to be replaced every three years, and there are additional discounts if you hold a Health Care Card.

I also liked the fact that there is no need to remember to take a pill every day or to regularly visit the doctor get new scripts.

The procedure for insertion and removal is fast and painless, as a local anaesthetic is used at the insertion site. There are two doctors visits involved: an initial consultation to get a prescription for the medication itself, which the patient then purchases at the chemist, and a second longer consultation for the insertion. Both are usually completed in the same day. The procedure is minimally invasive, with just a tiny cut made on the upper arm to insert the Implanon, and it leaves no lasting pain, which was a concern I held about the IUD based on discussions with other women.

I haven't had any noticeable side effects from using Implanon, aside from a slight change in my cycle. Where my period used to last a week, it now lasts 4-5 days on, 2-3 days off and another 2-3 light days on again. This was initially frustrating, but given that my new cycle is consistent,
I can now plan for
and manage it easily!

Maya

It's the first year of uni and I'm away from home. New city, new friends, new "play mates" and thank God - NO NEWBORN!

With three contraceptive options in mind; pill, implanon and iud, I eventually landed on the implanon because I knew I would 100% miss a day or three of the pills and the IUD was just downright scary (I barely knew the lady down south so I couldn't even imagine her getting a new "bracelet").

Other reasons that drew me to choosing the Implanon include; timeframe - pop it in and leave it for three years - sign me up! The doctor telling me that the majority of women don't bleed during those years - sign me up! It seemed too good to be true... And it was.

I bled for almost two months straight, with spotting in the second month. I would have about 6/7 weeks of clear days then back to the spotting. I pushed on for about 2 years and removed it as soon as I realised it would never go away (or regulate) and that the stats did not apply to me.

Once I had come off it, I was a completely different person... realised during my Implanon era that I was super moody and easily

I aggravated, anxious and just downright (dare I say it) a b*tch. I didn't realise how drastically it affected me until after a discussion about my symptoms with a friend who was on the opposite end of the spectrum! So yeah... Implanon is not for me.

Currently, I am not on any contraception methods. But if the occasion presents itself, the old saying "it's not on until it's ON" is something I stand by.

Mei

I decided to start using Implanon because I knew I definitely didn't want any babies any time soon and I wouldn't have to think about it again for 3 years. This was a good time frame/increments for me to reconsider when it came time to change the rod. I also was horrible at taking the pill! I went on contraception solely to avoid pregnancy, and didn't need to factor in any other medical concerns for my birth control.

It was also super cheap compared to the pill - especially on Medicare. I have had it inserted 3 times now and every time has cost less than $50 for the appointment with the doctor and the implant. However, it s difficult to find doctors who are trained in insertion. Not many have it written in their bio either, so when I moved way from family planning centers, I had to look through quite a few clinics. The process is very easy as long as you don't mind needles. You get a local numbing injection and a small cut is made in your upper arm to insert the rod. I had a very fast and easy recovery every time.

The first time I got it inserted, I loved it! I didn't notice any side effects, but I did lose my period for all three years (which at the time, I loved not having to think about and consider my period every month). I did not get it for controlling my period.

My second rod was very different. I bled for 3 months straight and had crazy mood swings which was surprising for the same method. I had to visit my doctor to get progesterone to rebalance my hormones to stop the bleeding and mood swings. After the progesterone, I had regular periods and life went back to normal (I can't believe I left it 3 months before going back to the doctor!)

My third insertion, which I am currently on, hasn't had any side effects and currently working very well. I have regular periods now. The only reason I would remove my implant would be if I considering getting pregnant. Otherwise I feel the benefits of Implanon have outweighed my negative experiences with it.

Linh

I tried the Implanon for the first time when I was 19, after having a few bad years on the pill. I'd had horrendous mood swings and depressive episodes on the pill, which definitely weren't helpful through my pointy teenage years. I was told that the amount of hormone in the implanon was less than in the pill because it was going direct into the bloodstream, instead of being digested. The GP also recommended it so I didn't have to remember to take a pill every day, and I wouldn't have to be worried about my IBS.

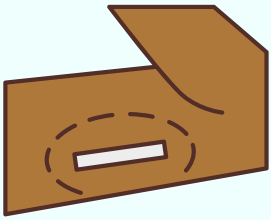
When I started on Implanon, it was like a fog had lifted.

I've had it now for 10 years – and in that time, I've only had 1 period (when an Implanon expired before I could get a new one in). I know that this isn't the case for everyone – I'm told only 1 in 5 people stop bleeding totally, while 3 in 5 get regular periods, and 1 in 5 get increased bleeding. So while I'm well aware I'm one of the lucky ones - Not having a period is awesome! Being able to travel, wear white pants, and not having debilitating mood swings has been absolutely worth the cost of the little rod (about $6 when I was a student, and around $30 now). I've probably saved a small fortune in period products too.

The only annoying thing I've experienced with it is getting it replaced every 3 years.

For some reason, my arm seems to get super attached to them, and getting them out has been a pain – sometimes needing an ultrasound to confirm the location as it's been buried too deep. However, I've always managed to find a doctor willing to dig around for it, or insert the new implant into my other arm as we try to fish the old one out. Either way, I don't mind – the no periods and no unplanned pregnancies are more than worthwhile!

About the implant



- Over 99% effective at preventing pregnancy
- Can last up to 3 years
- After a local anaesthetic is injected, the implant is inserted under the skin of the inner upper arm by a trained doctor or nurse.
- Many users have no vaginal bleeding at all, very light bleeding, and periods may be less painful
- It is easy to remove - and fertility will return to normal quickly.

THE STOP CAMPAIGN

RESPONDING TO DISCLOSURES OF SEXUAL VIOLENCE

SRT

LISTEN

It takes enormous courage to disclose an experience of sexual violence, so it's important to be attentive and listen. Allow the victim-survivor to take their time.

"Are you okay? I'm here for you. Take your time."

BELIEVE

Sexual violence is never the fault of the victim-survivor. Make it clear that you believe them and that their feelings are valid. It's important that the victim-survivor doesn't feel judged while speaking with you.

"Thank you for telling me. I believe you."

OFFER SUPPORT

Ask the victim-survivor whether they would like further support. If they decline, that's not your fault. Respect their choice but feel free to remind them that support is always available if they change their mind.

"What would you like to do? What kind of support do you need?"

DEBRIEF

Receiving disclosures of traumatic experiences, including sexual violence, can be distressing. It's important to ensure you are also okay. Support services are available to talk about how you are feeling. This can help mitigate the effects of vicarious trauma.

