

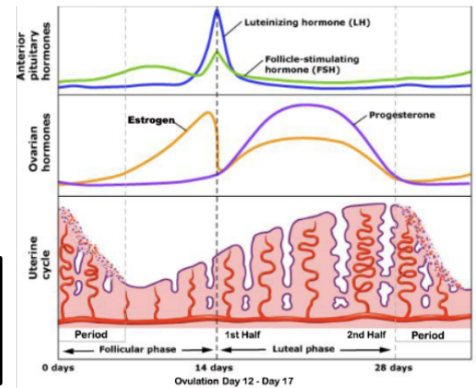
# SEXUAL HEALTH OVERVIEW

Is a process that occurs every 28 days where the lining of the uterus prepares for pregnancy.

If an egg is fertilized it implants in the uterus lining

If an egg is not fertilized, then is shed along with the uterus lining = **MENSTRUATION**

The hormone interaction and process can be summarized by the diagram



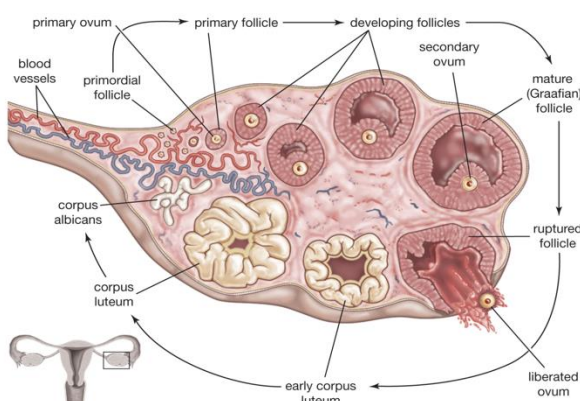
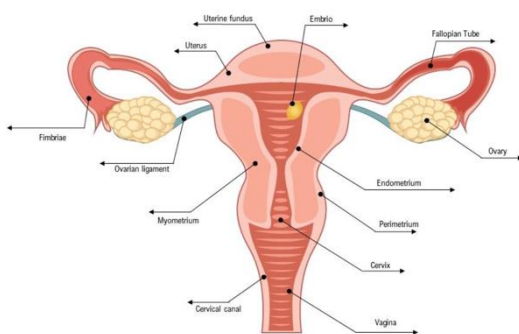
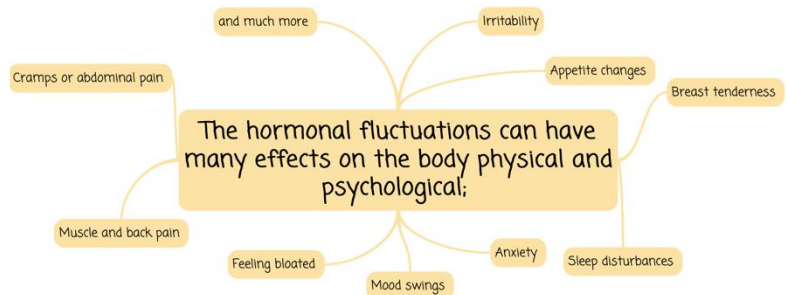
## The Menstrual Cycle

Progesterone is produced in the ovaries initially but during pregnancy the placenta will continue producing it.

It is regulated by several hormones and the body's endocrine system, in particular:

- Oestrogen is produced by the ovaries and repairs and thickens the uterus lining, while progesterone maintains it
- Follicle stimulating hormone (FSH) is produced in the pituitary gland and is responsible for the maturation of an egg in the ovary.
- Luteinising hormone (LH) is produced in the pituitary gland as well and stimulates the release of the egg.

- The egg in the ovary is swept along the fallopian or uterine tube by cilia, where it can then embed in the endometrium.
- This is also the layer of the uterus shed during menstruation and is the outermost layer.
- It has a very good blood supply which is essential in supporting an embryo during development if a pregnancy does occur.



- FSH is produced by the pituitary gland and stimulates the growth of follicles in the ovary.
- A follicle is a small sac of fluid in the ovaries that contains a developing egg.
- Oestrogen is a hormone released by the developing egg in the follicle of the ovary.
- The hormone oestrogen is responsible for the growth and repair of the uterine lining. Oestrogen also inhibits FSH.
- Once oestrogen rises to a high enough level it causes a surge in LH from the pituitary gland which stimulates ovulation.
- The follicle ultimately develops into the corpus luteum, which produces oestrogen and progesterone, which inhibits the pituitary from producing FSH and LH.
- The uterus wall thickness/lining is maintained by progesterone.
- The corpus luteum dies if the egg is not fertilised, and progesterone levels decrease.
- Menstruation occurs as the uterine lining breaks down, and this is referred to as having a period.

