

UC San Diego

STUDENT HEALTH AND WELL-BEING

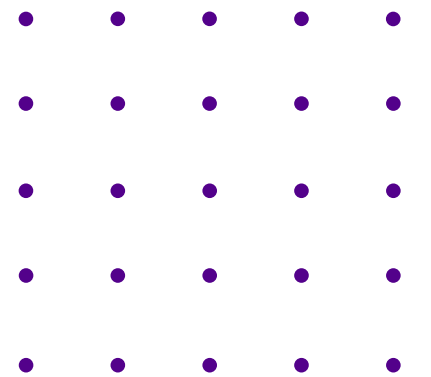


SEXUAL HEALTH INFO SESSION

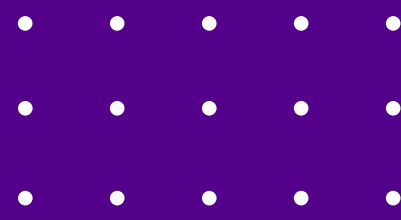
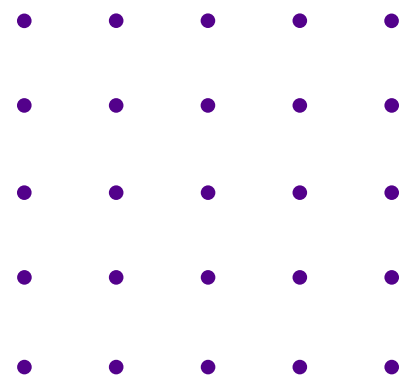


AGENDA

- Sexual Health Philosophy
- Consent
- Sex Positivity
- Anatomy & Exams
- Birth Control
- STIs
- Safer Sex
- Sexuality Online



PHILOSOPHY ON SEXUAL HEALTH



NO JUDGEMENT

SHW provides factual information so students can make health decisions for themselves. We do not tell people what is best for them.

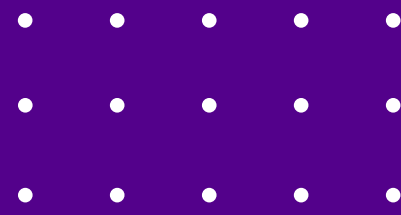
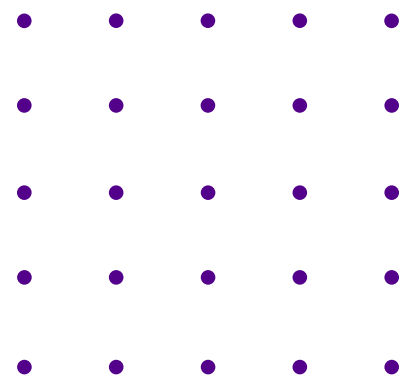
NEUTRAL LANGUAGE

We change language that assumes everyone is, or should be heterosexual and/or in a monogamous relationship. For example, we use the term "partner" rather than "girlfriend" or "boyfriend" and it is a gender-neutral term that can also be used to refer to sexual partners.

SEXUAL BEHAVIOR VS. SEXUAL ORIENTATION

Sexuality can be fluid, and we should not label or make assumptions about who someone is attracted to, who they are having sex with, or how they identify. Therefore, it is the philosophy of SHW to talk about sex in terms of the behaviors people can engage in and not in terms of anyone's sexual orientation or level of sexual activity.

PHILOSOPHY ON ABSTINENCE



ABSTINENCE STATEMENT

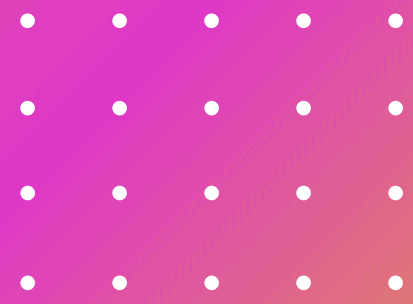
We want to recognize that some people choose to remain abstinent. However, if someone chooses to have sex, then it is important for them to know about safer sex practices .

DEFINITION

Just so we all have the same definition, abstinence is a conscious decision to not engage in oral, vaginal, and anal sex (regardless if the person is giving or receiving the sexual act). 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.

FIVE ACTION STEPS TO GOOD SEXUAL HEALTH

SOURCE: NATIONAL
COALITION FOR SEXUAL
HEALTH



1

Value who you are and what's right for you

2

Treat your partners well and expect them to treat you well

3

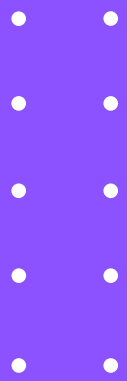
Build positive relationships

4

Get smart about your body and protect it

5

Make sexual health a part of your healthcare routine



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.

A SEX POSITIVE APPROACH

Our approach to sexual health education emphasizes sex positivity, as well as the reduction of stigma around sexuality which is often associated with sex negativity.

"Above all else, SEX POSITIVITY values consent, communication, education that allows people to make informed choices about their bodies, and pleasure." - Healthline.com

Sex Positivity is the idea that **we should not shame or looked down upon others based on their sexual activity and/or sexual preferences**, even if the other person holds different values and opinions than you. Additionally, Sex Positivity emphasizes the many benefits of sexual activity, like stress reduction, relaxation, and other rewards.

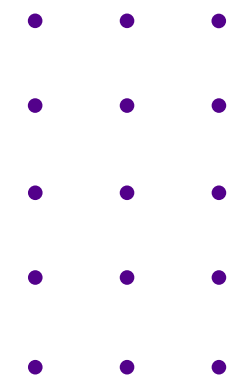


WHAT IS SEX NEGATIVITY?

SEX NEGATIVITY is when we make judgements or assumptions about others based on their actual (or perceived) sexuality (identities, behaviors, etc.).

Examples of Sex Negativity

- "Slut-shaming"
- Victim-shaming
- Kink-shaming
- Abstinence-only sex education programs
- Moral judgements or violence against sex workers, gender minorities, and/or sexual minorities






SEXUALITY ON THE SPECTRUM

Just as the LGBTQIA+ communities are diverse, so are the sexual health needs of individuals in these communities.

Some communities tend to have higher rates of STIs and violence against them (particularly those who identify as transgender and those who identify as gay). This is especially true when viewed through a racial and sociocultural lens. People of color who are also LGBTQIA+ experience higher rates of violence and discrimination.

If you identify as LGBTQIA+ (or if you ever have questions about these communities) find a medical provider you feel comfortable with (preferably someone with training specific to your community) and keep them informed of your personal and sexual health needs.