Always keep the identity of the victim-survivor confidential.

ACKNOWLEDGE

Having someone acknowledge what happened can help validate a victim-survivor's experience and their feelings. Acknowledge their courage and strength for disclosing.

"I recognise this may be difficult to talk about, but thank you for speaking out. What has happened to you is not your fault."

ESTABLISH SAFETY

Ask the victim-survivor if they feel safe. They may still be at risk of immediate and/or future harm and it is important to ask if they have any concerns.

"Do you feel safe right now? Are you safe where you live/work/travel?"

REFER

Although someone has disclosed to you, you are not expected to be their main source of support. To maintain a safe personal boundary, mitigate vicarious trauma and empower the victim-survivor to make an informed choice as best you can, it's important to refer them on to the appropriate services with their consent.

"Have you considered speaking to a professional about this? Here are some support services that can help victim-survivors."

NOTE:

All adults have a responsibility to report if they suspect a child or young person may be at risk of abuse or neglect. Mandatory reporting is a legal requirement in some professions. Anyone over the age of 18 is legally required to report suspected child abuse.

The STOP Campaign works to empower young people to create and sustain positive sociocultural change in Australian tertiary learning communities through activism, awareness, empowerment and education.

Sexting 101

with sexologist, Sarah Lorrimar

What is sexting?

A ‘sext’ is a sexual message. It can be just text, or might include photos, videos, or sound. Sharing this material is called ‘sexting’.

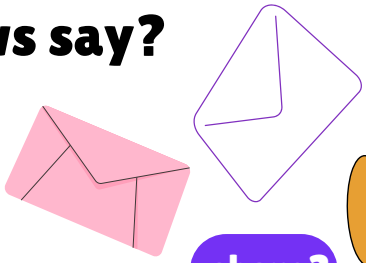
Social media is a really great way to keep in touch with people in your life, but when it comes to sharing content like sexual images or messages, clearly communicating consent can be difficult. This is because we’re less likely to be able to pick up on a tone of voice or how their body language is. This is one of the reasons why **seeking and gaining affirmative consent** when sending sexual messages is so important.

If done with **consent and respect**, sexting can be a **fun and positive activity**. However, you need to remember that when someone sends you a sext, they are putting their trust in you. It is important to **respect that trust**. The message or image is for you and should not be shared without their consent. It is **against the law to share images without consent.** It is really important to be clear on the laws of sharing sexual content, especially as a young person.

What is Image-Based Abuse?

This includes taking, sharing or threatening to share intimate images of someone without their consent. Intimate images are nude or sexual images, photos or videos, including images that have been digitally altered. All of this behaviour is illegal without active consent.

What do the laws say?



send?

Can I send a consensual sext of myself to someone if I'm under 18?

In Victoria, it is legal for you to sext if you are both under 18 but there must be no more than 2 years age difference between you.

share?

Can I share an image of someone with others?

No! If the person in the image is under 18 it is considered distributing child pornography. If the person is over 18 it is considered image-based abuse. If you're under 18 it's illegal for someone to share a sexual image of you, even if you agree to it.

keep?

Can I keep a consensual sext of someone that they sent me if I'm under 18?

Yes, if you are both under 18 and no more than two years younger than each other.

This information has been adapted from GenWest's Affirmative Consent Fact Sheet.

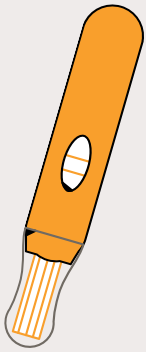
GenWest Gender Justice and Change.

My medication abortion experience

By Jarmila

It's January in 2016. I had been feeling sick and my period was 3 days late. It's never late - it haunts me every 26 days. By day 30, though I didn't think I could be pregnant, I took a pregnancy test in the bathroom at work, which gave a very strong positive. 'Oh dear', I thought, 'this is not what I need. How could I have been this stupid?!'

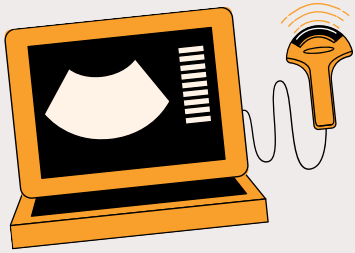
Making a decision about what to do was easy for me - I was in a pretty new relationship, didn't have any savings and was absolutely certain that I never wanted to bear children. I had never had a pregnancy scare before either, so was beginning to think that maybe I was infertile. Nope.



I got back to my office, closed the door and called my boyfriend to let him know the news and what I was going to do. I googled the number for Family Planning Victoria, thinking that the 'family planning' part of their name meant that they would provide abortions. I spoke to a really lovely triage nurse who put me at ease, was non judgemental and explained the procedure. The nurse asked how I knew that FPV* provided medical abortions, because they had only very recently started providing them and hadn't been advertising yet. Gee, I was lucky. They booked me in to see the doctor in 4 days time.

To assess how far along the pregnancy was, and to confirm that it was inside the uterus, I was informed that an ultrasound would need to be done, and that if I wanted to avoid a pelvic ultrasound (via the vagina), I'd need to drink lots of water so the uterus would be more visible from an ultrasound on my stomach. I had never had a pelvic ultrasound before, had no idea what the apparatus looked like and was terrified about whether it would hurt (history of vulvodynia). So my goodness did I chug 2 litres of water in 30 minutes the morning of the appointment!

After another nurse triage, I sat in the waiting room for about 2 hours until they called my name. At the 1 hour 45min mark, I couldn't hold in all the liquid anymore and weed it all out! Nooooo! Before I could drink more water, my name was called. The GP was kind. I ended up having to have a pelvic ultrasound because the pregnancy was so early anyway (5 weeks and 1 day), but it was ...fine. I don't know why I was so scared about it - the wand is small and lubed and the doctor was gentle.



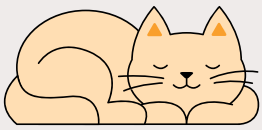
*Family Planning Victoria are now known as Sexual Health Victoria.

After confirming the pregnancy was there (and in the uterus), the doctor explained the medication and gave me written instructions on what pain killers to take and when to call the 24hr nurse. I think 2 ibuprofen and 2 Panadols were either provided or recommended. I took the first of the abortion medication at the office to stop the pregnancy, and was instructed to take the pills that would trigger contractions to expel the fetus 24 hours later at home. I paid $300 for this procedure (I asked my boyfriend to pay half as this was his responsibility too).

