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 Erica Okamura | eokamura@ucsd.edu | 858.534.1824
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.
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 and EXAMS
Male Anatomy

THE TESTES
• Produce sperm and male sex hormones
• During arousal, fluids start to lubricate urethra and may contain sperm.

CLINIC EXAM FOR MALES 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.
Female Anatomy

- Uterus
- Ovary
- Rectum
- Cervix
- Vagina
- Anus
- Urinary bladder
- Labium minora
- Clitoris
- Urethral opening
- Labium majora
- Vagina
- Anus
- Labium minora
Female Anatomy

- 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.

- Some women use a period tracker app that helps them track ovulation and fertile days.
Routine Gynecological Exams and Pap Smear

THE ROUTINE GYNECOLOGICAL EXAM FOR FEMALES INCLUDE:

- 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.
- Women should get their first pap smear at age 21.
- Risk factors for cervical cancer include
  - HPV infection
  - Smoking
  - Immunosuppression (including HIV infection)
- 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 practitioner 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

• But remember that 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 man has a lump on a testicle or notices that the testicle is swollen or larger.
  - There is often no pain.
  - Men may also notice a feeling of heaviness or aching in the lower belly or scrotum.
BIRTH CONTROL
Birth Control and Decision Making

QUESTIONS TO CONSIDER WHEN CHOOSING A BIRTH CONTROL METHOD

- How often do you have intercourse?
- Are you comfortable touching your genitals?
- How does your partner feel about this method?
- Is your partner involved or not involved in buying or using a method?
- 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, 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

**Okay**
- The Pill
- The Patch
- The Ring
- 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 so well**
- Withdrawal
- Diaphragm
- Fertility Awareness
- Condoms, for men and 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

FYL, without birth control, over 90 in 100 young women get pregnant in a year.
BIRTH CONTROL

Most Effective Methods
Birth Control: Most Effective Methods

METHOD: BIRTH CONTROL IMPLANT
EFFECTIVENESS: 99.95% effective

- A tiny rod, about the size of a matchstick, is inserted under the skin of your upper arm
- The implant releases a hormone called progestin which...
  - Prevents ovulation so no egg is released for sperm to fertilize
  - Thickens cervical mucus which helps prevent sperm from getting to the egg
  - Changes the lining of the uterus
- Must be inserted and removed by a health care provider
- Prevents pregnancy for up to 3 years.
  (You can have it removed at anytime within this time period)

- Advantages
  - May have lighter periods
  - You can be spontaneous
    (no interference with having sex)

- Disadvantages
  - No sexually transmitted infection (STI) protection
  - Possible irregular bleeding (or no periods)
Birth Control: Most Effective Methods

METHOD: HORMONAL INTRAUTERINE DEVICE (IUD) (Mirena & Skyla)
EFFECTIVENESS: 99.8%

- Small T-shaped plastic device that is placed in the uterus
- It releases the hormone, progestin which...
  - Thickens cervical mucus
  - Thins the uterine lining
  - May prevent ovulation
- Must be inserted and removed by a health care provider
- Prevents pregnancy for up to 3-5 years (depending on the brand). (You can have it removed at anytime within this time period)

- Advantages
  - May have lighter periods
  - You can be spontaneous (no interference with having sex)

- Disadvantages
  - No sexually transmitted infection (STI) protection
  - Possible irregular bleeding which may be greatest at the beginning
Birth Control: Most Effective Methods

METHOD: COPPER INTRAUTERINE DEVICE (IUD) (ParaGuard)
EFFECTIVENESS: 99.2%

- Small T-shaped device placed in the uterus
- Made up of plastic and a small amount of natural, safe copper
- Affects the way sperm move, preventing them from joining with an egg
- Also affects implantation if fertilization does occur
- Must be inserted and removed by a health care provider
- Prevents pregnancy for up to 10-12 years
  (You can have it removed at anytime within this time period)

- Advantages
  - No hormones
  - Ability to be spontaneous
    (no interference with having sex)

- Disadvantages
  - No sexually transmitted infection (STI) protection
  - Possible heavier, crampier, periods
BIRTH CONTROL

Moderately Effective Methods
Birth Control: Moderately Effective Methods

**METHOD:** BIRTH CONTROL SHOT (Depo Provera)
**EFFECTIVENESS:** 94%

- Injection of the hormone, progestin which...
  - Prevents ovulation
  - Thickens cervical mucus

