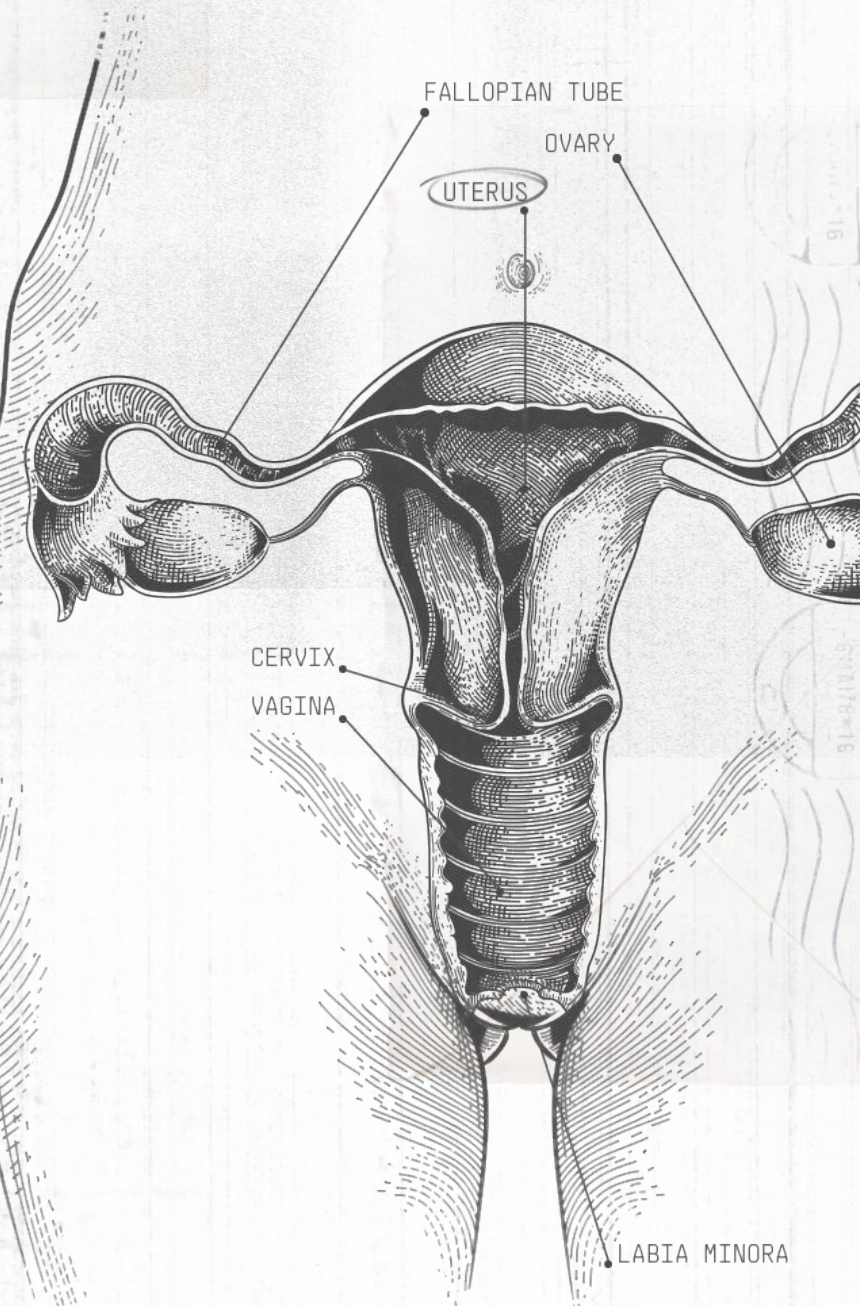


# CONTRABANNED

YOU DESERVE AN EDUCATION ABOUT YOUR BODY.  
AND IT STARTS HERE.







Dear reader,

Your health is a priority. But in prison, it may not always feel like it is.

Unfortunately, states have banned books that can give you an education about your own body. Your body is not dirty or shameful. Your body is not contraband. And you shouldn't be made to feel like it is.

That's why we decided to write this book. Knowing more about your body, inside and out, can help you better advocate for yourself and request the care you need while in prison, and once you get out.

Because you have a right to healthcare.

And it starts here.

# 01

Know Your Parts:  
Your body and the  
scientific words  
for your parts

# 02

Puberty: How  
and why your  
body matures

# 03

The Menstrual  
Cycle:  
Everything  
you need to  
know about  
periods

# 04

Sex &  
Reproduction:  
How the body  
makes a baby

# 05

Health &  
Hygiene:  
Taking care  
of your body  
and keeping  
it clean

# 06

Breast &  
Ovarian  
Cancer: How  
to check  
your body  
for signs of  
cancer



# WHAT'S INCLUDED

07

Sexuality:  
Sex, gender,  
and identity

09

Mental Health:  
Emotional  
well-being

08

Menopause:  
The ending  
of your  
menstrual  
cycle

**A note for your reading:** Throughout this book, we use the terms "female" and "male." These terms refer to sex assigned at birth and are used only to describe anatomy. This book speaks to and welcomes readers of all gender identities.



INTRODUCTION

# YOUR RIGHTS TO HEALTHCARE IN PRISON

## Know your rights.

Dealing with health issues can be difficult for many reasons. But it's of course even harder when you're in prison. It's tricky to give specific advice on the healthcare you can get in prison because your access can be different depending on the state you're in and the institution itself.

That said, know that **you have the legal right to healthcare while doing time**. And that includes care that helps find and prevent future health problems.

Don't lose hope if you're not getting the care you need at your facility. There have been many times when inmates have spoken up to get treatment, and there are ongoing legal cases fighting for your right to healthcare.

## Rights in prison

Your right to healthcare isn't up for negotiation.



HERE ARE SOME TIPS TO  
GET MORE SUPPORT:

**ASK ANY PRISON STAFF YOU  
MIGHT TRUST FOR HELP.**

THEY CAN DIRECT YOU TO MORE  
RESOURCES OR TRY TO PULL  
STRINGS TO GET YOU THE CARE  
YOU NEED

• **WRITE A REQUEST FOR  
MEDICAL CARE AND KEEP A  
COPY.** DOCUMENTING AS MUCH AS  
YOU CAN WILL HELP YOU KEEP  
TRACK OF BEING DENIED CARE  
IN CASE YOU NEED TO START A  
LEGAL CASE OR FILE A FORMAL  
COMPLAINT

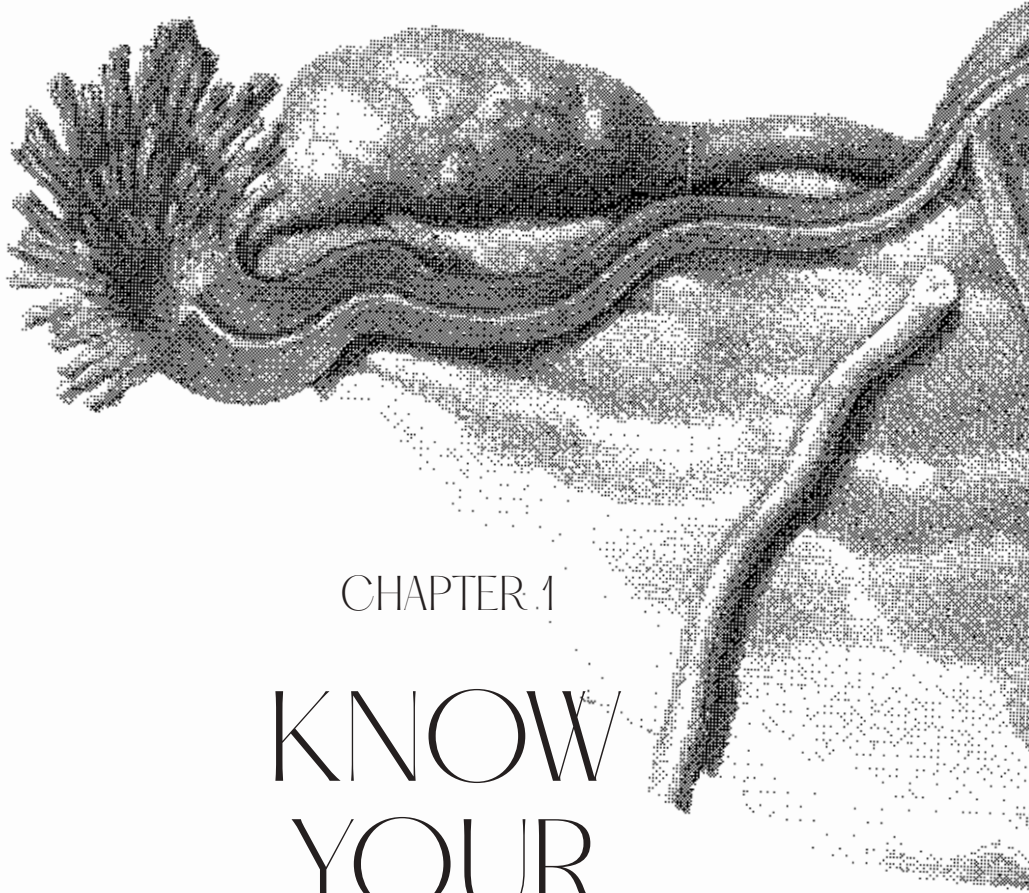
**FILE AN OFFICIAL  
COMPLAINT AT YOUR  
FACILITY.**



IF YOUR COMPLAINT IS  
OVERLOOKED OR REJECTED, PUSH  
BACK (THAT IS, APPEAL IT) AS  
MUCH AS YOU CAN—IDEALLY WITH  
HELP FROM A LAWYER

**REACH OUT TO LOVED ONES ON  
THE OUTSIDE OR TO A LEGAL  
SERVICE.**

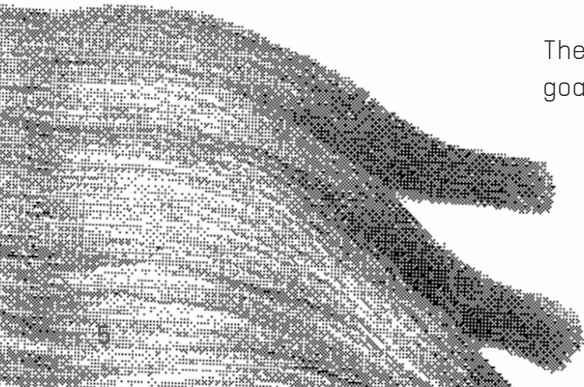
YOUR CHOSEN FAMILY WANTS TO  
SUPPORT YOU. IF THERE'S  
NO ONE YOU CAN GET IN  
TOUCH WITH, TRY CALLING OR  
WRITING A LETTER TO A LEGAL  
ORGANIZATION. THERE ARE  
NATIONAL OPTIONS, SUCH AS THE  
AMERICAN CIVIL LIBERTIES UNION  
(ACLU), AND STATE-BASED  
ORGANIZATIONS, LIKE  
THE LEGAL AID SOCIETY  
IN NEW YORK