I was instructed to have someone pick me up from the clinic after seeing the GP (they didn't want me driving for whatever reason and didn't recommend taking public transport back home on the off-chance the pills taken in the GPs office caused bleeding). There was no blood or cramping on the way home, so I wish that I had just lied and taken the train home instead of inconveniencing my sister.

The next day, my boyfriend had also taken the day off for support. I popped the tablets in my cheeks to dissolve- which took forever. I wasn't sure if I was allowed to rub them with my tongue to speed up the process. We were watching the show, Unreal, when the contractions started and OH MY GOD they were more painful than I could have ever imagined. I remember thinking that if this what is was like to expel a 5 week fetus, how painful is actual childbirth?! I was on a towel on the couch and on all fours crying. I had taken the instructed painkillers (woefully inadequate) and was too scared to have any more, in case it wouldn't mix well with the abortion drugs. My partner was crying too as he said he hated seeing me in so much pain.

I really hope now that there are better pain medications and instructions provided with MTOPs. It felt cruel - like I was being deliberately punished by the medical system - for having an abortion. After 4 hour, I expelled a 20 cent piece of pink tissue and it was over. I got a call from a nurse to check how things were going. The bleeding lasted about 5 days -I can't remember how heavy it was. The relief that it was all over was wonderful.



SEX EDUCATION

4 Victorian queer women across generations reflect on their sex education experiences.

Sam

I grew up in the 70s in Frankston. Discounting high camp, limp-wristed parodies on TV 'comedy' TV shows, there was basically no queer representation in popular culture – and what there was, was not positive.

I had an awareness of being different when my grade 3 teacher announced she was getting married. The rest of the class was jubilant, but I was quietly devastated. Instinctively I knew I should act happy, so without having the references or vocabulary to understand what I was feeling, this was my first conscious dose of internalised homophobia.

I have a vague recollection of watching a sex education video in grade 5 or 6 with the entire class - American voiceover, slightly traumatising images and references. We watched it in the large common area that had been used for group reading, a fashion show and a disco. It all seemed out of context, confusing, not for me.

It wasn't until the early 80s, when we began to see gender-diverse musicians appear on Countdown – Boy George, Marilyn – that it slowly dawned on us closeted queers that maybe Peter Allan, George Michael, The Village People and Elton John were 'other than' too. It's interesting to note that, even now, looking back, I can't think of female equivalents. Back then, even lesbians didn't think lesbians existed.

In secondary school, I tried to fit the heterosexual norm. I had a 'boyfriend' and when he broke up with me, although I felt nothing (except maybe relief), I knew I was supposed to feel something, so I went to the bathroom and dripped water down my face to make it look as though I'd been crying!

The mid-to-late 80s AIDs crisis and the Grim Reaper campaign brought with it a renewed wave of homophobia. We baby queers were already living in the shadow of our parents' experiences of oppression and silence so, again, we reacted instinctively: keep quiet, self-protect.

At this time there was no internet to answer my burning questions, and no mobile phones to have private conversations with trained professionals. No Star Observer, no Joy FM, no Pride Centre. No way of finding out that you weren't, in fact, the only gay in the village.

Compounding matters, I attended a school my mother taught at. The compulsory sex ed class was taught by one of her best friends. There was *no way* I was asking or answering any questions in that class!

I do not recall any mention of options beyond the heterosexist norms of the time. What little sex ed I received in the classroom was mostly conveyed in terms of reproduction. Consent was never an issue… in that, it was never discussed.

I know for sure that 'it gets better', and I hope this idiom also relates to young people's experiences of sex ed today.

Jodie

How you learnt about Sex in the 1980s

My first introduction to the LGBITQA+ community was about gay men getting AIDS. As kids we watched a terrifying ad on TV that showed Grim Reapers bowling down men, women and children infected with AIDS in a ten-pin bowling alley. I was told it was better to not have sex until marriage, and I wasn't gay, so it was nothing to worry about.

In year 9 at our local public school, we learned about condoms, the pill, and that you could get herpes or genital warts from having sex. The class then watched a video of a woman giving birth. It was so full on.

Amongst friends, we talked about gender roles, sex, and drugs, and went to the library to read "Dolly Doctor" for more self-directed learning. "Puberty Blues" and "Go Ask Alice" were also popular must-reads amongst teens. And if you had a mum who wanted you to know more than she did about sex and pregnancy, she would give you "Everywoman" to read.

For further viewing/reading:

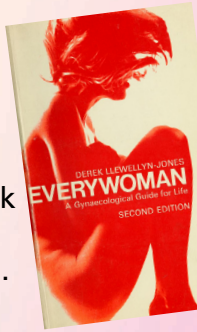
- ***The Grim Reaper advertising campaign*** was created by the National Advisory Committee on AIDS (NACAIDS). It ran for just 3 weeks in 1987, as it was cut short due to its controversial depiction of people being 'bowled down' by grim reapers. Aiming to raise awareness in the heterosexual community, AIDS hotlines received a 327% increase in calls after it was aired. The ad unintentionally identified with gay men provoking fear and discrimination of the LGBT community.

- Before Google, ***Dolly Magazine*** (who stopped printing hard copies in 2016) had a column called Dolly Doctor. You could write to the magazine to ask for help with sexual health, health, relationships, and social advice. The column started in the 1970s. GP Dr James Wright from the NSW Association of Adolescent Health wrote the column for 20 years, before it was taken over by GP Dr Melissa Kang.

- ***Puberty Blues*** is a novel written by Gabrielle Carey and Kathy Lette. It explores the world of 2 friends who are 13yr old teens trying to get into a surfy gang. Sex in panel vans, skipping school, getting wasted, and sexist culture is rife. Puberty Blues was adapted twice as a television series, most recently airing on Netflix.

- ***Go ask Alice*** was originally published as an anonymous diary, thought to be written by Beatrice Sparks. 'Alice' is 15. She writes about her crushes, weight, sexuality, social acceptance, using drugs, and not being able to relate to her parents. Eventually, Alice dies from a drug overdose.

- ***Everywoman*** is a gynaecological textbook written by Dr Dereck Llewellyn-Jones in 1971. It was hugely popular from the 70s-90s.



Cypress

Memories of my sex-ed experience at school are hazy at best, I remember sitting on a carpet-square floor one afternoon in year 6. Our teacher had given us a long spiel about taking the next portion of class 'seriously and maturely'. After which, the TV, perched atop its steel frame throne, was rolled into the classroom. Sadly, neither Shrek nor a movie adaptation of the novel we were reading (Holes, by Louis Sachar) were on the programme. A nondescript disc was inserted into the DVD player, followed by fuzzy, low quality video and dulcet tones that only a mid 90's educational video could produce.