Remember to be an ally! An "Ally" is someone who supports the well-being of those in a community different than their own. Whether you are a part of the LGBTQIA+ community or an ally, we can all work harder to make the world a safer, more equitable place.





ANATOMY

ANATOMY

ASSIGNED MALE AT BIRTH

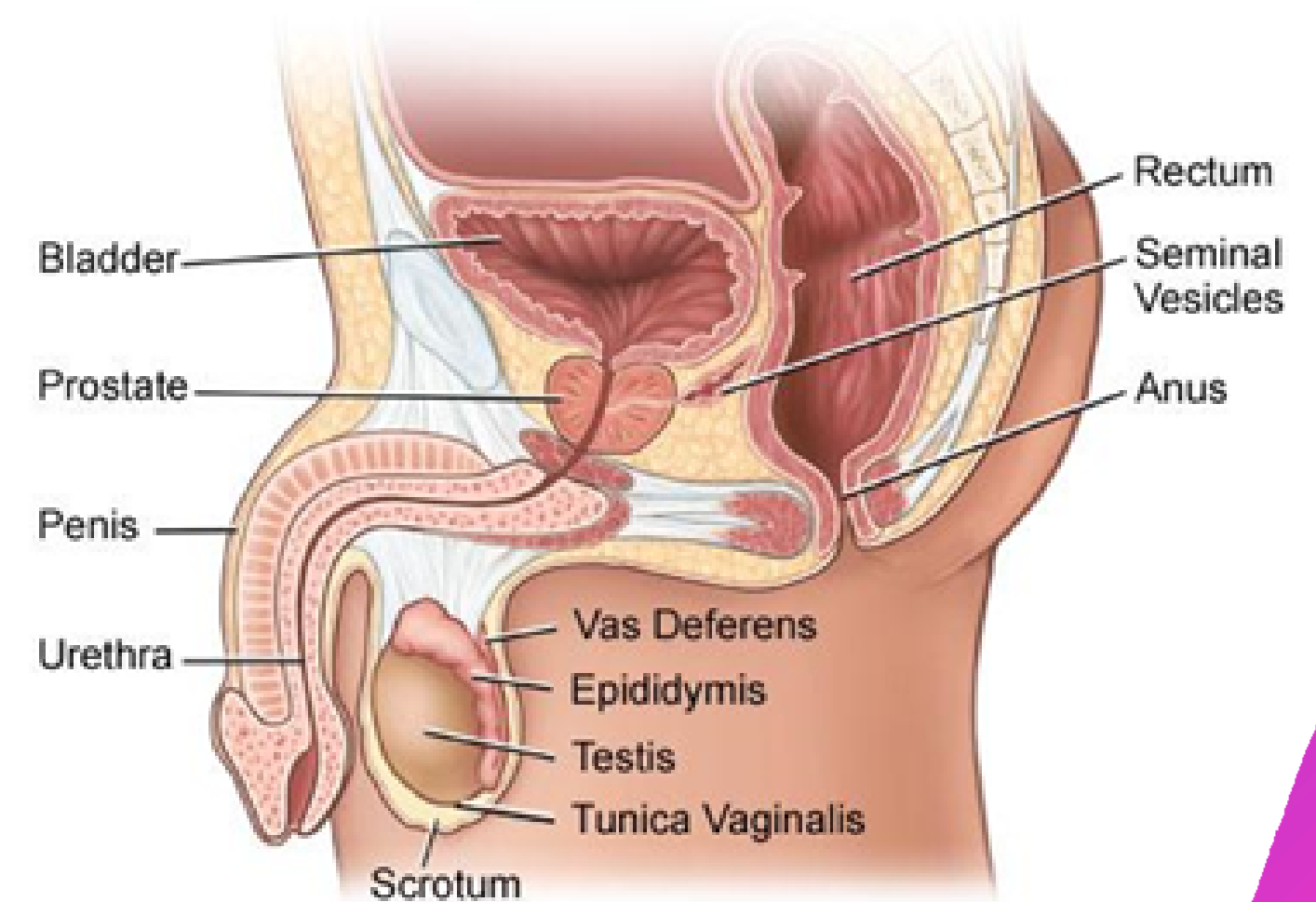
THE TESTES

- Produce sperm and sex hormones
- During arousal, fluids (semen) start to lubricate the urethra and may contain sperm

CLINIC EXAM MAY INCLUDE:

- Sexual history questionnaire
- Review of symptoms (if any)