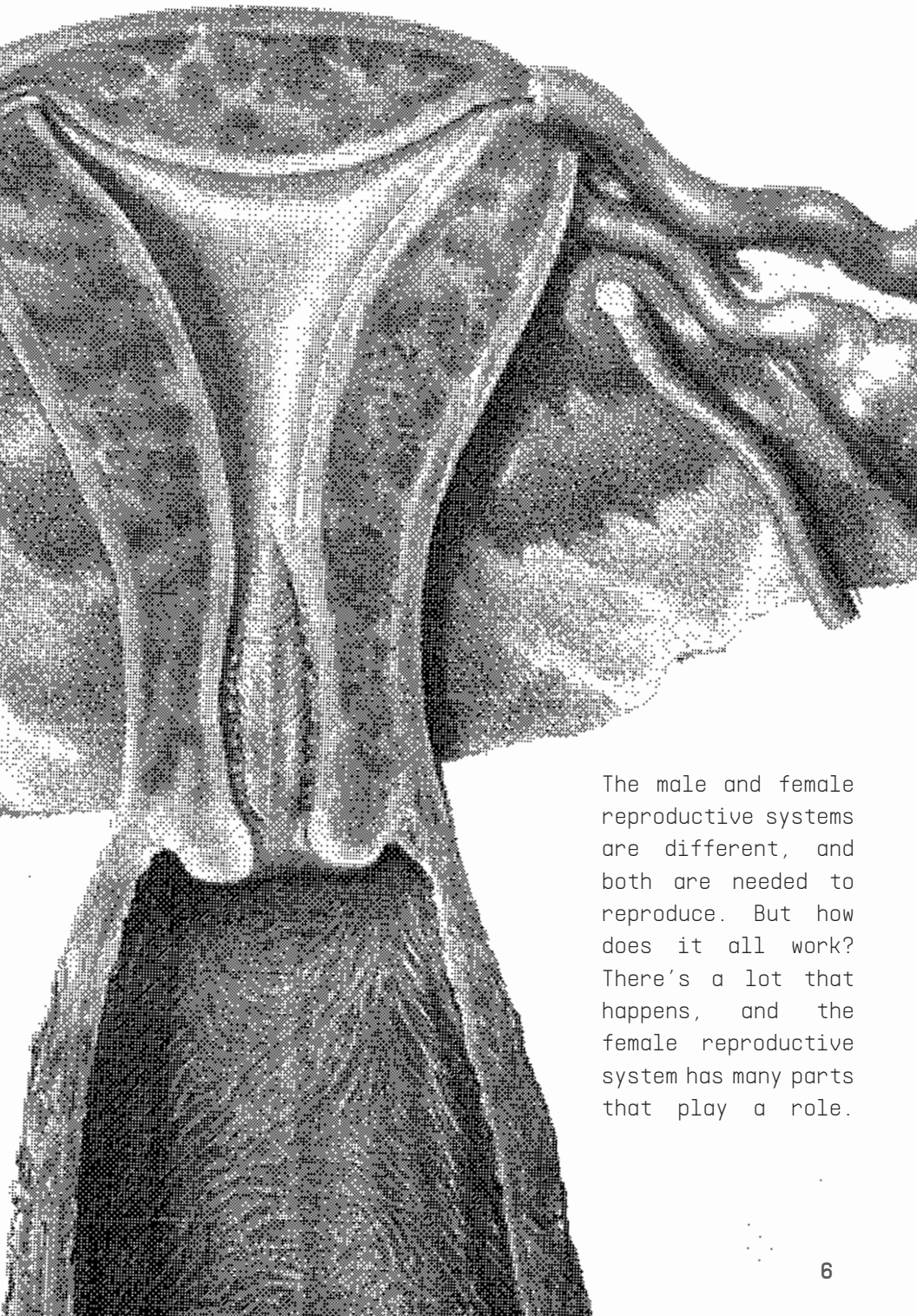
## CHAPTER 1

# KNOW YOUR PARTS

The reproductive system has one goal: to help you make a baby.







The male and female reproductive systems are different, and both are needed to reproduce. But how does it all work? There's a lot that happens, and the female reproductive system has many parts that play a role.



EXTERNAL

# The Parts You Can See

What you think  
of as your  
“vagina” isn’t  
a c t u a l l y  
your vagina.

It sounds confusing, but here’s the deal: Your “down there” area is made up of many parts.

The part you can see [with the help of a hand mirror!] is called the **vulva**. You do also have a **vagina**, but you can’t actually see it from the outside.

The vulva includes what you might call your vagina lips, your clit, your pee hole, and your baby hole. You might call each part something different. Whatever words you use, it’s important to understand what’s really going on down there.

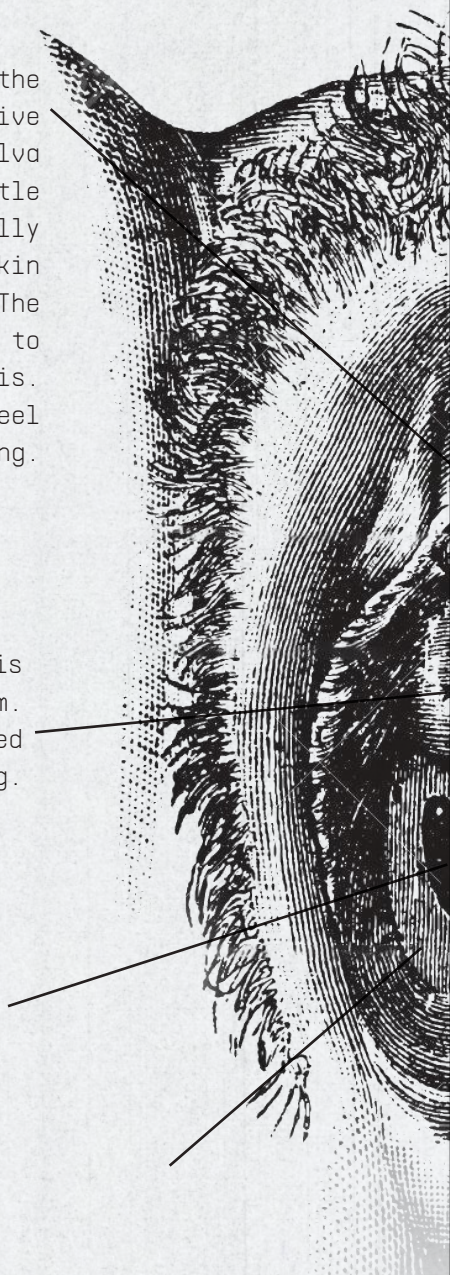


# HERE'S WHAT MAKES UP THE VULVA:

**Clitoris:** A.K.A., the "clit." It's that sensitive part at the top of your vulva that sticks out a little bit. The clit is usually covered by a fold of skin called the **prepuce**. The clit is very sensitive to stimulation—like a penis is. Touching your clit can feel good or even overwhelming.

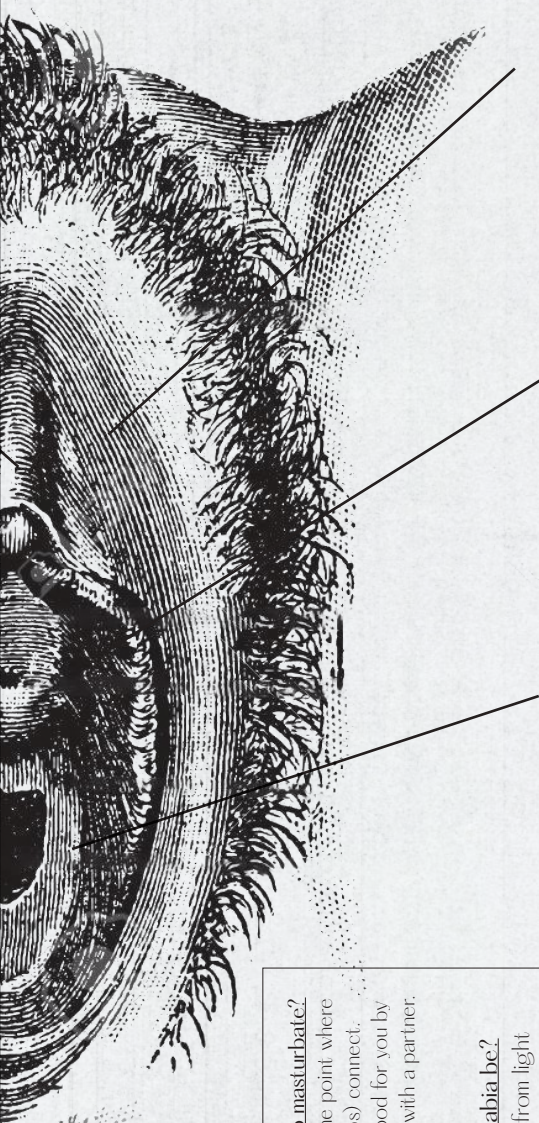
**Urethra opening:** This is the hole you pee from. It's super tiny compared to the vaginal opening.

**Vaginal opening:** You have 2 holes in your vulva. This is the larger one. It's where blood comes out during your **period** (you'll learn more about periods in Chapter 3), and where you put a tampon, finger, sex toy, or penis. It's also the hole that a baby comes out of during childbirth.





# The Parts You Can See



**Labia majora:** The “lips” or “large lips.” This is the outer part of the vulva. This is where **pubic hair** [you know, your pubes] grows.

**Labia minora:** The “small lips” of your vulva are just inside of the labia majora and surround the opening to your vagina and **urethra** [pee hole]. They look different depending on the person.

**Hymen:** The hymen is a piece of tissue that covers part of your vaginal opening. Over time, it thins and tears. Sometimes the hymen breaks when you lose your virginity, which can cause pain or bleeding. But many women don’t even notice.

## How can I find the clit to masturbate?

You can find your clit at the point where your labia minora (small lips) connect. You can find what feels good for you by exploring on your own or with a partner.

## What color should my labia be?

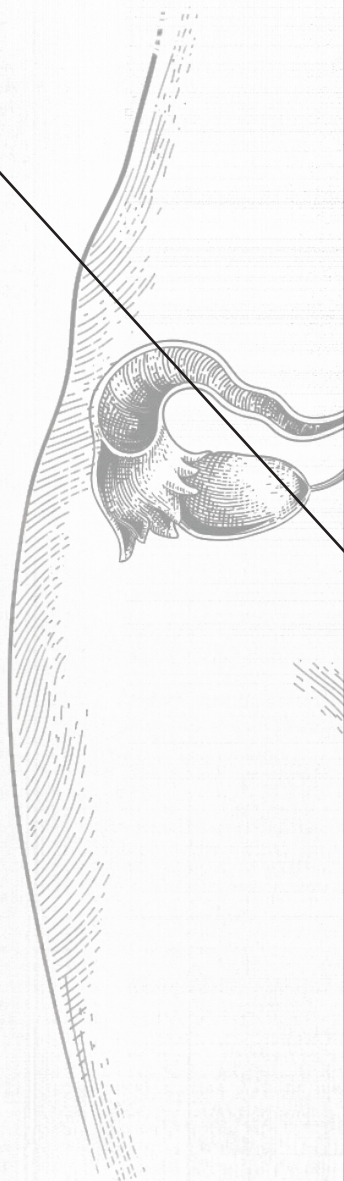
They can range in color from light pink to brownish-black. It depends on the person.

