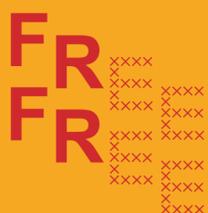


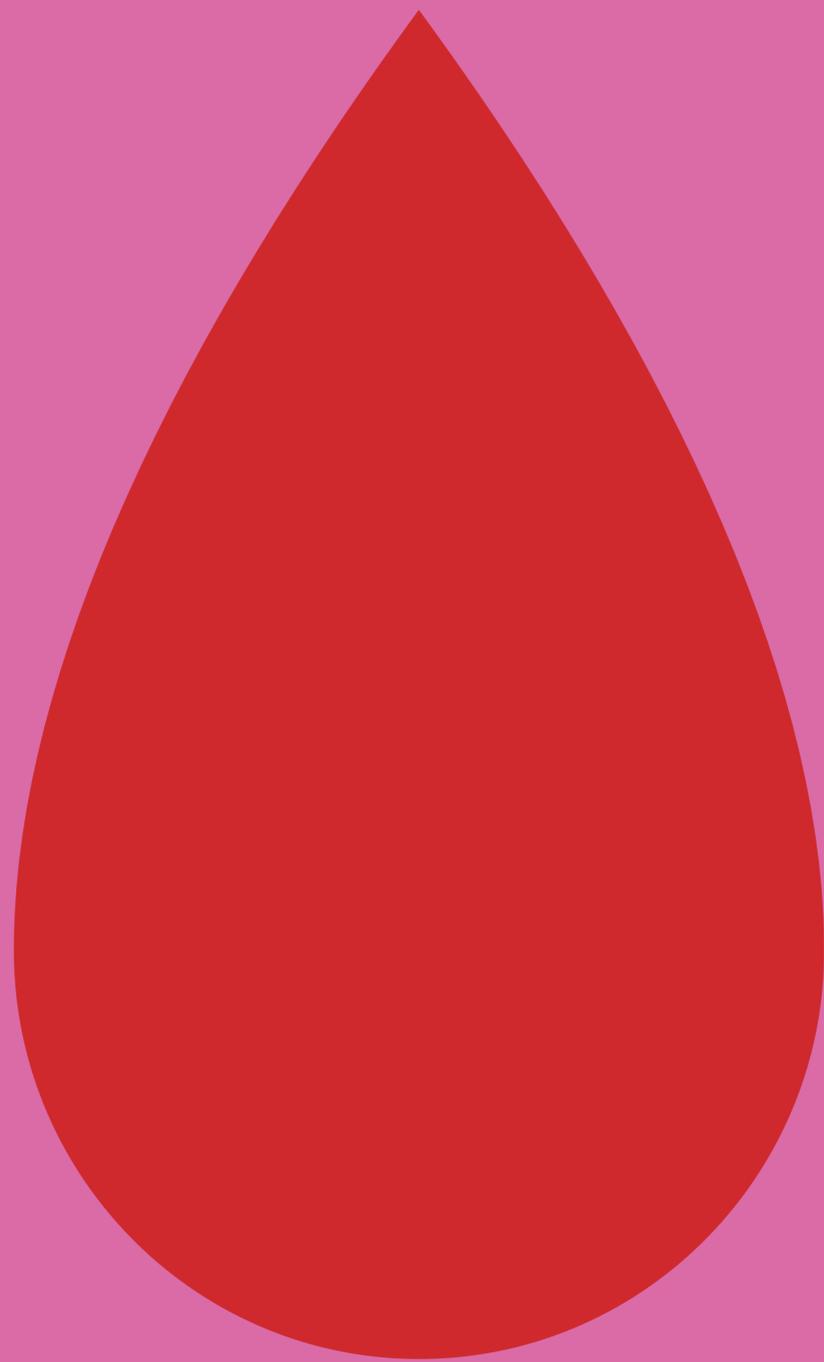
**TO KNOW,
CHOOSE,
PLAN,
PROTECT,
SET MYSELF**

FR FR FR FR

An educational guidebook on
contraception, sexuality, menstruation,
family planning, pleasure
and the woman's body



INTRODUCTION



Sex, menstruation and contraceptive methods are everyday situations that should be faced naturally, but for many women they can still be taboo. Whether it's time to explore your own body, feel pleasure in a relationship or when doing family planning, which should be something that all women have access to, but in reality we still have worrying rates

of unintended pregnancies, especially among teenagers.

