ONLINE: SEXUAL HEALTH INFO SESSION

Brought to you by:

SHS
Student Health Services
UC SAN DIEGO

HPS
Health Promotion Services
UC SAN DIEGO
INSTRUCTIONS

- Please read through this entire online information session.

- After viewing this session you will be asked to complete a post-test (link given at the end).

- Bring the completed post-test to your appointment.

If you have any questions, please contact a Health Educator
Bria Hamlet | bhamlet@ucsd.edu | 858.822.0455
INTRODUCTION

Thank you for taking the time to review the Online Sexual Health Information Session.

This session will provide you with information on a variety of sexual health topics that will help you make informed decisions and gain the knowledge to keep yourself sexually healthy.

Please note that the information provided in this online session is not exhaustive. We encourage you to do your own research and/or talk with a health care provider to learn more about the topics covered.
ABSTINENCE

Before we start the Sexual Health Information Session, we want to recognize that some people choose to remain abstinent. However, if someone chooses to have sex, then it is important for them to know about safer sex practices which we will go over today.

Just so we all have the same definition, abstinence is a conscious decision to not engage in oral, vaginal, and anal sex. Abstinence is often said to be the only 100% effective method for avoiding sexually transmitted infections (STIs), unintended pregnancies, and other undesirable consequences of sexual behavior.
SEXUAL HEALTH & CONSENT

Throughout this online session, you will learn about different aspects of sexual health including routine health exams, birth control, sexually transmitted infections (STIs), safer sex and more.

Another key part of good sexual health is to build positive relationships with your partners. This includes respecting your partners and having conversations about desires, boundaries, and sexual health. Consent is a very important part of this conversation.

Consent requires “an affirmative, unambiguous, and conscious decision” by each party in order to engage in any activity. The absence of a “NO” does not equal consent. Silence does not equal consent. “Maybe” does not equal consent.
SEXUAL HEALTH & CONSENT
(continued)

Here are three key points to understand about consent:

Consent must be informed. Individuals must know what they are agreeing to and be in a state of mind to agree to it.

Verbal and body language must match, and make sure that both are affirmative and positive.

Consent is a process, it is ongoing. A “yes” once, doesn’t mean a “yes” all the time. The person initiating the behavior is responsible for asking for consent, listening to the answer, and respecting it.

For more information about consent and support at UCSD, visit CARE at SARC (http://care.ucsd.edu)
ANATOMY & EXAMS
ANATOMY FOR THOSE ASSIGNED MALE AT BIRTH

THE TESTES

- Produce sperm and sex hormones
- During arousal, fluids start to lubricate urethra and may contain sperm.

CLINIC EXAM INCLUDES THE FOLLOWING:

- Sexual history questionnaire
- Review of symptoms (if any)
- Testicular Self Exam (TSE) review and demonstration
- Physical Exam

Other exams the health care provider may perform include a rectal digital exam for prostate infections (which may be due to STIs), a hernia exam, and a general exam for miscellaneous “lumps and bumps” such as varicose veins and cysts.
ANATOMY FOR THOSE ASSIGNED FEMALE AT BIRTH
ANATOMY FOR THOSE ASSIGNED FEMALE AT BIRTH

- Ovulation occurs when an egg is released from the ovary.

- It is difficult to determine the exact date of ovulation, as menstrual cycles can vary with stress, sleep, or other factors.

- Therefore, a reliable method of birth control should always be used if you are trying to prevent pregnancy.
ROUTINE GYNECOLOGICAL EXAMS AND PAP SMEAR

THE ROUTINE GYNECOLOGICAL EXAM INCLUDES:
- Sexual history questionnaire
- Assessment of thyroid, heart, lungs, breasts, abdomen, and pelvis

THE PAP SMEAR
- Pap smears are meant to check for changes in cervical cells that could lead to cervical cancer.
- Those with a cervix should get their first pap smear at age 21.
- The pap smear does not directly test for sexually transmitted infections (STIs). If you would like to be tested for STIs during your appointment, please let your health care provider know.
PAP SMEAR | WHAT TO EXPECT

- The provider checks the labia, clitoris, urethra, and the opening to the vagina.

- To see further into the vagina, the provider inserts a lubricated instrument called a speculum into the vagina.
  - The speculum holds open the elastic muscles of the vagina so the cervix can be easily seen.

- A sample of cervical cells is collected for the Pap smear with a small spatula or brush.

- You may feel some discomfort or cramping.

- After the speculum is removed from the vagina, the provider puts two lubricated, gloved fingers into the vagina and presses on the abdomen with the other hand. This is called a "bimanual exam". The provider can feel the location, size, and shape of the uterus. In addition, the ovaries and fallopian tubes are felt to check for abnormalities.