## Is it normal if my labia stick out?

Like color, the shape can be totally different depending on the person. Sometimes they can stick out lower than the larger lips of the vulva. Sometimes they don’t. It’s normal to be curious, but there’s no need to be self-conscious. All labia are unique.

# INTERNAL

**Vagina:** The vagina is actually part of the inside of your reproductive system, so you can't see it. It's a tube that connects your vulva to your **uterus** [where a baby grows]. The vagina is where a penis goes during sex and where blood exits from during your period. The vagina is naturally moist. It can even expand, which helps a baby move through it during childbirth.

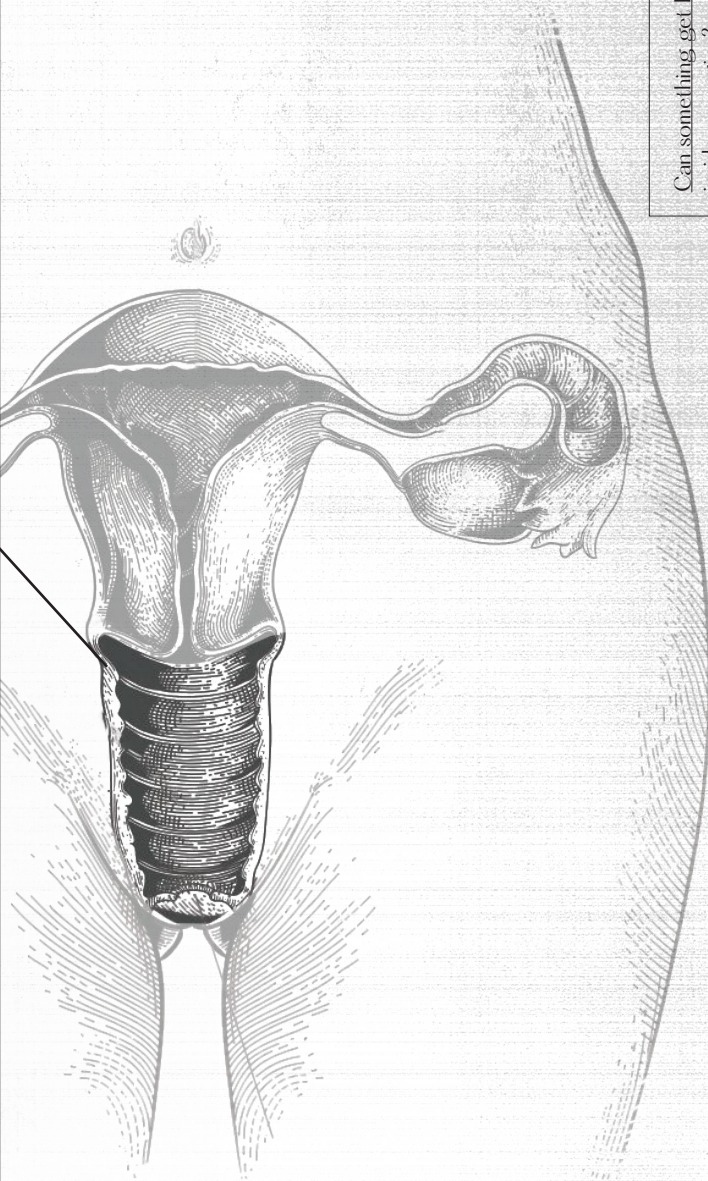




# The Parts You Can't See

## Can something get lost inside my vagina?

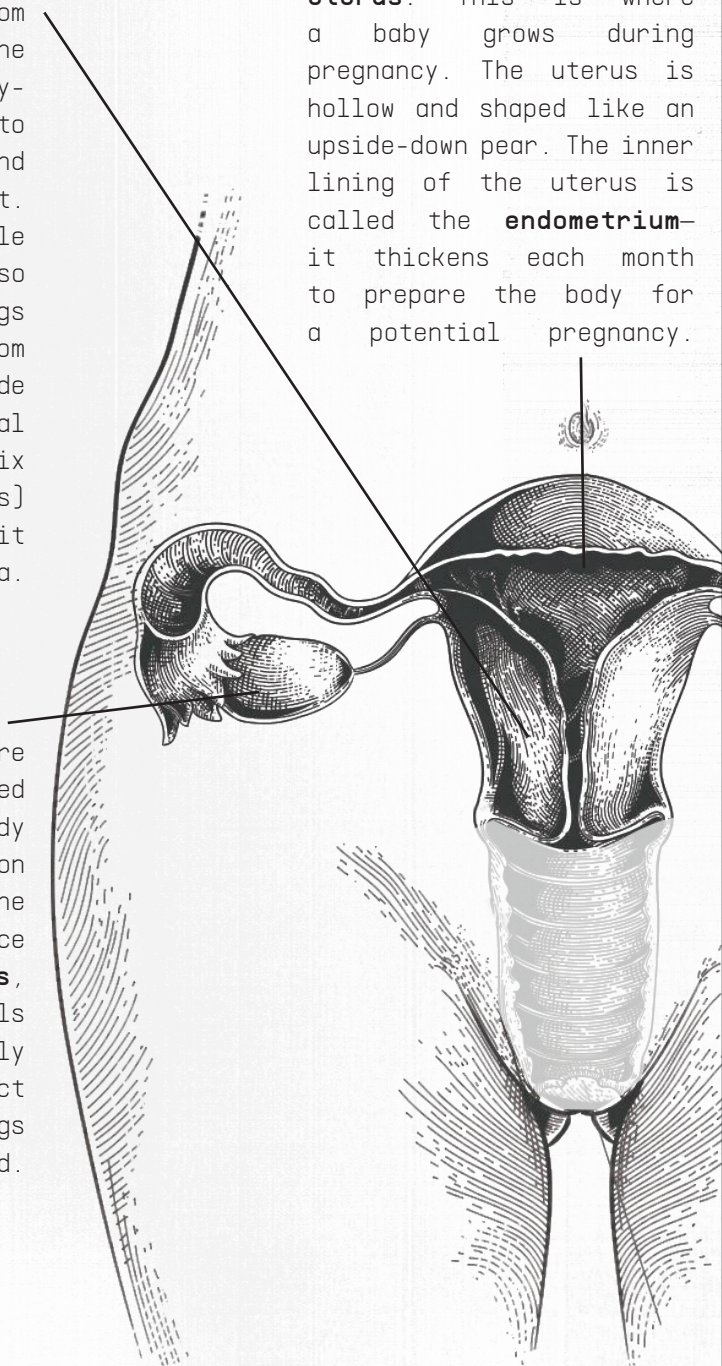
We've all wondered it. But it's not actually possible to lose something in your vagina. The vagina is only about 4.5 to 3.5 inches long (about the length of your pointer finger!), but it can get a little longer during sex. It connects to the bottom of the uterus, called the cervix. The cervix stops anything you put into your vagina from going up farther.



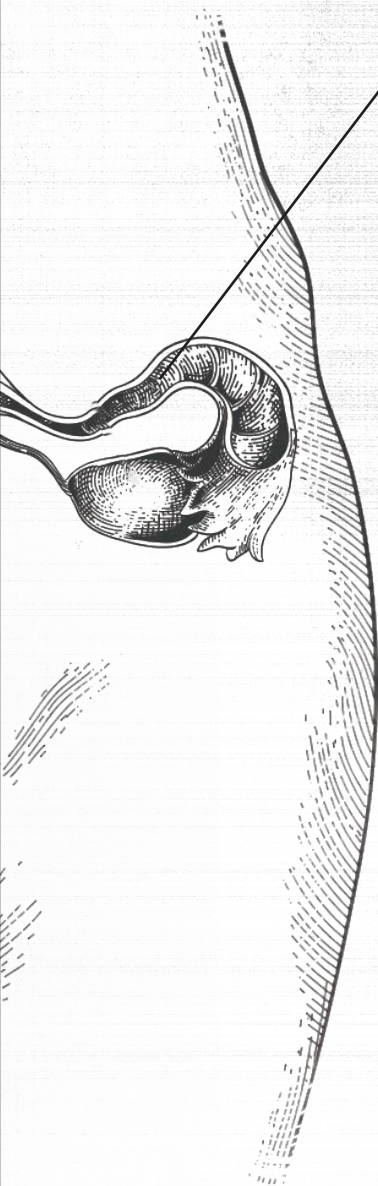
**Cervix:** The bottom of the uterus. The cervix has a teeny-tiny hole in it to let sperm enter and period blood exit. Because the hole in the cervix is so small, it stops things [like a tampon] from getting lost inside you. During vaginal childbirth, the cervix **dilates** [opens] to let a baby exit through the vagina.

**Ovaries:** These are small, oval-shaped parts of your body called **glands** on either side of the uterus. They produce eggs and **hormones**, which are chemicals your body naturally makes that can affect different things like your mood.

**Uterus:** This is where a baby grows during pregnancy. The uterus is hollow and shaped like an upside-down pear. The inner lining of the uterus is called the **endometrium**—it thickens each month to prepare the body for a potential pregnancy.







### **Fallopian tubes:**

The narrow tubes that connect the ovaries to the uterus. When an ovary releases an egg, it travels down the fallopian tube toward the uterus. Usually, when an egg is fertilized by sperm, it happens in the fallopian tubes.

#### **Have "eggs"?**

Yup, just like other animals, human females have eggs! When a sperm meets an egg, they connect to make a baby. (Read more about pregnancy and how it happens in Chapter 4.)

#### **Did you know?**

Females are born with all the eggs they will ever have. At birth, they have around 1 million eggs. By puberty, only around 300,000 remain. The number of eggs continues to decrease throughout aging and each and every time you have a monthly period (a.k.a. the menstrual cycle).

## CHAPTER 2

# PUBERTY



**Puberty** is the developmental stage between childhood and adulthood. It's a time when the body prepares for sexual maturity.

In females, puberty starts between the ages of 8 and 14 and can last several years. But what actually happens?

A whole bunch of physical and emotional changes, thanks to little chemicals called **hormones**.

# PHYSICAL C H A N

## THE DIFFERENCES YOU SEE

Getting taller, growing boobs, gaining weight—it's all part of puberty. The physical changes can be exciting, embarrassing, and annoying. But it's all part of the body's plan to prepare for making a baby—whether or not you want to have children.

Why do we get Pubic Hair?  
It's actually a form of protection. Pubic hair traps dirt and germs that could otherwise get into the vagina and cause problems.