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

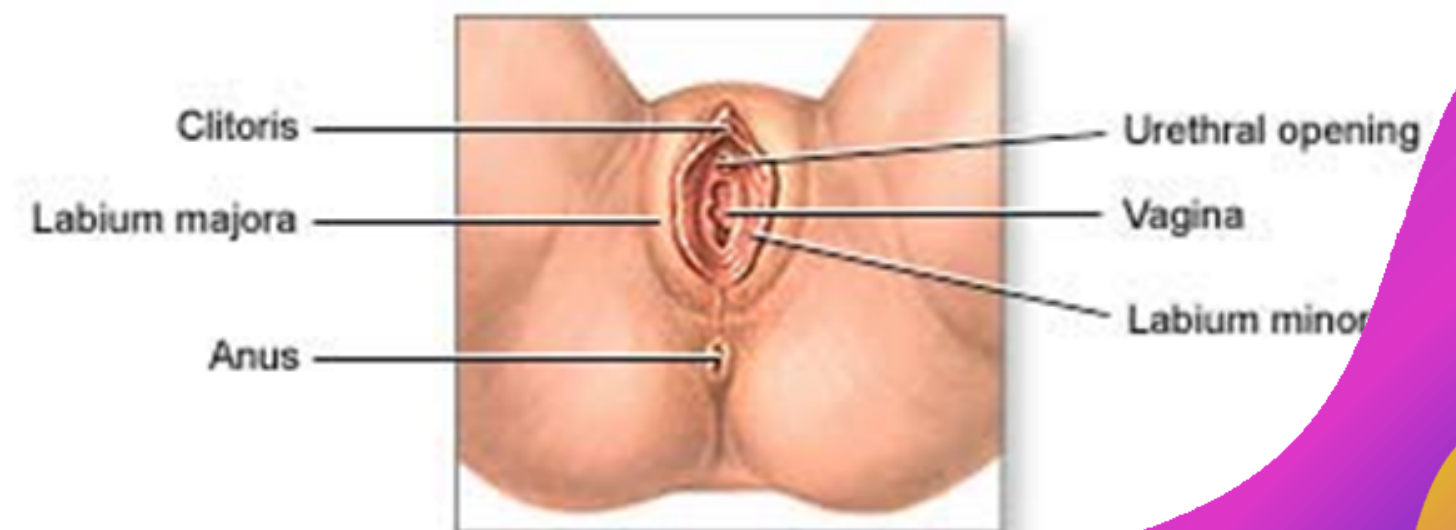
THE OVARIES

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

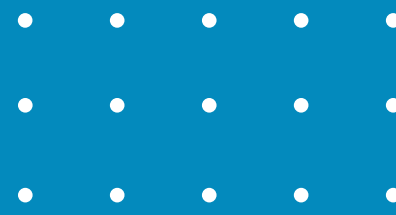
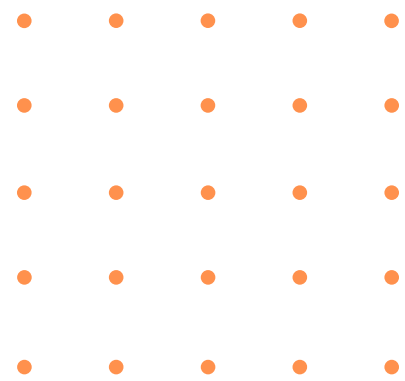
CLINIC EXAM MAY INCLUDE:

- Sexual history questionnaire
- Review of symptoms (if any)
- Assessment of thyroid, heart, lungs, breasts, abdomen, and pelvis
- Pap Smear

ASSIGNED FEMALE AT BIRTH



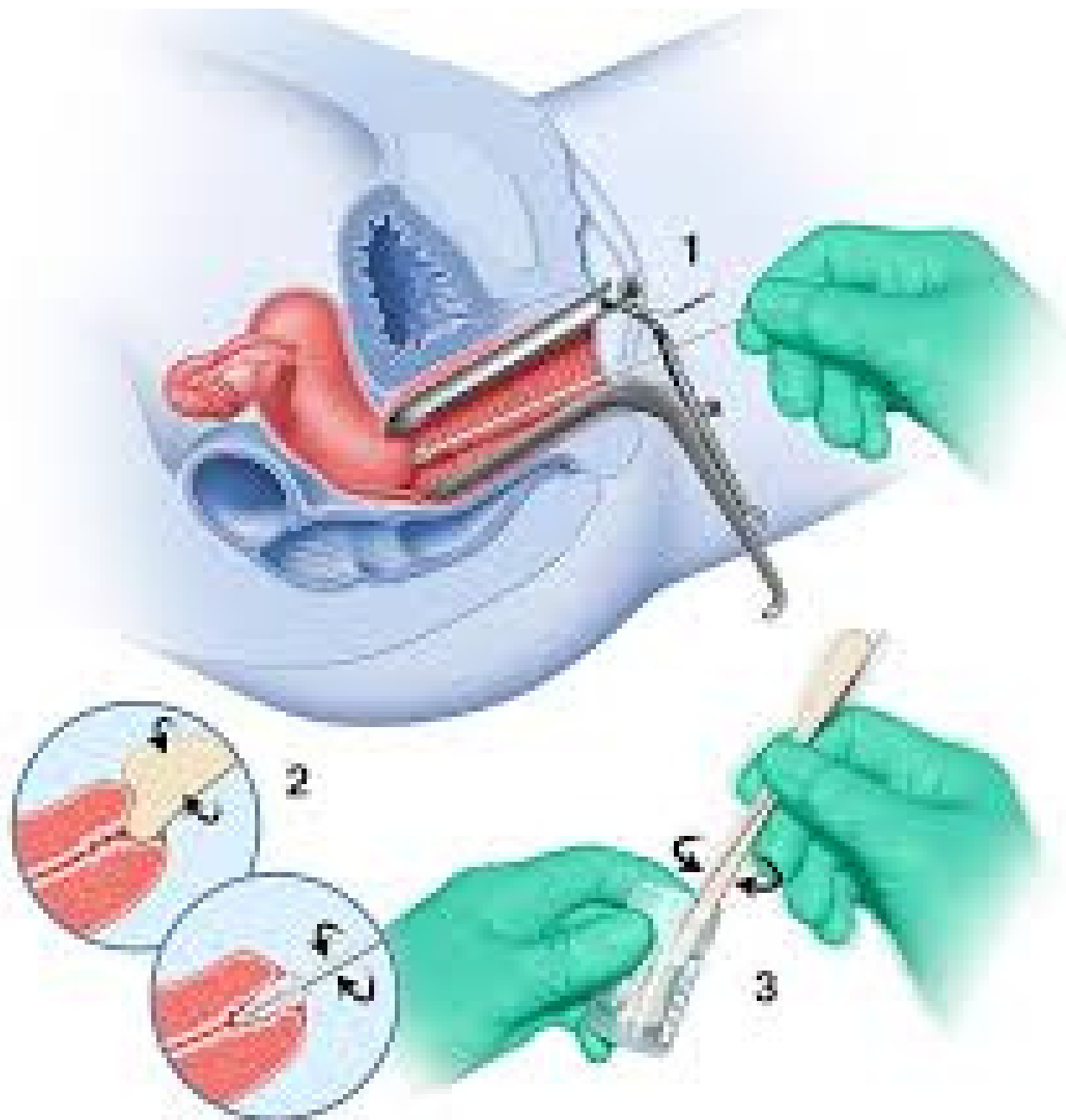
PAP SMEAR



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



- The provider checks the labia, clitoris, urethra, and the opening to the vagina.
- To see further into the vagina, the provider inserts an 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 broom and brush.
- You may feel some discomfort or cramping.
- After the speculum is removed from the vagina, the provider may conduct a bimanual exam. The provider would insert 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.



PREGNANCY & STI PREVENTION

BARRIER METHODS



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



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

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

IMPORTANT NOTE:

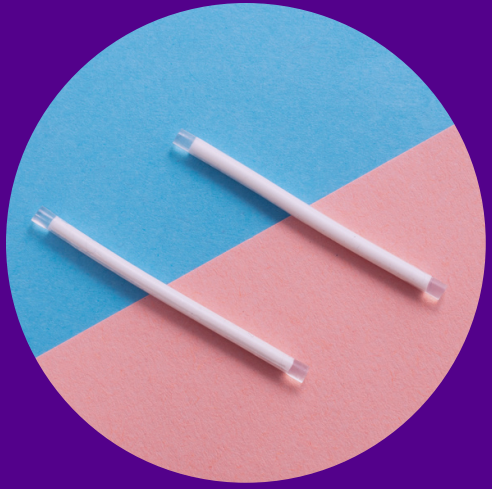
Let your health care provider know if you are using hormonal birth control. You may need to use a back-up method to prevent against pregnancy during treatment with some medications.