I vaguely remember colourfully illustrated anatomical cross sections covering basic topics such as; erections, conception, breasts etc. I can't recall any content that was particularly graphic or anything covering STI's or intercourse. It was extremely sanitary and piecemeal. I may have also fallen asleep during the video. Throughout the rest of my schooling, the topic was barely broached again. When we were older, and prior to events like formals, we were lectured on 'responsibility' and how to be 'upstanding young gentleman'. Vague allusions that boiled down to 'don't do sex, alcohol or drugs' were issued and off we went with a pat on the back.

To be honest, the lack of an informed and varied sex-ed experience had little to no bearing on my life at the time. This was largely due to the fact that I barely interacted with my peers, and what little I was taught was nothing new.

My parents, believing me to be relatively trustworthy and sensible in matters of sex, didn't really talk me through the birds and the bees. Language was a bit of a barrier, but I think my parents were perhaps just too awkward to properly explain those sorts of things to me.

All in all, there was nothing much that was of practical help to any of the boys I went to school with, let alone anything that felt useful, relevant or supportive towards a queer or trans girl like myself.

Diana

I went to a private, all-girls Catholic highschool in the posh inner suburbs of Melbourne in the 2010s. Being one of few Asian girls in the school, and on a

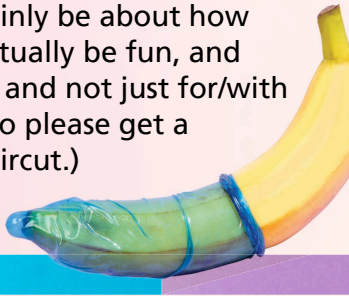
scholarship, I already knew I didn't quite fit in. Add the raging hormonal acne, braces, glasses, DIY haircuts and simmering sexual awakenings – puberty was a rough ride.

I think the first time I heard of 'sex' was in primary school. When I asked my Mum about this, she just brushed me off with "that's an adult topic". Luckily, that didn't deter my thirst for knowledge! I promptly went to look up "sex" in the dusty Encyclopedia Britanica in the library. Related entries for "vagina" and "penis" promptly followed up. Ahh, the pre-smartphone days.

By Year 7, I'd had some "human development" classes as part of PE – these mainly involved labelling anatomical diagrams with labels like "vas deferens" and giggling at the outlines of the flaccid penises. I also remember the PE teacher wheeling in the TV and VCR player, to screen the 1986 animated classic "What's Happening to Me?" One scene that has stuck with me ever since depicted a boy about to jump off a diving board, seeing some bikini-clad girls below, and getting a very pointy erection (complete with comedic slide whistle sound effect).

By Year 8, we had our final dose of 'sex education'. This entailed the school IT worker shutting off the online firewall for a double period, and students being allocated various STIs to search and present on by the end of the class. As anyone who has Google Imaged a medical condition knows, Google presents you with an array of the most gruesome cases ever documented. We were all hell-bent on trying to out-do each other with who could find the grossest, most disgustingly diseased orifices, or disturbingly weeping, pus-filled sores – I don't think we took anything else out of that class.

I guess the overall message we got was that "sex" was a baby-making exercise for straight married couples, or something that could give us horrendous infections. Given the cis/straight girls barely got a proper sex education (we were jealous of other schools that got to do the "banana on a condom" exercise!), it's hardly surprising the queer girls got even less out of it. If I could go back and teach myself all the sex-ed I knew now, it would mainly be about how sex could actually be fun, and not painful, and not just for/with men. (And to please get a different haircut.)



10 Questions

with a rural Nurse Practitioner from Swan Hill District Health

1. Tell us a bit about yourself!

Hi! I'm Hollie, a Nurse Practitioner (NP) with my Masters of Nursing. I have a strong passion for healthcare availability for all individuals, especially marginalised women. I'm also a huge advocate of pregnancy choices for women and strongly support and educate women in their choices.

2. Why did you choose this field?

To assist people obtain quality reproductive and sexual health, regardless of where they live. I really love helping people and supporting them in obtaining a healthy life.

3. What's a normal day like for you?

Every day is so different! It is very busy with an average of 9-10 clients, I also have daily appointments available for pregnancy choices and walk ins which allows fast and quality care for the client. It is a great model of care and has so far been really well received within the community.

4. Who do you normally work with?

I work predominantly on my own as an NP along with sexual health nurses and other health professionals within Community Health.

Swan Hill District Health

Connected Care. Best Experience.

Swan Hill District Health - Community Health offers a Nurse Practitioner model of care in conjunction with Sexual and Reproductive Health Nurses. This is a strictly confidential sexual health service, addressing the needs of the community.

5. What are people most worried about?

This can range, depending on what their sexual and reproductive health concerns are. For example, this week there have been many STI screening and contraception consults. It is vital to make connections with people, to make sure you are offering support and education for them to make informed decision around their choices whilst being a 'guide at the side'.

6. What do you find hardest about your job?

1. NPs not being able to order dating scans for MTOPS! (This is changing soon - thank goodness!!)
2. Difficulty in offering healthcare to Non-Medicare card clients. The complexity often makes equity of healthcare for all seem elusive.

7. How do you relax and rewind after work?

Spending time with my husband and children, walking my two dogs and reading. I am in a book club and love it!

8. What's the best part of your job?

The amazing clients I see and the relationships I have made with them! I love being a nurse. Since becoming an NP, being able to offer more depth to my consults with the ability to order diagnostics, prescribe and diagnose. I'm so lucky and grateful for my role in Community Health, nursing is truly a wonderful career.

9. What are you most proud of?

My two children, they are so much fun! Also completing my Nurse Practitioner and starting up a new model of care in a rural town. It is very exciting and the opportunities that will become available to all in regards to healthcare equity is going to have such a positive impact within the locality. I feel very proud to have a manager who could see the potential of an NP within the organisation.

10. What's one thing you want everyone to know?

1800 My Options, Sexual Health Victoria and The Australian STI Guidelines are excellent resources for both the general public and healthcare professionals!

Stick your stigma #periodpride

PERIOD TRIVIA

How much do you know about periods? Test your knowledge with our version of **Share The Dignity**'s creating #PeriodPride trivia!