- Must get an injection from your health care provider every 3 months

- Advantages
  - Allows user to be spontaneous (no interference with having sex)
  - May have lighter periods

- Disadvantages
  - No sexually transmitted infection (STI) protection
  - May have irregular bleeding
  - Possible temporary bone thinning
  - Possible weight gain
Birth Control: Moderately Effective Methods

METHOD: BIRTH CONTROL PILLS
EFFECTIVENESS: 91%

COMBINATION PILLS
- Contains estrogen and progestin which...
  - Prevents ovulation
  - Thickens cervical mucus
  - Changes the lining of the uterus
- In general, take one active hormone pill at the same time each day for 21 days, then stop or take placebo pills for 7 days.
  - For the 7 days of no pills or placebo pills, the body reacts to lack of hormones by shedding uterine lining (menstruation occurs)
- It’s okay to have sex during this week because no ovulation occurs

MINI PILLS
- Contains only progestin which...
  - Thickens cervical mucus
  - Changes the lining of the uterus
  - May prevent ovulation
- Take an active progestin pill everyday (no placebo pills)
  - You must be very careful to take it at the same time everyday
Birth Control: Moderately Effective Methods

METHOD: **BIRTH CONTROL PILLS** (continued)

- **Advantages**
  - Allows user to be spontaneous (no interference with having sex)
  - Periods may become lighter

- **Disadvantages**
  - No sexually transmitted infection (STI) protection
  - Must remember to take at the same time everyday
  - Possible side effects include nausea and breast tenderness.
    If these side effects are present at all, they are usually mild and temporary.
Birth Control: Moderately Effective Methods

METHOD: BIRTH CONTROL PATCH (OrthoEvra)
EFFECTIVENESS: 91%

- Contains estrogen and progestin which...
  - Prevents ovulation
  - Thickens cervical mucus

- The patch is worn 1 week at a time for 3 weeks, and releases the hormones through the skin
- The patch is removed for the 4th week which is when menstruation occurs
- It is worn on the upper arm, the abdomen, the buttocks, or the upper torso (not the breast)

- Advantages
  - Allows user to be spontaneous (no interference with having sex)
  - Periods may be lighter

- Disadvantages
  - No sexually transmitted infection (STI) protection
  - May have spotting in the beginning
  - This method is less effective if a woman weighs 198 lbs. or more.
Birth Control: Moderately Effective Methods

METHOD: BIRTH CONTROL VAGINAL RING (Nuvaring)
EFFECTIVENESS: 91%

- Contains estrogen and progestin which...
  - Prevents ovulation
  - Thickens cervical mucus

- The ring inserted into the vagina for 3 weeks and removed for 1 week
- During this 3 week period, the ring releases hormones
  - Menstruation occurs during the time when the ring is removed.

- Advantages
  - Allows user to be spontaneous (no interference with having sex)
  - Periods may be lighter

- Disadvantages
  - No sexually transmitted infection (STI) protection
  - May have spotting in the beginning.
BIRTH CONTROL

Least Effective Methods
METHOD: DIAPHRAGM & CERVICAL CAP
EFFECTIVENESS:

Diaphragm: 88%
Cervical Cap:

- For women who have never been pregnant or given birth vaginally: 86%
- For women who have given birth vaginally: 71%

- The diaphragm and cervical cap are silicone cups that are placed in the vagina
- Serves as a physical barrier that helps to keep sperm from joining with an egg
- Use with spermicide to be as effective as possible (The spermicide keeps the sperm from moving)
- You must see a health care provider to get a diaphragm or cervical cap

Advantages
- Has no effect on user’s natural hormones
- Generally cannot be felt by user or partner

Disadvantages
- No sexually transmitted infection (STI) protection
- May be difficult to insert
- May be pushed out of place
Birth Control: Least Effective Methods

METHOD: EXTERNAL CONDOM (also known as male condom)
EFFECTIVENESS: 82%

- A physical barrier made of latex rubber, polyurethane, or natural lambskin ("skins")
  - "Skins" **do not** protect against STIs, including HIV
- A polyurethane condom can be used by those who are allergic to latex
- Avoid wearing more than one condom at a time
  (this includes an external + an internal condom as well as more than one external condom)
  - This can cause friction that can lead to tearing of the condom.