QUESTIONS TO CONSIDER:

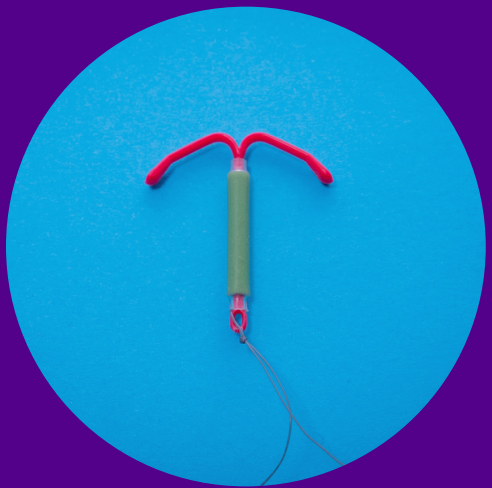
- How often do you have sex?
- Are you comfortable touching your genitals?
- Is your partner involved or not involved in buying or using the method?
- Do you plan to have children? If so, how soon?
- Will this method fit into your lifestyle and budget?
- Is having a regular period important to you?





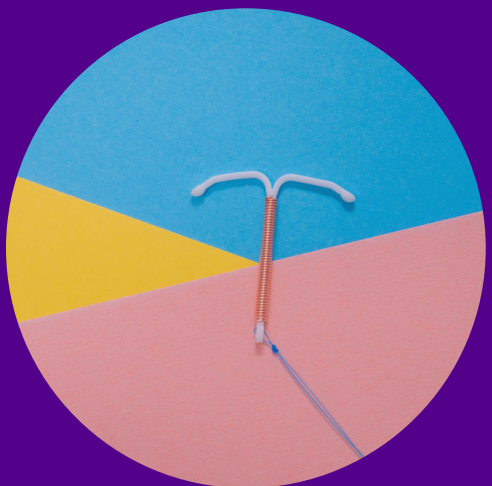
BIRTH CONTROL IMPLANT

- Small, flexible, plastic rod that is the size of a matchstick that is inserted under skin in upper arm
- Lasts 3 – 5 years; it can be removed at any time
- **99.95% effective**



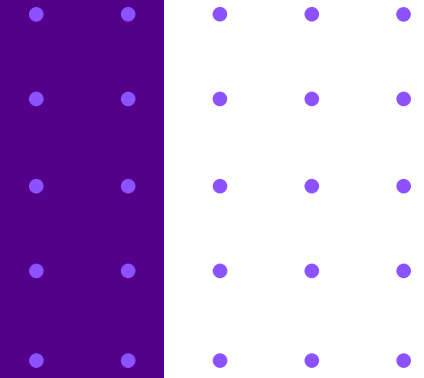
HORMONAL IUD

- Small, T-shaped, plastic device that is inserted into the uterus
- Lasts 3 - 7 years; it can be removed at any time
- **99.8% effective**



COPPER IUD

- Small, T-shaped, hormone-free device that has copper wrapped around it. It is inserted into the uterus
- Lasts up to 12 years; it can be removed at any time
- **99.2% effective**



**MOST
EFFECTIVE
METHODS**



BIRTH CONTROL SHOT

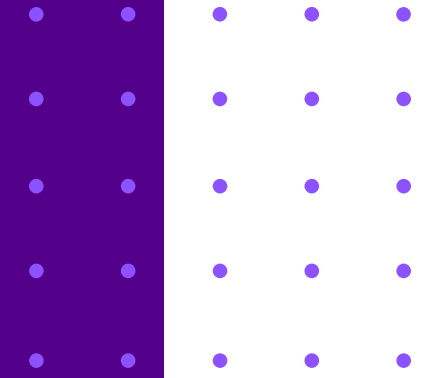
- Injection of progestin given by a health care provider every 3 months
- Injection contains progestin which prevents ovulation & thickens cervical mucus
- **94% effective**

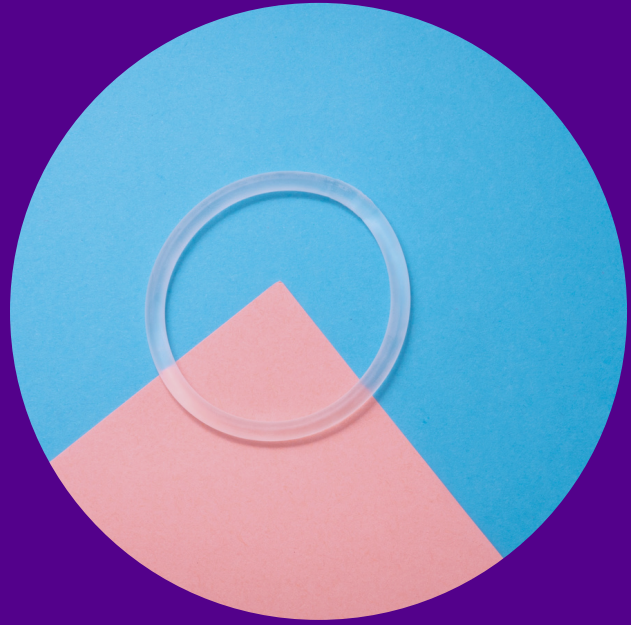


BIRTH CONTROL PILLS

- Pill that is taken daily at the same time to prevent pregnancy
- Prevents ovulation & thickens cervical mucus
- **91% effective**

**MODERATELY
EFFECTIVE
METHODS**





BIRTH CONTROL RING

- A small, flexible ring that is placed in the vagina.
- Ring releases hormones progesterin & estrogen over a three week period. On the fourth week the ring is removed. Repeat cycle.
- **91% effective**



BIRTH CONTROL PATCH

- A plastic patch that sticks to the exterior of one's skin & releases the hormones estrogen & progesterin
- Patch worn for one week at a time for three weeks. No patch is worn on the fourth week. Repeat cycle.
- **91% effective**

