

1800
my options

SEX TEMBER



This zine was developed by **1800 My Options** and published September 2022.

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):

- Danielle Basser - Photographer
- [I Had One Too](#)
- [Bad Dates of Melbourne](#)
- [GenWest](#)
- Felix Saturn
- [Yarli Creative](#)
- [The Labia Library](#)
- [HERO Condoms](#)
- [handlettered.by.kajal](#)
- [Women's Health In The North](#)
- Dr Madeleine Spicer
- [Our Sexual Health / Study Melbourne](#)
- Our many anonymous contributors!

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

SEX TEMBER

Contents

2 July 2022 Melbourne - Protest:
Overturning of Roe Vs Wade

What Contraception Did You
Choose and Why?

I Had One Too: Heather's Story

Bad Dates of Melbourne:
Romance + Condoms

GenWest: Consent,
Empowerment + Respect

Nothing About Us, Without Us:
How Can Abortion Services
Implement Trans-inclusivity?

Yakuna Gananggurr: Artwork +
Creation Story

FAQ: Are My Labia Normal?

HERO: Noone should get HIV
because they couldn't afford a
condom

Menstrual Equity For All

Getting rid of Chlamydia,
Shame, and my Ex

Negotiating Condom and Dental
Dam Use

Pregnancy and Birth:
Myths and Misconceptions

What My Medication Abortion
Was Like

OurSexualHealth: Label These
Bits!

Highly Recommended: Our Top
Media Picks

Colour In Cards

Useful Services

2 JULY 2022, MELBOURNE PROTEST: OVERTURNING OF ROE VS WADE

Photography by Danielle Bassier









What contraception did you choose, and why?

Why I chose an IUD

[Estelle, vet nurse, 21]

Looking around for contraceptive options, I simultaneously felt the strangest mix of gratitude and anxiety. Contraception and unplanned pregnancy have historically been made to be women's burden and responsibility, despite needing two to tango. I felt beyond fortunate to have so many options available to manage my concerns (heavy and painful periods are no fun when you're suffering from eczema that gets worse with each cycle), but also experienced choice-paralysis in full force when I began investigating what to get.

The pill was ruled out for me – I didn't want something that would hang over me like a bad cloud if I forgot to take a pill or had an upset stomach. The contraceptive injection only lasted three months, and would be too easy for me to miss appointments. I wanted a long-lasting, one-and-done method.

The Implanon had slightly higher hormonal content, and as someone who was a bit wary of the side effects of hormonal contraception, I wanted to minimise that as much as I could. That left IUDs.

Looking into the IUD, I knew I wanted the hormonal type. The copper IUD prevents pregnancy by mechanical means – meaning that implantation would be obstructed. However, this would result in heavier and more painful periods; it would worsen the very symptoms I was hoping to reduce! All of this led me to the last crossroads – which hormonal IUD would suit me best?



Until I talked to my provider about which IUD to get, I hadn't realised there were now two versions of the hormonal IUD available to Australians. The Mirena has been around for a while, but the newest addition to the family is the Kyleena. The Kyleena is slightly smaller with a smaller amount of hormone, however it still has 99% pregnancy prevention like the Mirena. Because I wanted to drastically reduce my period flow to manage my pain and eczema, I decided to go with the Mirena as it had a slightly higher chance of reducing flow.

On the day, my provider advised me to take some Panadol and Nurofen about 40 minutes before the procedure. They also sprayed topical Lignocaine on my cervix to reduce the discomfort. My GP also gave me a script for Panadeine Forte in case I had cramps after the IUD went in. My friends drove me to my appointment so I didn't have to drive if I needed stronger painkillers (which can make you quite drowsy). Afterwards, we went out and had dinner with my heat pack in tow.

While the insertion itself was uncomfortable, I found it quite manageable. Meditative breathing exercises helped me a lot. The cramps after insertion were uncomfortable, like a particularly bad period, but the heat packs and regular pain relief helped me manage it. After a month or so I will check in with my GP to see how my next periods go.

The fact that with a Medicare card, I could bulk-bill this process and only needed about \$40 to buy the IUD reminded me how lucky I am to have access to many contraceptive options.



Why I chose an implant

Mai, humanities teacher, 28

My partner and I have been in a long term relationship for many years. While my partner is trans, and receiving feminising hormone treatment, there is still a risk that I could get pregnant when we have penetrative sex. I'm not sure if I'd even want kids at some point, but we definitely wouldn't be ready right now.

I also had a history of depression and anxiety, which was worsened by my periods. I really wanted something that wouldn't worsen the PMS effects – or better still, alleviate them altogether. My GP recommended that something like an implant or IUD could work well in regulating my cycle.

She also mentioned that oral contraceptives might not be a great fit for me, given my whacky work/sleep schedule and IBS.

I ended up getting an implant, based off the knowledge that it was slightly easier to insert and remove than an IUD.

I've had an implant now for 9 years, and love it. It's actually stopped my periods (and related PMS symptoms) completely! This has been super convenient for travel and outdoor activities. Even saving money and the environment a little bit from not needing period products has been a bonus! The slight arm bruising every 3 years is definitely worth the peace of mind.



Why we chose a vasectomy

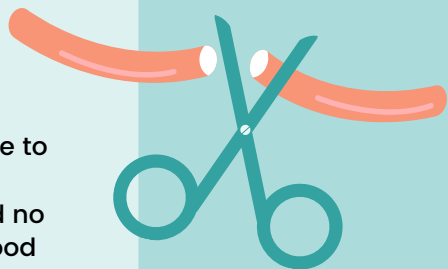
Kate, musical theatre actor, 54

Around 10 years ago my partner and I chose to make our contraceptive arrangements permanent. With two children together, and no desire to have any more, we felt it was a good time to ditch the condoms. Whilst I could have chosen a longer acting reversible contraception like an IUD, hormonal contraception tends to trigger depression and anxiety in me (hence the condoms!) so this wasn't a viable option.

We chose vasectomy over a tubal ligation as it is less invasive and more readily available.

Vasectomy can be performed either "in the chair" using a local anaesthetic (a less expensive option) or as day surgery under a general anaesthetic. My partner chose the latter.

On the day of the surgery, I dropped him off at the hospital and returned a few hours later when he was in recovery. He was back at home and on the couch within a few hours. Whilst he experienced some discomfort this was well managed with pain relief medication. Just a day or two later he was back at work and never again did we have to worry about contraception! Happy Days!





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

HEATHER'S STORY

My name's Heather, and I've had one too. I've actually had two abortions. I'm 54 years old, and my first one was in 1985, and my second one was in 1990.