# G E S :

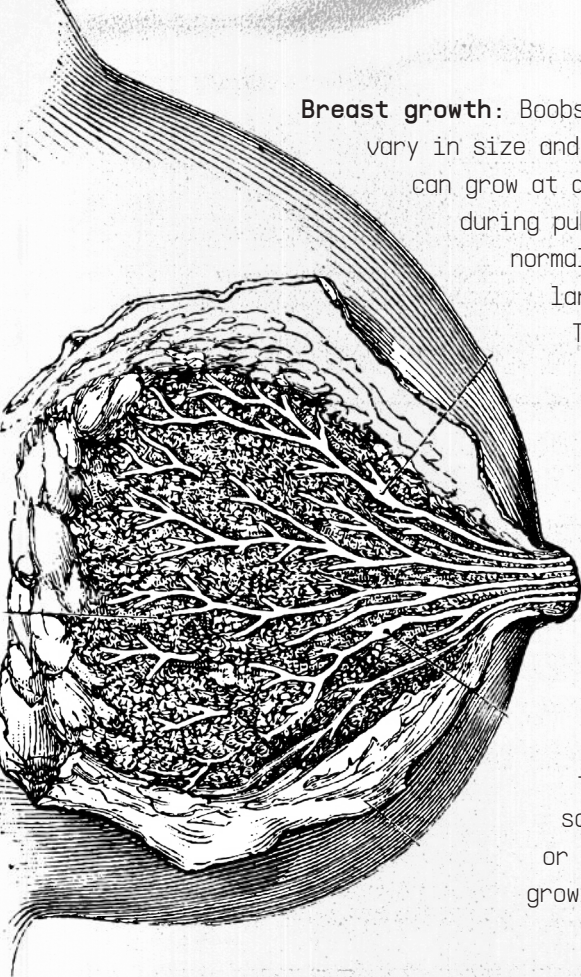
**Acne:** Zits, bumps, pimples—whatever you call them—happen thanks to oil **glands** in your face that become especially active during puberty. You can also thank your parents. Whether or not you get acne during puberty is **genetic**, which means your parents or other relatives pass something down to you. If your mom or dad got acne as a teen, chances are you will too.

**Body hair:** Your **pubic hair** [a.k.a., pubes] start growing during puberty. At first, pubic hair can be thin or even light, but over time it grows in coarser, darker, and sometimes curlier. You'll also notice armpit hair and leg hair growing more than before.

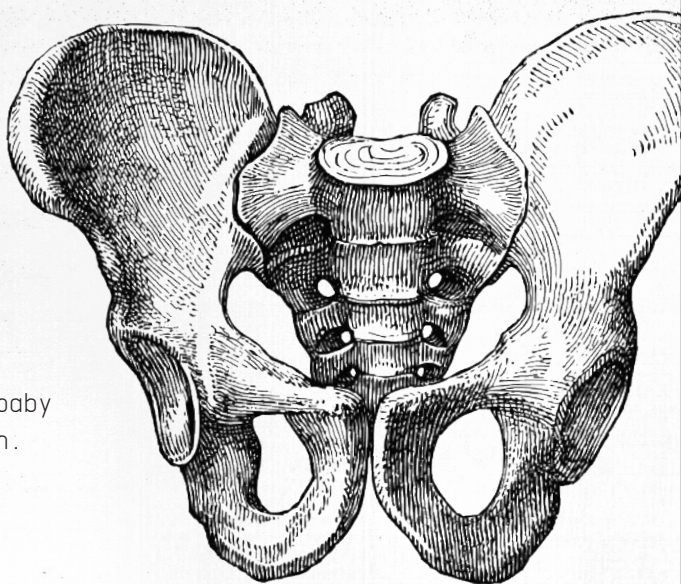
**Breast growth:** Boobs can vary in size and shape and can grow at different rates during puberty. It's totally normal for one breast to be larger than the other.

The first stage of breast growth begins with enlarged **areolas** [the circular area surrounding the tip of the nipple], which are sometimes called "buds." The buds keep growing, and the nipples protrude as the breasts grow.

Nipples also change throughout puberty, sometimes turning pink or brown, and sometimes growing hair.



**Hip growth:** Your pelvis [the bone across your hips] grows during puberty, making your hips wider. This prepares your body for childbirth. The wider the area, the easier it is for a baby to be pushed through.

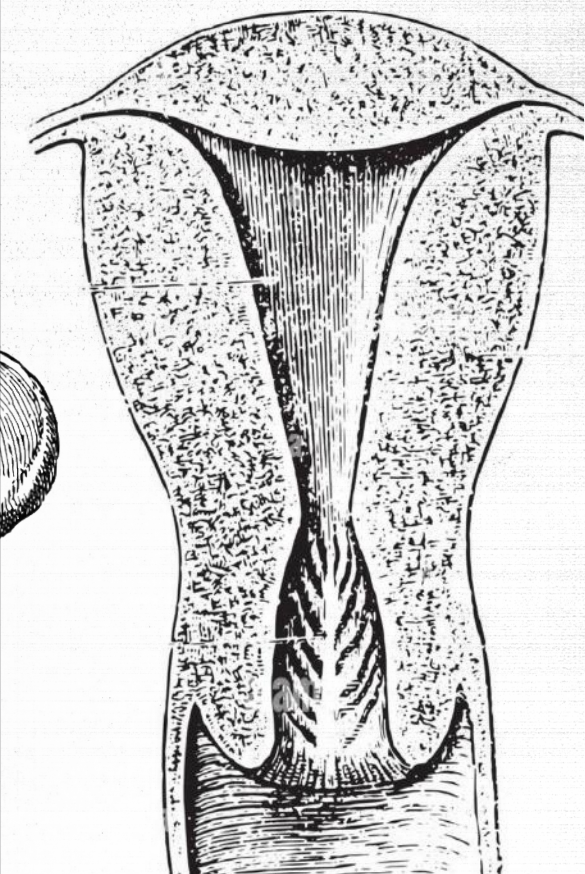




**Body odor:** Everyone is born with sweat glands to help our body regulate temperature. But during puberty, your sweat glands get larger and more active. That makes you sweat more. The glands also begin to release different chemicals into the sweat that have a stronger odor. So puberty is a good time to start using deodorant [odor protection] or antiperspirant [sweat and odor protection].



**Discharge:** Discharge is a fluid that moistens and cleans your vagina. It usually starts right around the time of your first period. [Learn more about discharge in Chapter 5.]



**Menstruation:** A.K.A., your **period**. Probably the most obvious sign that you've hit puberty is the start of your monthly period. It usually starts around 2 to 3 years after your breasts begin to develop. In the US, the average age of a first period is between 12 and 14. [Learn more about periods in Chapter 3.]



# EMOTIONAL CHANGES:

THE DIFFERENCES YOU FEEL



The ups...

the downs...

While the body is busy adjusting to all the new hormones, the brain is too. That's why you feel all sorts of feelings during puberty.

### **Mood swings:**

Teens get a bad rap for being moody.

But there's actually a reason for the anger, confusion, and frustration felt during the teenage years. During puberty, hormone levels are always changing, which can lead to really intense and quickly changing emotions. And to top it all off, the part of the brain that helps regulate emotions is usually the last thing to develop. It's not easy being a teen.

### **Self-esteem**

Comparing yourself to others is common, but it can also make you feel insecure, especially if your body looks different. It's hard adjusting to a new body and even harder to compare yourself to others.

**issues:**

Because of the rapid changes in the body during puberty, it's not uncommon for teens to feel self-conscious around others who look different or are in a different stage of puberty.



## Interest in

## sexuality:

Interest in sex is brought on by the shifts in hormones during puberty.

You may start to explore your body with **masturbation** and feel excited by the possibility of sex. [Read more about sexuality in Chapter 7.]

P R O B L E M S

W I T H

P U B E R T Y



Puberty comes with a lot of different annoyances, but timing is everything. Puberty that happens too early or too late can be a sign of something wrong in the body.



# EARLY (PRECOCIOUS) PUBERTY:

Puberty that starts before the age of 8 [in girls] or 9 [in boys] is considered to be early. Sometimes this is because of a problem, such as a tumor, genetic disease, or exposure to creams or ointments that contain **estrogen** or **testosterone**. But sometimes it's just a random occurrence that isn't related to a medical problem. The likelihood of starting puberty earlier is higher for girls and for overweight children.



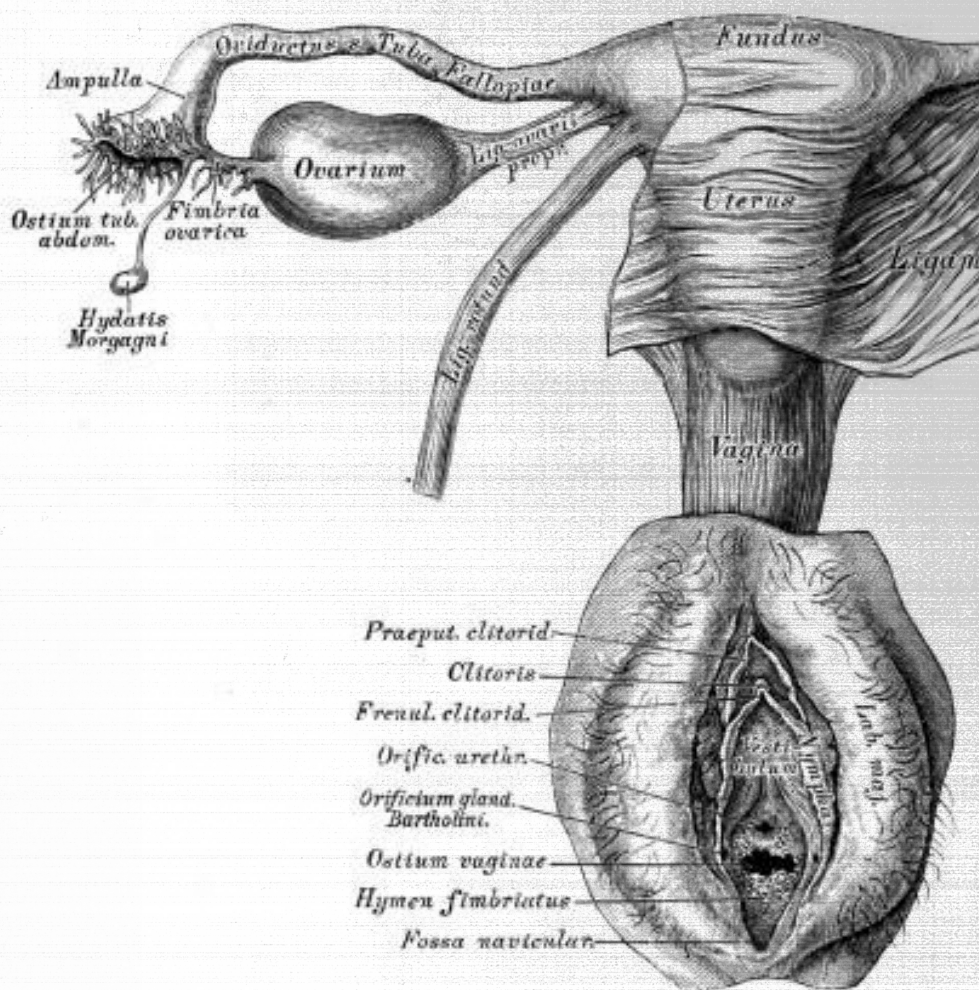
# DELAYED (LATE) PUBERTY:

When puberty happens later than age 12 [in girls] or 14 [in boys], it's known as delayed puberty. Medical conditions, like diabetes, cystic fibrosis, or kidney disease, can cause puberty to start later than normal. It can also be caused by not eating enough [malnutrition]. Sometimes, delayed puberty can be treated with the use of hormones that are made into medicines.