Only with education and reliable information can we make the best decisions about our bodies and our health. This guidebook, created by Free Free in partnership with Bayer, aims to gather important tips for every woman who wants to exercise her sexuality in a free and safe way.

I still remember the first time I got my period. I was at school and they laughed at me. I skipped class because I was embarrassed by my friends. It was the first time people made me believe that I couldn't do something because I was a woman. TO this day, I don't understand why people laugh at women who bleed...Almost 50% of the world's population bleeds or has bled one day. There are also trans men who menstruate. Why are we still ashamed of it? Menstruation is normal, but feeling sick isn't. We need to talk about menstruation and Abnormal Uterine Bleeding (AUS)!

What is not normal is that one out of four girls does not have access to sanitary pads. It is also not normal that one out of seven babies born in Brazil is the child of a teenage mother. We were taught that sex was a forbidden subject for women and that's why so many don't know about protection and pleasure. But the truth is, sex isn't just about having children. It's about connecting, feeling pleasure Freeing yourself. SELF-KNOWLEDGE. Talking about sex, menstruation, pleasure, limits and contraception is as important as talking about the future.

Education is freedom. Access to contraception is being able to choose. There's no right or wrong. But today, the choice is yours. A Free Free + Bayer manifesto

TO KNOW, CHOOSE,
PLAN, PROTECT,
SET MYSELF FREE

More than a form of self-care, knowing our bodies is essential. Access to information allows us to choose what is best for our health and ensure the necessary planning when starting a family. Women are free to live their sexuality, to explore, to live new experiences, but all of that must be done safely.

If the birth control pill was a milestone in the sexual revolution in the 60s in favor of women's freedom, today many women have preferred non-hormonal methods to prevent pregnancy for various reasons, such as cost, side effects, reduced libido, not having the necessary discipline, etc. But we cannot take the merit of contraceptive methods as a tool of autonomy. And as we will see later in this guidebook, there are cases in which they are recommended.

Contraceptive methods are the main family planning tools, although condom use should not be dispensed as it is the only way to also prevent sexually transmitted infections, aside from pregnancy.

The most common contraceptive methods have the following failure percentages, considering their typical use:

ORAL PILL 7% failure rate

HORMONAL IUD 0.1% failure rate

COPPER IUD 0.8% failure rate

VASECTOMY 0.15% failure rate

FEMALE STERILIZATION 0.5% failure rate

CONDOM 13% failure rate

CAPS OR DIAPHRAGMS 17% failure rate

FEMALE CONDOM 21% failure rate

SPERMICIDES 21% failure rate

THE RHYTHM METHOD 15% failure rate

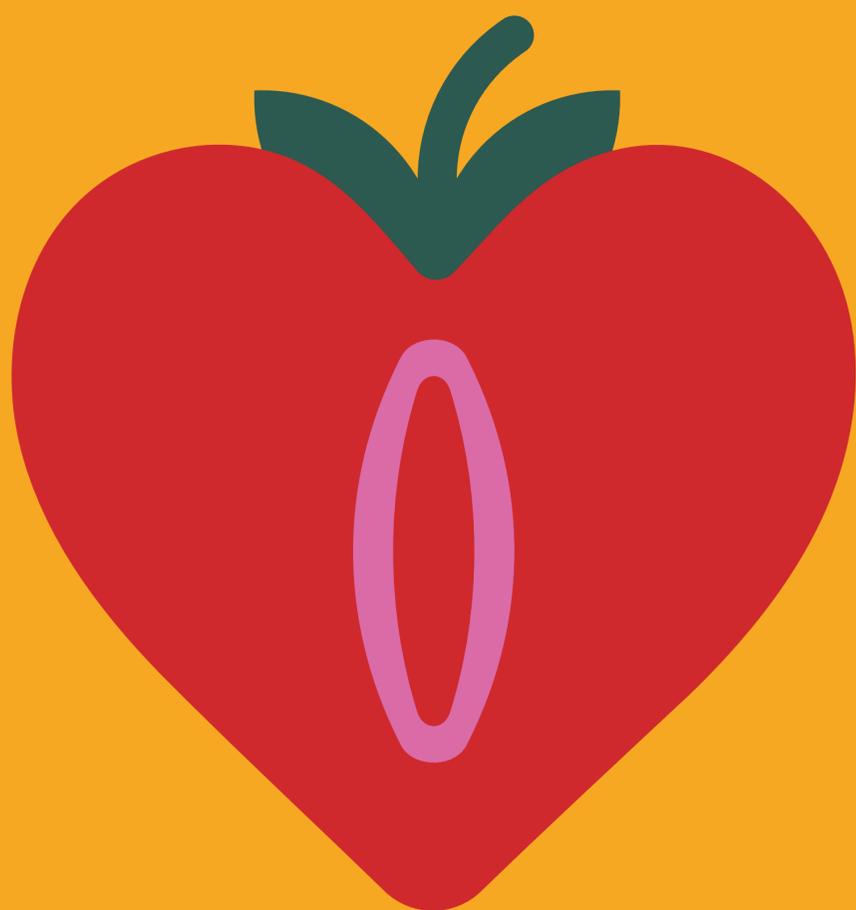
THE WITHDRAWAL METHOD 20% failure rate

For each phase of our life, one method may be more suitable than the other. For adolescents, the use of long-acting reversible contraceptive methods (LARC) is generally recommended, as they are more effective and have few contraindications. For women who already have a family and no longer want to have children or women who do not have nor want to have children, IUDs are also recommended. The woman should ask herself if she wants to get pregnant, and if the answer is I do not want to get pregnant or I want to get pregnant in a year, a

long-acting method should be considered. For those who are breastfeeding, the use of pills composed of two hormones is not recommended, so the options are the condom, the hormonal IUD or IUD, the mini-pill (progestogen-only pill) or the quarterly contraceptive injection.

To choose the best method for you, it is essential to go through a consultation with a gynecologist. But today it is possible to choose and every woman should have the freedom to do so.

YES TO PLEASURE! MASTURBATION IS SELF CARE



Our body is what provides all of our experiences. It is through it that we will experience the world, that we will feel the most varied stimuli. If for many years women felt dissatisfied with their physical shapes, today we are learning to love our bodies and that we don't need to fit into an unattainable beauty standard. We are still the country with the most plastic cosmetic surgeries and

procedures, and there is nothing wrong with changing something that bothers us, as long as it is done for ourselves, for our happiness. But we know today that beauty is in diversity, that we should feel good in our own skin and that's very liberating.

And if it's through our body that we're going to live, it is only fair that we get more familiar with it. Developing self intimacy is something that only depends on us. But female masturbation is still a taboo. A study led by Edward Laumann of the University of Chicago found that only 29% of women say they are truly capable of reaching orgasm with their partner. It is difficult to pinpoint just one cause for this, but the many years of female repression may have contributed greatly to this scenario. From a young age we are taught how we should behave, we were qualified between "women to marry vs women to fool around with", we had our personality judged by the clothes we wear and if we have a greater number of partners we are treated in a pejorative way while men are celebrated for it.

Not knowing your own body is serious and it certainly influences our relationships with other people. The study "Women's Sexual

Satisfaction, Communication, and Reasons for (No Longer) Faking Orgasm: Findings from a U.S. Probability Sample” led by Debby Herbenick from Indiana University, points out that 58.8% of women admit they’ve faked an orgasm. On the other hand, 67.3% say they no longer do this. Another article, released by the Kinsey Institute in 2019, points out that 22% of women have never had an orgasm during penetration. Not knowing one’s own body can make us think it’s normal, for example, to have dyspareunia, which is feeling pain during intercourse. But no, this is not normal and can be treated, whether the causes for this pain are physical, as in the case of vaginismus or endometriosis, or emotional, which may have been caused by traumatic experiences related to sexuality, including abuse.

Beyond pleasure and the possibility of getting to know our body and what we like, masturbation also has a series of benefits that range from reducing stress, improving sleep quality, well-being, strengthening the immune system and relieving dysmenorrhea (menstrual cramps). So don’t be afraid or ashamed of touching yourself. Masturbation is self-care.