MODERATELY
EFFECTIVE
METHODS



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**



CERVICAL CAP

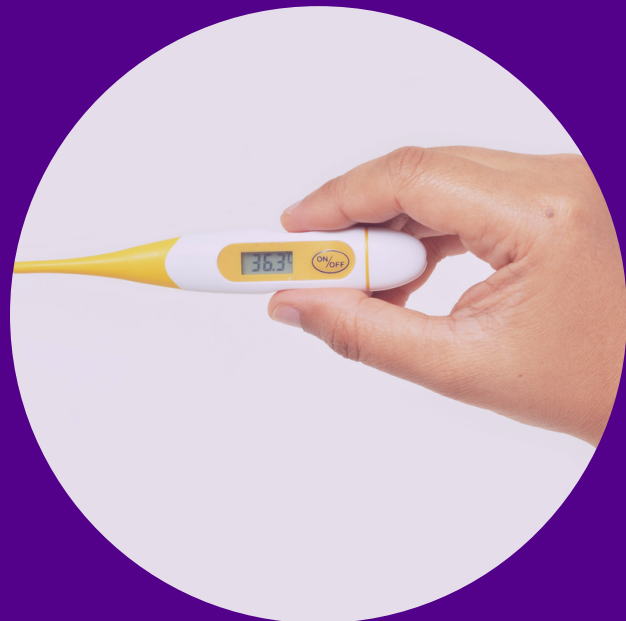
- Silicone cup shaped like a sailor's hat, used with spermicide
- Insert it into vagina, over the cervix before sex
- Must stay in place for 6 hours after sex
- Most effective if used with spermicide
- **86% effective** for those who have not been pregnant or given birth vaginally; **71% effective**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

LEAST
EFFECTIVE
METHODS



WITHDRAWAL

- 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

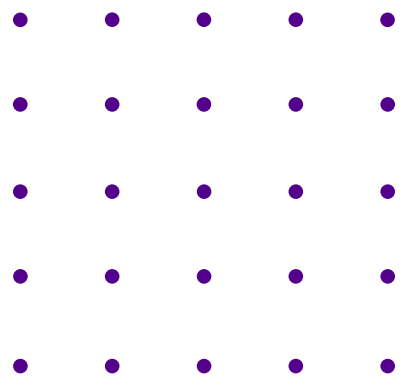


FERTILITY METHOD

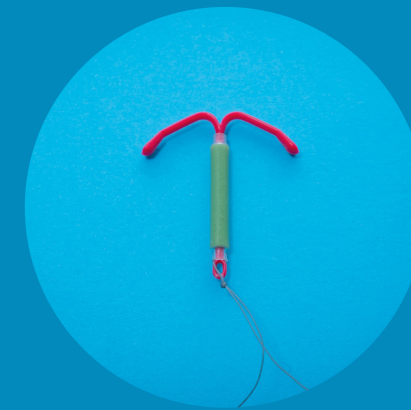
- Goal is to keep sperm out of the vagina when near ovulation
- Methods include:
 - Temperature method
 - Cervical mucus method
 - Calendar method
- 76% effective

LEAST
EFFECTIVE
METHODS

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:



EXTERNAL CONDOM + THE IUD



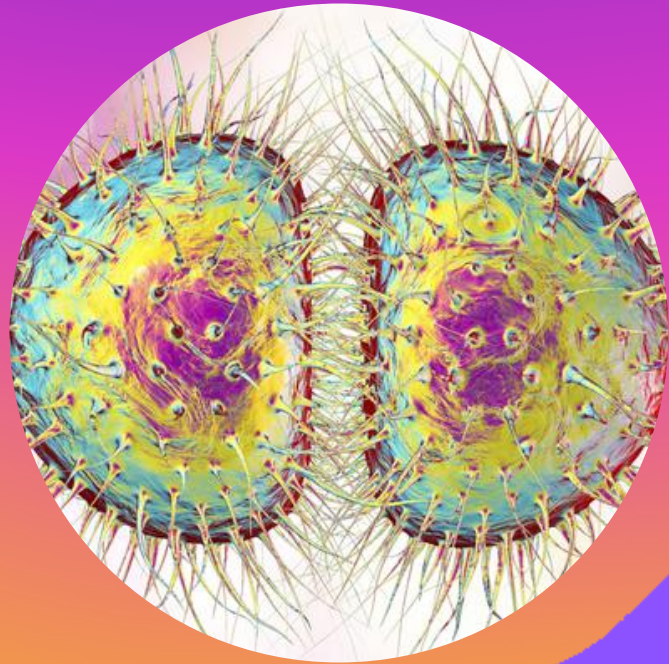
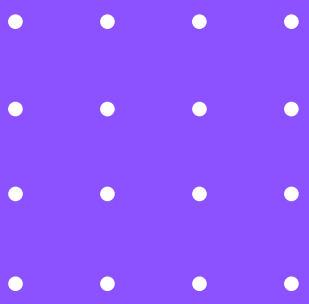
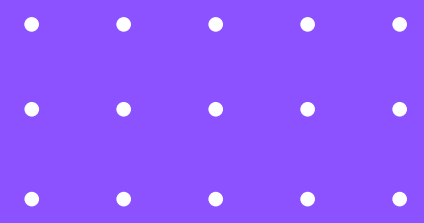
INTERNAL CONDOM + THE PATCH

EMERGENCY CONTRACEPTION

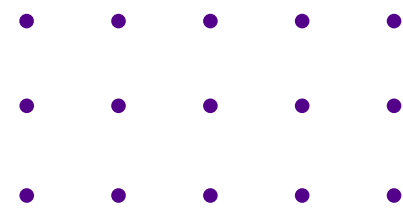
- Method of preventing pregnancy from occurring after an incident of unprotected sex or birth control failure (e.g. the condom breaks)
- Works by delaying ovulation
- Does not protect against STIs

Plan B is readily available over-the-counter, does not require a prescription and can be used up to 72 hours after unprotected intercourse (UPI). Ella is the most consistently effective form of oral EC, is often recommended if you have a higher BMI and can be used up to 120 hours after UPI. It requires a prescription and is not recommended if you are already using hormonal contraception. Effectiveness of both Plan B and Ella appears to decrease with increasing BMI, both for overweight (BMI 25 to 29.9 kg/m²) and obese (BMI ≥30 kg/m²) women. Studies suggest that Plan B may have no effect on pregnancy risk reduction for obese women. The copper IUC (Paragard) is the most effective form of EC, can be used up to 120 hours after UPI and has the added benefit of ongoing contraception for up to 12 years.