CHAPTER 3

THE  
MENSTRUAL  
CYCLE





Let's talk periods. As annoying as they can be, they're actually really important. They are the first part of the month[ish]-long cycle of hormonal activity called the **menstrual cycle**. Because month after month, your body prepares itself for pregnancy—even if you're not planning to have a baby. From the time you get your first period during puberty [see Chapter 2], the cycle continues roughly every 28 days until **menopause** [see Chapter 8], unless pregnancy or other health conditions prevent it from happening.



How long is my menstrual cycle?  
You may have heard “28 days” in reference to the length of a menstrual cycle. But the length of a cycle can vary—it usually lasts somewhere between 21 to 35 days. To calculate your cycle, count from the first day of your period until the first day of your next period.

What if I don't want to get pregnant?  
Once your period starts and the cycle begins, the body prepares itself for pregnancy. But let's face it—that's not always the goal. If you don't want a baby, there are a ton of options you can use to help prevent pregnancy. (See Chapter 5 for info about birth control.) You can only get pregnant with sperm from a male. So if you're having sex with someone with a penis, it's a good idea to know your options.

# THE CYCLE

HORMONES TRIGGER THE DIFFERENT  
PHASES OF THE MENSTRUAL  
CYCLE. LET'S BREAK IT DOWN.



# DAY 1

## YOUR PERIOD

A.K.A., **menstruation**.

Although some people feel like this is the end of their cycle, it's actually the beginning. Each month, the lining of the uterus thickens so a **fertilized** egg can attach to the lining of the uterus. When a fertilized egg does not attach to the uterine wall, the lining of your uterus breaks down and sheds. That is your period.

**What you'll notice:** Most people bleed for 3 to 5 days, but some periods may last as long as 7 days. During your period, your flow may vary from day to day, with the heaviest flow on day 2 or 3, and getting lighter after that.

Where does period blood come from?  
Menstrual blood is made up of blood and tissue from your uterus. During your period it comes out from the uterus, through the cervix, and exits your body through your vagina.

What color is period blood?  
The color of your period can depend on a few things, like how far along in your cycle you are and your flow. Usually, period blood will be a bright or dark red. Sometimes the blood can look pink or brown at the start or end of your period.

Are periods bad?  
Not at all. Periods are a natural function of the body. They can be uncomfortable and annoying, but they're a sign that your body is working the way it's supposed to.

## WEEKS 1—2

### FOLLICULAR PHASE

When your period starts, so does your **follicular phase**. For the next 2[ish] weeks, the levels of a hormone called **estrogen** rise, getting an egg ready to release from an ovary and helping the lining of your uterus to grow and thicken.

**What you'll notice:** During your follicular phase, you may notice that you have more energy. This is because your body is making more estrogen, which can make you feel pretty good. Some people feel more creative or inspired during this time.

## DAY 14(ish)

### Ovulation

**Ovulation** is when the **ovaries** [the oval glands on each side of your uterus] release an egg into the fallopian tubes. It usually happens between days 10 and 14 of your cycle [about the halfway point in a 28-day cycle]. Once the egg is released from the ovary, it has 24 hours to meet up with **sperm** [the male sex cell]. If a sperm cell attached itself inside an egg, the egg becomes fertilized. If fertilization doesn't happen within 24 hours, the egg dissolves. [Learn more about how pregnancy happens in Chapter 4]

**What you'll notice:** Some people won't notice that they've ovulated. Some people may have mild pain, cramping, or discomfort in their lower belly or on one side on the day of ovulation.



## WEEKS 3—4

### LUTEAL PHASE

When an egg leaves your ovary during ovulation, it travels through the fallopian tube and into the uterus. This is the start of the **luteal phase**. It lasts from around day 15 until your next cycle. Basically, this is the 2-week time frame when your body tries to get pregnant (even if you haven't had sex with a male!). The levels of a hormone called **progesterone** rise to help thicken the uterine lining for pregnancy. If an egg is fertilized by a sperm and attaches to the inside of your uterus, you become pregnant. If pregnancy doesn't occur, estrogen and progesterone levels drop and the lining of your uterus sheds, a.k.a., your period. [Learn more about how pregnancy happens in Chapter 4.]

#### **What you'll notice:**

Some people don't notice any symptoms during their luteal phase. But some women experience PMS [premenstrual syndrome] symptoms, like mood changes, tender breasts, bloating, acne, or changes in their appetite. [Learn more below!]

# PERIOD PROBLEMS

## PMS

You may have heard the term PMS, which stands for **premenstrual syndrome**. It's the term used to describe the symptoms that happen before the start of your period. Not everyone experiences PMS, but 90% of people do.

### Why does PMS happen?

During your menstrual cycle, your body is trying its best to prepare for pregnancy, making the lining of the uterus thick and welcoming for a fertilized egg to attach. And when that doesn't happen, the hormones estrogen and progesterone decrease. The shift in hormones can make you feel a lot of different symptoms.

### What isn't normal during PMS?

If your PMS symptoms are really severe (severe enough to affect your relationships, job, or other aspects of your life), it could be something more. Extreme or disabling emotional symptoms are a type of PMS known as PMDD (premenstrual dysphoric disorder). If you experience extreme emotional shifts leading up to your period, it's a good idea to talk to a doctor about it. They may prescribe a hormonal birth control to help with the symptoms.



If you feel  
different before  
the start of your  
period, chances  
are it's PMS. The  
symptoms you may  
notice include:

ANXIETY

DEPRESSED MOOD

CRYING

MOOD SWINGS

IRRITABILITY/ANGER

APPETITE CHANGES OR CRAVINGS

TROUBLE FALLING ASLEEP

SOCIAL WITHDRAWAL

TROUBLE CONCENTRATING

LOWER SEX DRIVE

HEADACHE

FATIGUE

BLOATING

TENDER BREASTS

ACNE

CONSTIPATION OR DIARRHEA

CRAMPING

# IRREGULAR PERIODS



This is just a fancy way of describing anything that's not considered a normal period. Periods and your cycle length depend on your body. Some signs that your period is irregular include:

- Periods that occur less than 21 days apart or more than 35 days apart
- Heavy bleeding:
  - Bleeding through a tampon or pad every 1 to 2 hours, passing **blood clots** larger than a quarter, or bleeding longer than 7 days can be signs of irregular periods
- No bleeding, or not having a period for 3 months or longer
- Bleeding or having light spots of blood, called **spotting**.
- Painful periods, or periods that are accompanied by severe pain, cramping, nausea, or vomiting (see below)

Irregular periods aren't necessarily the sign of a problem. But it's always a good idea to ask your doctor about any irregularity you're concerned about, or if your normal period changes.

# PAINFUL

# PERIODS

Unfortunately, cramps before and during your period are pretty common. The technical term for cramping before and during your period is **dysmenorrhea**. For most women, cramps are uncomfortable and annoying, but are not a sign of a larger issue. Experiencing severe, painful cramps that interfere with everyday activities is **not normal**. Severe cramps could be a sign of another condition, like **endometriosis**, **uterine fibroids**, or **PCOS [polycystic ovary syndrome]**.

## ENDOMETRIOSIS

A condition where tissue similar to the lining of the uterus grows outside the uterus. It can start as early as your first period and can last until menopause. Endometriosis can cause severe pain in the lower abdomen that is most noticeable during your period, during or after sex, or when peeing. Endometriosis can also cause heavy bleeding during or between periods, trouble getting pregnant, bloating, nausea, fatigue, and depression or anxiety. The cause of endometriosis is unknown, and currently there is no cure. But in some cases, medicine or surgery may help.



# PCOS

Polycystic ovary syndrome is a condition where the ovaries produce an abnormal amount of sex hormones.

Because of this, small **cysts** [fluid-filled sacs] form in the ovaries.

In some cases, the body doesn't make enough of the hormones needed to ovulate.

This can cause trouble getting pregnant. Other symptoms of PCOS are missed or irregular periods, excess body hair, weight gain around the belly, acne or oily skin, thinning hair, skin tags, and dark or thick skin patches around the back of the neck, armpits, or under the breasts. While the cause of PCOS is unknown, you are at greater risk if someone in your family has it.

## UTERINE FIBROIDS

These are common growths in the uterus. They aren't cancerous and almost never turn into cancer. Many people who have uterine fibroids don't have any symptoms. But those who do may see symptoms because of the size, location, or the number of fibroids they have. The most common symptoms of uterine fibroids are heavy or painful periods, longer or more frequent periods, lower abdominal pain, problems with peeing, growing stomach area, pain in the lower back, or pain during sex.

IF YOU EXPERIENCE  
EXTREME PAIN, SEVERE  
EMOTIONS, DON'T GET  
A PERIOD, OR IF  
YOU ARE CONCERNED  
ABOUT YOUR MENSTRUAL  
CYCLE FOR ANY REASON,  
**IT COULD BE HELPFUL TO  
TALK TO A DOCTOR  
YOU TRUST.**



SOME PERIOD PROBLEMS  
MAY NOT HAVE A  
CURE, BUT THERE ARE  
TREATMENTS [LIKE  
BIRTH CONTROL] THAT  
CAN HELP EASE  
YOUR SYMPTOMS.

# PERIOD

Period products can be expensive, especially when you have to buy disposable products, like pads and tampons, month after month. But there are a lot of different options depending on your preference. Getting, using, or cleaning these products may depend on the state or institution you're in. Fortunately, there are many ways to make your own period products. Ask your peers how they make theirs to learn how.



# PRODUCTS

## SINGLE-USE PRODUCTS

### PADS

Pads are made of a material, like cotton, to absorb blood. Pads come in different absorbencies and sizes so you can choose the best one for your flow.

#### How do I use a pad?

Unwrap the pad from its protective package. Remove the adhesive cover from the underside of the pad, and stick the pad face up in your underwear so the adhesive sticks to your underwear. If the pad has "wings," remove the adhesive and fold the wings to the underside of your underwear. Wings and adhesive just help the pad stay in place.

# TAMPONS\*

Tampons are little plugs that fit inside your vagina. They are made of absorbent material (like cotton) to soak up blood. Like pads, they come in a variety of sizes and absorbencies. Tampons might be tricky to insert at first, but you won't be able to feel a tampon that's inserted properly.