1. **How long do periods usually last each month, on average?**
   a. 8 - 10 days
   b. 3 - 4 days
   c. 5 - 7 days

2. **How often do people get their periods, on average?**
   a. Every 14 - 21 days
   b. Every 28 - 30 days
   c. Every 35 - 40 days

3. **Which of these are *NOT* names people commonly give to their periods?**
   a. Making passata, the Russian Revolution, Elmo's World
   b. Time of the month, Red Wedding, Crimson Wave
   c. Aunt Flo/Aunt Flossy, Shark Week, Bloody Mary

4. **At what age can you get your first period?**
   a. Between 8 and 16
   b. After 12
   c. After high school

5. **Which of these stages of the menstrual cycle are in the correct order?**
   a. Follicular phase, Luteal phase, Ovulation, Menstruation
   b. Menstruation, Follicular phase, Ovulation, Luteal phase
   c. Ovulation, Follicular phase, Menstruation, Luteal phase

6. **How many decades do people who menstruate usually get their periods for?**
   a. 2
   b. 4
   c. 6

7. **Which of these are the key hormones that rise and fall during a menstrual cycle?**
a. Testosterone, adrenaline, insulin
b. Estrogen, cortisol, dopamine
c. Progesterone, estrogen, testosterone

8. **What does PMS stand for?**
a. Period Mania Symptoms
b. Pre-Menstrual Syndrome
c. Post-Menses Signs

9. **How many years, on average, will a person be on their periods in a lifetime?**
a. 6
b. 8
c. 10

10. **How many periods will a person who gets their periods get, on average, in their lifetime?**
a. 180
b. 300
c. 450

11. **How much blood can someone lose each time they get a period?**
a. 4 teaspoons
b. 1/3 cup - 1 cup
c. 1/2 cup - 2 cups

sharethedignity

Share the Dignity is on a mission to ensure everyone is afforded the dignity in life that so many of us take for granted. We aim to bring dignity to women, girls and those who menstruate who are experiencing homelessness, domestic violence, and period poverty through the distribution of period products.

Find out about their amazing work (including locations of Dignity Vending Machines, and where you can donate period products) here:

ANSWERS:
1.c 2.b 3.a 4.a 5.b 6.b
7.c 8.b 9.b 10.c 11.b

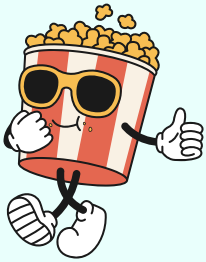
Our favourite media on our favourite topics:

HIGHLY RECOMMENDED

MOVIES

1. Annie Colère (2022)

If you love a foreign film, you'll love this uplifting feminist film about the 1970s Mouvement pour la Liberté de l'Avortement et la Contraception (Movement for the Freedom of Abortion and Contraception - MLAC) group in France. When Annie becomes pregnant, she meets members of the MLAC – a group of doctors and women who perform safe yet illegal abortions. Annie ends up joining their fight to decriminalise abortion, bringing new meaning to her life.

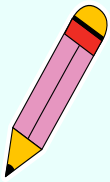


2. Cherry (2023)

In this coming-of-age story, 25-year old roller-skater Cherry finds out she's pregnant. Confused and distraught, she visits a clinic to explore her options. There, she learns that she is approaching her 11th week of pregnancy and only has a day to decide if she wants to continue the pregnancy. This intimate dramedy, directed by French filmmaker Sophie Galibert spins an uncomplicated, timeless tale about a woman coming into her own.

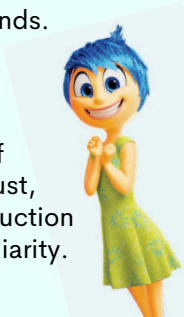
3. Are You There God? It's Me Margaret (2023)

We adored this beautiful film of the iconic 1970's classic Judy Blume book 'Are You There God? It's Me Margaret.' This is a tender depiction of awkward puberty, coming of age and girlhood in the 1970's before the information age, and when learning about your body was through your equally uniformed friends.



Honourable mention: Inside Out 2 (2024)

'Inside Out 2' takes us back to Riley, now a 13-year old on the cusp of puberty! Joining her core emotions joy, sadness, anger, fear and disgust, are anxiety, envy, enui and embarrassment. We see the rapid reconstruction of what's important to the teen brain with all it's cringe-inducing familiarity.



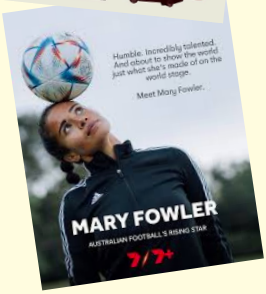
DOCOS

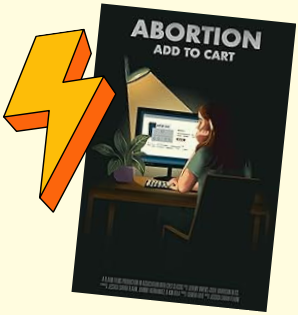
1. Plan C (2023)

Shot over the past four years by award-winning filmmaker Tracy Droz Tragos, 'Plan C' is a documentary capturing the work of the Plan C campaign and the work of activists and providers who began to mail abortion pills, during the pandemic and in the face of crumbling reproductive rights & access across the US.

2. Mary Fowler: An intimate 4-part docuseries (2023)

You might know her as one of the Matilda's rising stars, with her speedy strikes and gloves on pitch. But this Rebel x Channel 7 docuseries also explores how mental health, body image and menstrual health impact her life as an elite sportswoman.





3. Abortion: Add to Cart (2022)

In the digital age, self-managed abortions come in a new form: pills ordered online. This documentary directed by Jessica Sarah Flaum shows how in light of increasing burdens on clinics, activists are combining the powers of abortion pills and the internet to provide abortions in a revolutionary way. The doco highlights how harnessing this technology could transform accessibility in Post-Roe USA.

Honourable mention: Abortion: Stories Women Tell (2016)

This HBO doco shows the real-life stories of women seeking abortions in the US, before the overturning of Roe V Wade. This doco gives voice to women over politics, and while showing both sides of the "debate," shows the human impact and reality for many people who seek abortion.

TV SHOWS

1. Big Mood

When our team were sent the amazing clip about "GirlBorsh" from Big Mood, we couldn't stop laughing (we're also beyond grateful that we don't answer the phones with "are you here to your exercise your rights?" and that our branding isn't millennial pink). This gorgeous (and at times heart-breaking) series features our Goddess Nicola Coughlan, and tackles mental health, medical misogyny, female friendships, the dilemma of whether to have children or not, accessibility of abortion and the medical abortion process. A big mood indeed!