- The provider may do a brief rectal exam that takes less than 20 seconds. You may feel the brief sensation of a full bowel during the rectal exam. The provider is looking for any growths or enlargements including cysts, tumors, and polyps.
BREAST HEALTH

- It is important to be familiar with your own breast tissue as you are the best person to detect changes.

- See a doctor right away if you notice any of these changes:
  - A lump or swelling
  - Skin irritation or dimpling
  - Nipple pain or the nipple turning inward
  - Redness or scaliness of the nipple or breast skin
  - A discharge other than breast milk

- Most of the time, these breast changes are not cancer.
TESTICULAR HEALTH

- It is important to be familiar with one’s testicles. Between regular checkups, if you notice anything unusual, you should talk with your doctor.

- In most cases of testicular cancer, the person has a lump on a testicle or notices that the testicle is swollen or larger.
  - There is often no pain.
  - They may also notice a feeling of heaviness or aching in the lower belly or scrotum.
BIRTH CONTROL
QUESTIONS TO CONSIDER WHEN CHOOSING A BIRTH CONTROL METHOD

- How often do you have sex?
- Are you comfortable touching your genitals?
- Does the method you choose have enough STI and pregnancy protection for you?
- Will this method fit your lifestyle and budget?
BIRTH CONTROL METHODS

We will be reviewing various birth control methods in three different categories — methods that are most effective, moderately effective, and least effective in preventing pregnancy.

**MOST EFFECTIVE**: Birth Control Implant, Hormonal IUD, and Copper IUD

**MODERATELY EFFECTIVE**: Birth Control Shot, Birth Control Pills, Birth Control Vaginal Ring, and Birth Control Patch

**LEAST EFFECTIVE**: Diaphragm, Cervical Cap, External Condom, Internal Condom, Withdrawal/Pulling Out, and Fertility-awareness methods

A chart on birth control effectiveness can be found on the next slide.

**IMPORTANT NOTE**: Let your health care provider know if you are using hormonal birth control. You may need to use a back-up method to prevent against pregnancy during treatment with some medications.
HOW WELL DOES BIRTH CONTROL WORK?

Really, really well
- The Implant (Nexplanon)
- IUD (Skyla)
- IUD (Mirena)
- IUD (ParaGard)
- Sterilization, for men and women

Works, hassle-free, for up to...
- 3 years
- 3 years
- 5 years
- 12 years
- Forever

What is your chance of getting pregnant?
- Less than 1 in 100 women

O.K.
- The Pill
- The Shot (Depo-Provera)

For it to work best, use it...
- Every week
- Every month
- Every 3 months

6-9 in 100 women, depending on method

Not as well
- Pulling Out
- Fertility Awareness
- Diaphragm
- Condoms, for men or women

For each of these methods to work, you or your partner have to use it every single time you have sex.

12-24 in 100 women, depending on method

FYI, without birth control, over 90 in 100 young women get pregnant in a year.
BIRTH CONTROL: MOST EFFECTIVE METHODS

Birth Control Implant
Hormonal Intrauterine Device (IUD)
Copper Intrauterine Device (IUD)
BIRTH CONTROL IMPLANT

- Small, flexible, plastic rod that is the size of a matchstick
- Inserted under skin in upper arm
- Releases hormones that thicken cervical mucus & suppresses ovulation
- 99.95% effective
- Lasts 3 – 5 years
  You can have it removed at anytime.
- Possible side effects
  - Irregular menstrual bleeding
- DOES NOT protect against STIs
- Available at Student Health Services
BIRTH CONTROL IMPLANT
HORMONAL INTRAUTERINE DEVICE (IUD)

- Small, T-shaped, plastic device that is inserted into the uterus by a health care provider
- Releases the hormone, progestin which thickens cervical mucus, affects sperm movement & survival, thins the uterine lining & may suppress ovulation.
- 99.8% effective
- Lasts 3 – 7 years (depending on type)
  You can have it removed at anytime.
- Possible Side Effects
  - Irregular menstrual bleeding
- DOES NOT protect against STIs
- Available at Student Health Services
COPPER INTRAUTERINE DEVICE (IUD)

- Small, T-shaped, hormone-free device that has copper wrapped around it. It is inserted into the uterus by a health care provider.
- Affects the way sperm move to prevent them from reaching the egg.
- 99.2% effective
- Lasts up to 12 years
- You can have it removed at anytime.
- Possible Side Effects
  - Irregular menstrual bleeding
  - Heavier or longer periods each month
  - More cramps with your period
- DOES NOT protect against STIs
- Available at Student Health Services
INTRAUTERINE DEVICE (IUD)
BIRTH CONTROL: MODERATELY EFFECTIVE METHODS