## How do I put a tampon in?

To put in a tampon with an applicator (a thin plastic or cardboard tube that makes pushing a tampon inside your vagina easier) hold it by the base, right above the plunger. Push the applicator into your vaginal opening (the same hole where you can insert a finger, sex toy, or penis). Once the tampon applicator is fully inserted (so only the plunger is outside of the vagina), hold the base with one hand and use the other to push up the plunger. Then remove the applicator. The tampon will stay in you and a small string will hang down. When it's time to change your tampon (usually after a few hours, depending on your flow), pull the string to remove it.

## How often do I need to change my tampon?

If you use tampons, make sure you change them every 4 to 8 hours. If your flow is heavy, you may need to change them more frequently to avoid leaking. It's important that you never wear a tampon for more than 8 hours because it can lead to infection, like TSS (toxic shock syndrome). (See details below.)



Can I use a tampon if I'm a virgin?  
Yes. Anyone with a period can use a tampon, regardless of if you've had sex or not. And using a tampon does not make you lose your virginity. Only sex can do that.

## REUSABLE PRODUCTS

### CUPS\*:

These are small, flexible cups made of medical-grade silicone, soft plastic, or rubber. Cups are shaped like little bowls. They sit inside the vagina to collect blood. A cup can last for several years with the right care.

#### HOW DO I USE A CUP?

A menstrual cup is super flexible to help you put it in and take it out. To put it in, fold the bowl of the cup as small as it can go, so it's about the size of a tampon. Use your fingers to spread the lips of your vulva and push the folded cup into your vagina. Once it's in, it will expand itself back into the bowl shape so it can begin to collect blood.

#### DO I HAVE TO CLEAN MY CUP?

Yep. Once it's time to remove the cup [after a few hours], take it out and wash it with a gentle soap and warm water. Many people find it helpful to remove a cup in the shower!



## PERIOD PANTIES:

Period underwear have built-in absorbent layers that catch the blood. You can use them alone on lighter flow days or you can use them as backup with another period product, like a cup or tampon.

### HOW DO I WASH PERIOD PANTIES?

Some period panties are washing machine-safe, but it's also super easy to wash them in a sink. Just rinse them until the water runs clear and then gently scrub them using soap and warm water. Then let them air-dry.

## CLOTH PADS:

Like disposable pads, cloth pads come in different sizes and shapes. But because they are made from cloth, these pads can be washed and reused. You can wash them in the sink, just like period panties.

## DISCS\*:

Similar to a cup, a disc is a piece that sits in the vagina, a bit higher than tampons or a menstrual cup.

# \*TOXIC SHOCK

A.K.A., TSS. TSS is a **very rare** life-threatening complication of a bacterial infection. Tampons, cups, and discs can slightly increase your risk of TSS, so it's important to know the signs and symptoms of TSS if you use them.

To help prevent TSS, make sure you change your tampon, cup, or disc frequently. Never wear a tampon for more than 8 hours, or a cup or disc for more than 12 hours.

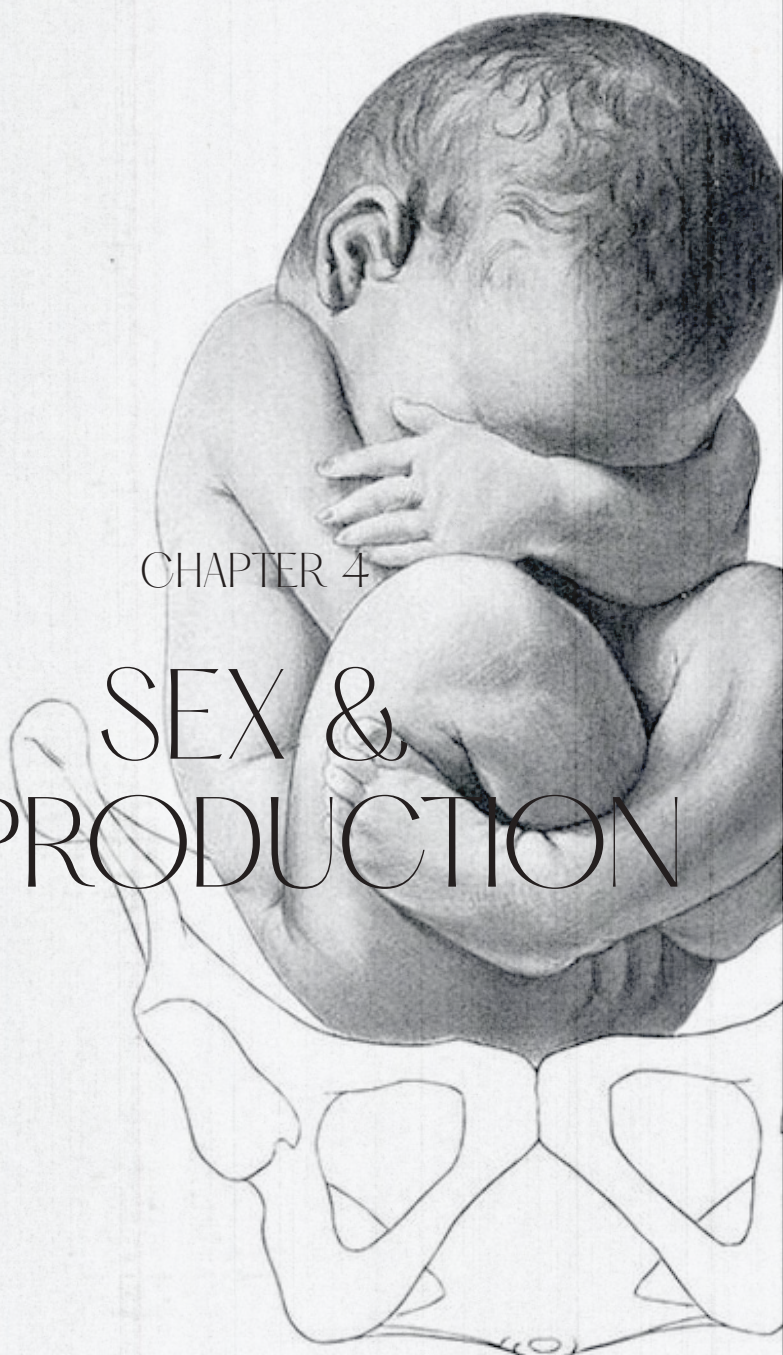
## **Symptoms of TSS include:**

- Sudden high fever
- Low blood pressure
- Vomiting or diarrhea
- A rash that looks like a sunburn on your palms or the soles of your feet
- Confusion
- Muscle aches
- Redness of the eyes, mouth, and throat
- Seizures
- Headaches



# SYNDROME

AGAIN, TSS IS SUPER RARE, EVEN IF YOU USE TAMPONS, CUPS, OR DISCS. BUT IF YOU EXPERIENCE ANY OF THE SYMPTOMS ABOVE, CONTACT A DOCTOR IMMEDIATELY.



CHAPTER 4

# SEX & REPRODUCTION



If you have sex without a condom or without using birth control [a.k.a., unprotected sex], there's a chance you could get pregnant. But making a baby is a lot more complicated than just having unprotected sex. Here's how it happens.

## FERTILIZATION

The first step in making a baby is called fertilization. It takes 2 cells: an **egg** from a female, and **sperm** from a male.

Sperm are tiny cells that are made in testicles [or "balls"]. Sperm is mixed with other fluids to make semen [sometimes called "cum"], which comes out of a penis during ejaculation.

In order for a sperm and egg to join [**fertilization**], a penis needs to enter a vagina and ejaculate. In each ejaculation, millions of sperm come out. Only 1 of those sperm cells is needed to fertilize an egg.

### What if more than 1 sperm cell reaches the egg?

The first sperm cell to attach to the egg is the one that fertilizes it. All of the other sperm cells can't attach once the egg has been fertilized.

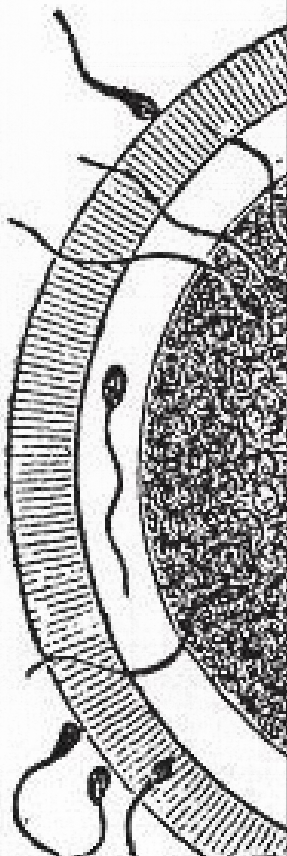
## FERTILIZATION (continued)

But an egg is also needed! During ovulation every menstrual cycle, an egg is released into your fallopian tubes. Once the egg is released, it's on a tight schedule: It has 24 hours to meet up with a sperm. That's why having sex when you're ovulating is your best chance to get pregnant.

An egg can also become fertilized from sex before you ovulate.

Here's how: Sperm can live in the fallopian tubes for **3 to 5 days**. So if you have unprotected sex 5 days before you ovulate, there's a chance you can get pregnant when the egg is released during ovulation.

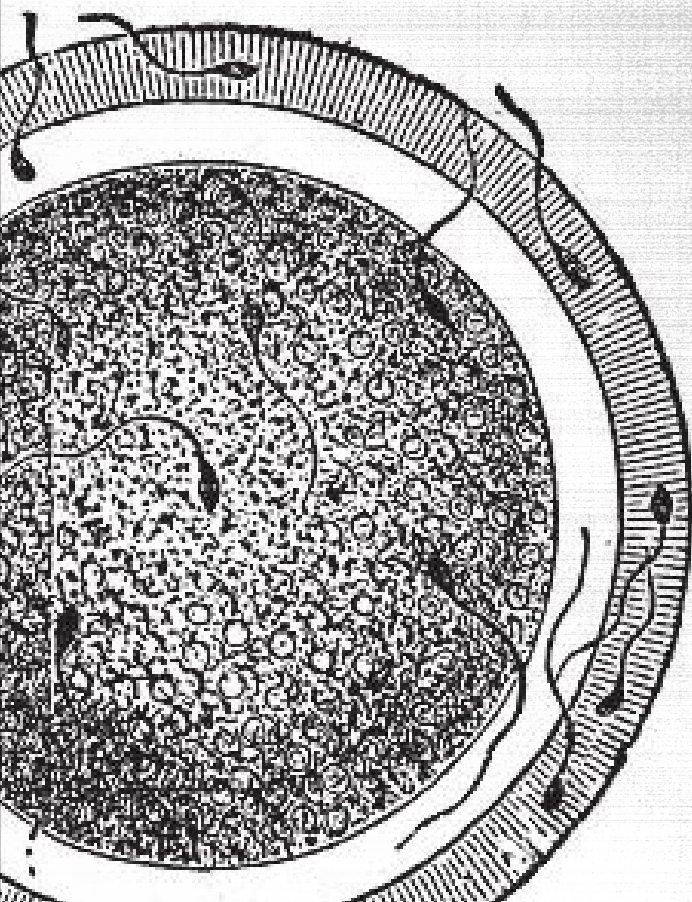
If a sperm cell does not fertilize an egg within 24 hours after the egg is released from the fallopian tubes, it dissolves.





