

Sex Ed 101

A SOCIAL MEDIA CAMPAIGN
EXPLORING SEX AND BODIES



**WOMEN'S HEALTH
IN THE NORTH**

voice • choice • power

Women's Health In the North acknowledges Victorian Aboriginal people as the Traditional Owners of the land on which we provide our services – the Wurundjeri people of the Kulin nation – and pay our respects to their Elders past and present and emerging. WHIN acknowledges that Aboriginal sovereignty was never ceded and expresses hope for justice and reconciliation.

Written by Tilly Mahoney and Rosie Brennan. Illustrated by Tilly Mahoney.

© Women's Health In the North (2020) This resource and all its components (including formulas, data, images, and text) are copyright. Apart from fair dealing for the purposes of research, planning or review as permitted under the Copyright Act 1968, no part may be reproduced, copied or transmitted in any form or by any means (electronic, mechanical or graphic) without the prior written permission of Women's Health In the North. All requests and enquiries concerning reproduction and rights should be directed to the Manager Corporate Services, Women's Health In the North.

Women's Health In the North acknowledges the support of the Victorian Government



Contents

2	Foreword	32	Sexually Transmissible Infections
3	About WHIN	40	Negotiating Condom Use
4	Sex Education	44	Body Hair
7	Sex Positivity	47	Vaginal Discharge
9	Consent	52	Cervical Screening
12	Sex, Gender, Gender Identity and Sexuality	60	Pleasure
18	Defining Sex	65	Masturbation
20	Vulvas	69	Female Genital Cutting
22	Penises	75	Safe Sexting
24	Contraception	89	References

In the COVID-19 pandemic, delivering face-to-face sex education was not viable. Women's Health In the North's Sexual and Reproductive Health team explored using social media to to get Sex Ed 101 out to the community.

Foreword

As someone who has worked in and now studies digital sexual health promotion, there's one thing I've enjoyed about COVID-19: how it finally elevated social media as a tool for sex education. Watching social media closely during the pandemic, the Women's Health In The North's Sex Ed 101 campaign really stood out to me.

I believe its focus on expanding the conversation around sexual health represents a new way of doing digital sexual health promotion in Australia. While this is partly due to the holistic sex-positive messaging that goes beyond the tired tropes of "wear a condom", it is primarily the result of how the campaign actively uses the cultures and affordances of Instagram to increase its reach.

The campaign has achieved this through producing aesthetically appealing content with bold and practical messaging that was highly share-able, so that its messages could reach beyond the campaign's direct followers. I know that the learnings from this campaign will inform how other organisations undertake future campaigns. But I really hope that the success of this campaign demonstrates to funders the impact and importance of social media campaigns (particularly about masturbation and pleasure) since there is still so much left to talk about.

Joanna Williams

PhD Candidate, Department of Media and Communications, Swinburne University and former Strategic Director, Bits and Bods

About WHIN

Women's Health In the North (WHIN) is the regional women's health service for the northern metropolitan region of Melbourne.

WHIN aims to strengthen women's health, safety and wellbeing, with a strategic focus on:

- gender equity, health and wellbeing
- sexual and reproductive health
- economic equality
- environmental justice
- preventing violence against women
- integration and coordination of family violence services
- gambling and violence against women.

WHIN has prioritised sexual and reproductive health since its establishment in 1992 and acknowledges that sexual and reproductive health has a defining impact on women and gender-diverse people's lives across the lifespan.



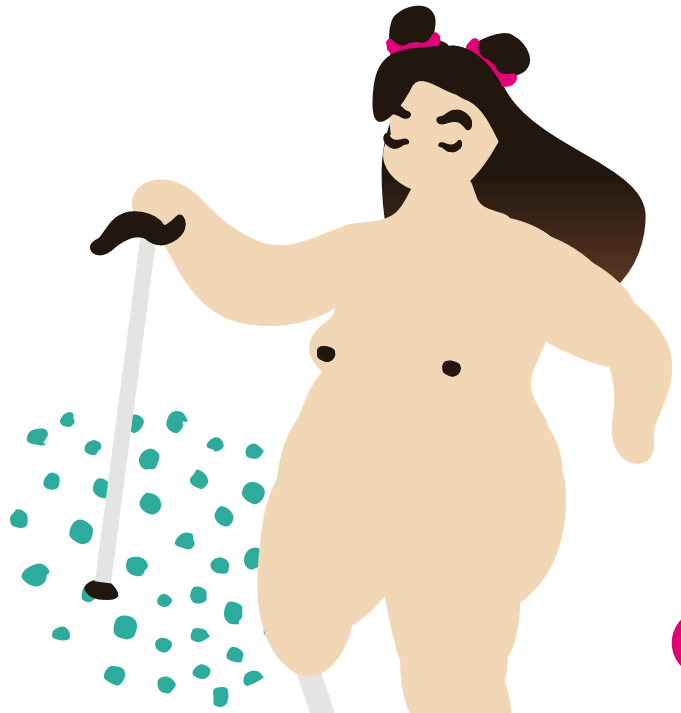
Sex education

We believe that everyone has a right to good sexual and reproductive health.

But we can only make safe and informed decisions about our sexual and reproductive health if we have access to reliable and non-judgemental information.

We believe that the best sex education is

- sex positive
- inclusive
- accessible
- non-judgemental
- practical
- evidence-based
- supportive
- culturally sensitive.



Why is sex education so important?

Comprehensive sex education has been proven to have positive outcomes.

These outcomes include increased condom use and contraceptive use, lower rates of unintended pregnancy and a later sexual debut for young people.

Informed decisions are safe decisions.

Providing holistic and reliable information to individuals, whether or not they are or intend to be sexually active, supports them in making their own choices about their bodies.

Open conversations about sex break down shame and stigma.

Sexuality is a natural, healthy part of life. Normalising conversations about sex and sexuality deepens our knowledge about our bodies and our experiences.

Equal and respectful relationships.

Any healthy relationship – sexual or not – is founded on equality and respect. This means feeling comfortable to communicate honestly with your partner and respecting each other's needs.

Getting to know your body

The more we know about our bodies, the better we can take care of them. Our sexual and reproductive health is just as important as other aspects of our health.

Sexuality means something different to everyone.

There is no one way to experience sexuality. Therefore sexual and reproductive health information needs to support the diversity of bodies, desires and needs within our community.

Sex positivity

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

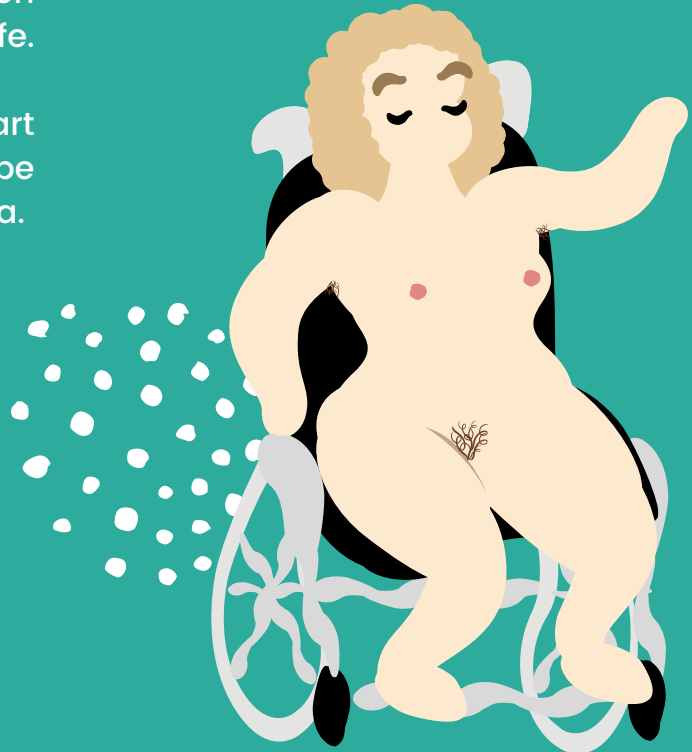
Sex positivity is ensuring that enthusiastic consent comes before any sexual activity.

Sex positivity embraces comprehensive sex education and staying safe.

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

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

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



What sex positivity does not mean...

Sex positivity does not mean you must like having sex.

Some people like having sex, some people don't like having sex. It is about respecting the sexual choices and practices of yourself and others.

Sex positivity does not mean being interested in having sex at any time, with anyone.

Sex positivity is about all people being empowered to make the choice to have sex or not to have sex.

Sex positivity does not mean making other people listen to you talk about sex.

If you want to talk about sex with someone, ask for their consent first.

Sex positivity does not mean believing that some ways of having sex are better than others.

There are lots of great and different ways to have sex as long as consent comes first.

Sex positivity does not mean not having your own sexual boundaries.

It is important to be clear about your boundaries and communicate them to your partner. It is your body, your choice.

Consent

It's vital to every sexual experience.
But how do we define consent?



Voluntary

You make decisions about what to do with your body without being forced, manipulated or coerced.

Informed

You can only consent to something if you have the full story. If someone says they will use a condom and then they don't, that's not consent.



Sober

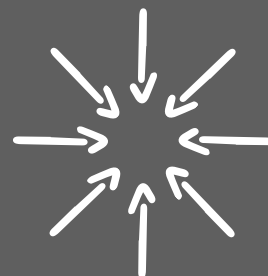
If you or your partner are under the influence of drugs or alcohol, that's not consent.





Mutual

Consent is a shared process between sexual partners. It goes both ways.



Specific

Just because you consent to one thing does not mean that you have consented to everything. Check in with your sexual partner regularly throughout sexual activity.

Reversible

Consent can be withdrawn at any time. You can always change your mind, even if you're already having sex.



Enthusiastic

This means WANTING to engage in sexual activity with your partner. If you're both enthusiastic about having sex, it makes the experience much more pleasurable and enjoyable.

Consent doesn't only apply to sex.

It also applies to...

- Non-sexual touching
- Sharing the personal information of others
- Borrowing someone else's belongings
- Photographing others
- Conversations
- Financial decisions
- Group activities
- And more!