Birth Control Shot
Birth Control Pills
Birth Control Patch
Birth Control Vaginal Ring
BIRTH CONTROL SHOT

- Injection of progestin given by a health care provider every 3 months
- Injection contains progestin which prevents ovulation & thickens cervical mucus
- 94% effective
- Possible Side Effects
  - Irregular bleeding
  - Weight gain (~ 5 lbs. or more)
  - Bone thinning
- DOES NOT protect against STIs
- Available at Student Health Services
BIRTH CONTROL PILLS

- Pill that is taken daily at the same time to prevent pregnancy
  - **Combination Pill**: contains the hormones estrogen & progestin
  - **Mini Pill**: contains the hormone, progestin, only
  - Talk to your health care provider about which pill type is the best for you.

- Prevents ovulation & thickens cervical mucus
- 91% effective

- Possible Side Effects
  - Breast tenderness
  - Nausea
  - Headaches
  - Irregular bleeding
    (this is more common with the mini pill)

- DOES NOT protect against STIs
- Available at Student Health Services
BIRTH CONTROL PATCH

- A plastic patch that sticks to the exterior of one's skin & releases the hormones estrogen & progestin
- Hormones prevent ovulation & thicken cervical mucus
- Patch worn for one week at a time for three weeks. No patch is worn on the fourth week. Repeat cycle.
- 91% effective
  - This method is less effective if the user weighs 198 lbs. or more.
- Possible Side Effects
  - Tender or full breasts
  - Headaches
  - Nausea
  - Rash at site of patch
- DOES NOT protect against STIs
- Available at Student Health Services
BIRTH CONTROL VAGINAL RING

- A small, flexible ring that is placed in the vagina.
- Ring releases hormones progestin & estrogen over a three week period. On the fourth week the ring is removed. Repeat cycle.
- Prevents ovulation & thickens cervical mucus
- 91% effective
- Possible Side Effects
  - Irregular bleeding
  - Nausea
  - Headaches
- DOES NOT protect against STIs
- Available at Student Health Services
LEAST EFFECTIVE METHODS

Diaphragm
Cervical Cap
External Condom
Internal Condom
Withdrawal
Fertility Awareness
**DIAPHRAGM**

- Dome-shaped cup made of silicone with a flexible rim.
- Self-inserted into the vagina & covers the cervix which creates a barrier blocking the sperm from the egg
  - Must be left in place for at least 6 hours after sex
  - Most effective if used with spermicide
- 88% effective
- Possible Side Effects
  - Allergy to the silicone rubber or spermicide
  - If the diaphragm doesn’t fit well, user may experience
    - Bladder infection
    - Pelvic cramps of discomfort
    - Irritation of the vagina
- DOES NOT protect against STIs
- Available at Student Health Services
DIAPHRAGM
CERVICAL CAP

- Silicone cup shaped like a sailor’s hat, used with spermicide
- Insert it into vagina, over the cervix before sex
  - Must stay in place for 6 hours after sex
  - Most effective if used with spermicide
- 86% effective for women who have not been pregnant or given birth vaginally
- 71% effective for women who have given birth vaginally

- Possible Side Effects
  - Allergy to spermicide
  - Irritation from the spermicide
  - Vaginal infection if cap is left in for too long or not cleaned properly
  - Irritation of cervix if the cap does not fit well or is left in too long

- DOES NOT protect against STIs
- Available at Student Health Services
EXTERNAL CONDOM

- A one-time use latex or plastic sheath, worn on the penis.
- Catches semen so it cannot reach the egg
- 82% effective
- Protects against BOTH pregnancy and STIs
- Possible Side Effects
  - Possible allergy to latex or lubricant
- Available at Student Health Services via Ready-to-Go safer sex kits & condom dispenser
- Student Health Advocates also provided free external condoms via their (Safer) Sex Shop + Condom Bar
INTERNAL CONDOM

- A one-time use pouch made of nitrile, a synthetic rubber, that is inserted into the vagina
  - Can also be used for anal sex
- There are 2 flexible rings at each end of the pouch -- a closed end & opened end
- Covers the inside of the vagina & collects semen
- 79% effective
- Protects against BOTH pregnancy and STIs
- No side effects to using the internal condom
- Not available at Student Health Services, but available from online retailers
INTERNAL CONDOM