The first one, I had only been going out with this guy for a few months. My decision was based on - I didn't want to bring up a child on my own. It was as also based on society's influence of single women bringing up children. I was only about 25 at the time, and I hadn't started my career. I wasn't ready at all.

The second one, I was with a guy that I then went on to marry and be with for 22 years. And we've had three kids since. That relationship, and that circumstance at the time was a lot more supportive than the first.



From memory, they both were similar procedures. They were both in a medical practice, and they were quite clinical. Kind of this production line - you go into a room, you have the procedure, then you come out and the next person comes in.

You go through a grieving stage, because I believe it wasn't just a collection of cells...there was this fetus. You go through the grieving process of, have you done the right thing? And there is this person that you'll never know. And that stays with you. You go back and you think, well, that person would be 25 years old. How would they look, and how would that impact my life?



There was definitely feelings of shame, especially because of my Catholic upbringing. I could not have talked about that with my parents and did not talk about that with my parents.

I actually didn't talk about it with any of my friends, also because they were from a Catholic background too. I didn't know how they'd react to me. I kind of thought that they might judge me and think, "well, she's reckless. She didn't worry about going the pill."

It was the 1980s. It was all hush hush. A lot of people were having abortions. There's a lot of people going through each day at the abortion clinic, but it was something that wasn't talked about at all.

I think it's important that abortion should be destigmatized in our society, because I think it would bring about a more supportive environment for women. I think it's more the fact of just being able to be supportive for each other, going through the procedure, and also knowing other people's views. You kind of think people are judging you, but in fact, you probably realize that they would be a lot more supportive and empathetic towards you.

If one of my children came to me and said they were going to have an abortion, initially, I'd be very happy that they did come to me and talk to me about that. I would be supportive of them, because having gone through that myself, I would want to go through the process with them and be as supportive as possible.





Hey 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.

Diamond rings. White gowns. Red roses. There are some symbols in our romantic and sexual relationships we traditionally place a lot of emphasis on. However, the most meaningful and important symbol of them all is unfairly missing out on the Mills and Boon treatment. And I reckon flashing it about on social media would get way more Likes than a shiny ring!

Let's face facts – the humble condom is the most romantic token of all.

And why wouldn't it be? **Proactive condom use is a sign of maturity, care and organisation.** The greatest way to show you like someone is to display respect for their wellbeing. Here are some ways in which a dinger can put the bang in your bedroom and love in your heart.



GO ON A FRANGVENTURE

The safe sex discussion doesn't have to happen in the moments before intimacy occurs - bringing it up early can give you more bedroom confidence! No need to be serious - go shopping with your match and find a condom with a silly texture, name or flavour to try. My personal favourite condom variety? 'Classic Jeans'. A great condom if you have a jeans! Not cashed up? Jump on Google to find where you can get free dingers across Melbourne.

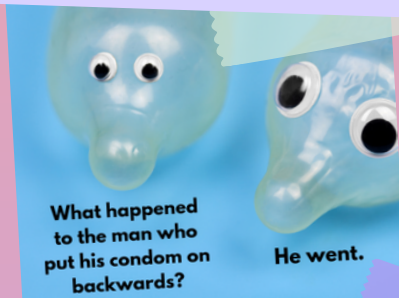


GIVE SOMETHING NEW A POKE

There's more to safe sex than the trusty traditional condom - why not flip the script and try the nifty 'internal condom'! It's a bit like wearing a condom inside you - it goes up your vagina or anus. They're a bit trickier to find than a regular dinger - but what a lovely way to show someone you will go the extra mile for their safety and pleasure. More important and useful than another boring red rose!

MAKE A CONDOM MEME

Discussing safe sex can feel a bit awkward at times. Break the ice by creating a sexual health meme. Memes are a love language! There's no need to spark a discussion on protection face-to-face if you feel uncomfortable. Bring it up in a way that makes you feel secure. You can get talking and give more detail to your partner from there. Text is fine!



CREATE A BALLOON ANIMAL

Did you know condoms have an expiry date? It's true - take a close look at the wrapper to find the use by date. But there's no need to despair if your frangers have entered retirement. You're still in the game! Watch an instructional video on YouTube to show you how to create balloon animals - and make an expired inflatable condom gift to woo your love match. I suggest beginners start with a snake or worm - the lubricant will provide a lifelike sensation sure to win their heart!

When they're putting the condom on and you're laying there like



Condoms are what respect, romance, and red hot roots are all about. By the way, a message for the world's condom manufacturers. Can we please have a chicken nugget flavoured condom?

"Whether you like it sweet or sour: take your nug for a dip with The NugDom!" I await my royalty check. Frangers on!



Human rights recognise the inherent value of each person, regardless of background, where we live, what we look like, what we think or what we believe.

They are based on principles of dignity, equality and mutual respect, which are shared across cultures, religions and philosophies. They are about being treated fairly, treating others fairly and **having the ability to make genuine choices** in our daily lives.

Respect for human rights is the cornerstone of strong communities in which everyone can make a contribution and feel included.

An excerpt from GenWest's

A-Z OF CONSENT, EMPOWERMENT AND RESPECT



is for
Equality

Equality and respect – key to every relationship.

Equality and respect are vital foundations to any healthy relationship – romantic, sexual, or otherwise. A healthy relationship involves respecting each other's needs and feeling comfortable to communicate with each other honestly. Everyone has different needs and if you and your partner understand each other's perspectives, it makes it easier to work through issues together and fairly. Both partners in a relationship are equal, this means that both of you feel heard and nobody is making you do things that you don't want to. It's important to maintain boundaries and equal power in a relationship, instead of control. Even in a relationship, you have your own life and should be able to make your own decisions about who you see and what you do. You would want this independence, so respect it in your partner too! If you are feeling unsafe or are worried about your relationship you can contact 1800RESPECT on 1800 737 732 or visit their website to talk via online chat.