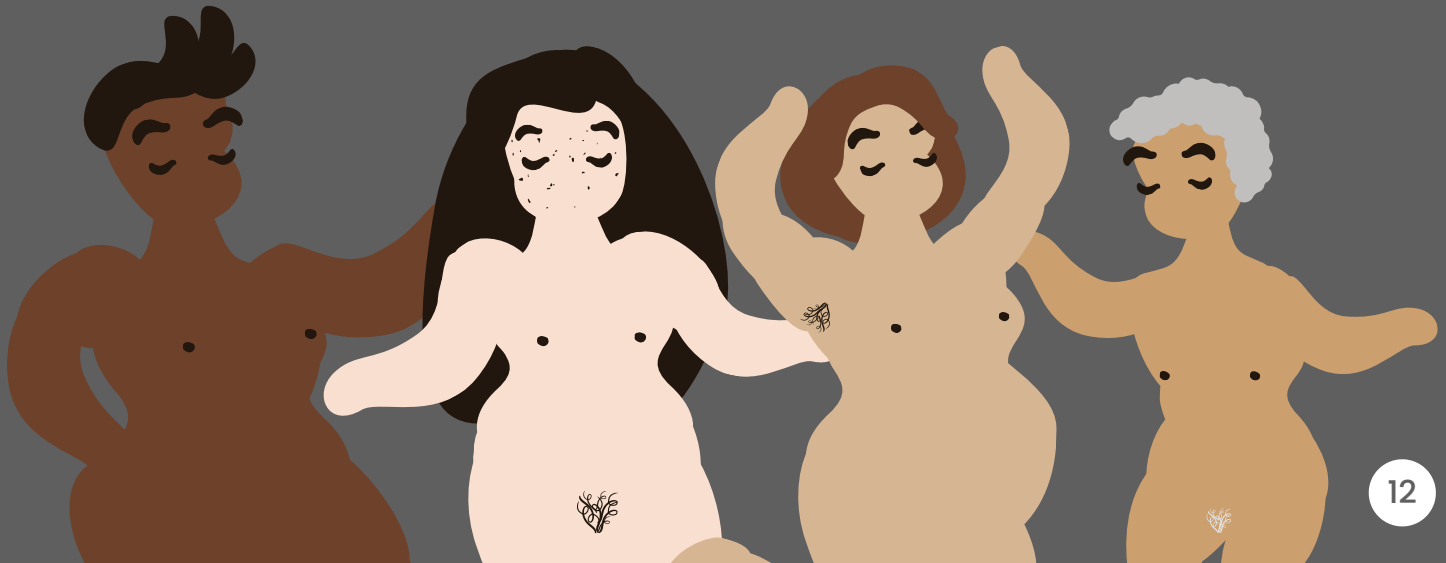
Sex, gender gender identity and sexuality

Sex, gender, gender identity and sexuality are not the same. In fact, they are quite different.

Your gender identity and sexuality can be expressed and experienced in different ways and can change throughout your life.

It is about what feels right for you, right now.

It is important to use respectful and inclusive language when referring to people of all genders and sexualities.





Sex refers to biological features of your body. This includes reproductive organs, chromosomes, hormones and genes.



Gender is an idea that has been created and accepted by our community about what it means to be a woman, a man, transgender or gender-diverse. This may or may not look like your experience. This idea of gender can be limiting and harmful for some people.



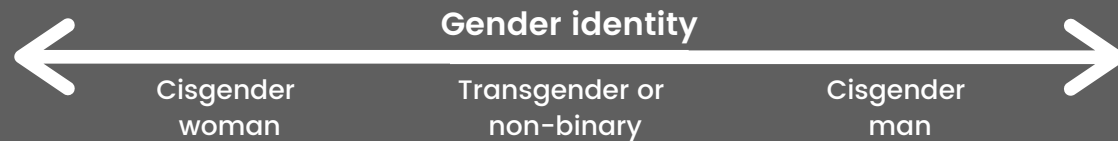
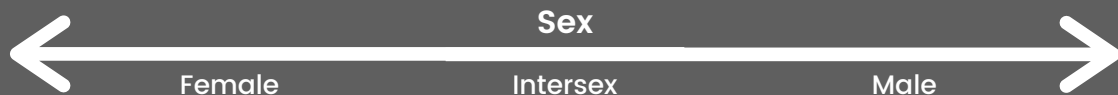
Gender identity refers to the way you feel about yourself in relation to the idea that our community has about what it means to be a woman, a man, transgender or gender-diverse.

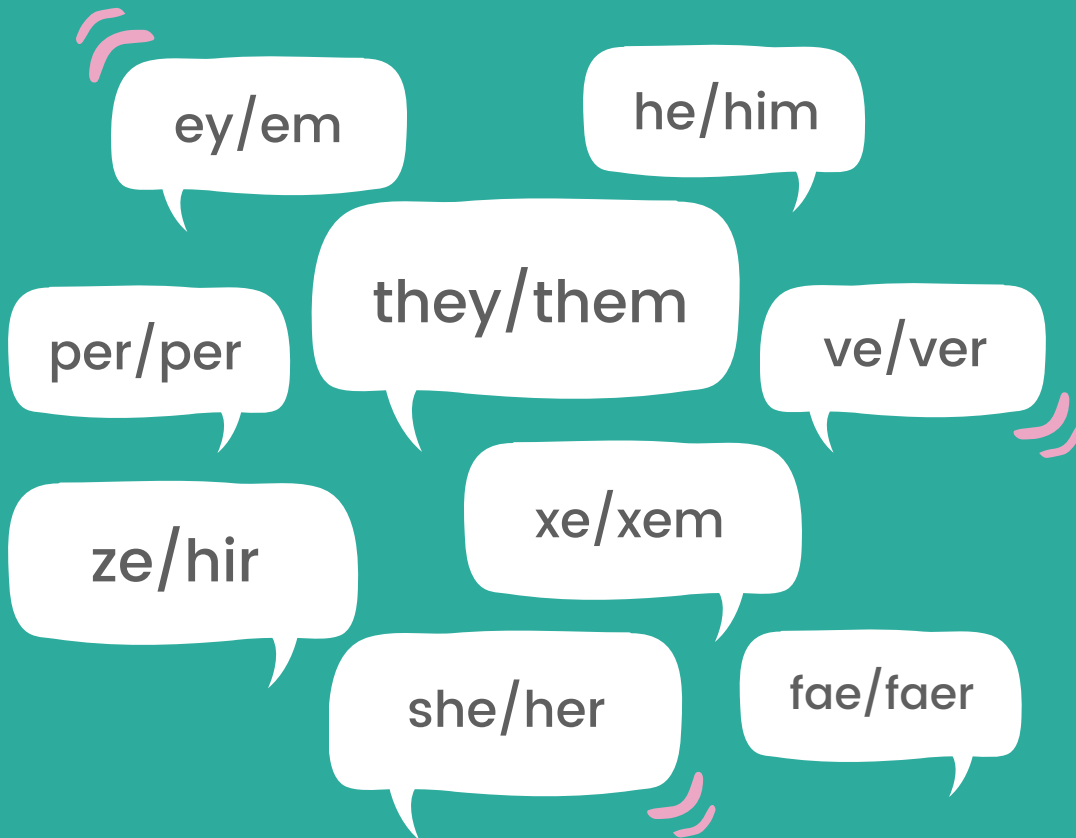


Sexuality refers to your emotional, romantic, and/or sexual attractions towards others.

Some people think that there are only two 'options' when it comes to sex, gender identity and sexuality. This is also called the binary.

There are actually a range of different ways to describe your sex, gender identity and sexuality. Here are some examples of the many ways that sex, gender, gender identity and sexuality can be described.





Let's talk pronouns

Do you know what pronouns are? Take a moment to consider how you refer to yourself while looking at the examples above.

It is important to remember that your pronouns can change over time. It's about what feels right for you right now.

Why is it important to ask for pronouns?

You can't always know what someone's pronouns are by looking at them. Asking and correctly using someone's pronouns is one of the most basic ways to show your respect for their gender identity.

How do I ask for pronouns?

Casually offer your own pronouns. This can make others feel more comfortable in sharing their own.



Respect the privacy of others. Ask them privately or quietly if possible.

What if I make a mistake?


Making mistakes is okay.

If you do use the wrong pronoun, say 'Sorry, I meant to say [insert pronoun]'.

If you don't realise that you made a mistake at the time, you can apologise privately later on.



Hi. My pronouns are she and her. What pronouns would you like me to use for you?



Thank you for asking.
Today I am using the pronouns they and them.

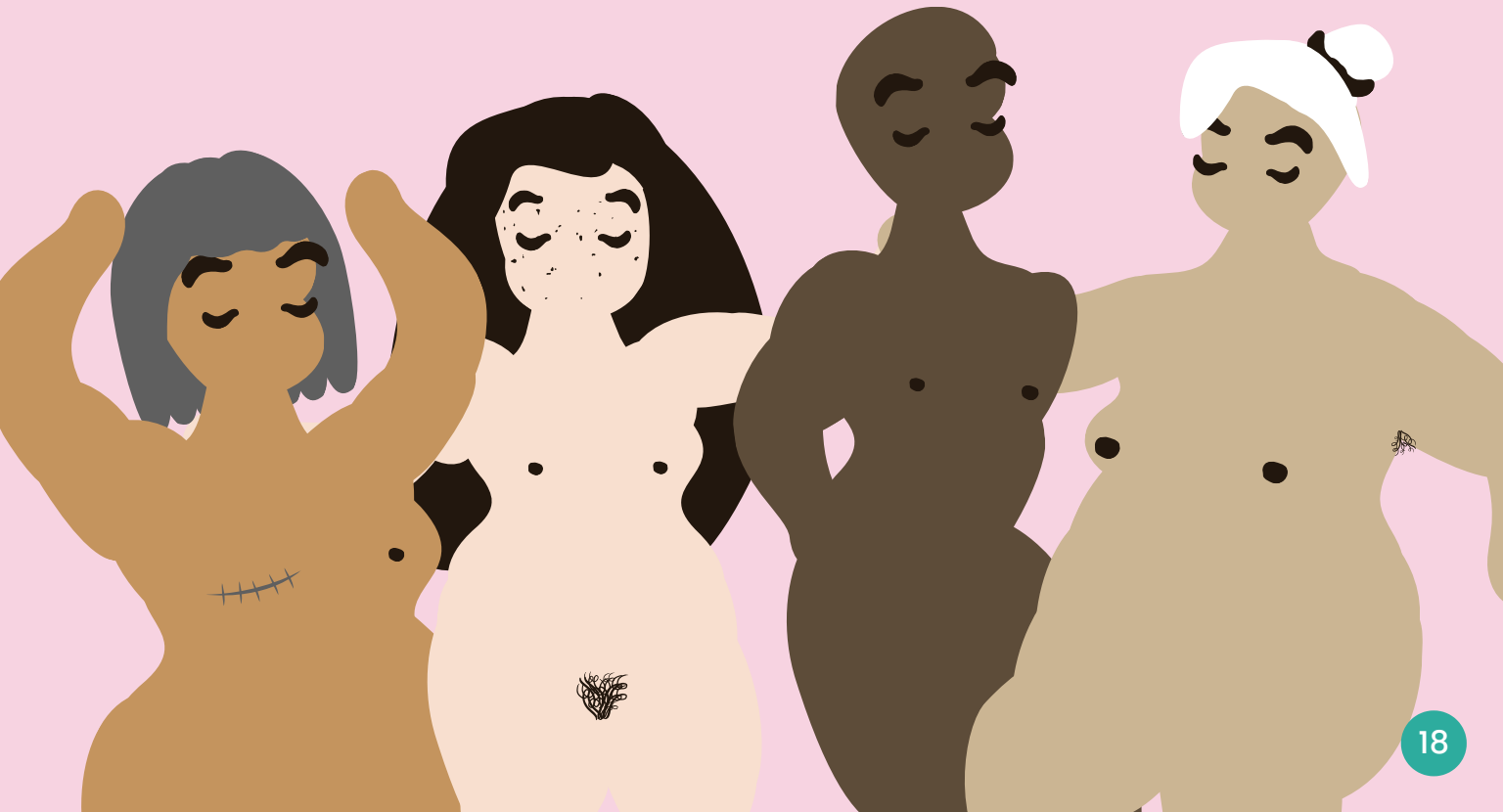
Defining sex

Sex is not just penis in vagina intercourse.