Female condom

Closed end

Open end

Cervix

Vagina

© Healthwise, Incorporated
WITHDRAWAL/PULLING OUT

- Withdrawing or pulling out the penis from the vagina before ejaculation occurs
- 78% effective
- Requires body awareness & control
- User must be mindful of pre-ejaculate which may contain sperm
  - Urinate before sex to clear out the urethra of any left over sperm
- No side effects
- DOES NOT protect against STIs
FERTILITY AWARENESS

- Goal is to keep sperm out of the vagina when near ovulation
- Methods include:
  - Temperature method
  - Cervical mucus method
  - Calendar method
- 76% effective
- No side effects
- DOES NOT protect against STIs
- This method may not work for you if...
  - You have irregular periods
  - Don't want to keep track of your fertile days
DUAL METHOD USE

- Dual Method Use is when you combine a condom with a hormonal method of birth control
- Provides enhanced pregnancy protection **PLUS** sexually transmitted infection protection
- Examples:
EMERGENCY CONTRACEPTION PILL (ECP)

- Method of preventing pregnancy from occurring after an incident of unprotected sex or birth control failure (e.g. the condom breaks)
  - Works by delaying ovulation
  - Does not protect against STIs

- EContra Ez and ella, the brands of ECP available at Student Health Services, can be started up to 120 hours (5 days) after unprotected sex.
  - The sooner ECP is taken, the more effective it will be.

- ECP is not the abortion pill. If you are already pregnant, ECP will not cause an abortion
- Speak with a pharmacist or health care provider regarding any weight considerations related to the emergency contraception pill.

The Copper IUD can also be used as a method of emergency contraception if placed within 5 days of unprotected sex.
SAFER SEX & SEXUALLY TRANSMITTED INFECTIONS (STIs)
SAFER SEX & SEXUALLY TRANSMITTED INFECTIONS (STIs)

- The basic premise behind safer sex strategies is to avoid the exchange of bodily fluids and to avoid skin-to-skin and mucous membrane contact which can spread STIs.
- Mucous membranes are membranes rich in mucous glands such as the genital area, mouth and anus.
- Semen, blood and vaginal secretions are among the most dangerous for transmitting STIs including HIV.
- Other than abstinence, the best protection against STIs are using condoms and dental dams.
- You can purchase Ready-to-Go Safer Sex Kits from Student Health Services. Kits come with condoms, dental dams, & lubricant and range in price from $4.00 - $8.00, depending on the kit purchased.
SAFER SEX MATERIALS

- **Condoms**
  - Both external and internal condoms work by forming a barrier between the penis, anus, vagina, or mouth.
  - The barrier keeps one partner’s fluids from getting into or on the other.
  - Condoms also reduce the amount of skin-to-skin contact.

- **Dental Dams**
  - A thin latex square that is placed on the vulva or the anus when the mouth, lips, or tongue are used to sexually arouse a partner.
  - When using, always keep the same side down and do not re-use.
  - If you do not have a dental dam, use non-microwavable plastic wrap, or cut open a condom lengthwise.

- **Lubricant**
  - Only use water-based lubricant or silicone-based lubricant.
  - DO NOT USE oil-based lubricant, lotions, creams, petroleum jelly, etc. as it weakens the condom and dental dam.
  - Using water-based or silicone-based lubricant on a condom can help prevent it from breaking or tearing.
SEXUALLY TRANSMITTED INFECTIONS

- The terms Sexually Transmitted Infections (STIs) and Sexually Transmitted Diseases (STDs) can be used interchangeably.

- STIs are passed from one person to another during sexual contact – which can include oral, vaginal, or anal sex.

- Many STIs do not have symptoms and can be present for years without signs. However if there are symptoms present they can include the following:
  - Burning or itching of the genitals or anus
  - Unusual discharge
  - Sores or growths (can be painless)
  - Burning during urination
**CURABLE STIs**

Even though these STIs are curable, you can be infected with them again.

<table>
<thead>
<tr>
<th>STI</th>
<th>TRANSMISSION</th>
<th>SYMPTOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHALMYDIA</td>
<td>Mucous Membrane and/or infected fluids contact</td>
<td>Unusual discharge, painful urination. However, often no symptoms.</td>
</tr>
<tr>
<td>GONORRHEA</td>
<td>Mucous Membrane and/or infected fluids contact</td>
<td>Unusual discharge, painful urination. However, often no symptoms.</td>
</tr>
<tr>
<td>SYPHILLIS</td>
<td>Direct contact with sores</td>
<td>Sore(s) on the genitals, anus, or mouth which are usually painless; or a rash on the body, especially on the palms of the hands or the soles of the feet.</td>
</tr>
<tr>
<td></td>
<td>Mucous Membrane and/or infected fluids contact</td>
<td></td>
</tr>
<tr>
<td>TRICHOMONIASIS</td>
<td>Mucous Membrane and/or infected fluids contact</td>
<td>Unusual discharge, painful urination, itching. However, often no symptoms.</td>
</tr>
</tbody>
</table>

*Mucous membranes are membranes rich in mucous glands such as the genital area, mouth, and anus.*
# TREATABLE, BUT NO CURABLE STIs

These STIs are treatable, making the symptoms of STIs easier to manage, but there are no cures for these STIs.