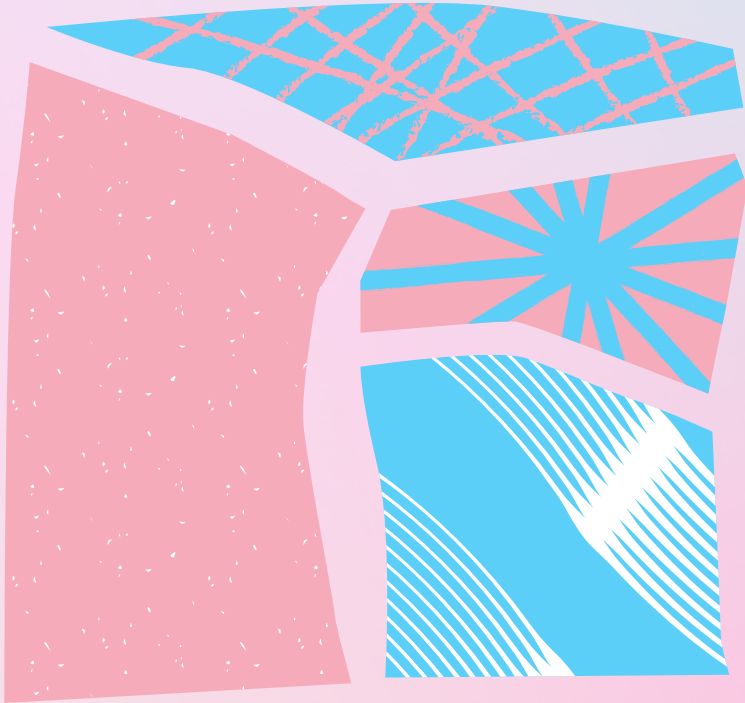
Normalise everyday conversations about sex.

Our sexuality is much more than just sex. It's about our bodies, how we are feeling, our attractions and how we express ourselves. It's complex! We can't expect to navigate all of that on our own, without any conversations with those around us. Talking about these things can be uncomfortable, it's not something that we're used to doing and it can be awkward and scary. But being able to have these conversations will deepen your knowledge and allow you to feel more comfortable about changes in your body and the experiences that you have. Talk to your friends, your partner, your family or your doctor – the people that you trust. It's time to move past the shame and stigma surrounding sex and sexuality. It is a big part of who we are and how we feel, and we should embrace this and consider it being as important as all of the other aspects of ourselves and our lives.



is for
Normalise

Nothing About Us, Without Us!




How Can Abortion Services Implement Trans-inclusivity?

Writing by Felix Saturn

Sexual and reproductive health services, and adjacent healthcare providers, love to publicly declare their support for us when it is convenient from a marketing perspective. Think IDAHOBIT, TDOV and other hallmark LGBTQIA+ calendar days that promote awareness and imply support - while simultaneously reducing our unique, ongoing needs and struggles to issues worth recognising for only a few days of the year via social media. This is especially true within our local abortion sector, where actual processes and pathways for TGD specific care are virtually non-existent. While this is obviously most harmful to affected consumers, it also sets a depressing precedent for providers seeking to improve their inclusivity practices - without an accurate blueprint for service reform, how can we expect them to impactfully integrate our needs into their service models?

Put simply, we can't - not without our community's active involvement and consultation. **As it stands, there are no Australian-based, publicly available resources outlining trans-inclusive abortion practices.** Similarly, there are no Australian-based, publicly available studies that specifically target our TGD population who utilise or have utilised abortion services. While international resources are useful, local resources and data are crucial in understanding how trans-inclusivity within this space can look, beyond LGBTQIA+ representation aesthetics. Without this baseline, it is up to our community to collaborate with each other, and with committed providers, to map the way forward.

Nothing about us, without us!




Trans-inclusivity within a clinical setting can look like trans-101-basics - such as pronouns on intake forms; separate "known as" name and Medicare name options on forms and patient management software; multiple options for gender selection alongside assigned sex at birth on forms; inclusive language on booking / information sites e.g. "women and pregnant people"; pride and trans paraphernalia in-clinic or online e.g. flags on counter or email signatures; and of course targeted LGBTQIA+ social media marketing. **While these inclusivity measures serve an important purpose, they can feel performative and contradictory to consumers when they are not paired with further, consistent service reform.**


Service reform and implementations that clinics can strive for include:

- **Internal procedures review** - What trans-inclusivity measures are we currently implementing into our service models? Is there anything further we could be doing that we could start right away?
- **Access and collate local TGD resources** - What services are available locally that could benefit our TGD consumers? Are these resources readily available to our consumers on our website or verbally offered, or would they need to ask?
- **Warm referrals** - Are the care requirements for our client out of our scope? Can they afford our services, can we subsidise them? Could another service be more suitable? Would it be appropriate to connect them directly rather than advising the client to organise this on their terms?
- **Request stakeholder feedback** - Do we have an anonymous feedback/ complaints/ suggestions system, in-clinic or online? Are we acting on this information when it is received?
- **Staff/workplace training** - Are all staff members adequately trained in LGBTQIA+ inclusivity, right through from reception to doctors? Is this training recurring and up to date?
- **Rainbow Tick (or similar) accreditation** - Do our practices meet benchmark standards?
- **TGD-specific peer navigation roles** - Do we have capacity to hire a TGD peer navigator? How could that benefit consumers?



- 
- **Hire more TGD employees** - Is our intention to commit to trans-inclusivity practices for our consumers reflected in the way our workplace is structured? Would it be a safe workplace for TGD people?
 - **TGD working groups** - how are we involving our local TGD community within our work, beyond our consumers? Do we welcome community consultation?
 - **Build relationships between services** - do adjacent LGBTQIA+ healthcare providers know that we are improving our services? Could they assist us in this pursuit? Have we reached out to them?
 - **Long term action planning** - How do we plan to include trans-inclusivity into our long term diversity goals?
 - **Advocate for local research, justice and structural changes** - How can we use our power as an organisation to advocate for this community? What industry connections could we utilise to assist?

As community members, providers and advocates, we are capable of impactful collaboration to move towards these attainable goals. Language and visibility are just the tip of the iceberg - providers need to be more ambitious about their capability to support us.







Yakuna Gananggurr

Artwork Creation Story
(Until Tomorrow in Yorta Yorta language)

Yarli Creative - Madison Connors

When you are working through life's challenges, it will not happen overnight. It takes the support of beautiful people from all around and the guidance of our Ancestors. We look to tomorrow to find the answers, however do we have these answers already? Life's lessons are not to challenge this guidance, though move towards it and through it.

The circles that are in the top centre part of the image represent diverse communities with people (the rainbow-like shape represents people) gathering around them and traveling through them sharing stories and experiences. These communities are connected by the healing waters. Water is a powerful element of this land and it provides us with healing properties. These healing waters then flow down and wash over the mountains at the base of the image and the flowers throughout.

The yellow and orange represents mountains which can be understood as the challenges faced in life. The parts of life that are not so straight forward and easy. These challenges are like mountains, we can face them alone if we choose to or we can lean on the supports around us. The connections to country are what grounds us and keeps us moving Yakuna Gananggurr (Until Tomorrow).