Penis in vagina intercourse is just one way of having sex.

You get to decide what sex means to you.

There are lots of different ways to have sex and that's great. As long as there's consent involved, it's about what feels good for you, right now.



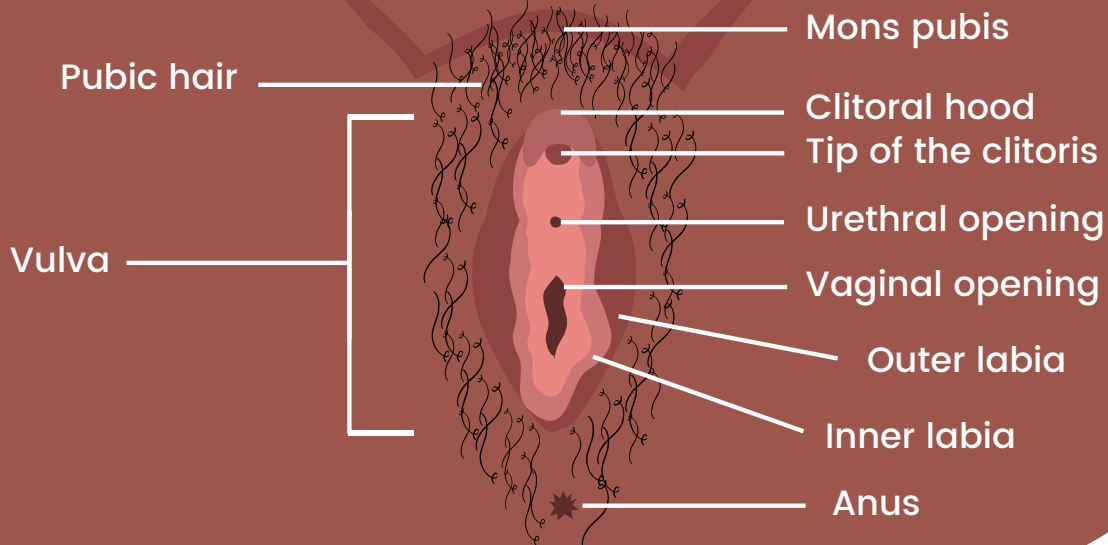
~~Losing virginity~~
First sexual
experience



Virginity
is an idea that reflects
gender discrimination
and exists to control the
sexuality of women and
gender-diverse people.

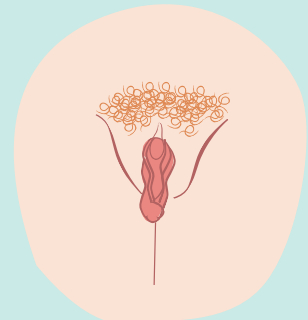
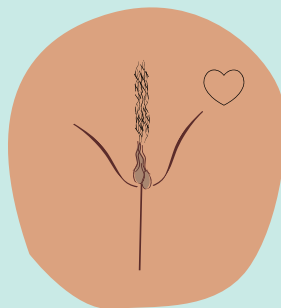
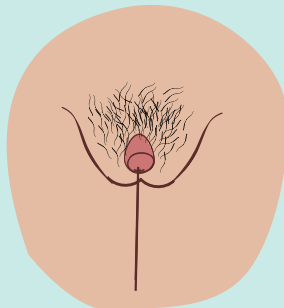
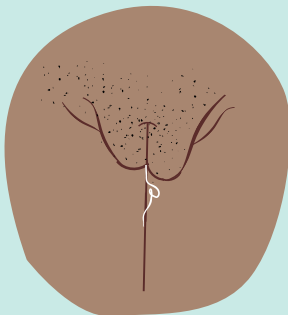
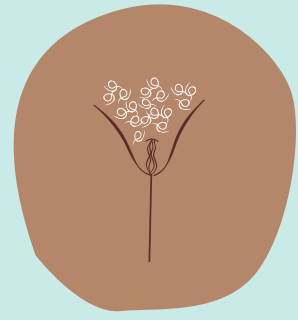
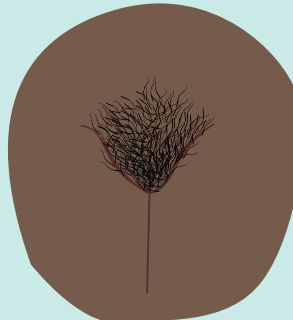
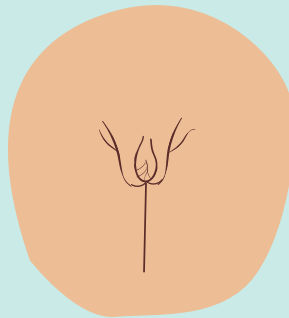
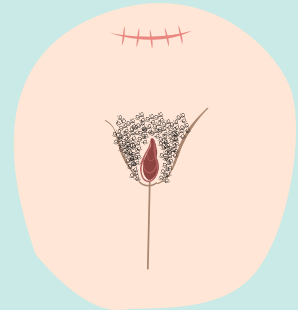
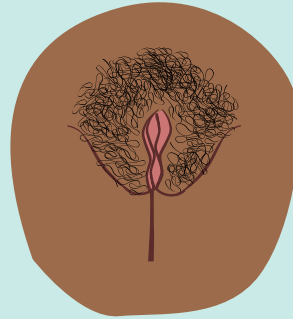
Vulvas

The more we know about our bodies, the better we can take care of them.
It's important for people with vulvas to know what theirs looks like.
However, many people have never seen their own vulva!
Do you know what your vulva looks like?



Vulvas are as diverse as our faces are!

Differences in shape, colour, pubic hair and symmetry are completely normal and should be celebrated.



Penises

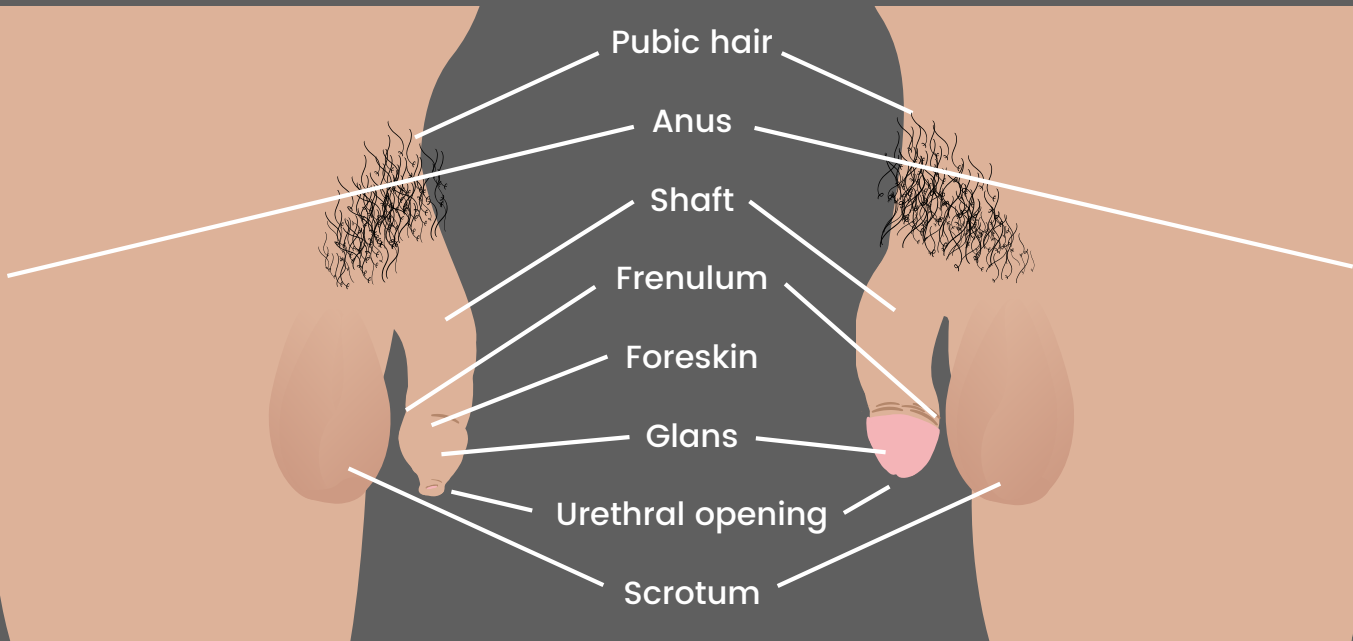
Everyone's penis is a little different.

Thick or thin, long or short, straight or with a little curve. So long as your penis doesn't hurt or feel uncomfortable, your penis is totally normal.

Do you know the basic anatomy of your penis?

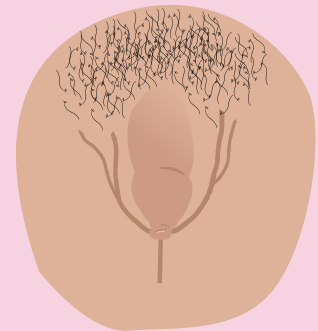
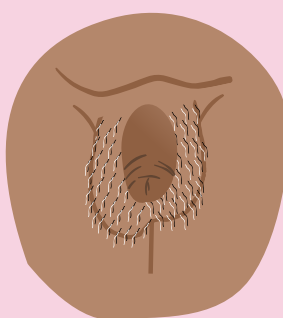
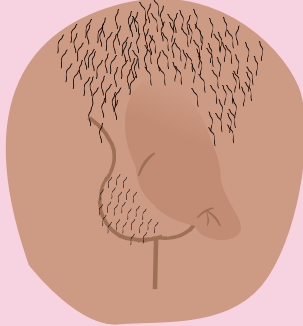
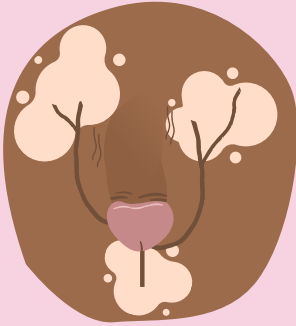
Uncircumcised

Circumcised



Penises come in all different colours, shapes, and sizes.

Differences are totally
normal and should
be celebrated.

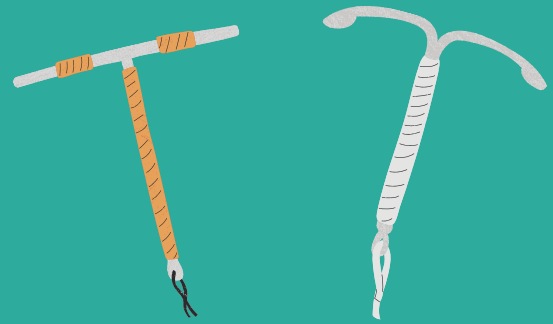


Long acting reversible contraception

Long acting reversible contraception, or LARC, are effective, low cost options that last for a long time and that you don't have to remember to use every day.

LARC are contraceptives that are inserted into your body, either as a device in your cervix or arm, or as an injection.

LARC will prevent pregnancy for a number of months to years depending on which type you choose. All types of LARC are reversible.