Advantages
- Offers both pregnancy **AND** STI protection
  (with the exception of "skins" that do not provide STI protection)
- Easy to buy and use

Disadvantages
- Must be put on before sex
- One-time use only
- May decrease sensation.
  (a drop of water-based or silicone-based lubricant placed inside the condom may help with improving sensation)
METHOD: EXTERNAL CONDOM (continued)

• **Steps to Using an External Condom:**
  ▫ Check the expiration date
  ▫ Check condom package for any air leaks or punctures
  ▫ Make sure condom was stored in a cool, dry place (e.g. closet or bedside table)
  ▫ Push the condom away from the edge when opening the package
  ▫ Ensure the condom is not inside-out before touching it to the penis
  ▫ Pinch the tip of the condom to leave space for the semen
  ▫ Unroll condom all the way to the base of the erect penis. For an uncircumcised penis, roll the foreskin back before putting on the condom.
  ▫ If un-lubricated, lubricate outside of condom with water-based or silicone-based lubricant
  ▫ Engage in intercourse: oral/anal/ vaginal
  ▫ Prior to ejaculation, make sure the condom is still in place
  ▫ After intercourse, withdraw the penis while still erect. Make sure to hold the base of the penis and the rim of the condom while withdrawing.
  ▫ Move away from partner and unroll the condom from the penis.
  ▫ Tie used condom in a knot, wrap it in tissue, and dispose in trash can (not in toilet)

Birth Control: Least Effective Methods
METHOD: **INTERNAL CONDOM** (also known as a female condom)  
EFFECTIVENESS: **79%**

- A pouch made of nitrile, a synthetic rubber, that acts as a physical barrier.  
- The internal condom has a ring at both ends.  
  - The closed end is inserted into the vagina.  
  - The opened end stays outside of the vaginal opening during intercourse.  
- Can also be used for anal intercourse. Condom is just inserted into the anus.  
- To remove the internal condom, squeeze and twist the outer ring to keep the semen inside. Gently pull it out of the vagina or anus and throw away.  

**Advantages**  
- Offers both pregnancy **AND** STI protection  
- Provides greater surface area coverage of the vulva  

**Disadvantages**  
- One time use only  
- Must be put on before sex  
- May decrease sensation  
- Some find the internal condom uncomfortable and difficult to use
DUAL METHOD USE

• The use of dual methods, which means combining a condom and a hormonal method of birth control, is a more effective approach to pregnancy and STI prevention than the use of one method alone.

• Using a dual method approach provides enhanced pregnancy protection plus STI protection.

• Examples of dual use method options include pill + condom, implant + condom, patch + condom, etc.
Birth Control: Least Effective Methods

METHOD: WITHDRAWAL
EFFECTIVENESS: 73%-78%

- Withdrawal is when the penis is pulled out of the vagina before ejaculation.
- It is important to remember that pre-ejaculate can contain sperm and many people cannot feel their pre-ejaculate.
- Try urinating before sex to help wash out any leftover sperm that may be in the urethra from the last ejaculation.

- Advantages
  - Can be used when no other method is available
  - Free

- Disadvantages
  - Does not protect against sexually transmitted infections (STI)
  - May be done incorrectly
Birth Control: Least Effective Methods

METHOD: FERTILITY AWARENESS METHODS
EFFECTIVENESS: 76%

- Tracks ovulation in order to prevent pregnancy
- Partners can abstain from vaginal intercourse on their fertile days

Advantages
- Low to no cost
- There are many apps available to track fertile days

Disadvantages
- This method may not work for you if...
  - You have irregular periods
  - Don’t want to keep track of your fertile days
Emergency Contraception Pill (ECP)

- ECP is a method of preventing pregnancy from occurring after an incident of unprotected intercourse or birth control failure (e.g. condom breaks, etc.).
  - Works by delaying ovulation.
  - It does nothing to protect against STIs.

- EContra Ez and ella, the brands of ECP carried at Student Health Services, can be started up to 120 hours (5 days) after unprotected intercourse or contraceptive failure; however the sooner ECP is taken the more effective it will be.
  - However, EContra Ez becomes significantly less effective after the 72 hour mark.

- EContra Ez and ella can be obtained at Student Health Services.
  - ella requires a prescription
  - EContra Ez does not require a prescription and can be obtained over the counter at the Pharmacy.