The flowers represent new growth and vulnerability. Growth does not happen overnight. It can take days, weeks, months, or even years. Vulnerability in the shape of flowers, these flowers need to be nurtured and cared for. They should be free to grow organically and hold the inner strength an individual needs to be their authentic self. Society should learn to embrace vulnerability and learn to feel empowered by it.

Yakuna Gananggurr continue to allow these supports into our lives, connect with those around you, share experiences and come together. You do not have to face life's challenges alone.

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



"ARE MY LABIA NORMAL?"

WHAT ARE LABIA?

Labia are the lips or folds of skin that sit on either side of the vaginal opening. They come in all shapes, sizes, colours and textures.

There are two sets of labia: the **labia majora** (outer labia) and the **labia minora** (inner labia), which sit inside the outer labia. There are lots of other names for the labia minora, such as "lips" or "flaps". The labia minora have a very important function, as they protect the vagina and are full of nerve endings that provide sensation and lubrication during sex.

SIZE

There is a lot of variation in the size of the labia minora. Research shows there is nothing unusual about having labia minora that are longer than the labia majora – about half of all people have labia minora that are longer than the labia majora. Some people have "innies" and others have "outies" – all of these variations are completely healthy and normal.

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.

COLOUR

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

SMELL

Everyone has a different scent, your labia smell will change throughout your menstrual cycle. It's very normal for your vulva to smell a little bit musty, like sweat, or even a bit metallic around your period. This is a sign that the good bacteria in the vagina are doing their job.

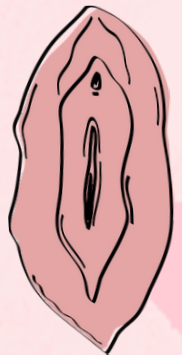
It's important to wash your vulva regularly with warm water or mild soap, but you should never scrub, use a douche or antibacterial wash. This wrecks the pH balance that keeps your vagina healthy and it makes you susceptible to infections. If your vulva smells very strongly, or you are concerned about it, see your doctor or gynaecologist.

CHANGES

Your labia will continue to change throughout your life because of hormonal changes and age. For example, the labia minora change during puberty and often become more prominent in appearance. However, if you develop a new mole, lump, cyst or ulcer on your labia, it's a good idea to see your doctor to have it checked out- just like you should for any other area of your body.

DISCOMFORT

If your labia feel uncomfortable or itchy, you might want to try wearing looser underwear made from breathable fabrics like cotton. If your labia are painful or constantly itchy, you should see your doctor or gynaecologist.



SOMEONE SAID SOMETHING

Most people don't know much about what healthy genitals look like, as it probably wasn't covered in sex education classes. They might have only seen labia in media like pornography, and made an assumption that everyone looks the same downstairs. Maybe they've never seen labia at all and don't really know what to expect. Maybe they're just putting you down.

It's not cool for anyone to pass judgement on your body. We're all different, and healthy vulvas come in lots of different shapes and sizes. They're as diverse as faces - and we don't expect everyone's face to be exactly the same! If you're still worried, speak to someone you trust - doctors and gynaecologists have heaps of experience as they see labia every day.

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

"Noone should get HIV because they couldn't afford a condom."

HERO



HERO is a socially responsible condom company, whereby for every condom sold, a condom is donated to a community in need.

David Wommelsdorff - Co-founder/CEO of HERO Condoms explains the inspiration behind the initiative.

It has always been our vision to become a global healthcare company, focused on putting people first. When we learnt about the prevalence of HIV in Botswana, where approximately **1 in 5 people are living with HIV**, we were inspired to see how and where we could support the grassroots organisations who were implementing life-changing, community-led solutions. Condoms sold at retail are expensive, relative to the cost of living, and clinics often lack supply, meaning many communities in Botswana do not have access to free issue condoms, a critical component of effective HIV/AIDS prevention.

From this position, we were inspired to consider the sexual and reproductive health rights issues facing people at home in Australia, too. We are passionate about ensuring we operate from a rights-based perspective so we really wanted to stand up for **sexual and reproductive health rights for all**, including the right to **safe access to health services**, full, inclusive **sex education**, and **health equality** as a lever for reducing inequality overall—especially within communities experiencing compounding forms of disadvantage and/or discrimination.

Even in 2022 there are persistent forms of health inequality in almost every country, with access to safe and effective interventions for sexual and reproductive health a major gap in achieving true health equality. In this context, we know that many communities still lack access to products such as condoms and sanitary products – whether due to supply, weak local health systems, institutional, social or economic disadvantage or education/awareness.

And naturally, the fallout for health systems of the COVID-19 pandemic has only exacerbated these issues.

We embrace the responsibility we feel all companies have, to empower the people who inspire us, and support those who need a hand. So, we ensure that for every HERO condom sold, one is donated to a community in need. To date, we have donated over 2.35 million condoms globally.

To us, **sexual wellness means people are empowered by their sexuality** and the ways this impacts the other areas of their lives – particularly around consent and identity. This is more than just in the bedroom, and it's honestly pretty complex – including things like body positivity, understanding the negative impact of media, popular culture and harmful gender norms and power structures. Sexual wellness demands a world and a society where **consent is key, and inequalities are reduced** to ensure the accessibility and appropriateness of sexual and reproductive health services and products, for each and every individual.

HERO Condoms are ethically produced, sustainably sourced and vegan friendly.
Find out more at herocondoms.com.au

Watch the short form donation documentary on HERO's work in Botswana:
<https://vimeo.com/481092412>



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



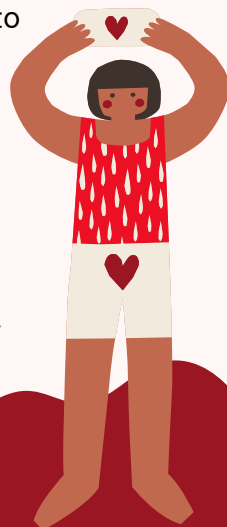
Menstrual equity for all. Period.

I was 10 when I got my period. I hid it from my friends for over a year, because they came earlier to me. I was ashamed to talk about it and we still don't talk about it much in my family. Coming from a South Asian family, there's even more shame attached to it. I'm sure we all have our fair share of period stories.