Intra-uterine device (IUD)

A small device that is inserted through your cervix into your uterus. It is approximately the size of a small key.

It is more than 99% effective at preventing pregnancy.

There are two types of IUD:

- A copper IUD which lasts for 5 to 10 years.
- A hormone-releasing IUD which lasts for 5 years. You may have heard this referred to as a Mirena.

Contraceptive implant

A small plastic rod that is placed under the skin of your upper arm.

It is approximately the size of a matchstick.

The contraceptive implant can last up to 3 years.

It is more than 99.95% effective at preventing pregnancy.

You may have also heard this referred to as Implanon.



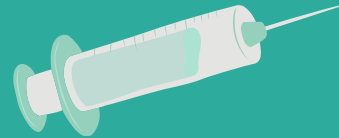
Contraceptive injection

This is an injection of the hormone progestogen given every 12 weeks.

This is injected into your arm or bottom muscle.

It is 96% effective at preventing pregnancy.

You may have also heard this referred to as Depo-Provera or Depo.



What other methods of contraception are there?

No matter what contraception you choose, condoms and dental dams are the only way to protect against sexually transmissible infections.

Condom: external

This is a thin, strong latex or non-latex covering that is rolled over an erect penis.

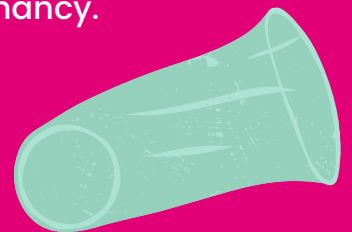
Condoms can only be used once. When used correctly, condoms reduce the risk of pregnancy and sexually transmissible infections. These condoms are 88% effective at preventing pregnancy.



Condom: internal

This is a thin, strong non-latex pouch that is inserted into the vagina.

Condoms can only be used once. When used correctly, condoms reduce the risk of pregnancy and sexually transmissible infections. These condoms are 79% effective at preventing pregnancy.

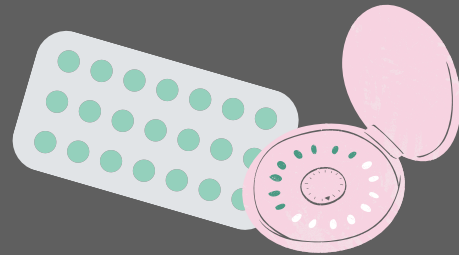


Contraceptive pill

There are two types of contraceptive pill:

- The combined oral contraceptive pill, containing two hormones called oestrogen and progestogen.
- The progestogen-only pill.

The contraceptive pill is 93% effective at preventing pregnancy, and you need to remember to take it every day.



Diaphragm

This is a shallow silicone cup that fits inside the vagina and covers the entrance to the uterus.

Diaphragms are reusable, but must be left in for a minimum of 6 hours after ejaculation.

Diaphragms are 82% effective at preventing pregnancy.



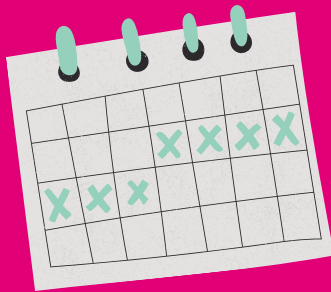
Vaginal ring

This is a small, flexible ring that sits inside the vagina for 3 weeks and releases the hormones oestrogen and progestogen. It is roughly the shape of a hair tie. You remove the vaginal ring after these 3 weeks to have your regular period, and then a new ring is inserted one week later. It is 93% effective at preventing pregnancy.



Fertility awareness methods

These methods track the changes that happen in your body every month as a guide to know when it is safe or unsafe to have sex. These methods take practice before you can use them accurately and are best when your periods are regular. These can range between being 76–93% effective at preventing pregnancy.

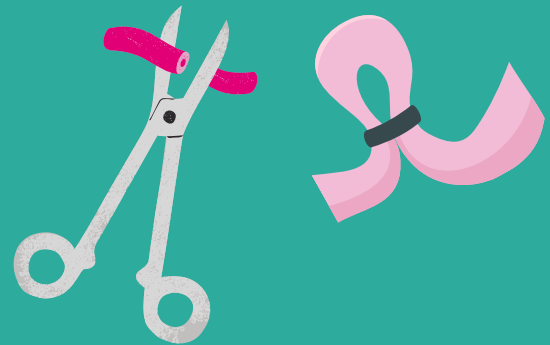


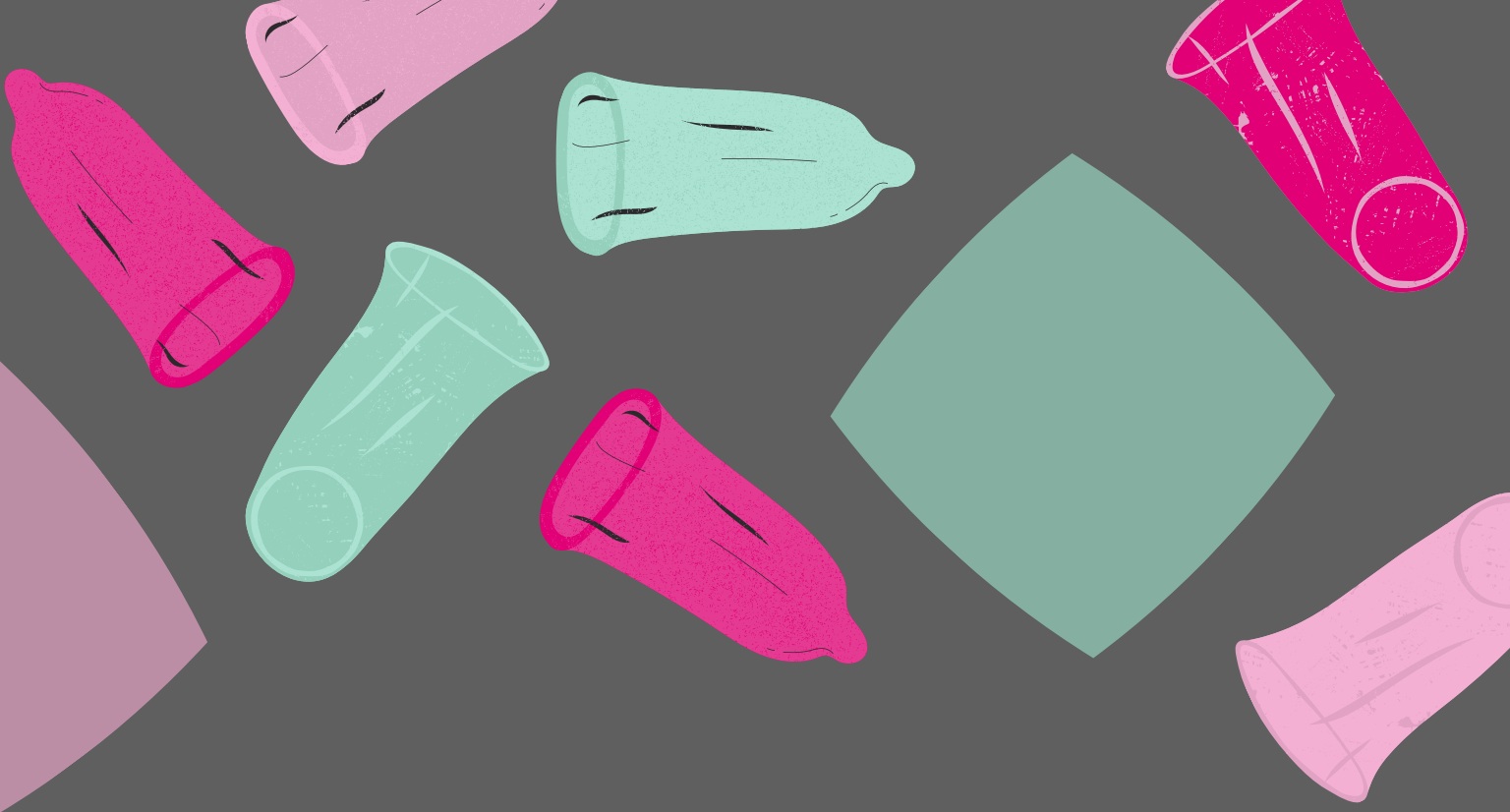
Permanent contraception

There are two types of sterilisation:

- Tubal ligation, where a small clip is put on the fallopian tubes.
- Vasectomy, where the tubes that carry the sperm are cut.

Both procedures are simple operations and usually can't be reversed.





Condoms and dental dams are the best way to protect against sexually transmissible infections.

Condoms and dental dams are always a good idea! These are also known as 'barrier methods' because they provide a physical barrier to infection between you and your sexual partner. No matter what contraception you choose to use, it's important to use barrier methods to prevent sexually transmissible infections.

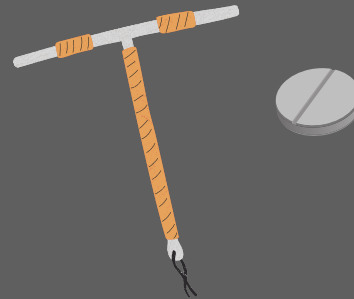
Emergency contraception

Emergency contraception can be used to avoid pregnancy if you've had vaginal sex without contraception or the condom broke.

One type of emergency contraception is the **emergency contraceptive pill**. It is 85% effective at preventing pregnancy. This used to be called the 'morning-after' pill, but that name is no longer used because it is inaccurate.

This should be taken **as soon as possible** after unprotected vaginal sex. It can be taken up to 4 or 5 days after unprotected vaginal sex, but the sooner you take it, the more effective it will be.

The other type of emergency contraception is the **copper IUD**. It is 99% effective at preventing pregnancy and can be inserted up to 5 days after unprotected vaginal sex. The sooner it is inserted by a health professional, the more effective it will be.



The page is decorated with various cartoon-style germs. At the top left is a large, light blue, multi-lobed germ with a single dot. In the top center is a light blue, irregularly shaped germ with a dotted border. At the top right is a large, round, light blue germ with multiple stalks and a surprised facial expression. On the right side, there is a light blue, irregularly shaped germ with a dotted border and a surprised expression. At the bottom right is a large, round, light blue germ with multiple stalks and a surprised expression, with a pink circle containing the number 32 near its bottom right. In the bottom center, there are two small, light blue, multi-lobed germs. The background is white.

Sexually transmissible infections

There are many different types of sexually transmissible infections (STIs).

This means that the treatment of each STI may be different too. STIs can be passed from person to person during sex without a condom or dental dam.

If you have a sexually transmissible infection, that's okay. STIs can happen to anybody. Some are treatable. All are manageable.

There are things that you can do to prevent the spread of STIs. Practising safer sex by using barrier methods and getting tested regularly are important to lower your risk of getting an STI or passing one on.