SEXUALLY TRANSMITTED INFECTIONS



SEXUALLY TRANSMITTED INFECTIONS (STIS)

Bacterial

- Chlamydia
- Gonorrhoea
- Syphilis

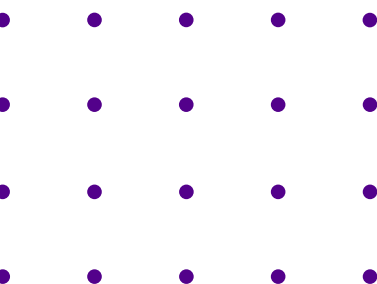
Viral

- Hepatitis A, B & C
- HIV
- HPV
- HSV-1 & HSV-2

Parasitic

- Pubic lice
- Trichomoniasis
- Scabies*

*Can be transmitted without sexual contact



CURABLE (BUT REPEATABLE) STIS

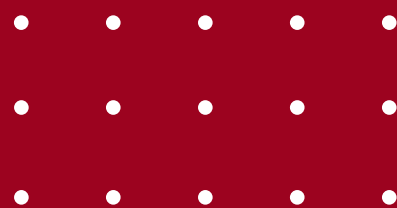
STI	TRANSMISSION	SYMPTOMS
CHLAMYDIA	Mucous Membrane and/or infected fluids contact	Often no symptoms. Unusual discharge, painful urination.
GONORRHEA	Mucous Membrane and/or infected fluids contact	Often no symptoms. Unusual discharge, painful urination.
SYPHILLIS	Direct contact with sore Mucous Membrane and/or infected fluids contact	Primary: painless sore (chancre) Secondary: rash Late: damage to nervous system & brain
TRICHOMONIASIS	Mucous Membrane and/or infected fluids contact	Often no symptoms. Unusual discharge, painful urination, itching.

TREATABLE STIS



STI	TRANSMISSION	SYMPTOMS
HEPATITIS A, B, C	A: oral-genital & oral-anal contact B: mucous membrane and/or infected fluids contact C: blood & sexual transmission	A: fatigue, loss of appetite, jaundice possible B: Often no symptoms. Nausea & jaundice with dark urine possible. C: often no symptoms but jaundice possible
HERPES	Direct skin-to-skin contact even if there are no lesions visible.	Single or multi fluid-filled blisters.
HIV	Mucous Membrane and/or infected fluids contact	Often no symptoms.
HPV	Direct skin-to-skin contact	Often no symptoms. Causes genital warts (soft, flesh-colored, cauliflower-like bumps) & cervical cancer.

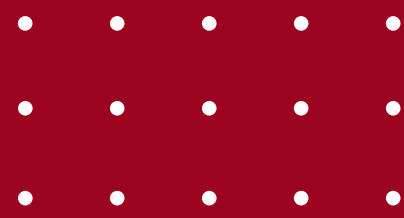




source: centers for disease control & prevention; food and drug administration

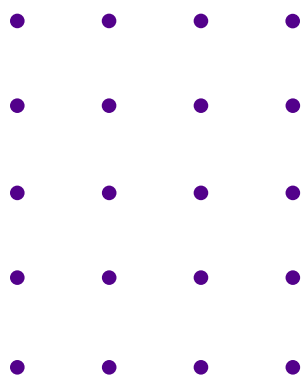
HIV/AIDS

- HIV stands for Human Immunodeficiency Virus. The viral infection (HIV) suppresses a person's immune system. If treated properly, the infection never progresses into Acquired Immune Deficiency Syndrome (AIDS).
- There is currently no cure, but recent pharmacological developments have allowed for treatments to be extremely effective.
- Approximately 1.1 million people in the United States are living with HIV today. But not all of them know it. In fact, about 15 percent (or 1 in 7) of them are not aware they are living with HIV (hiv.gov).
- Regular HIV testing is important for anyone who is sexually active.



TREATMENT AS PREVENTION

Many people living with HIV have such low levels of HIV in their bodies that they are considered "**undetectable**", meaning that HIV still exists in their bodies, but at such low rates that you can't detect it with with the test. Undetectable = Un-transmittable (U=U).



PrEP

PRE-EXPOSURE PROPHYLAXIS FOR HIV

source:

centers for disease control & prevention; food and drug administration



PrEP is used:

- When people who don't have HIV but who are at risk of getting HIV take HIV medicine every day to prevent HIV infection. PrEP is used by people without HIV who are at risk of being exposed to HIV through sex or injection drug use.
- Two HIV medicines are approved by the U.S. Food and Drug Administration (FDA) for use as PrEP: Truvada and Descovy. PrEP is most effective when taken consistently each day.
- The Centers for Disease Control and Prevention (CDC) reports that studies have shown that consistent use of PrEP **reduces the risk of getting HIV** from sex by about **99%** and from injection drug use by at least **74%**.

The word "prophylaxis" means to prevent or control the spread of an infection or disease.



PEP

POST-EXPOSURE PROPHYLAXIS FOR HIV



PEP is used:

- Post-exposure prophylaxis (PEP) means taking HIV medicines within 72 hours after a possible exposure to HIV to prevent HIV infection.
- PEP should be used only in emergency situations. It is not meant for regular use by people who may be exposed to HIV frequently.
- PEP must be started within 72 hours (3 days) after a possible exposure to HIV. The sooner PEP is started after a possible HIV exposure, the better.
- If you are prescribed PEP, you will take HIV medicines every day for 28 days.



The word “prophylaxis” means to prevent or control the spread of an infection or disease.



When to get tested:

Get tested at least once a year, as well as after each new partner, if you are under the age of 25. After the age of 25, it is recommended you get tested after every new partner.



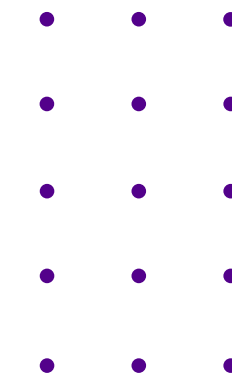
3-site testing:

Oral, anal and genital testing are available [depending on the kind of sex you are having].



STI testing at SHS:

Same-day scheduling is available at the SHS Lab for students with no symptoms; urgent care or same-day appointments available for students with symptoms.