- It's important that we work towards **ending the shame** and stigma on menstruation, as well as working towards eradicating period poverty.
- This is **not just for women**. As @theperiodprince once said, "Not all people who menstruate are women and not all women menstruate."
- The global pandemic has exacerbated the **health risks** associated with menstruation, especially for those living in period poverty.
- Periods are **NOT a luxury**. Period products should NOT be taxed. Access to menstrual health and hygiene should be a right.
- Periods **products** should be easily **accessible** in places such as public restrooms, workplaces, schools and universities, and available to those in incarceration institutions.
- More **funding** must be made available for **research** into menstrual disorders such as endometriosis, amenorrhea, dysmenorrhea, and oligomenorrhea. People I know (including myself) do not have normal cycles and it's very difficult to get diagnosed for any possible underlying conditions.

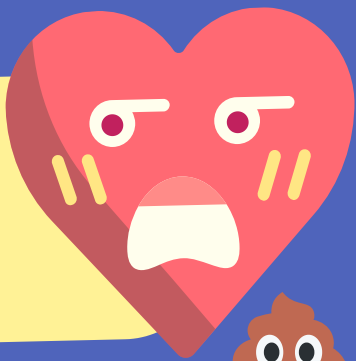
Let's end this toxic cycle together – because nobody deserves to live in shame for something that is natural. And nobody deserves the lack of access to something that is necessary for their health and well being.

The more we talk about it, the more we help end the stigma around it.



Good
JOB!!

Getting rid of chlamydia, shame and my ex



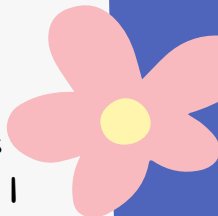
When I was 22, I found out I had chlamydia. Although I had been sexually active since I was 20, I had always put off getting tested due to embarrassment and lack of transportation options. When I decided to get a contraceptive IUD, my doctor helped me do a routine vaginal swab to make sure we didn't introduce any infections to my uterus before inserting the IUD.



The next week, I received an urgent phone call to come in for an appointment. To my surprise, I found out I had chlamydia and would need to treat it before going ahead with the IUD insertion. I hadn't even had any symptoms! Luckily, treating it was very straightforward - all I needed was a single dose of antibiotics and a follow-up test to make sure it was gone.



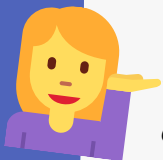
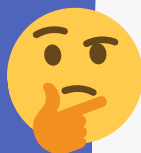
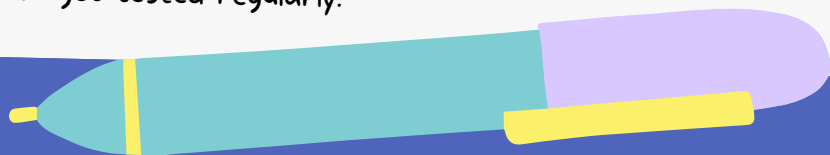
When I told my partner at the time, I felt guilty. I was worried that they would look down on me, even though I knew it wasn't something I should be ashamed of. At the time, they were very non-judgemental and casual about the situation, which made me feel less ashamed.



However, when I began telling a previous partner about the diagnosis so they could also get tested, I was met with resistance and annoyance from my current partner. They said there was no real reason to tell my ex-partner and that it was not my responsibility. I knew that it was the right thing to do, because - like in my case - chlamydia often doesn't show symptoms. Also, if left untreated, chlamydia could cause more serious health issues. I found it strange that my current partner had a problem with it.

It wasn't until I broke up with them that their behaviour made sense. As it turned out, they had experienced some symptoms of chlamydia before they met me, but because these symptoms eventually went away, it didn't register that it could have been an STI. When I tested positive, it all clicked for them. I was so angry, and felt so betrayed that they knew - but didn't tell me, and still made jokes about me giving it to them. They did this despite knowing how guilty I felt about the whole situation. Their excuse was that they felt "embarrassed and ashamed" - the exact same feelings I'd felt since getting tested.

Looking back on that bizarre situation, I no longer feel ashamed or guilty. An STI is like any other infection, whether it's a cold or gonorrhoea - it can infect anyone. Now I make sure to use protection with new partners and also to get tested regularly.



Women's Health In The North's guide to:

Negotiating condom and dental dam use

Here are some common excuses that we've heard, and some examples of responses to negotiate safe sex.

COMMON EXCUSE #1

It ruins the moment and it doesn't feel as good.

Sex with a condom feels better than no sex at all.

You will barely notice the dam once we get started.

COMMON EXCUSE #2

I don't have any.

If we aren't prepared, this is probably not the right time for us to have sex.

If we want to have sex safely, we need to have contraception with us.

COMMON EXCUSE #3

I only use them if I think someone has an STI.

You can't tell who has an STI by looking at them.

Some common STIs often don't have symptoms.

COMMON EXCUSE #4

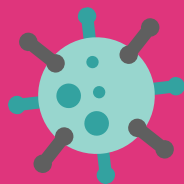
Condoms don't fit me. My penis is too big.

Condoms fit almost any size penis. A condom can hold up to 3 litres of water – your penis can fit.

COMMON EXCUSE #5

It will feel
more
intimate.

A condom or dam has
nothing to do with intimacy.
Intimacy comes from how
we feel about each other.



COMMON EXCUSE #6

Are you
saying that
you don't
trust me?

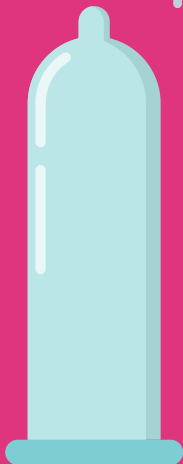
Using a condom or dam
means looking after each
other's health and makes
me trust you more.



COMMON EXCUSE #7

I'm allergic
to latex.

There are non-latex
condoms that we can buy.



COMMON EXCUSE #8

I can't afford
them.

You can get free
condoms from
health services.

COMMON EXCUSE #9

I'm good at
pulling out.

Pulling out is not effective
at preventing pregnancy.
Besides, pulling out doesn't
protect against STIs.



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

Pregnancy and Birth: Myths and Misconceptions

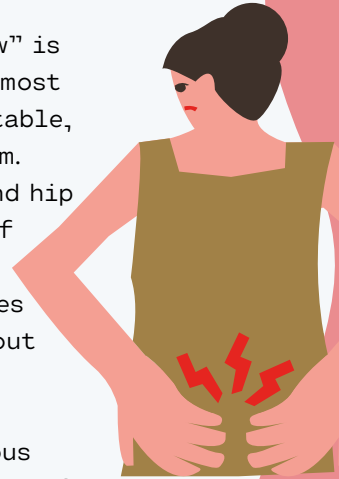
In the ongoing discussion about abortion rights, much focus is on the emotional and financial readiness of the potential parents. However, less commonly-addressed are the physical realities of pregnancy itself.