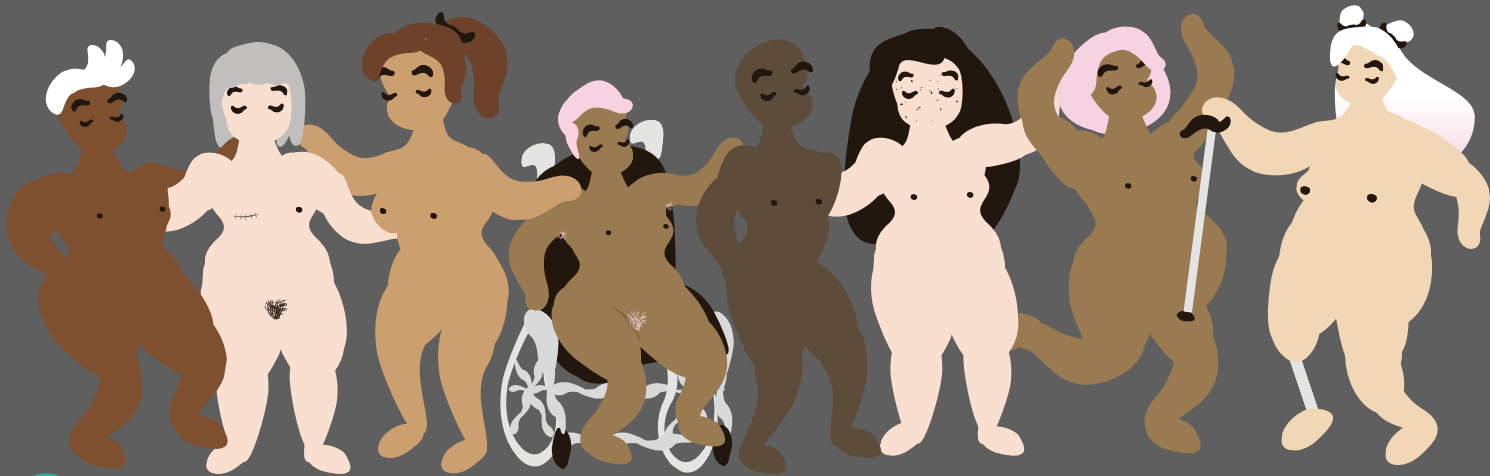
Herpes Simplex Virus (HSV-2)

A very common STI caused by a strain of the herpes simplex virus.

Most people infected with HSV-2 do not have symptoms. Sometimes symptoms of HSV-2 can take some time to develop. Symptoms of HSV-2 include irritation, itching or soreness of the skin, and blisters or painful ulcers in the genital area.

HSV-2 is very manageable with treatment.

Approximately 1 in 8 sexually active people will have genital herpes in their lifetime, yet we still see health information that suggests that STIs are abnormal.



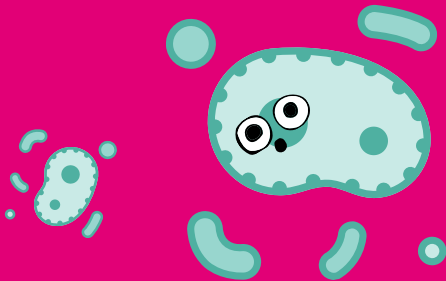
Chlamydia

A very common STI caused by a bacteria.

Most people infected with chlamydia don't have any symptoms. You may not know you have chlamydia unless you get tested.

If you do have symptoms, these might look like unusual discharge from your vagina or penis, stinging when passing urine or pelvic pain.

Chlamydia is treated effectively and quickly with a single dose of antibiotics.



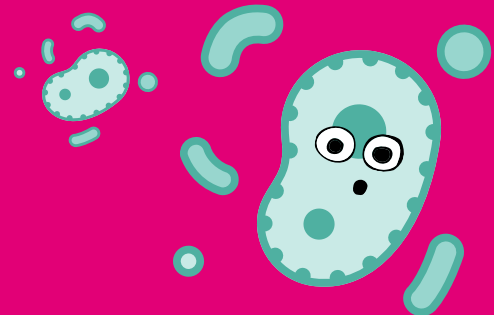
Gonorrhoea

A common STI that is caused by a bacteria.

Infections in the vagina, anus and throat do not usually show symptoms, but may include unusual discharge, discomfort passing urine or pelvic pain.

People with an infection in the penis usually have symptoms which may include changes to discharge and pain or discomfort when passing urine.

Gonorrhoea is treated effectively with antibiotics.



Human Papilloma Virus (HPV)

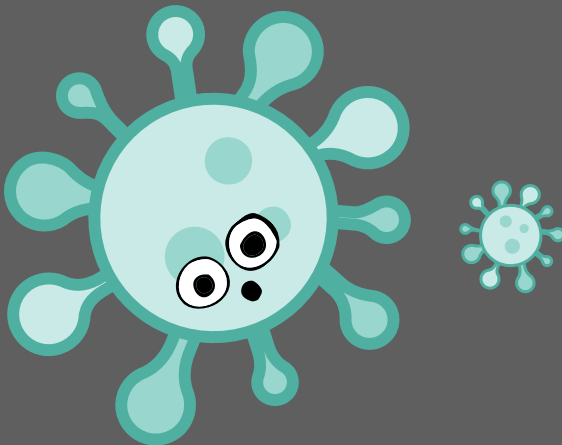
A very common STI caused by a virus.
Most people who have had sex will have HPV at some point in their lives.

HPV can cause changes to the cells on the surface of the cervix, throat or anus. These changes are picked up in a cervical screening test (which used to be called a Pap Smear).

Most people with HPV will have no symptoms but can still pass the infection on to others during sex.

There are many, many strains of HPV. Most of the time, your body will clear the virus by itself. There are certain strains of HPV that can cause genital warts or cervical cancer.

If you have a vaccination for HPV and have regular cervical screening tests, this is very rare.



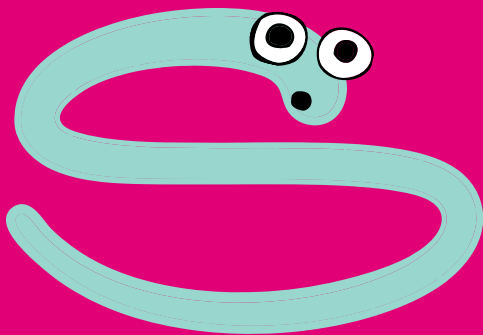
Syphilis

An STI caused by a bacteria.

Not every person infected with syphilis will have symptoms, so you may not know you have it unless you have a blood test.

If syphilis is not treated, the symptoms can get worse.

Syphilis is usually treated with the antibiotic penicillin.



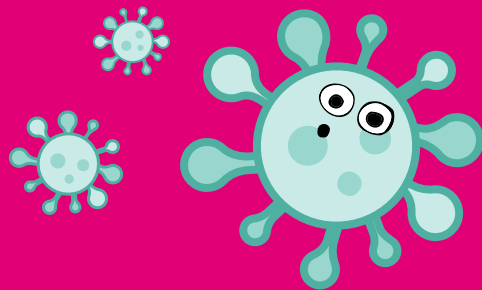
Hepatitis B

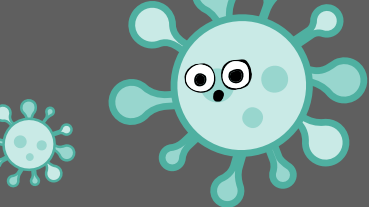
An STI caused by a virus.

Some people may experience flu-like symptoms including muscle aches and pain, fever and swollen glands. However, many people have no symptoms.

If left untreated, Hepatitis B can cause serious liver damage.

Hepatitis B is most commonly treated with anti-viral medications over a long period of time.





Human Immunodeficiency Virus (HIV)

A blood-borne virus that can be spread through sex without barrier methods with a person that is infected.

HIV is the name of the virus that can cause Acquired Immune Deficiency Syndrome (AIDS) when left untreated.

There is also medication to prevent HIV infection called Pre-Exposure Prophylaxis (PrEP).

There is also medication to prevent infection after sex with a person who may have HIV called Post Exposure Prophylaxis (PEP).

There is no cure for HIV yet, but there are very effective treatments available so that people with HIV can live happy and healthy lives.

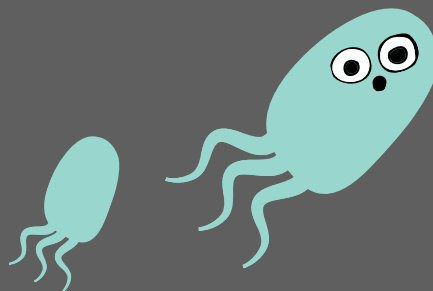
Trichomoniasis

An STI caused by a parasite.

Trichomoniasis is most common in women and often has no symptoms.

Symptoms can include unusual vaginal discharge, unpleasant vaginal odour and itching or burning around the vulva.

Trichomoniasis is treated with antibiotics.



Shame and stigma that persist around STIs enable misinformation, are barriers to open conversations about sexual health and prevent STI testing.

We need to challenge the way that we talk about STIs and stop using word like 'clean' and 'dirty' to describe someone's health status.

Normalising conversations about sexual health with our sexual partners is vital to end STI stigma and to make sure that you both have the information needed to make an informed sexual decision.

Hey.

Before we have sex, let's talk about our sexual health. When was your last STI test? Mine was three weeks ago and my results came back positive for herpes simplex virus.

I have no symptoms at the moment.

I have found some resources about how we can best practice safer sex together.

Would you like to read them together?





Negotiating condom use

Negotiating condom use can be tricky.
Have you ever had this experience?

Here are some common excuses that
we've heard and some examples of
responses to negotiate safer 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 it once we get started.

COMMON EXCUSE #2

I don't have any.

If we are not 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 a sexually transmissible infection.

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 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 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

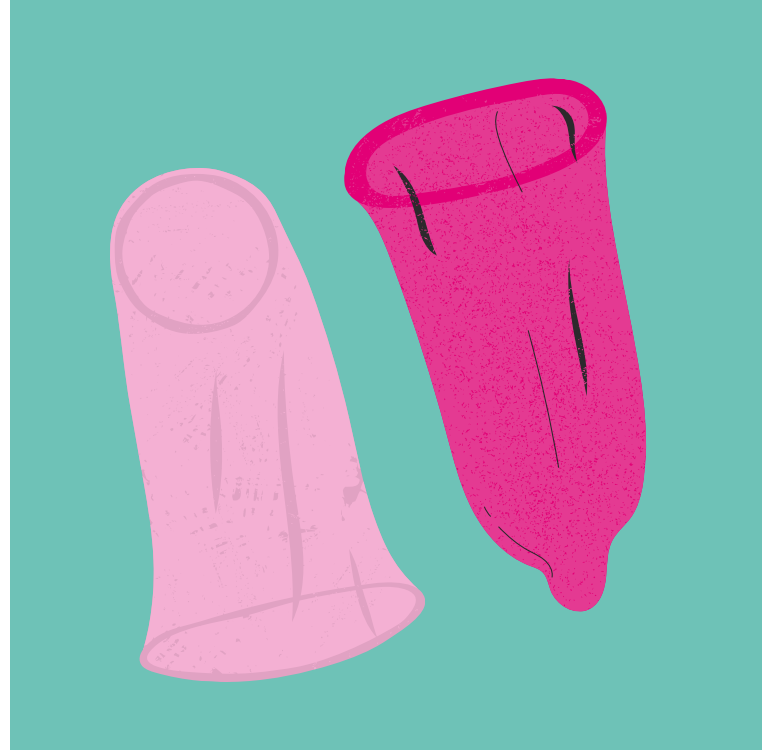
I can't afford them.