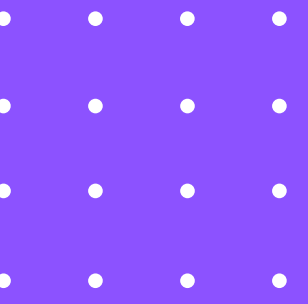
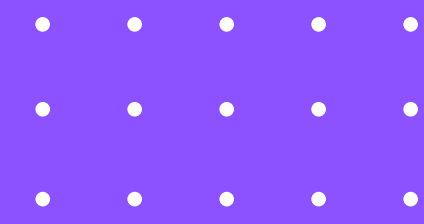
STI TESTING



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OFF-CAMPUS TESTING

- **Via personal health care provider**
- **Planned Parenthood - plannedparenthood.org**
 - Offers most, if not all, methods of birth control
 - Provides services, information, and referrals for people of all gender identities, gender expressions/presentations, and sexual orientations/preferences
- **FPA Women's Health - fpawomenshealth.com**
 - 3 San Diego County Locations
 - Offers most methods of birth control



SAFER SEX

SEXUAL ACTIVITY:

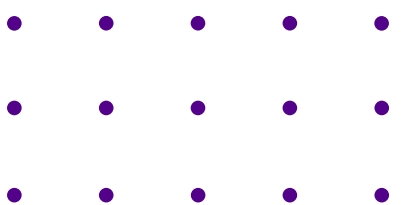
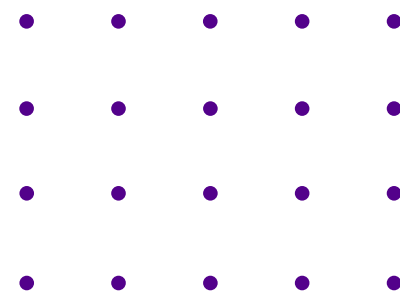
Vaginal sex | Anal sex



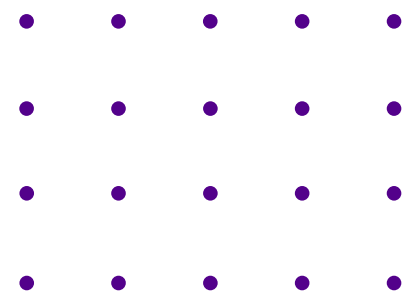
Internal Condom



(Lubricated) External Condom



SEXUAL ACTIVITY:



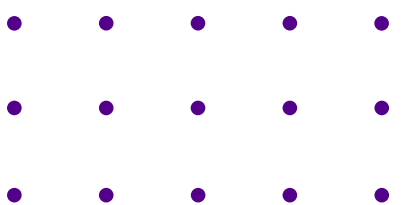
Oral-penile sex



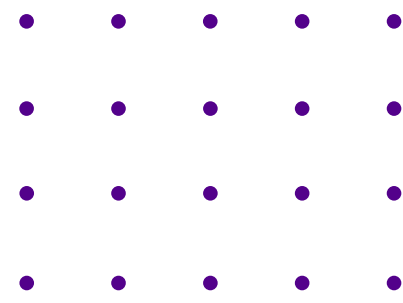
Flavored External Condom



External Condom (Non-Lubricated)



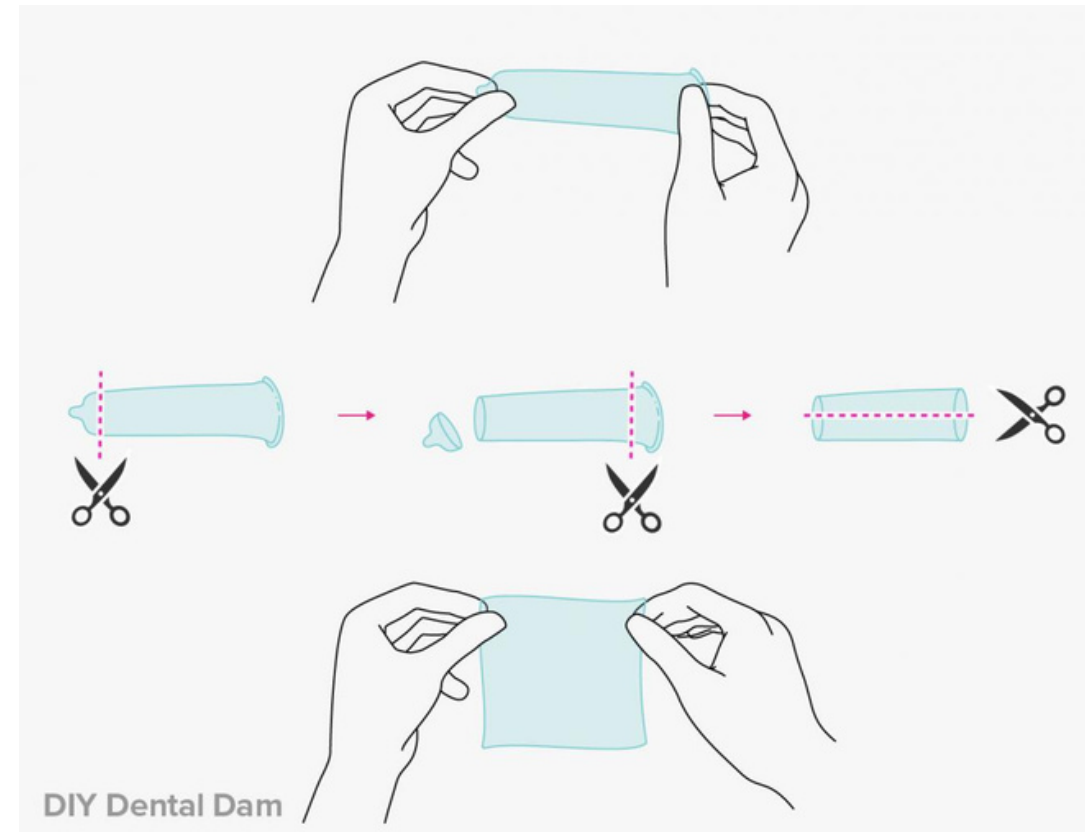
SEXUAL ACTIVITY:



Oral-anal sex | Oral-vaginal sex



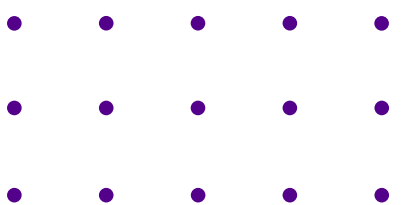
Dental Dams



External Condom Cut Lengthwise

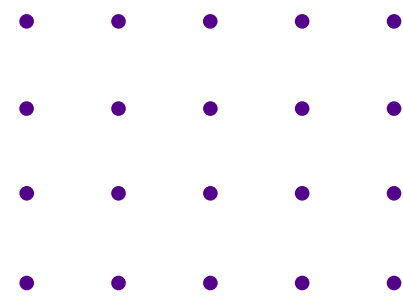


Non-microwavable Plastic Wrap



SEXUAL ACTIVITY:

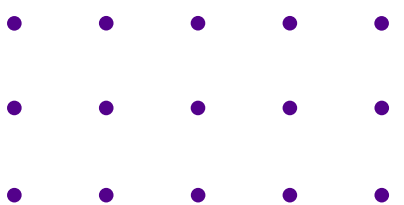
Hand/finger penetration



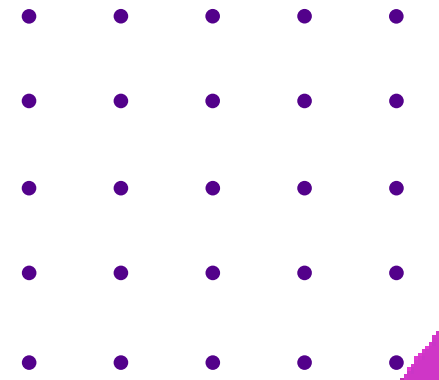
Finger Cot(s)



Latex/Polyurethane Glove(s)



LUBRICANT



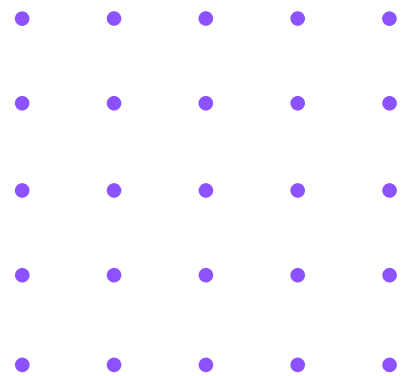
Lubricants reduce friction and keeps condoms, gloves, dams and other materials moisturized to reduce risk of tearing.



Water-Based Lubricant

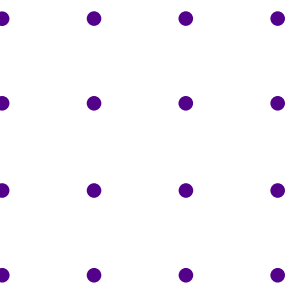


Silicone-Based Lubricant



NOT RECOMMENDED:

These items can break down condoms, rendering them ineffective against pregnancy and STI prevention.





SEXUALITY ONLINE

If you choose to have virtual sex from a distance (via the web, computer, cell phone, or apps) with your partner(s), it is important to stay safe.

Even if you completely trust yourself and your partner(s), your privacy is only as good as the safety and privacy settings of your devices and websites.

Hacking, improper sharing permissions, accidental file sharing, means that any virtual sex poses some risk.



ONLINE SEXUALITY SAFETY TIPS

source: planned parenthood

Before you engage in sexual behaviors virtually, ask yourself:

- Is it legal?
- Is it what you want to do?
- Will it get shared or recorded?

If someone sends you nude images or requests for online sex:

- Don't share another person's private information with others.
- Talk to that person about the danger involved in sending explicit material.
- Delete the image or request from your device, since it could accidentally be shared or seen by others (or be accessed if your phone is lost or stolen).

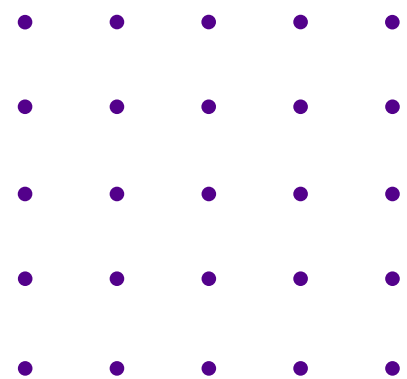
If a friend sends you an explicit message from a third party:

- Tell that friend not to send you (or anyone) that type of material, since it is a breach of that person's trust.
- Don't show or share the image with anyone else.
- If you think the image is being shared to bully or harass another person, find an appropriate authority figure that can resolve the matter.
- Delete the image from your device, since it could accidentally be shared or seen by others (or be accessed if your phone is lost or stolen).

IT IS NEVER OK TO SHARE SOMEONE ELSE'S SEXUAL IMAGERY/MESSAGES WITHOUT EXPLICIT CONSENT.



SEXUAL HEALTH SELF-ASSESSMENT

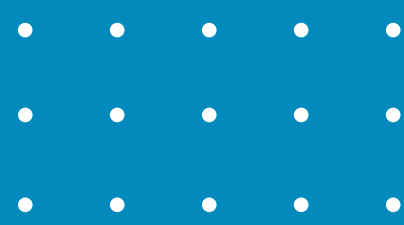
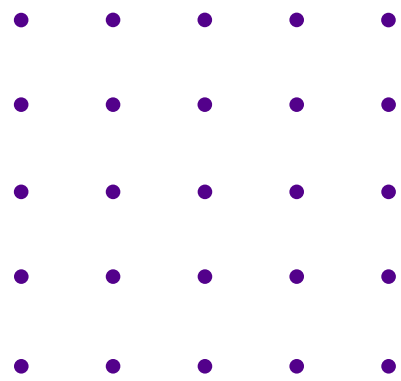


QUESTIONS TO CONSIDER:

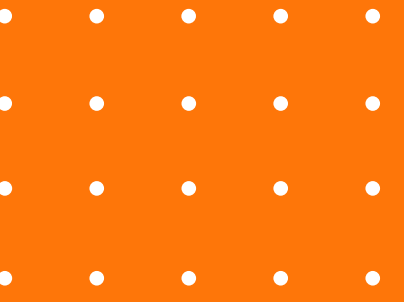
- Am I sexually active?
- Have I had a complete physical exam by a medical professional and talked to one about sexual health?
- If active, how often am I being tested for pregnancy and STIs?
- If not active, am I confident that I can make responsible decisions with my sexuality?
- What remaining questions about sexuality do I have and where can I find appropriate answers?
- Do I feel safe and supported? AND Do I make my partner(s) feel safe and supported?

MAKE SEXUAL HEALTH A PART OF YOUR HEALTHCARE ROUTINE

source: national coalition for sexual health



- Find a healthcare provider that's right for you & makes you feel comfortable.
- Get regular sexual wellness check-ups.
- Have open & honest conversations with your provider.
- Discuss any concerns about sexual functioning or other problems.
- Take steps to protect yourself & your partners.
- Talk to a medical professional about family planning if you are pregnant or would like to explore your reproductive options.



You're not alone in your sexual health journey!

You can meet with a health educator in Health Promotion Services to learn more about services and resources.

Email **hps@health.ucsd.edu** to learn more.

To schedule an appointment with Student Health Services, call **(858) 534-3300**.