I'm Dr Madeleine, and I'll be dispelling some common misconceptions about conception. In my experience, pregnancy and birth can be pretty intense – and that's why it's something you should always be able to choose if you want to do or not.



Myth #1: The pregnancy “glow”.

Unfortunately, the purported “pregnancy glow” is nothing but a myth. Any pregnant person will most likely report they’ve never been so uncomfortable, especially as their pregnancy approaches term. From expected discomforts (including back and hip aches as ligaments loosen up, feeling short of breath due to a growing bump, and increased vaginal discharge), to more troublesome issues (such as reflux, persistent vomiting throughout pregnancy, increased risk of thrush, or debilitating pelvic instability requiring crutches to walk), pregnancy is not a glamorous experience – and that is all before the process of birth.



Myth #2: Healthy people will have a straightforward pregnancy.

Besides genetic issues which can affect any fetus, there is also potential for pregnancy-associated conditions to occur which can have lasting health impacts. Excessive weight gain in pregnancy, or developing gestational diabetes, can lead to an increased risk of overweight or obesity, Type II diabetes or heart disease in the future. Approximately 50% of women with gestational diabetes will go on to develop Type II diabetes.



Pre-eclampsia or other blood pressure problems create risks such as a small baby, potential seizure or stroke, and very rarely death (with nine maternal deaths in Australia due to preeclampsia from 2008 to 2012). Long-term consequences after pregnancy include ongoing increased rates of cardiovascular disease and stroke.

However, it’s not all bad – pregnancy and breastfeeding are known to reduce lifetime risk of developing breast, ovarian and endometrial cancers, by reducing the period of exposure to high levels of oestrogen.

Myth #3:

Birth without medical intervention is better.

In Australian public care, most people with low-risk pregnancies (that is, babies without issues detected on blood tests or ultrasound, and with a parent with no complex medical issues) will receive midwifery-led care, with obstetrician opinion as required. In these circumstances, midwives will coach the person through labour, meaning medical intervention can be minimal.

However, if risk factors exist, or things change during labour, interventions may be recommended for safety. People may feel overwhelmed or distressed by a change in plans, especially if sudden, but these recommendations are always made to best protect yourself or your baby. If the baby is distressed, using instruments to aid delivery, or proceeding to a Caesarean section, may be advised.

If you are at risk of perineal injury (tearing from the vagina due to stretching, commonly into the pelvic floor muscles and sometimes even into the anal muscles), doctors and midwives may recommend a small cut (an episiotomy) down below to make space. Without this, there can be increased risk of severe damage to the anal sphincter, and even after proper repair, there is a possibility of lifelong incontinence.

However, your consent and understanding are always critical in the process, and medical professionals should not act without discussion first. The best way to prepare for birth and understand the possibilities is reading from reliable sources and ask your midwife or doctor about any questions.



Myth #4:


A baby's birth is the happiest day of a parent's life.



Oftentimes, birth is a turbulent experience that can be accompanied by significant distress. Alongside pain and exhaustion, people may feel out of control, scared, or confused. According to PANDA, up to one in three Australians will experience their baby's birth as traumatic. Furthermore, perinatal depression and anxiety are prevalent issues which can arise before or after delivery, and have significant impacts on the experience of parenthood and bonding with a newborn. As such, efforts to recognise birth trauma (both physical and mental) and to destigmatise perinatal mental health issues are critical to better support our community.

Myth #5:

Remaining childless means you haven't fulfilled your potential.



People – especially female-presenting people – can be made to feel inadequate or selfish for not wanting to become parents. Entering parenthood without a true desire to raise a child can lead to significant social and financial impacts. The realities of social isolation for new parents, the time constraints of caring for a child, and the cost of childcare, schooling and provisions all factor in. In Australia in 2018, the average unemployed family spent \$140 weekly to raise a child, and low-income families spent \$170.8 That's approximately \$8000 annually, and is thought to be a conservative estimate! Cultural or familial pressure – including from a partner – is never a good reason to become a parent. Your choices and personal wishes for your life are most important.

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What My Medication Abortion Was Like



I took the mifepristone on a Wednesday and sat on the train home and wrote a note to the pregnancy that wouldn't be any more. I felt sad but at peace and relieved the abortion was happening and finally underway.

On the Friday morning I had tea with my supportive and reassuring neighbour, then I took the misoprostol at 11am. My brother and his girlfriend came over as the 4 tablets slowly chalkily dissolved in my mouth. An hour and a half in, my dear friend (and also a trained midwife) came and took over. We watched stupid television (Australia's Cheapest Weddings), sat with a heatpack and an overnight pad on and waited.

The pain began very low level, like my period building. I passed about 3 clots, which was different for me, as I was used to a light period. There were a few blood smears on the pad but none of the bright red bleeding, gushing or soaking at all that I had expected. Thanks to the panadeine forte I'd taken - 6 hours later, the pain hovered at around a 6/10 and up to an uncomfortable (but manageable) 8/10 here and there. Every time the pain would I rise a bit, I'd think "this is it" - it's coming away.

I remember panicking that it wasn't going to pass in the time they said it would, and that I would have retained products of conception and need a D&C (surgical procedure). Then I felt another moderate pang of pain at 5.45pm, and thought "I'll just go to the toilet again and see if anything happened." And there was a tiny, pea-sized gestational sac intact on the pad. I was not expecting this - it is incredibly rare - but because I was with a midwife friend (and I'm a nurse) we felt fine. I buried it in a pot plant of zinnia flowers that I still have to this day.

At that point I just experienced the most overwhelming blissful, blubbery relief. My friend cried with me, and we laughed at how relieved we both were. My pregnancy partner turned up as we were bawling and laughing, and I just let the tears fall. It was peaceful and bittersweet.

Around 8 months later I got a tattoo of the zinnia flowers as they also symbolize absent loved ones. I occasionally re-read the note I wrote to the pregnancy, but I will never forget that day more for the love, solidarity and care I was shown by all those with me and all those who supported me along the way.



@OurSexualHealth is an Instagram account which is a part of a peer-led sex-ed initiative by international students and supported by the Study Melbourne Inclusion Program, a Victorian Government initiative.

We share reliable and culturally sensitive information about sexual and reproductive health with university students. Our content focuses on consent, pleasure, self-empowerment and online safety – along with related services. Our goal is to increase our international student community's knowledge and awareness of their sexual and reproductive rights and resources available to them in Australia.