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.



If your sexual partner does not respect your wishes to use condoms or other barrier methods during sex, that is not okay.

Consent must be at the centre of every sexual experience.

It is your right to be informed about the contraception options available to you.

It is your right to have access to these contraception options.

It is your right to make decisions about your own body.

It is your body, your choice.

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.

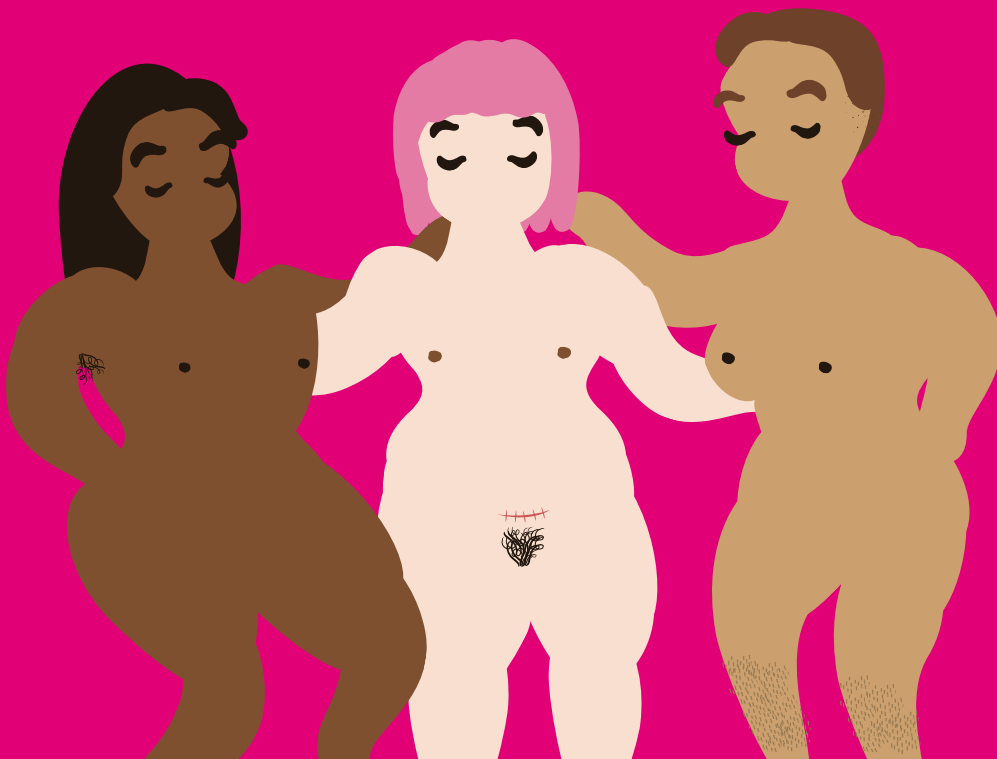
Body hair is natural and normal.

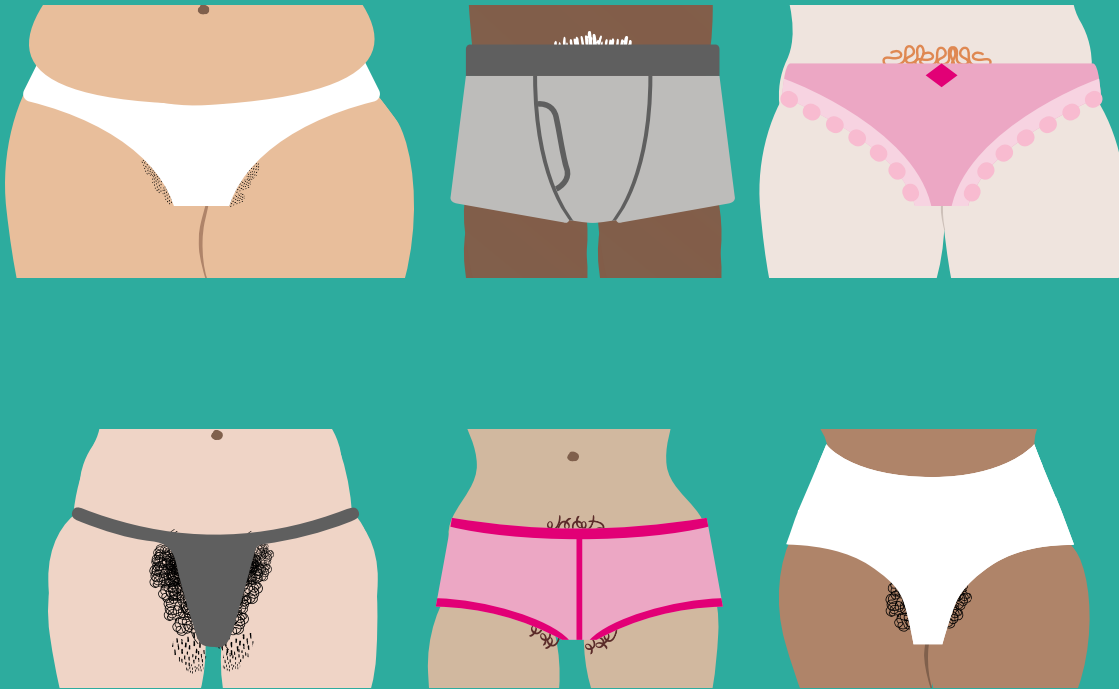
It can be curly, straight, dense or barely there.

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.



Vaginal discharge

Those of us who received sex education at school probably learnt about periods, but what about vaginal discharge? Vaginal discharge is normal and varies throughout your life.

It is important to get to know your own unique vaginal discharge so that you can identify any changes that might indicate infection including changes in colour, consistency, smell or quantity compared to your usual discharge.

Bacterial vaginosis and thrush are common infections that can cause changes to your usual vaginal discharge.

Do you know the difference?

BACTERIAL VAGINOSIS

ONE IN THREE PEOPLE WITH A VAGINA WILL
HAVE BACTERIAL VAGINOSIS AT SOME POINT
IN THEIR LIFETIME

CAUSED BY
BACTERIA

THIN, WATERY
WHITE OR GREY
DISCHARGE

OFTEN NO ITCH,
IRRITATION OR
SORENESS

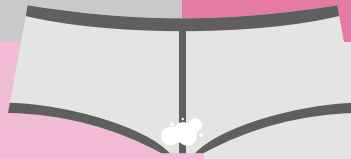
FISHY ODOUR

THRUSH

THREE OUT OF FOUR PEOPLE WITH A VAGINA
WILL HAVE THRUSH AT SOME POINT
IN THEIR LIFETIME

CAUSED BY
YEAST

THICK WHITE
DISCHARGE
SIMILAR TO
COTTAGE CHEESE



ITCH,
IRRITATION OR
SORENESS

NO ODOUR

How do I look after my vagina?

Here are some dos and don'ts when it comes to looking after yourself.

DO

Just use water

The vagina has its own cleaning system. If you must, a gentle soap is okay for your external genitalia. Remember that less is more.

DO

Wear breathable underwear

If your vulva and vagina don't get any air, you will be more prone to yeast infections like thrush.

DO

Wipe from front to back

Wiping from front to back after you go to the toilet will prevent the transfer of bacteria from your anus to your vagina.

DON'T

Douche or use deodorant sprays

Introducing new chemicals into the vagina can upset the natural bacteria that keeps your vagina healthy.

DO

Practice safer sex

Use condoms or dental dams to prevent sexually transmissible infections.

DO

Get changed out of your sweaty or damp exercise clothing or bathers

Bacteria loves a warm and damp environment. Change out of your exercise clothing or bathers as soon as possible to avoid infection. A

DO

Keep up to date with cervical screening

Being screened regularly means that any abnormal changes in the cervix can be picked up early on.

Cervical screening

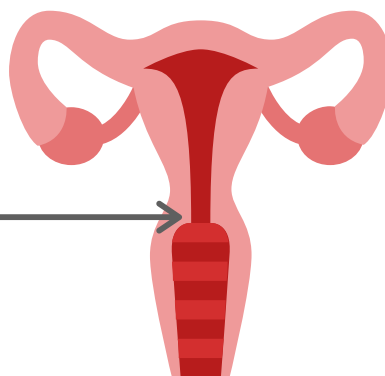
Cervical screening can sometimes be awkward and uncomfortable, but it is a vital way to look after our bodies. When was your last Cervical Screening Test?

A Cervical Screening Test is a simple procedure to check the health of your cervix.

The test involves a health professional taking a sample of cells from your cervix.

The sample of cells is then checked in a laboratory for the presence of human papilloma virus (HPV).

This is the cervix. —————→
The cervix is the lower end of the uterus that connects with the upper part of the vagina.



What is the difference between a cervical screening test and a Pap smear?

Recently, the Cervical Screening Test replaced the Pap smear. The Cervical Screening Test looks and feels the same as a Pap smear. Because of advancements in research, the Cervical Screening Test is now more accurate and can identify cervical health issues earlier on.

When should I start routine cervical screening?

If you have a cervix, you should start cervical screening at age 25. If you have had a Pap smear before the age of 23, you would have been due for your next Cervical Screening Test once you have turned 25.

How often do I need a Cervical Screening Test?

If you have a cervix, and are aged between 25 and 74, and have ever been sexually active you need to have a Cervical Screening Test at least every 5 years, even if you are no longer sexually active or have experienced menopause.

Isn't five years too long to wait between tests?

No. Because of advancements in research, the Cervical Screening Test is now more accurate and can identify cervical health issues earlier on.

This means that the cervical screening test will catch what could eventually turn into cervical cancer (which can take a number of years) one step earlier than the Pap smear. For that reason, you don't need to test as frequently.

What if I have had the HPV vaccine?

The HPV vaccine only protects against some types of HPV. There are several other types of HPV that are not covered by the vaccine.

There is also the possibility that you have been exposed to HPV through sexual activity before you had the vaccine.

The best way to look after the health of your cervix is the combination of the HPV vaccine and regular cervical screening.

What if I am in a same sex relationship?

Regardless of who you have sex with, if you have a cervix and have ever had sex, you need to have a Cervical Screening Test at least every 5 years.

What happens during a Cervical Screening Test?

Here's a quick run through of the process. If you are unable to have or cant tolerate a speculum examination, you may be eligible to take a vaginal swab instead. Discuss this with your healthcare professional at your next appointment.

On the day of your Cervical Screening Test, the doctor or nurse will ask you to remove your clothing from the waist down, and to lie on your back.

Once you are comfortable, you will be asked to bend your knees so your heels are near your bottom.

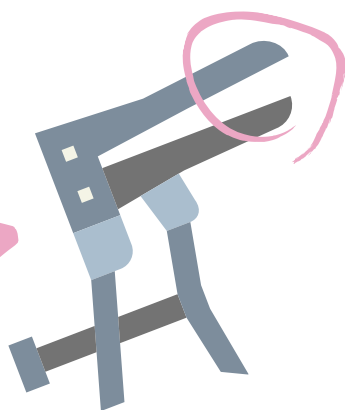
After opening your knees, the doctor or nurse can begin the procedure.