YES MEANS YES,
NO MEANS NO



When we talk about sex education, there are those who think that this is a way of precociously sexualizing children. But we are actually contributing to public health, by preventing sexually transmitted infections, and to society, by preventing teenage pregnancy and preventing sexual violence by addressing issues such as consent.

According to the NGO Childhood, “Sex education is one of the most effective ways to prevent and address sexual abuse against children and adolescents. Teaching - from an early age and with age-appropriate approaches - concepts of self-protection, consent, body integrity, feelings and the difference between pleasant / welcome touches and touches that are invasive / uncomfortable is fundamental to increase the chances of protecting children and teenagers from possible violations”.

Teenage pregnancy is a problem, as it has consequences for health, education, employment and autonomy. A study by the United Nations Population Fund (UNFPA) points out that teenage mothers tend to drop out of school to raise their children, have three times less opportunities to earn a college degree and earn an average of 24% less than child-free women of the same age.

The World Health Organization points out that approximately 12 million adolescents between the ages of 15 and 19, and at least 770,000 girls under the

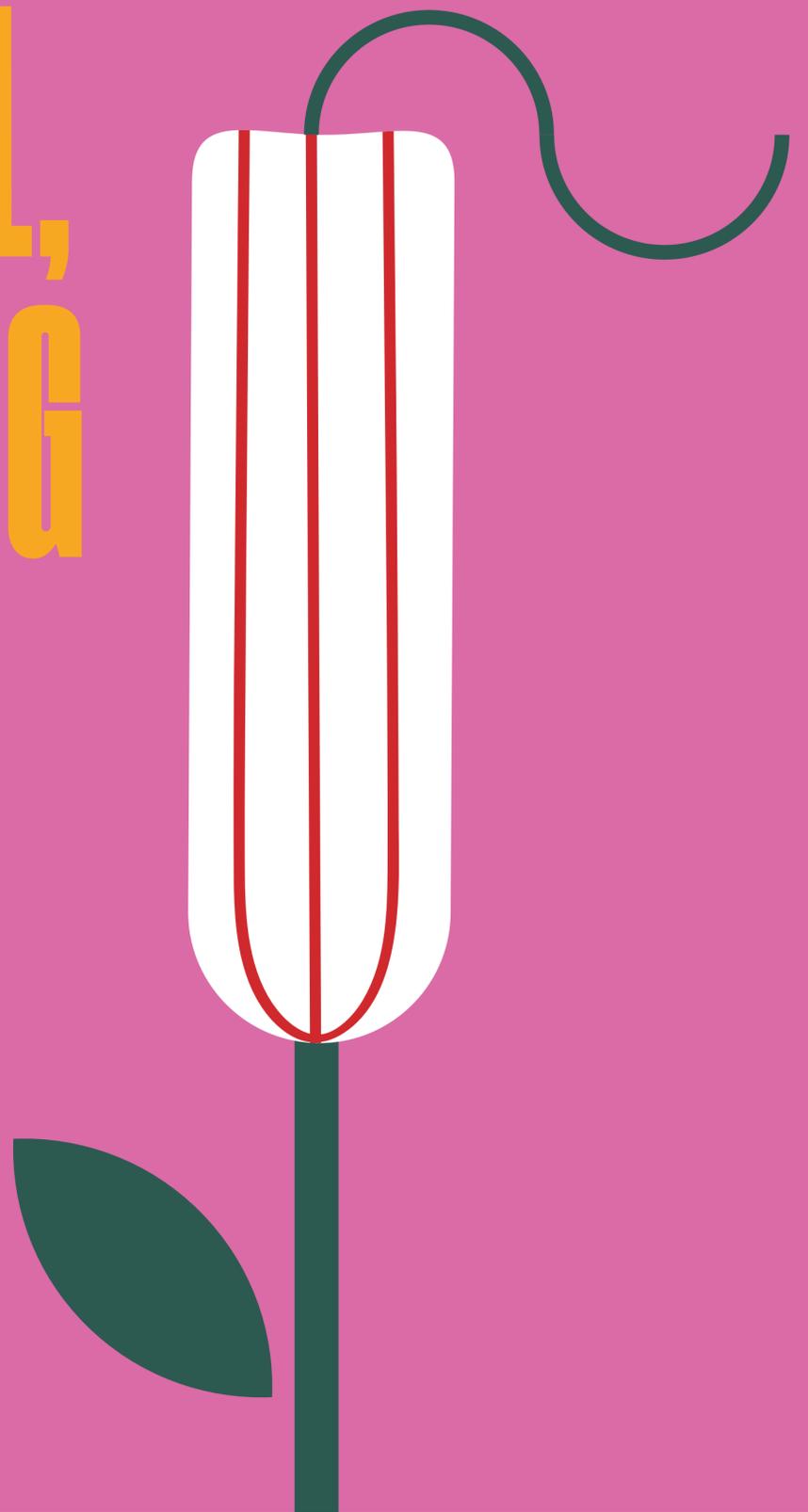
age of 15, become mothers every year in developing countries. At least 10 million teen pregnancies that occur each year are unintended. Complications during pregnancy and childbirth are the leading cause of death among girls aged 15 to 19 on a global scale. WHO also estimates that of the 5.6 million abortions performed by this population each year, 3.9 million occur unsafely, contributing to maternal mortality, morbidity and long-term health problems. According to the organization, young people who become pregnant before the age of 18 are also more likely to become victims of domestic violence or to be in abusive relationships.