- ECP is for emergencies only. Using ECP is less effective at preventing pregnancy than using birth control that is used before or during sex (e.g. birth control pill, condom, etc.)

- ECP is not the abortion pill. If you are already pregnant, ECP will not cause an abortion.

Note: The Copper IUD can also be used as a method of emergency contraception if placed within 5 days after unprotected intercourse.
**Plan B and others**
- Prevents pregnancy up to 5 days after unprotected sex – but it works better the sooner you take it.
- You don’t need a prescription from a doctor.
- You can get it at most drugstores or online.

**ella**
- Prevents pregnancy up to 5 days after unprotected sex.
- More effective than Plan B.
- You need a prescription from a nurse or doctor. You can also get it online.

**ParaGard IUD**
- Prevents pregnancy 99% of the time when you get it within 5 days of unprotected sex.
- A nurse or doctor puts it in your uterus.
- You can keep using it as birth control for up to 12 years.
SEXUALLY TRANSMITTED INFECTIONS (STIs)
Sexually Transmitted Infections (STIs)

- 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.

• **Chlamydia**
  ▫ Usually no symptoms but can include painful urination and discharge.

• **Gonorrhea**
  ▫ Usually no symptoms but can include painful urination and discharge.

• **Syphilis**
  ▫ Symptoms of syphilis include a firm, round, small, and painless sore on the genitals, anus, or mouth, or a rash on the body, especially on the palms of the hands or the soles of the feet.
  ▫ Spread via direct skin-to-skin contact with a chancre (sore) and through oral, anal, and vaginal sex.

• **Trichomoniasis**
  ▫ Infection caused by a protozoan (a microscopic, one-celled animal)
  ▫ Symptoms, if present, include discharge and the urge to urinate frequently, often with pain and burning
TREATABLE, BUT NOT CURABLE STIs

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

- **Herpes**
  - Can affect the mouth (oral herpes) or genitals (genital herpes)
  - Oral herpes can be transmitted to the genitals during oral sex and vice versa so using protection during oral sex is important.
  - Herpes can spread from person to person even when there are no visible sores present

- **Hepatitis A, B, C**
  - Contagious liver diseases
  - Symptoms, if present, may include dark urine, loss of appetite, fever
  - Vaccine available for Hepatitis A & B

- **HIV/AIDS**
  - HIV attacks and wears down one’s immune system, leading to AIDS. The body thus becomes susceptible to infection and life-threatening illnesses.
TREATABLE, BUT NOT CURABLE STIs (continued)

• **Human Papillomavirus (HPV)**
  ▫ HPV is a virus that can cause **genital warts** and **cervical cancer**.
  ▫ Other cancers that are caused by HPV include cancers of the vulva, vagina, penis, anus, and oropharynx (back of throat)
  ▫ However, most HPV infections go away on their own.

  **Genital Warts**
  • Flesh-colored, soft-to-the-touch bumps on the skin that may look like the surface of a cauliflower
  • Genital warts are spread by skin-to-skin contact — usually during vaginal, anal, or oral sex play.

  **Cervical Cancer**
  • Cervical cancer usually does not have symptoms until it is quite advanced. Therefore it is important for women to get regular pap smear screenings.
Gardasil Vaccine for HPV

- A series of 3 shots over 6 months that protects against the types of HPV that causes most cases of cervical cancer and genital warts.

- Available for males and females ages 9 to 26.

- It is best to get vaccinated before ever engaging in sexual activity, however one can still get the vaccine if they are already sexually active as the vaccine may protect against strains that they may not have been exposed to yet.

- The vaccine is not intended to replace pap smears

- The HPV vaccine is available at Student Health Services.
  - FREE for students with SHIP
  - $189 per shot without SHIP
STI Testing

• Since many STIs show no signs or symptoms, 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
    • Genitals
STI Testing (continued)

- Student Health Services has STI testing
  - 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
Safer Sex & 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 $2-$8, depending on the kit purchased.

• Condoms
  ▫ Both external(male) and internal(female) 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, chocolate syrup, whipped cream, 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.
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 both men and women

- 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.

• Post-test instructions
  ▫ Visit https://wellness.ucsd.edu/studenthealth/Documents/infosessionquiz.pdf
  Print and complete the quiz
  ▫ Bring the completed quiz to your appointment

*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/rr6205a1.htm
ADAM Images: www.adamimages.com