**This is an example of a negative feedback loop!**

STI's can affect males and females equally. In 2019, there were 468,342 new STI diagnoses made.



## Symptoms

Sometimes you can experience no symptoms or you can get:

- unusual discharge from the vagina, penis or anus
- pain when peeing
- lumps or skin growths around the genitals or anus
- a rash
- unusual vaginal bleeding
- itchy genitals or anus
- blisters and sores around the genitals or anus



## What is an STI ?

A sexually transmitted infection (STI) is an infection passed from person to person via sexually contact. Some can be treated and other cannot but there are drugs available to manage its symptoms.



## Where to seek advise

If you or your sexual partner has symptoms of an STI or your worried after having sex without a condom you can go to a sexual health clinic where they are able to test and treat you.

You can even attend without an appointment!

Any information about your consultation will not be without your consent.

## Types of STI's

Common types include chlamydia, gonorrhoea, trichomoniasis, genital warts, genital herpes, pubic lice, scabies and syphilis







## How to prevent STIs



- The best way to avoid getting an STI is to use a condom when you have sex.
- You and your partner can also get tested regularly.
- Limiting the number of sexually partners.
- There are also vaccines available to protect against human papilloma virus and hepatitis B.



# What Contraceptive Suits You?

	BARRIER METHODS	HORMONAL METHODS	INTRAUTERINE DEVICES	STERILIZATION
				
About	These are common contraceptive methods that involve creating a physical barrier to prevent the sperm from entering the woman's uterus	An effective method where hormones are taken into the body and prevent the ovaries from releasing eggs.	It is a T-shaped device made of flexible plastic and works by making the uterus inhospitable to sperm. It may contain hormones.	This method is a permanent solution for men and women who do not intend to have children in the future
Types	CONDOM (MALE & FEMALE), SPERMICIDES, DIAPHRAM, CERVICAL CAP, CONTRACEPTIVE SPONGE	ORAL PILL, IMPLANTS, INJECTIONS, SKIN PATCHES, VAGINAL RINGS	IUD - WITH AND WITHOUT HORMONES	VASECTOMY, TUBAL LIGATION
Method	Barrier methods can contain chemicals that can add increased protection	Synthetic and natural hormones thicken mucus around the cervix and thin the lining of the womb.	This method works by thickening the mucus around the cervix and making the womb's lining thin so sperm cannot survive, or difficult to accept a fertilised egg	These methods involve a surgical procedure to stop the passage of sperm or ovaries.
Affordability	High	Medium	Low	High
Usage	Must use every time	Daily or regularly	No maintenance required	Permanent
Effectiveness	Moderate, effectiveness is increased if condoms are used with spermicide or in conjunction with withdrawal.	Up to 99.7%	99%	100%
Reversible	Yes	Yes	Yes	No
Benefits	No prescription required Some methods protect against HIV and many other STIs Non-hormonal Can be used with other birth control methods to increase effectiveness Can be used while breastfeeding	Periods may become lighter and cramping may lessen May improve hormonal acne May reduce the risk of ovarian cancer and endometrial cancer Fertility returns soon after discontinuing use	Longest-lasting reversible birth control method available Once removed, you can become pregnant right away Does not have to include hormones Safe to use while breastfeeding Fertility returns soon after discontinuing use, low infection rate,	Long-lasting, continuous method No maintenance and highly effective Non-hormonal Tubal ligation is effective right away Can be done at the time of delivery or c-section
Disadvantages	May break or slip off, requiring the need for emergency contraception Reduces spontaneity (although female condoms can be inserted prior to sex play) May reduce sensation for both partners	Can have side effects Does not protect against HIV or other STIs	Insertion and removal requires a visit to doctor Insertion is quick – 5 to 10 minute – but it's common to experience strong cramping during the insertion. Can be expelled or dislodged, which does not usually pose a health risk but can lead to pregnancy Does not protect against HIV or other STIs	Additional risks depending on the type of sterilization Does not protect against HIV and other STIs
Possible Side Effects	Irritation, allergic reactions, UTI	Menstrual Changes, Mood Swings Or Depressed Mood, Weight Gain, Headache, Acne, Loss Of Bone Density irregular Bleeding/ Bleeding Between Periods, Nervousness, Dizziness, Abdominal Discomfort	Irregular Bleeding, Abdominal/pelvic Pain	Failure of the procedure — the fallopian tubes reconnect and allow sperm to reach the egg— is highly unlikely. However, in the case that it occurs, ectopic pregnancy is possible and can be life-threatening