CAN YOU LABEL THESE BITS?



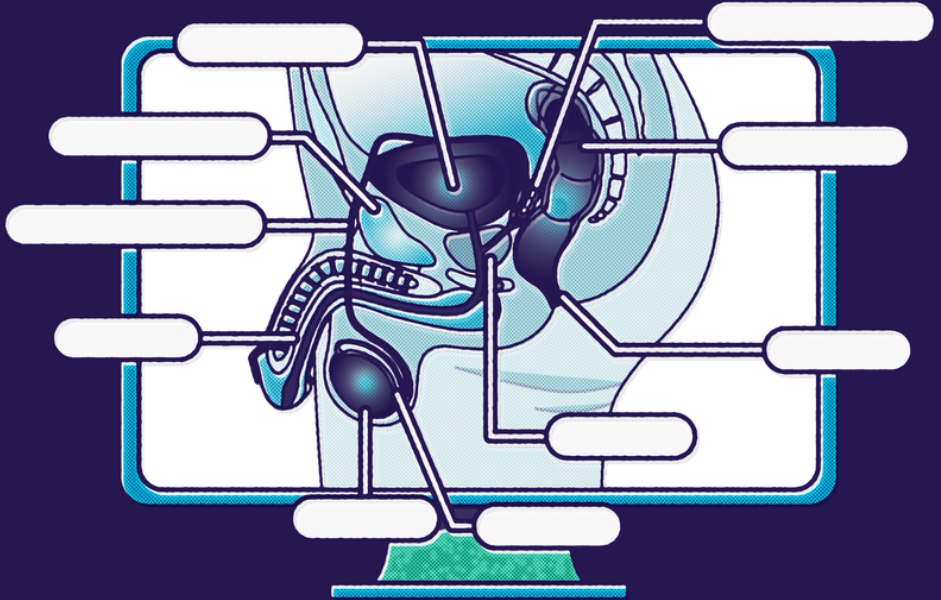
Answers (counter-clockwise): clitoral hood, clitoris, vulva vestibule, anus, labia majora, labia minora, urethral opening, vaginal opening

There are many different terms people use when talking about their body.

Many people refer to the body part in this image as ‘the vagina’ when it is actually the vulva! For vulva owners, the vulva is the part of your sexual and reproductive organs on the outside of your body; it includes your labia, clitoris, vaginal opening, and the opening to the urethra. The vagina describes the tube that connects your vulva with your cervix and uterus.

This confusion is not surprising, as many of us have not had the opportunity to learn about our bodies and sexuality, in order to prioritise our sexual health and wellbeing.

Answers (counter-clockwise): bladder, pubic bone, vas deferens, urethra, testicle, epididymis, prostate, anus, rectum, seminal vesicles



Everyone's level of comfort with various terms for our body parts can differ!

Some may be happier using scientific terms, such as penis and testicles, whereas other people may prefer to use slang such as dick, cock, balls, peen or many others. Use of various terms may also differ depending on your situation, such as communicating with a doctor or sexual partner. Find the terms that feel comfortable to you.

By taking ownership of language around sexual health, we are empowering ourselves and other people to place our sexual wellbeing as a priority, and reducing the stigma that some may feel around sex and our own bodies.

Highly Recommended!

Our favourite media content, centring all themes sexual and reproductive health!

TV shows

Grace and Frankie



This impeccable series starring feminist icons Jane Fonda and Lily Tomlin has sadly come to an end. Our favourite season would have to be Season 3 when Grace and Frankie try to start a sex toy company targeted at women over 60. Whilst the show may be a comedy, the topic of older women's sexual pleasure is not taken for a joke. Normally completely ignored in pop culture, it's refreshing to see women's sexual experiences in later life explored in a realistic yet fun way.

Never Have I Ever



This gorgeous TV show is written by Mindy Kaling. She is such a good, funny and insightful writer and this heartfelt coming of age series encapsulates all those awkward teenage moments and then some. It's a landmark series for POC and first generation, queer and sex positive representation. Cringey but identifiable moments of friendship, sexual awakening and self-discovery make this show watchable for all generations.

Big Mouth



is very NSFW but undoes so much of the taboo, shame and stigma that's put on young people in the most hilarious and gross way. With hormone monsters, the depression cat, talking vulvas, Hugh Jackman as a penis, ghosts and a host of other wild characters this TV show is such a clever, unabashed, dirty joy to watch.

Honourable mentions:

The Sex Lives of College Girls Another Mindy Kaling show yes, because again it's sex/queer/POC inclusive and positive and charmingly funny.

Please Like Me the normalcy and ease with which a medical abortion at home is showed is exactly what needs to be shown on TV more!



Movies



Unpregnant

In this film beautifully acted by the iconic Barbie Ferreira and Hayley Lu Richardson, abortion is treated sensitively and matter-of-factly, and stands as a sobering acknowledgment of the challenges pregnant young people face even today let alone in a post Roe v Wade America. In the pockets of silliness, joy, and flat-out weirdness they experience along the way, 'Unpregnant' shows the reality of lots of peoples abortion experiences!



Plan B

This charming film (which is POC and first-generation led!) finds Sunny enlisting her best friend Lupe to find emergency contraception after unprotected sex. Sunny is not a rule breaker but has to break all the rules and steal her mother's car to traverse South Dakota to access 'Plan B'. Plan B illuminates the lengths that many people must go to — and the dangers they encounter — to receive proper reproductive healthcare.



Never Rarely Sometimes Always

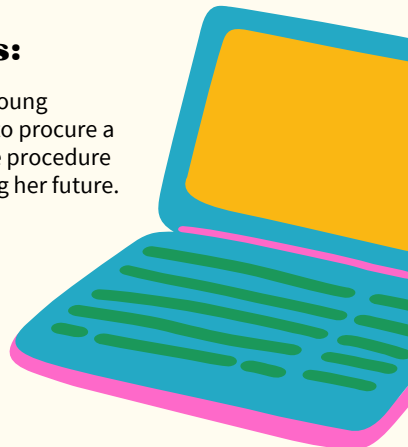
A British-American drama that follows a 17-year-old as she attempts to determine if she's pregnant and then decides what to do. She's counselled at one point in a "crisis pregnancy centre": CPCs are often operated by anti-abortion activists who offer women pregnancy tests or other small services, then try to convince them not to terminate their pregnancies. The movie also deals with the parental consent laws that exist in some states and shows what those mean for the teenage girls who live in them, while touching on the realities of sexual and physical abuse.