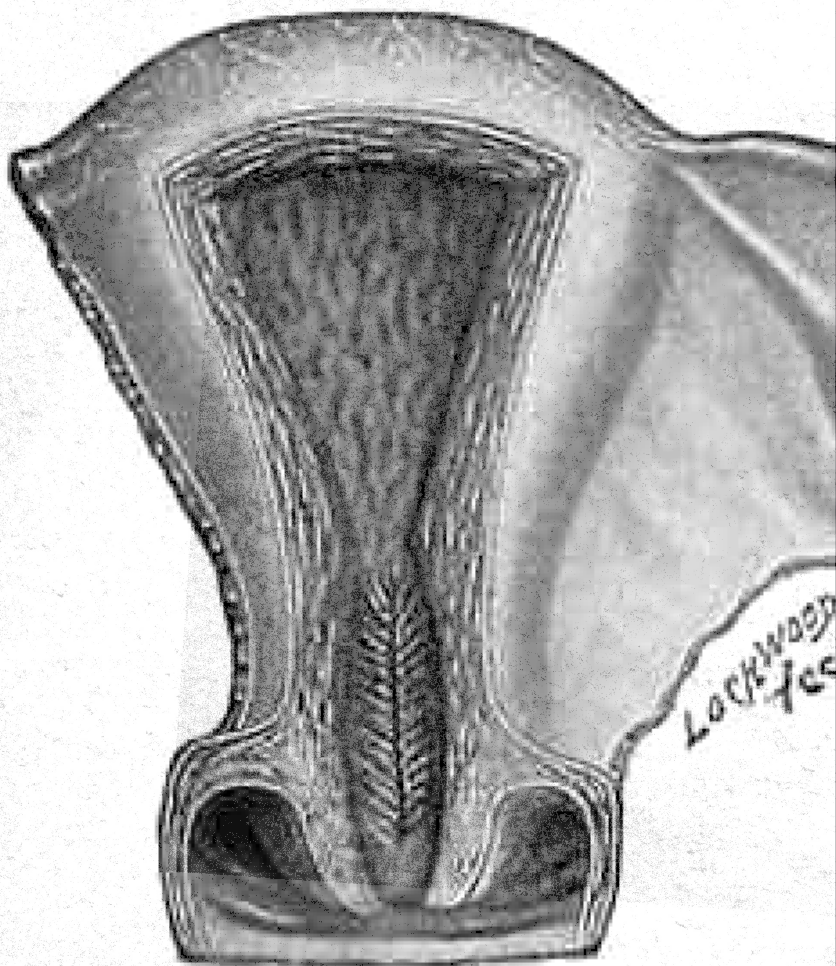
## Is it possible to get pregnant without having sex?

Yes. Although pregnancy happens when male and female reproductive systems work together, pregnancy can happen in other ways with help from a doctor. If you and your partner have the same reproductive systems, or if your partner is unable to have children, doctors can help you get pregnant with sperm or egg donors or by using **in-vitro fertilization** (fertilizing eggs in a lab and putting them into your uterus).

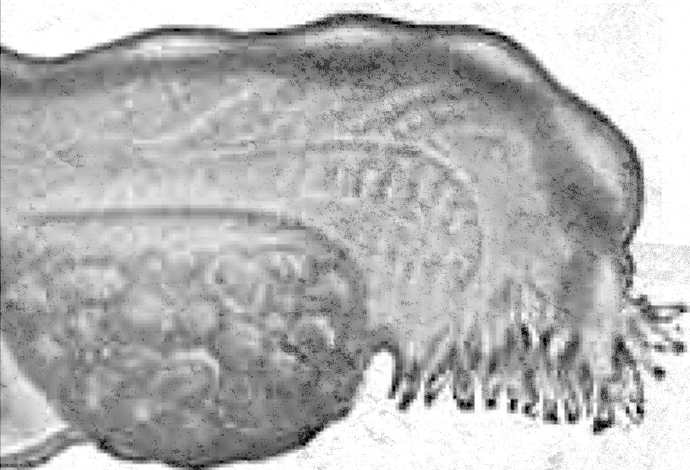


### **Did you know?**

Up to half of all fertilized eggs don't implant in the uterus. They pass out of your body during your period.



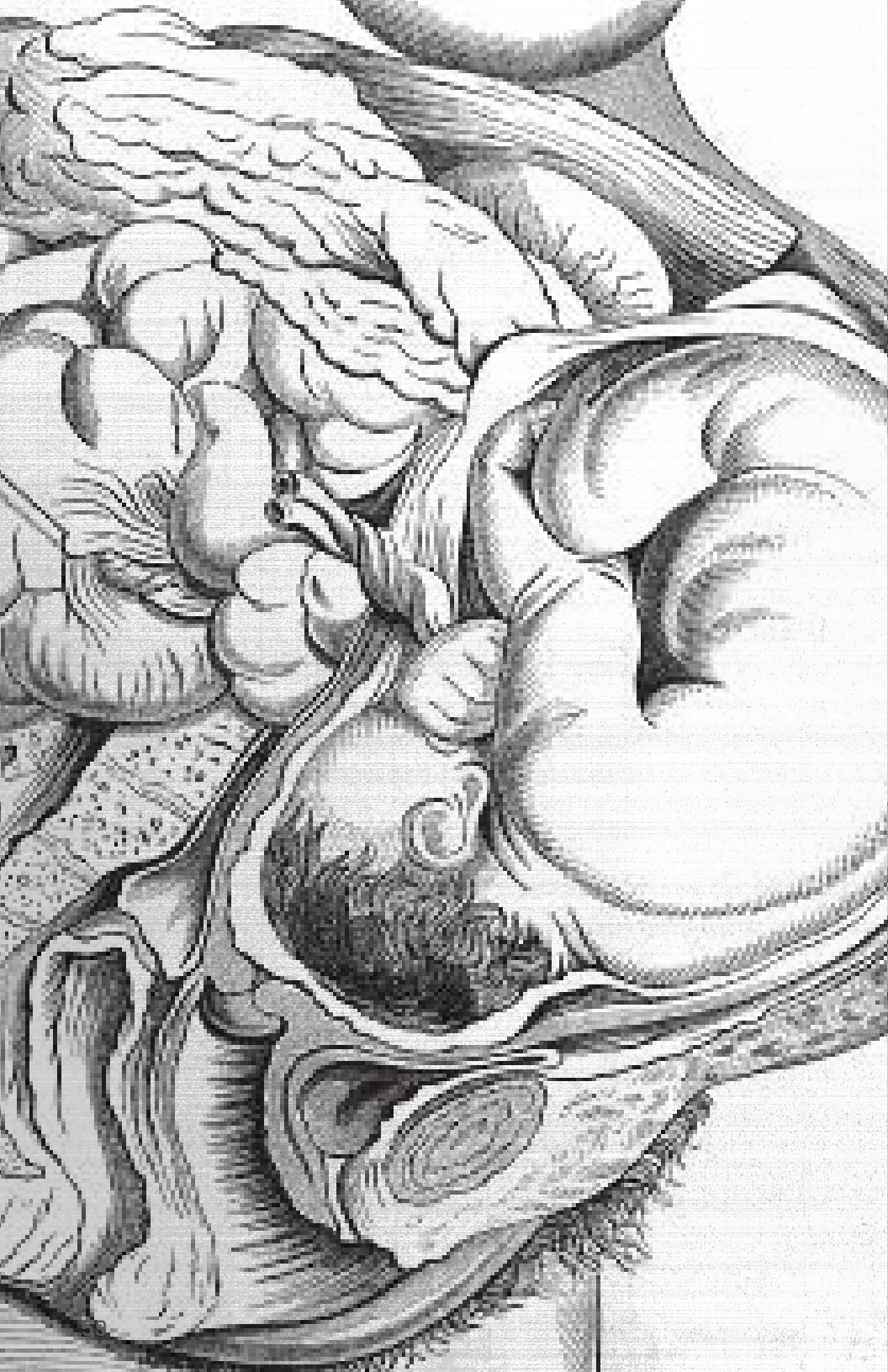




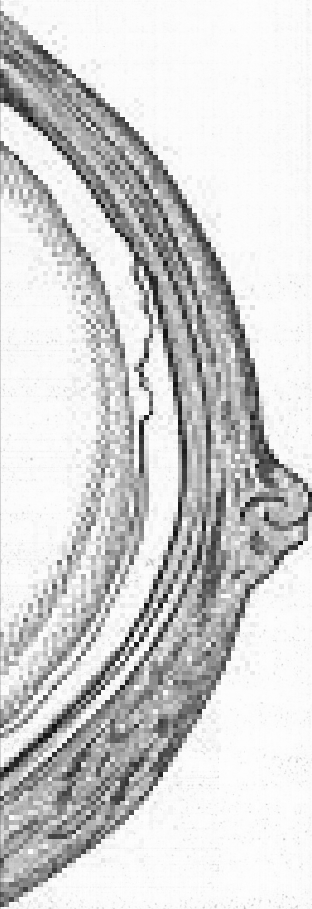
## IMPLANTATION

If an egg is fertilized in the fallopian tubes, the next stop is **implantation**: where the fertilized egg attaches itself to the lining of the uterus [also called the **endometrium**].

After ovulation happens during the menstrual cycle, your body produces a hormone called **progesterone**, which thickens the uterine lining. If a fertilized egg is implanted in the lining of the uterus, pregnancy happens. If a fertilized egg does NOT implant, pregnancy doesn't happen.







Pregnancy starts when a fertilized egg implants itself in the uterus. You may have heard that pregnancy lasts for 9 months. A full-term pregnancy lasts about 280 days, or 40 weeks. That time is divided into **3 trimesters** that are each around 13 weeks long.

# PREGNANCY

Usually, women will first suspect they are pregnant when used they miss their monthly period. Pregnancy tests, which can be purchased at pharmacies or given to you at a clinic, are the best way to find out if you're pregnant. A positive pregnancy test is usually accurate 99% of the time when used during the right stage in your cycle. False negatives (when the pregnancy test says negative, but you are actually pregnant) are more common. But chances are, if you take a pregnancy test after your missed period and it's negative, you aren't pregnant.