Regarding the use of condoms, an affordable method that prevents both pregnancy and STIs, the US Centers for Disease Control and Prevention (CDC) points out that condom use rate among high school students dropped from 62% to 54% in 2007 and 2017. Another survey by the National Center for Health Statistics indicates that only 14.8% of American women and 19% of American men wear condom every time they have sex.

A publication by British journalist Yasmin Harisha points out that India is the country where condoms are least used, with 95% of Indians not using protection.

Young people do not always have someone in the family with whom they can talk to about sex, which is why it is so important to support public policies that focus on prevention and safety. The beginning of sexual life can be very good, but it shouldn't mean giving up dreams and opportunities.

**MENSTRUATION
IS NATURAL,
BUT FEELING
SICK ISN'T.**



Although it's something completely natural, our relationship to menstruation is changing. If, on the one hand, we see the choice for more sustainable and ecological options, such as menstrual cups and period underwear, we still have the alarming reality that at least 500 million people who menstruate do not have access to adequate hygiene products, according to the World Bank.

Data from WHO and Unicef indicate that more than 2 billion people in the world do not have access to basic sanitation, which contributes to the difficulty of passing the menstrual period safely and with dignity.

The fight against what was called menstrual poverty is already a reality. Scotland was the first country to provide menstrual hygiene items free of charge with the understanding that they are not superfluous items.

Most girls have their first period (menarche) between 11 and 13 years, but it is also normal when it occurs between 8 and 16 years of age. The average woman's cycle lasts 28 days, while menstruation usually lasts from 3 to 7 days. About 43% of adolescents have an irregular cycle in the first year of menstruation and 20% continue to have irregular cycles up to five years after menarche.

The main phases of the menstrual cycle are:

THE FOLLICULAR PHASE The shedding of the uterine lining (endometrium) which is the period itself.

OVULATION Usually occurs in the middle of the cycle, after the maturation of a dominant follicle that will be the egg released into the fallopian tubes.

THE LUTEAL PHASE After ovulation, the egg becomes the corpus luteum. The time between ovulation and before the start of menstruation, when the body prepares for a possible pregnancy. Progesterone is produced, peaks, and then drops.

Despite the normality of going through the menstrual cycle, a survey shows that 55% of women who menstruate would rather not go through it every month. The other 45% appreciate the menstrual period for seeing it as a cleansing of the body, in addition to an indication that they are not pregnant.

Today there are safe ways to stop menstruation and for some cases this is even recommended, such as for those who have endometriosis, sickle cell anemia, ovarian cysts or fibroids. There is also a condition called Abnormal Uterine Bleeding (AUB), defined as excessive menstrual blood loss, which can interfere with a woman's physical, social and emotional quality of life. It is estimated that AUB occurs in 30% of women annually and accounts for about 20% of gynecological consultations.

The interruption of the menstrual cycle or the reduction of menstrual flow can be done through the use of birth control pills, hormonal IUD, injections or subcutaneous implants, but it is essential to consult a gynecologist to know which method is most suitable for you.

Menstruation is normal and natural, but it shouldn't interfere with your routine and well-being.

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