Honourable mentions:

Happening - the story of a promising young student in 1960s France who is driven to procure a backstreet abortion at a time when the procedure was criminalized, in the hopes of saving her future.

Lingui, the Sacred Bonds - when Amina, a hardworking single mother in Chad, discovers that her quiet 15-year-old daughter, is pregnant, she resolves to help her by any means necessary.



Docos

Jackson



This documentary shows the harsh reality of what may await millions of Americans now that Roe v Wade has been overturned. In the directors' own words “Jackson is an intimate, unprecedented look at the lives of three women caught up in the complex issues surrounding abortion access. Set against the backdrop of the fight to close the last abortion clinic in Mississippi, Jackson captures the essential and hard truth of the lives at the center of the debate over reproductive healthcare in America.”

My Body, Their Choice



“My Body, Their Choice.” is a documentary by pro-choice filmmakers who follow a high-profile “pro-lifer” - the Crazy Baby Lady - in Argentina, where abortion was illegal at the time. In a patriarchal, Catholic society, they go undercover to expose a fake abortion clinic, discover horrendous back-alley abortion stories and get tear-gassed by police as the country falls apart during the vote. Thankfully, abortion has since become decriminalised in Argentina, and these protests sparked the green wave in Latin America fighting for reproductive rights.

The Janes

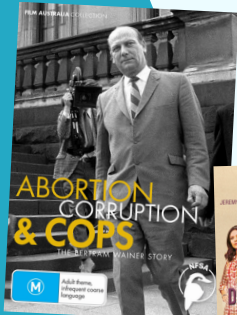


In the early 1970s, a group of seven brave, smart women organized an underground network in Chicago named “Jane” to provide abortion care for women with unwanted pregnancies. Documenting a pre-Roe world, The Janes shows how terrifying it will be — and in some states, how dangerous it already is — when a person is stripped of their right to a safe and legal abortion.

Honourable mentions:

Abortion, Corruption and Cops

The extraordinary life and work of Bertram Wainer, a doctor who fought to make abortion accessible, affordable and safe in Melbourne in the late 1960s.



Dangerous Remedy

The dramatisation of the above documentary.



Podcasts

Abortion, With Love

'Abortion, With Love' is a podcast that aims to hold space for conversations to be had about abortion, illuminate its complex layers, and honour the experiences of people all over the world fighting for reproductive justice.



This Podcast Will Kill You

There are so many episodes we could recommend – if you particularly wanna get down with sexually transmissible infections check out S5E4 Chlamydia, S5E67 HPV, S3E60 The Pill, S3E57 Herpes, S3E36 Syphilis, S1E12 HIV/AIDS. They also have some newer episodes exploring menstruation related conditions (S5E88 Endometriosis)



Sex Ed with DB

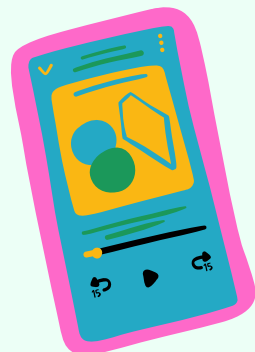
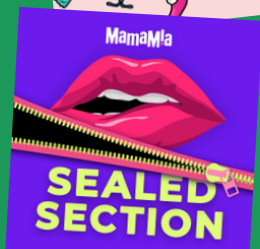
Sex Ed with DB is a feminist podcast bringing you all the sex ed you never got through unique and entertaining storytelling, centering LGBTQ+ and BIPOC experts. You've probably seen some reposts from their @instagram from us and their TikTok is also very much worth checking out for some myth busting lol.



Honourable mentions:

Sealed Section Join Psycho-Sexologist Chantelle Otten, as she answers all your sex & relationship questions...big and small.

The Sex Agenda a podcast by one of our faves - Decolonising Contraception - addressing sexual health inequality among Black and people of colour in the US.



Books

The Most Important Job in the World - Gina Rushton

Gina Rushton's debut book poses the difficult question "Should we become parents?" Drawing on the depth of knowledge afforded by her body of work as an award-winning journalist, Rushton wrote the book that she needed, and others need, to stop a panicked internal monologue and start a genuine dialogue about what we want from our lives and why. 'The Most Important Job in the World' is a powerful, compelling and forensic analysis of the role of motherhood in society today, and the competing forces that draw us towards and away from it.



Welcome to Your Boobs - Dr. Melissa Kang & Yumi Stynes

From the inimitable duo Dr. Melissa Kang and Yumi Styles who welcomed us to periods and consent "Welcome to your Boobs." This little book is packed with honest advice on all the things you need to know: from the easiest way to put on a bra, to the nitty gritty of the titty, to why boobs get so much attention. 'Welcome To Your Boobs' includes case studies, first-person accounts, and questions from real teens, answered by real experts.



Already Doing It

'Already Doing It' exposes the sexual ableism that denies the reality of people with intellectual disabilities who, despite the restrictions they face, actively make decisions about their sexual lives. A powerfully argued call for sexual and reproductive justice, this book represents a vital new contribution to the ongoing debate over who, in the United States (and arguably other countries like Australia), should be allowed to have sex, reproduce, marry, and raise children.



Honourable mentions:

Pleasure Activism This book is so powerful as we continue the struggle in late-stage capitalism and if you're not already following Adrienne Marie Brown on Instagram you're missing out.



Repealed A celebration and analysis of a 35-year long grassroots movement that successfully overturned the ban on abortion in Ireland.

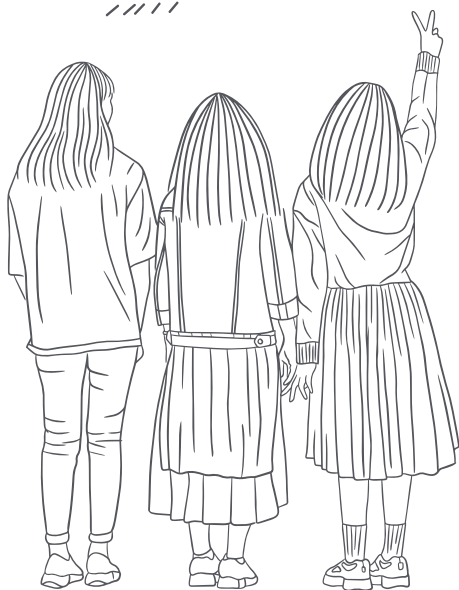




Abortion is a
human right.



You
got this.



NO JUDGEMENT.

Useful Services

Physical health

1800 My Options - 1800 696 784

9am - 5pm, 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.

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.

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.

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 3, 2022
© 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.