2. Minx

We are very disappointed that this sexy, silly and insightful show hasn't been renewed for a 3rd season but that doesn't stop us from recommending it. Set in 1970's Los Angeles – think flared pant suits and feathered hair! - an earnest, slightly cringe (and all too familiar) young feminist joins forces with a porn publisher to create the first erotic magazine for women. The dynamic between the two, the questions of female sexuality and what women actually find sexy, the costumes, the feminism, the queerness, the blackness, the raunchy silliness and innuendo...it's a big yes from us!

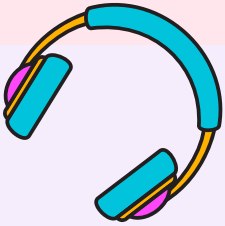
3. Everything Now

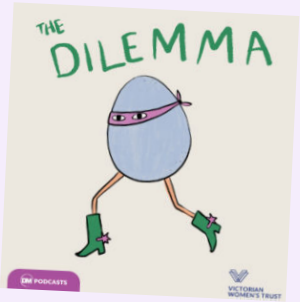
In Netflix's latest dramedy series, Everything Now, we follow high school student Mia as she creates a bucket list of experiences that both thrill and terrify her following a months-long recovery from disordered eating. Because while she's been in rehab, it seems that her friends' lives have gone from being boring to epic. So now it's her turn to booze and bed-hop like everyone else. Or, is it? Extra points for an episode on medication abortion too!

Honourable mention: Eva Lasting

Set in 1976 in Bogotá, Colombia, complete with period fashion, vehicles, and the city's first bowling alley, Eva Lasting revolves around Eva Samper who is the first girl ever to attend an all-boys high school as a pioneer of co-ed public schooling in the city. Eva is far more knowledgeable about relationships, literature and world affairs than the boys at school, taking advantage of and having fun with their naivety. Sexual revolution in the face of Colombian machismo = a joyful/saddening watch!

PODCASTS





1. The Dilemma

Off the back of her book 'The Most Important Job in The World," the inimitable Gina Rushton continues to ask - *should we become parents*? In a series of funny, uncomfortable and inspiring conversations, Rushton speaks to psychologists, political observers, activists, philosophers, friends and fertility specialists who share the load in carrying a dilemma that, at times, can feel all too heavy. This 7-episode series is a great introduction to the question - particularly for men in heterosexual relationships who maybe haven't thought about this as much as their partners have. It broaches these tricky conversations with light-hearted anecdotes alongside specialists and makes this sometimes-fraught conversation much more approachable.

2. The Hotbed Collective – More Orgasms Please

A frank, funny and empowering celebration of female pleasure. An orgasm will help you sleep and keep you looking younger, it doesn't cost money and isn't a scarce resource. So why is it that, like the pay gap, there is an 'orgasm gap' between women and men?' The Hotbed Collective - More Orgasms Please is an open, honest and at moments hilarious dive into all aspects of sex for women. It covers feminist porn, body image, menopause and more. Think of it as 'Couch to 5k' … for orgasms!

3. Another Bloody Podcast – Share the Dignity

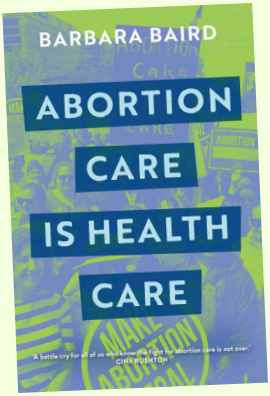
This podcast is from Rochelle Courtenay, the creator of Share The Dignity. Share the Dignity distributes period products to those who need it. You will hear the raw and real stories from the recipients of donations, the changemakers who help spread the word, the volunteers who make it all possible, and the charity partners who join Share the Dignity on the journey to end period poverty.

Honourable mention: No Worries if Not!

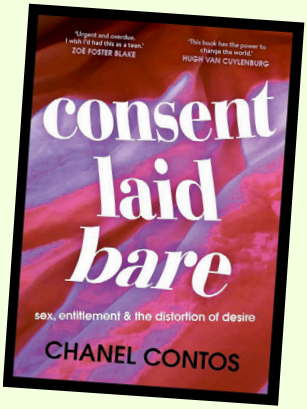
Feminist cartoonist and writer Lily O'Farrell - aka @VulgaDrawings - looks at internet culture - from alpha males to almond mums - and how it affects women and non-binary people. Each episode deep dives into a different topic, from spirituality to porn to trad wives. It's funny, nuanced and oh so relatable!

BOOKS

1. Abortion Care is Health Care (2023) - Barbara Baird

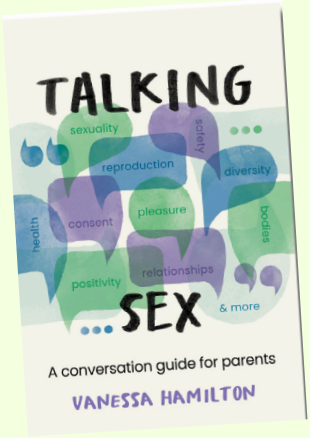


This essential book tells the history of the provision of abortion care in Australia since 1990. Against the backdrop of a reticent public sector, Baird describes a system of predominantly private provision, which has imposed barriers to access on women already marginalised by poverty, rurality, lack of Medicare entitlement, racism and other factors. Through oral history interviews conducted nationwide with health workers, academics and community activists, Baird presents a sophisticated historical narrative of abortion provision over the last thirty years.



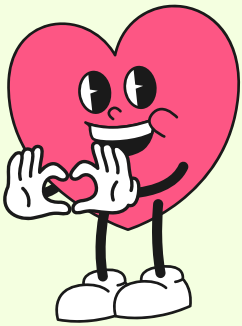
2. Consent Laid Bare (2023) - Chanel Contos

Chanel Contos, the founder of Teach Us Consent (the campaign that mandated consent education in Australia), argues that when it comes to sex, we are still working with an outdated social contract that privileges men's pleasure at the expense of women's humanity. Responsibility for consent, fulfilment and the outcomes of sex (like STIs and pregnancy) is put onto women, but not men. This book challenges the lingering inequality, male entitlement and patriarchy that reinforces this behaviour.