An instrument called a speculum will be inserted into your vagina to hold the walls of the vagina apart and allow the cervix to be seen clearly.

A soft brush is inserted and used to take a small sample of cells from the cervix.

This might feel weird or uncomfortable, but it should not be painful. This will take less than a couple of minutes.

This is a
speculum



This is the part that is
inserted into your
vagina to hold open
the vaginal walls

Once the doctor or nurse has taken the sample, they will remove the speculum and you will be able to get dressed. The doctor or nurse will place the sample in a tube that contains liquid, and send it to a laboratory for HPV testing.

For some people, the Cervical Screening Test can feel awkward or embarrassing. It's important to remember that this is a very common test, and for the doctor or nurse it's a very normal part of their job.

It usually takes about two weeks to get your results.

Your doctor will let you know when to come back for your next Cervical Screening Test or follow-up appointment.

If you are unable to have or can't tolerate a speculum examination, you may be eligible to take a vaginal swab instead. Discuss this with your healthcare professional at your next appointment.

What does my Cervical Screening Test result mean? Don't panic.

If HPV is not detected, it is likely you will need to come back in five years for your next Cervical Screening Test.

If HPV is found your doctor will let you know what will happen next.

If HPV is detected, you might have a follow-up procedure called a colposcopy.

A colposcopy is a procedure used to look closely at the cervix, vagina and vulva to help locate changed or abnormal cells and see what they look like.

Your health professional will use a special camera for this procedure.

A colposcopy looks and feels very similar to a Cervical Screening Test.

It's important to remember that HPV infections usually clear on their own.

Also keep in mind that most abnormal cells are not cervical cancer, and can usually be treated quickly and painlessly.

Pleasure

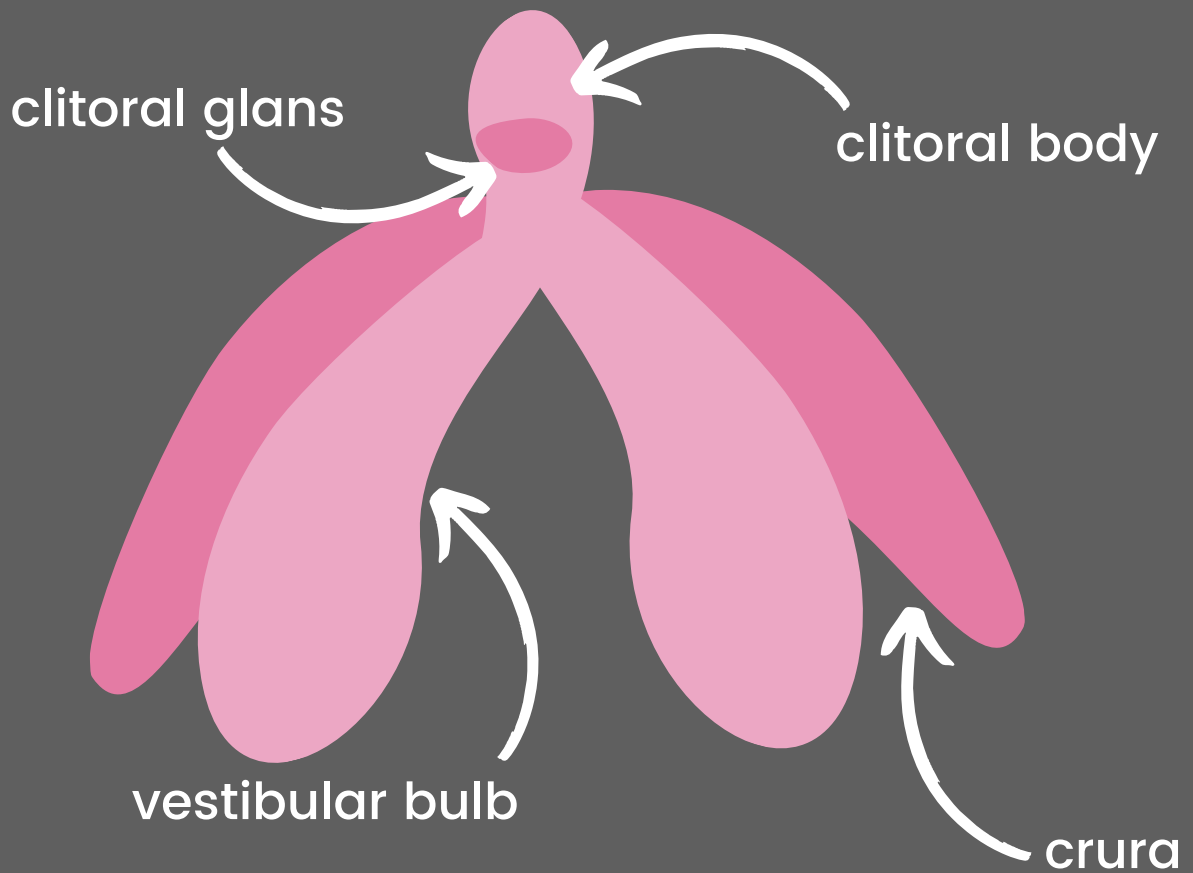
Sex and pleasure are major parts of human wellness.

However, we are taught very little (if anything) about pleasure in sex education. Normalising conversations about pleasure can help in negotiating consent and finding what feels right for you.

Did you know that the full structure of the clitoris wasn't discovered until 1998 by Melbourne-based doctor Helen O'Connell?

The clitoris has 8,000 nerve endings and it the only organ whose function is solely for sexual pleasure.

The clitoris



What is the pleasure gap?

Often, pleasure isn't equal.

Let's see what the research says.



Cis-women are 4 times more likely to say that sex wasn't pleasurable in the past year than cis-men.

Herbenick et al, 2018

Cis-men have 20% to 50% more orgasms than heterosexual cis-women in partnered sexual encounters.

Laumann, 1994; Lloyd, 2005;
Herbenick et al, 2018

More than 50% of people with vulvas report having faked an orgasm.


Ellsworth & Bailey, 2013

Interestingly, people in queer relationships report fewer experiences of sex without orgasm than people in heterosexual relationships.

Ellsworth & Bailey, 2013

**Shame and stigma around sexuality and pleasure contributes to this gap.
Everyone has a right to pleasurable sexual experiences that are empowering, fulfilling and equitable!**

"Cis" means the person's gender identity matches the sex they were assigned at birth. It is the opposite of "trans".



You have the right to
**empowering, fulfilling and
pleasurable sexual experiences.**

There are many different ways
that people experience pleasure
and all of those ways are valid.
Through a sex positive lens, we embrace all
forms of consensual sexual expression –
including the choice not to have sex.
Your pleasure is yours to define.
It is about what feels
right for you, right now.

Masturbation

Masturbation is a great way to get to know your body.

Historically, cis-men's masturbation and sexuality has been accepted as normal and natural, while the masturbation of women, trans and gender-diverse people has been shamed and hidden.

We reject shame and stigma when it comes to pleasure, and that includes embracing whatever makes your body feel good!

Masturbation is normal and healthy.
There is no shame in getting to know your body and what gives you pleasure.



Masturbation can...

- help **relieve** menstrual cramps or other muscle tension
- be **relaxing**
- help you learn what gives you **pleasure**
- help you learn how to **orgasm**
- be **self-care**
- improve your **mental health** by releasing endorphins
- help improve sexual **self-esteem** and **body image**.

Masturbation is different for everyone.

In the privacy of your own space, there is no right or wrong way to masturbate.

We are all different. What feels good for someone else may not be what feels good for you. It's okay to masturbate frequently, infrequently or not at all!

It's about what feels right for you, right now.



Masturbation myths

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

Have you heard these before?

Women don't masturbate.

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

Everyone masturbates the same way.

There is no one way to masturbate.

What feels good for someone else may not be what feels good for you.

It's about getting to know your body and what gives you pleasure.

People in relationships don't masturbate.

People masturbate whether they are in a relationship or not. Masturbation is simply a way of enjoying yourself. Mutual masturbation can be a great way to get to know what your partner likes.

You can masturbate too much.

In the privacy of your own space, you can masturbate frequently, infrequently or not at all! As long as you're not endangering yourself or someone else, you get to decide what feels right for you.

Masturbation ruins how sex feels.

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

Masturbation has to lead to orgasm.

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

~~Female genital mutilation~~
Female genital cutting



Female genital cutting

Female genital cutting (FGC) is the removal of some or all of the external female genitalia. There are different types of FGC and it is of no health benefit; rather it can be harmful to health.

FGC is a complex, sensitive subject requiring service providers to engage in culturally appropriate conversations with women, girls and gender-diverse people from countries that traditionally practise FGC.

Feedback indicates that people with a lived experience of FGC do not see themselves as 'mutilated'. Rather, they see themselves as empowered and beautiful, and prefer terminology that reflects this.

Why does female genital cutting happen?

There are many myths about female genital cutting.

Have you heard these before?

Circumcision controls a woman's sexual behaviour. Uncut women become overly sexual and flirty.

FALSE

Circumcision makes no difference to a woman's sexual appetite. Sexual arousal arises from hormones produced by the brain.

An uncircumcised woman is not clean.

FALSE

Circumcision makes no difference to cleanliness.

In fact, women who are circumcised may have more problems with their hygiene due to complications that arise.

Female genital cutting is due to religion.

FALSE

The Qur'an, Bible and Torah do not say that women must be circumcised. Millions of Muslims, Christians and Jews do not believe in it.

Uncircumcised girls and women may be socially isolated and not accepted by their community.


FALSE

About 62% (almost two thirds) of girls and women from countries where female genital cutting is traditionally practised believe that it is wrong and needs to stop.

Being circumcised is necessary to get married.

FALSE

Many young men are concerned about the effects female genital cutting will have on their wives or future wives. Many young men don't believe female genital cutting is needed for a good marriage.



We believe that in order to eradicate female genital cutting, responses must be holistic, community-based and led, culturally sensitive and delivered in a sexual and reproductive health context.

Female genital cutting is a complex and sensitive subject that can impact women's lives right across the lifespan – not just in their reproductive years. At WHIN, we aim to work with communities from countries where FGC is traditionally practised to strengthen their knowledge about the practice, and support attitude and cultural change to prevent it happening in the future.

Safe sexting

To sext or not to sext?

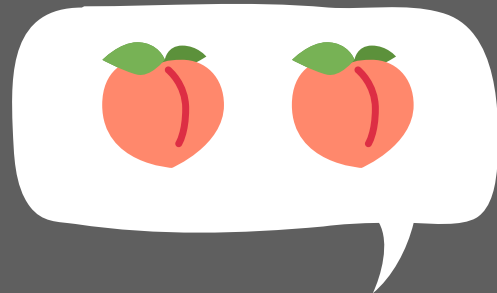
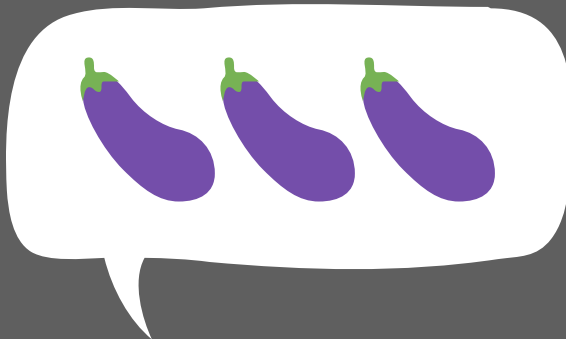
Sexting can be a fun way to explore your sexuality and communicate your needs.