<table>
<thead>
<tr>
<th>STI</th>
<th>TRANSMISSION</th>
<th>SYMPTOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEPATITIS A, B, C</td>
<td>A: oral-genital &amp; oral-anal contact</td>
<td>Symptoms, if present may include dark urine, loss of appetite, fever.</td>
</tr>
<tr>
<td></td>
<td>B: mucous membrane and/or infected fluids contact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C: blood &amp; sexual transmission</td>
<td></td>
</tr>
<tr>
<td>HERPES</td>
<td>Direct skin-to-skin contact with someone who has the virus. You can get it when your genitals and/or mouth touch their genitals and/or mouth.</td>
<td>Itchy, painful blisters or sores.</td>
</tr>
<tr>
<td>HIV</td>
<td>Mucous Membrane and/or infected fluids contact</td>
<td>Often no symptoms.</td>
</tr>
<tr>
<td>HPV</td>
<td>Direct skin-to-skin contact</td>
<td>Often no symptoms. Causes genital warts (skin-colored or whitish bumps) &amp; some cancers.</td>
</tr>
</tbody>
</table>

Mucous membranes are membranes rich in mucous glands such as the genital area, mouth, and anus.
STI TESTING

- Since many STIs show no signs or symptoms, STI testing is the only way to know your STI status.

- It is recommended that you get tested for STIs at these times
  - Every year
  - Anytime you switch sexual partners
  - Anytime you have unprotected sex
  - Anytime you have symptoms
  - Your healthcare provider can also help you determine how often to get tested.

- **3-site testing (also known as extragenital testing)**
  - STIs such as gonorrhea and chlamydia can occur in the rectum (from anal sex) and the throat from (oral sex)

  However, the rectum and throat are not typically checked for STIs.
  - A urine test or vaginal swab will not detect STIs in the rectum or throat.
  - Therefore it is important to let your health care provider know what sexual behaviors you are engaging in and ask them about 3-site testing so they can determine the best STI tests to give you.

- The 3 anatomical sites one could get tested include the: throat, rectum, and genitals.
STI TESTING

- Student Health Services has STI testing: 
  [https://wellness.ucsd.edu/studenthealth/services/STI-testing/Pages/default.aspx](https://wellness.ucsd.edu/studenthealth/services/STI-testing/Pages/default.aspx)
  - If you have no symptoms, just go to the SHS Lab, fill out a form, and get tested on a walk-in basis
  - If you need rectum or throat screening, you must make an appointment.
  - If you have symptoms, we recommend you be tested through Urgent Care or via same-day appointment.

- If you prefer NOT to get tested at SHS, a list of testing sites in the community can be found at [GETTESTED.CDC.GOV](http://GETTESTED.CDC.GOV)
WRAP-UP
BEFORE A PAP SMEAR APPOINTMENT

- Do not douche 24 hours before your appointment
- Do not use vaginal medication 24 hours before your appointment
- No intercourse 24 hours before your appointment
- If applicable, know the date of your last menstrual period

CHECK IN PROCEDURES FOR ALL PATIENTS

- Check-in on the computer screen outside of your Providers’ Group
- Your blood pressure, temperature, height and weight will be measured
- You will be asked about any medication that you are taking and if you are a smoker or non-smoker
POST-TEST

Thank you for taking the time to go through the Online Sexual Health Information Session. We hope that you learned more about sexual health, birth control methods, STIs, safer sex, and more.

Print and complete the quiz, and bring it to your appointment: https://wellness.ucsd.edu/studenthealth/Documents/infosessionquiz.pdf

Resources used throughout the Online Sexual Health Information Session:
Association of Reproductive Health Professionals: http://www.arhp.org/MethodMatch/
Planned Parenthood: http://planned.org
Centers for Disease Control & Prevention: http://www.cdc.gov/sexualhealth/; http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6205a1.htm
ADAM Images: www.adamimages.com
QUESTIONS?
Bria Hamlet | bhamlet@ucsd.edu | 858.822.0455