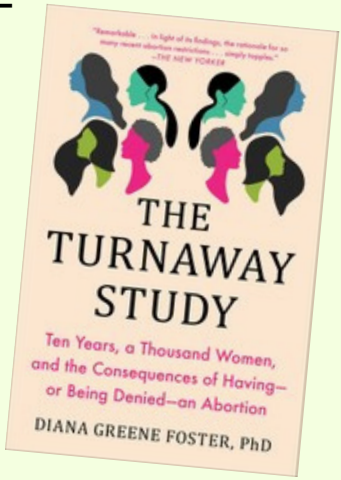
3. Talking Sex (2024): A conversation guide for parents

Stalwart of sexual and reproductive health, Vanessa Hamilton, has penned this is groundbreaking and much needed guide for parents and carers. It's packed with conversation starters, tips and strategies to empower adults to provide the accurate, comprehensive, age-appropriate information children need for a fulfilling and safe journey through life.

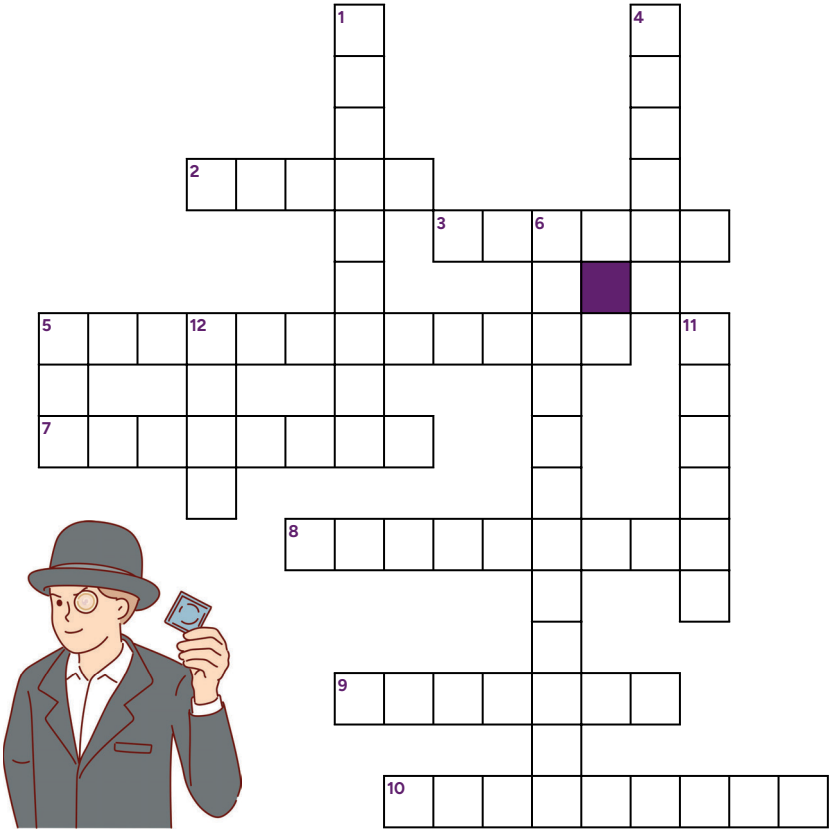


Honourable mention: The Turnaway Study (2021): Ten Years, a Thousand Women, and the Consequences of Having — or Being Denied — an Abortion

The Turnaway Study was a ground breaking research project that documented and compared the experiences of nearly a thousand people who had abortions against those who were denied abortion care in the US. Those who had received abortion care overwhelmingly went on to have better physical and mental health, and had better financial, family, and career outcomes. Women who could access abortion care were better off by almost every measure than those who had been denied this service. And five years on, 99% of those women did not regret their decision. The Turnaway Study disproves so many harmful myths around abortion - reminding us that abortion care is lifesaving.



Contraception Crossword



Across

2. How many years the implant lasts for

3. Metal used in the non-hormonal IUD

5. Most contraception methods (except emergency contraception) requires this from a doctor

7. What vaginal rings are made of

8. When the ovary releases an egg

9. Comes in external, internal, ribbed, flavoured, glow-in-the-dark and more

10. Operation to stops sperm travelling from the testicles to the penis

Down

1. How Depo-Provera is given

4. Some people track these to know when they are most fertile

5. Some contraception can help manage the symptoms of this condition, which include mood swings, cravings, fatigue, irritability and depression before a period

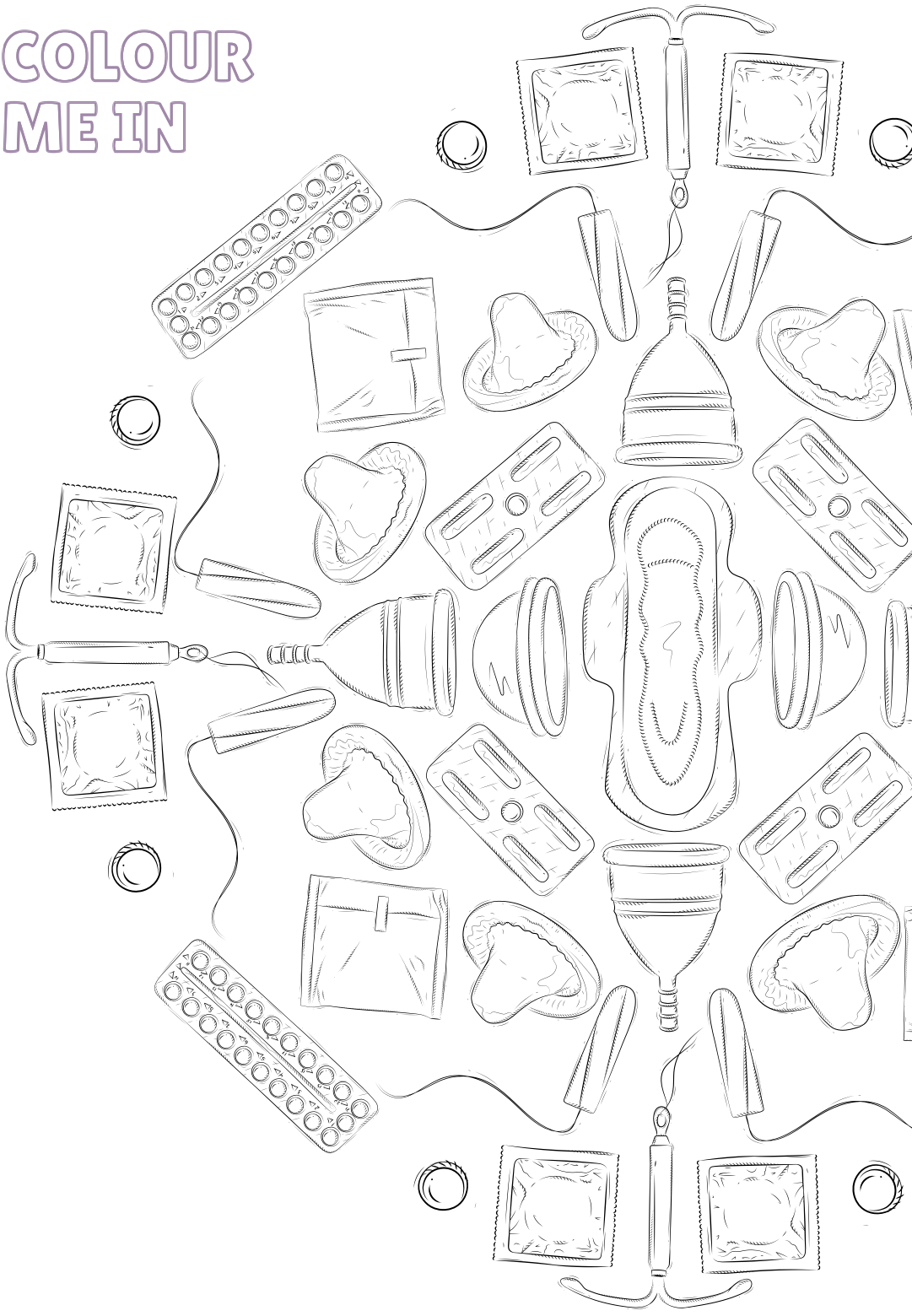
6. Hormone mimicked in the Mini Pill / implant