It is up to you (and ONLY you) whether to engage in sexting, but you need to understand that sexting can never be 100% risk free to be able to make informed choices.

What is sexting?

sex + texting = sexting

Sexting is sending or receiving any sort of sexual message through technology such as a phone, app, email or webcam. This could be text, photos or videos.



Why do people sext?

Sexting can be a really fun way to connect with your partner and explore your sexuality. It can increase communication, build arousal and is another path to intimacy.

Unfortunately, sexting will never be 100% safe. There will always be some risks when you send or receive sexy messages, photos, or videos. If you do not want to take any risks, you should not sext.

Here are some things you need to consider in order to sext safely and minimise the risk of image-based abuse.

Consent at every step.

Consent must be at the centre of every sexual experience, including sending sexual messages. Remember that consent is voluntary, informed, sober, mutual, specific, reversible and enthusiastic.

If you don't want to send something, you don't have to. If someone is pressuring you to send something, that is not okay.

Also, don't send something without the consent of the person receiving the sext. If you send something without consent, that is harassment.

Respect the right to privacy.

If someone sends you a sext, they are trusting you with that content. Their consent to share the content is specific to you – not anyone else. Sharing the photo with anyone else is a crime.

If a friend shares a picture with you and you don't think they should have, delete it and tell them you thought it wasn't cool to send. It might be uncomfortable, but you could be saving the person in the image and your friend from a really bad situation.

Protect your identity.

Unfortunately, some people do not respect the privacy of others and share, or threaten to share, intimate pictures that have been sent to them. This is image-based abuse, commonly known as 'revenge porn', and is illegal.

To reduce the risk of your sexts impacting you in a way you didn't intend, make sure you can't be identified in the image. Things that could identify you include your face, tattoos, birthmarks, your favourite necklace or objects in the background of the image.

Think about where and when.

It's important to consider context when sexting.

Perhaps your partner is at work where others can see their screen. Or perhaps you are in a public place where there are others around.

This comes back to the consent to send content to a specific person – not a crowd.

Consider the cloud.

Be aware of where your images and messages are stored on your phone or other device.

Some applications store data like messages and images.

Some devices automatically back up this content to the cloud. So even though you might believe that you or your partner has deleted an image, it is best to double check.

Your choice.

It is up to you whether you want to sext with others. Respect the choices of others to engage or not engage in sexting. All forms of consensual sexual expression – including the choice not to have sex – are valid.

As with any type of sexual activity, if you choose to engage in sexting, there are things that you can do to increase its safety.

So be smart, take steps to look after yourself and others, and be kind and respectful.

When sex—or sexting—is safe, it's a lot more fun.

Sexting and the law

What do you need to know?

When it comes to sexting and online safety, it's important to know your legal rights and responsibilities so that you can make informed choices. It is important to remember that if someone shares an image of you without your consent, it is never your fault.

Why are the laws important?

It is important to always know your legal rights and responsibilities when it comes to sexting and cyber safety.

These laws are there to protect you and others from image-based abuse.



When is sexting illegal?

It is against the law to take, keep or share sexual images by phone, email or online if:

- the image shows child pornography unless you are under 18 and an exception applies (see next page)
- you are 18 or over and you are “grooming” (encouraging) someone who is under 16 to engage in an illegal sex act with you
- the image is of someone else and you share it or threaten to share it in a way most people would find unacceptable, unless the person in the image is 18 or over and they consent to it being shared in that way.

What are the exceptions in Victoria?

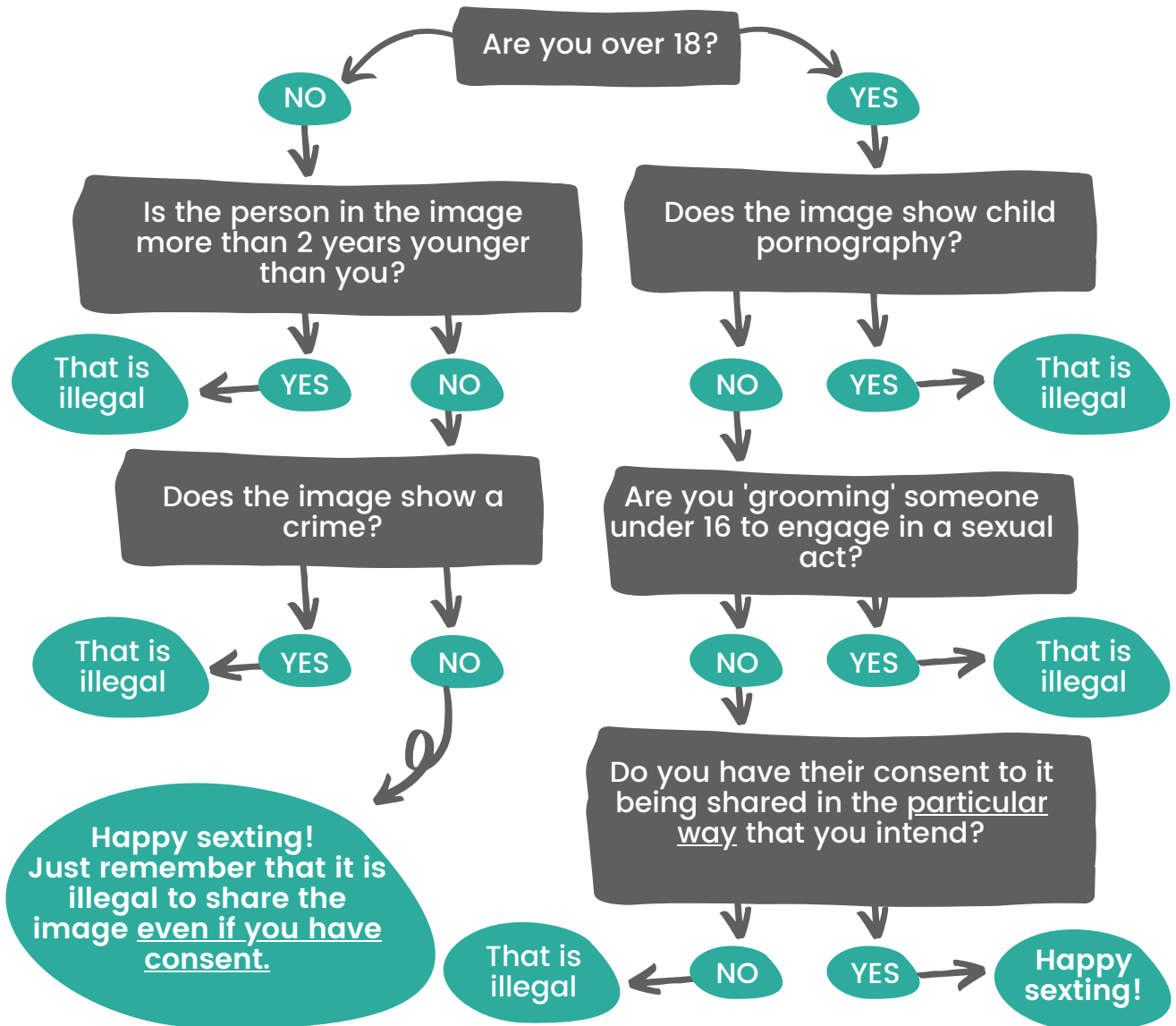
If you are under 18, it's no longer illegal under Victorian child pornography laws for you to take or keep sexual photos or videos of yourself or someone else who is under 18, as long as:

- nobody in the photo or video is more than 2 years younger than you
- the photo or video doesn't show a crime being committed against someone else
- and you don't share or distribute the photo or video of someone else who is under 18 or threaten to do so (even if they consent).

We know that legal language is confusing.
Here's a flowchart instead.



Can I take, keep or share this sexual image?



What about federal law?

Under federal child pornography laws it is still illegal for under 18s to take, keep, share or send sexual images of someone under 18, including images of themselves, by phone or online.



What are the consequences?

If you break the law you can end up with a criminal record.

The penalties for child pornography offences, in particular, can be very serious if you are 18 or over.

You may receive a possible jail term.

You will be registered as a sex offender.

What if my image is shared without my consent?

If a photo of you is spread further than you intended, it is never your fault. It is the fault of whoever shared it.

If someone has shared your image without your consent, there are a few things you can do:

- If it's on a social media platform report the image.
- Tell an adult you trust, maybe a teacher or a parent, or report it to the police.
- Report it to the eSafety Commission portal and they will do everything they can to help you.

Unwanted sexts

How do you manage them?



While people should ask for your consent before sending you a sext, unfortunately that's not always the case. If you receive an unwanted and inappropriate message or image, these are some actions that you can take.

If someone sends you unwanted sexts, that is a form of sexual harassment.

Consent must be at the centre of every sexual experience, including sending sexual messages.

What if it happens at work, school or university?

If you feel comfortable, you can report the behaviour to management, teachers or unions.

Your employer is required by law to protect you from sexual harassment in the workplace.

Schools and universities have processes in place to help you if you need support.

What if it is someone you know?

If someone sends you an unwanted sext, you do not have to respond to it.

If you feel comfortable, you can message them and tell them that you do not want to receive those sort of messages and that it is inappropriate.

You can also block the person online or on your phone. Where possible, report their profile on the social media platform before deleting the content.

What if it is someone you don't know?

If you don't know the person sending you unwanted sexts, it is usually best not to engage with them at all.

Sexting with people you don't know can be common on dating apps like Tinder and Grindr. While people should ask for your consent before sending a sext, that is not always the case. If you don't want to receive sexts, communicate that to your partner. If they do not respect your decision, that is sexual harassment.

You can also block the person online or on your phone. Where possible, report their profile on the social media platform before deleting the content.

References

Ellsworth, R. M., & Bailey, D. H. (2013). Human female orgasm as evolved signal: A test of two hypotheses. *Archives of Sexual Behavior*, 42(8), 1545–1554.

Herbenick, D., Fu, T. C., Arter, J., Sanders, S. A., & Dodge, B. (2018). Women's experiences with genital touching, sexual pleasure, and orgasm: Results from a US probability sample of women ages 18 to 94. *Journal of sex & marital therapy*, 44(2), 201–212.

Laumann, E.O., Gagnon, J.H., Michael, R.T., & Michaels, S. (1994). *The social organization of sexuality: Sexual practices in the United States*. Chicago: University of Chicago Press.

Lloyd, E. A. (2005). *The case of the female orgasm: Bias in the science of evolution*. Cambridge: Harvard University Press.



WOMEN'S HEALTH
IN THE NORTH

voice • choice • power

680 High Street,
Thornbury VIC 3071
Website: whin.org.au
Email: info@whin.org.au
Telephone: 03 9484 1666