11. Hormonal IUD that lasts 8 years

12. Barrier methods can prevent these

ACROSS: 2. THREE 3. COPPER 5. PRESCRIPTION 7. SILICONE 8. OVULATION 9. CONDOMS 10. VASECTOMY
DOWN: 1. INJECTION 4. CYCLES 5. PMS 6. PROGESTERONE 11. MIRENA 12. STIS

COLOUR ME IN



Useful Services

Physical health

1800 My Options - 1800 696 784
9am - 5pm, weekdays
For info about sexual health, contraception and pregnancy options (including abortion).

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 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 or supporting someone with family violence.

Centre Against Sexual Assault - 9635 3610
24/7
Support for victim/survivors of sexual assault (including counselling, information + advocacy).

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

Other services

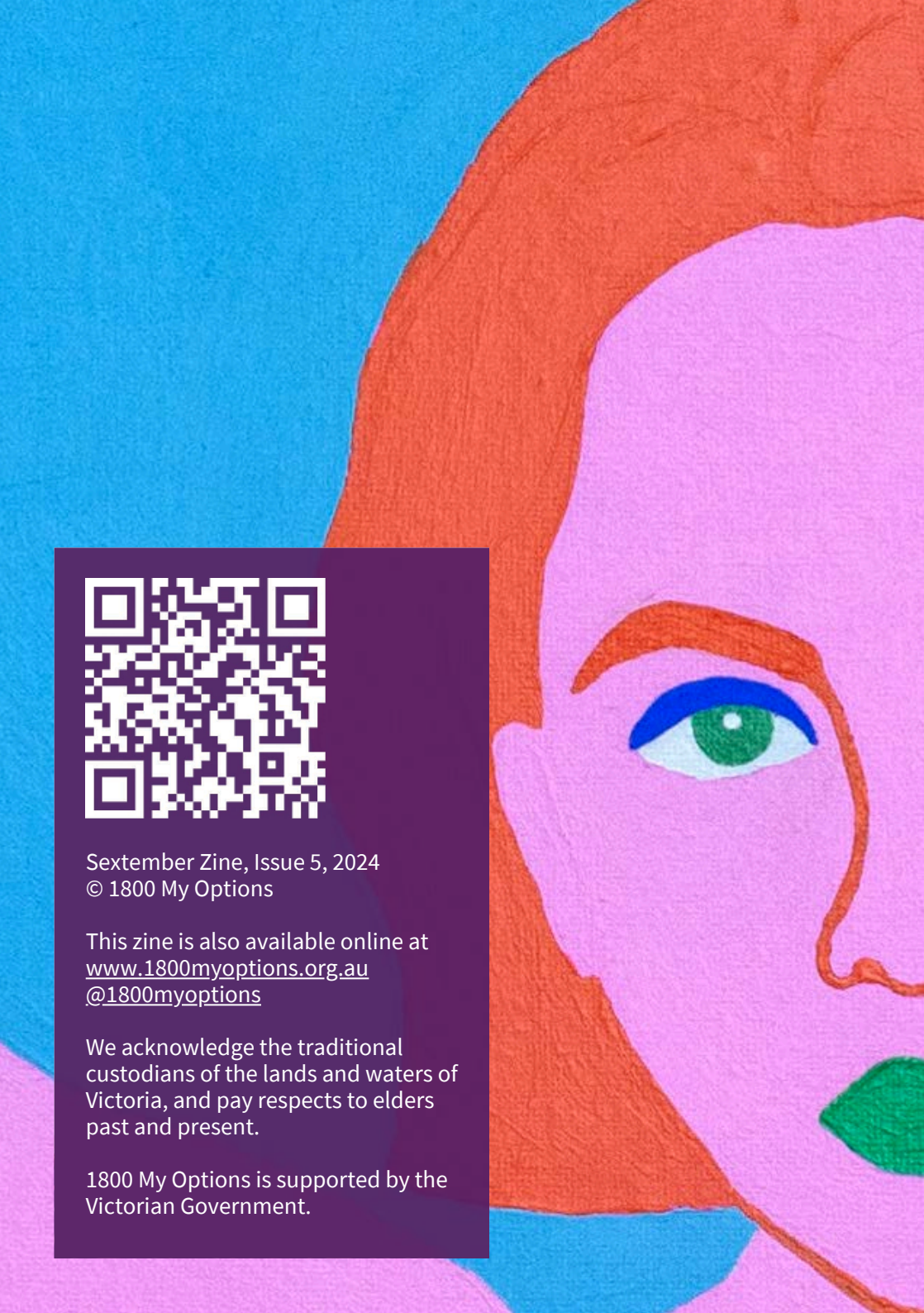
WIRE - 1300 134 130
9am-5pm, weekdays
Free support, referral and information for all Victorian women, nonbinary and gender-diverse people

Rainbow Door - 1800 729 367
Or SMS - 0480 017 246
10am - 5pm, everyday
A free helpline providing information, support, and referral to all LGBTIQA+ Victorians, 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 5, 2024

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.