# PRE GNA NCY

In addition to a missed period, you may notice a few signs in early pregnancy that could be a sign to take a pregnancy test:



NAUSEA/VOMITTING [called "morning sickness," but  
can happen at any time of the day]

TENDER OR SWOLLEN BOOBS

TIREDDNESS

PEEING MORE OFTEN THAN USUAL

FOOD CRAVINGS

Many of the signs of early pregnancy, including missing a period, can be caused by other conditions, like stress or illness. But some women won't experience any symptoms of pregnancy. The best way to know for sure is to take a pregnancy test or to see a doctor for a blood or urine test or an **ultrasound** (also called a sonogram), a medical tool that shows you and your doctor images of the inside of your body—including your uterus and your baby.

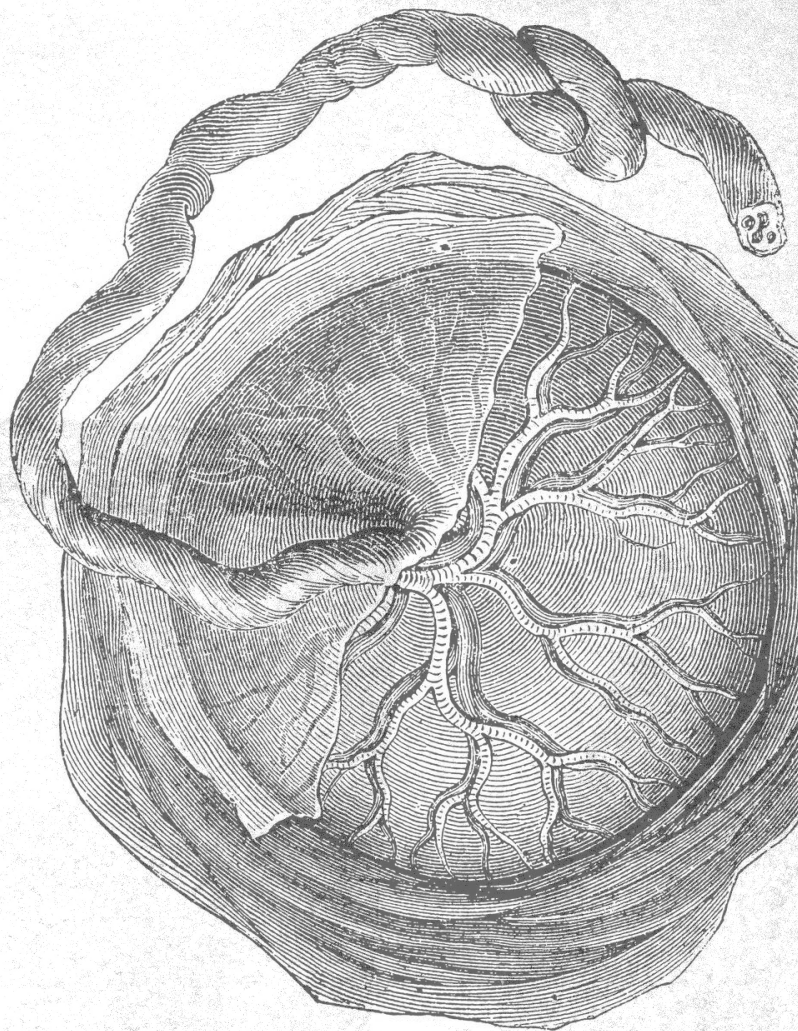
# THE FIRST TRIMESTER

The first 3 months of pregnancy [weeks 1-12] are called the **first trimester**. In the first trimester, a “fetus” [an unborn baby] starts to grow a brain, spinal cord, organs, and fingers and toes. The heart begins to beat at around 8 weeks of pregnancy.

If you get a positive pregnancy test, talk with a healthcare provider you trust. They will run their own test to confirm if you are pregnant and can help you move forward with a healthy pregnancy or choose to end the pregnancy [also called an **abortion**], depending on your personal situation and the laws in your state.

The risk of a **miscarriage** [the loss of an unborn baby] is highest during the first trimester of pregnancy. Because of this, some women choose to keep their pregnancy private until week 14, when the risk of miscarriage is lower.







# THE SECOND TRIMESTER



1



2



3



4



5

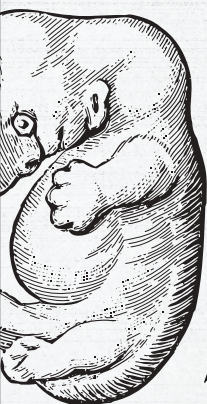
The **second trimester** is weeks 13–27. Many women in their second trimester start to feel better as the early symptoms of pregnancy fade. This is the time when you may start to “show,” a.k.a., grow a bump. Other changes you may see or feel include:

**LARGER BREASTS  
GROWING BELLY  
SKIN CHANGES**

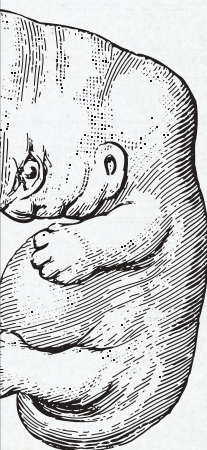




6



7

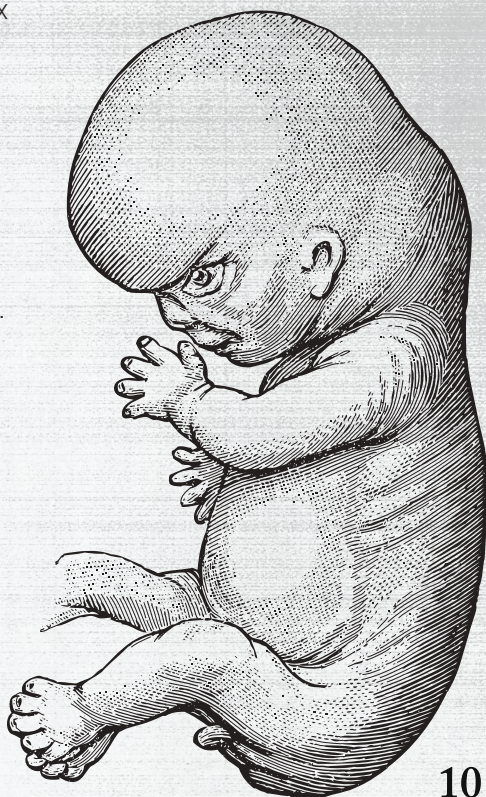


8



9

Around week 16, your healthcare provider can tell you the sex of the baby if you choose to hear it. Some people instead choose to be surprised when they give birth.

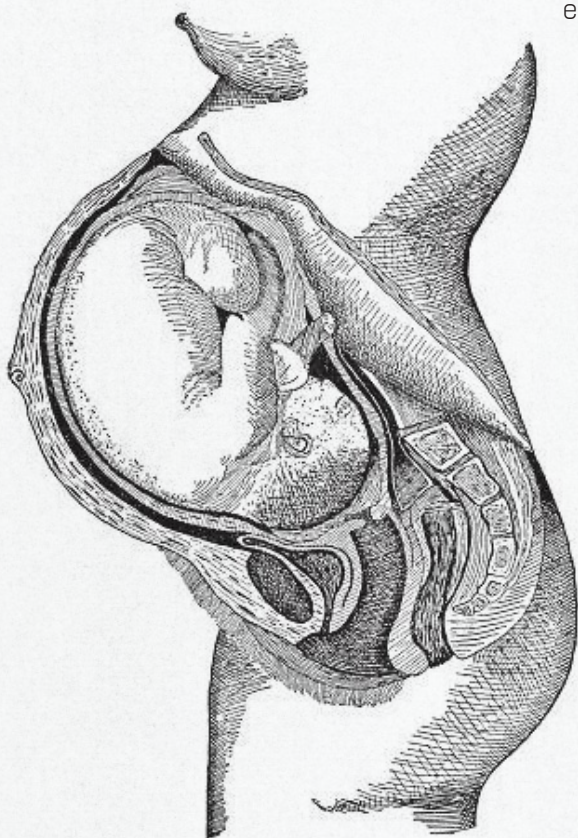


10



# THE THIRD TRIMESTER

The last 3 months of pregnancy (weeks 28-40) are known as the **third trimester**. This time can be physically and emotionally draining.





As the fetus continues to grow, so does your belly—and to make room for the growing fetus, organs shift around. You may experience backaches, heartburn, or even emotional challenges around preparing for the birth of a baby. The fetus grows rapidly during the last few

weeks of pregnancy. As you get closer to your due date [a doctor's estimate of the day you might give birth], you will meet more and more often with your doctor so they can make sure both you and the baby are healthy.

Although 40 weeks is considered to be full-term, it varies from person to person. Childbirth that happens before week 37 is considered to be **preterm**. "Preemies," or babies born prematurely, can require extra care from doctors and nurses to ensure they are healthy and developing.

## PRENATAL CARE

Healthcare during pregnancy is known as **prenatal care**. When you're pregnant, it's important that you get consistent checkups from a doctor or nurse who can make sure you and your baby are healthy.



# APPOINTMENTS

The number of appointments you have during pregnancy depends on a few things: your risk factors, your baby, and how far along you are in the pregnancy. Sometimes, issues during pregnancy will make your doctor want to see you more often to monitor you and make sure you and your baby stay safe.

Prenatal doctors' appointments can start as soon as you know you're pregnant.

**Most commonly, your appointment schedule will look like this:**

- **Weeks 1-32:** Every 4 to 6 weeks, to make sure you are healthy and your baby is developing as it should be
- **Weeks 33-37:** Every 2 or 3 weeks, to make sure your body is getting ready to give birth
- **Week 37 until birth:** Every week, so your doctor can monitor your body for any changes and to make sure you give birth when it is safest for you

If you're trying to get pregnant, it's actually a good idea to see your doctor before you are pregnant. They can help you prepare your body for pregnancy and give you tips on getting pregnant.

# STAYING

There are a few things you can do to have



# HEALTHY

**a healthy pregnancy—and a healthy baby!**

## **Take prenatal vitamins**

When you're pregnant, your body uses a lot of nutrients to help a baby grow. To make sure your baby gets as many nutrients as it needs, it's a good idea to take prenatal vitamins, which give you and your baby lots of important things.

## **Stay away from certain foods**

During pregnancy, some foods and drinks can risk the health of a developing fetus. Usually, your doctor will tell you to stay away from:

- Alcohol
- Caffeine
- Raw or undercooked eggs
- Unpasteurized milk, cheese, and juice [this means it hasn't been properly sterilized—like if it's straight from the cow]
- Raw meat or seafood
- Tuna [or fish high in a chemical element called mercury]
- Cold cuts [like salami, turkey, and ham]
- Pre-made salads

## Get plenty of rest

Sleep is always important, but especially during pregnancy! A lack of sleep can lead to certain complications in pregnancy, like preeclampsia [a serious condition that affects your blood pressure and kidneys]. One of the first pregnancy symptoms people notice is being extremely tired. That is because hormones like progesterone rise and your blood pressure can lower, leaving you very sleepy. As your pregnancy progresses and your stomach gets larger, sleeping can become difficult or uncomfortable. A pregnancy pillow may help you find a more comfortable position to sleep in.



## **Monitor your symptoms**

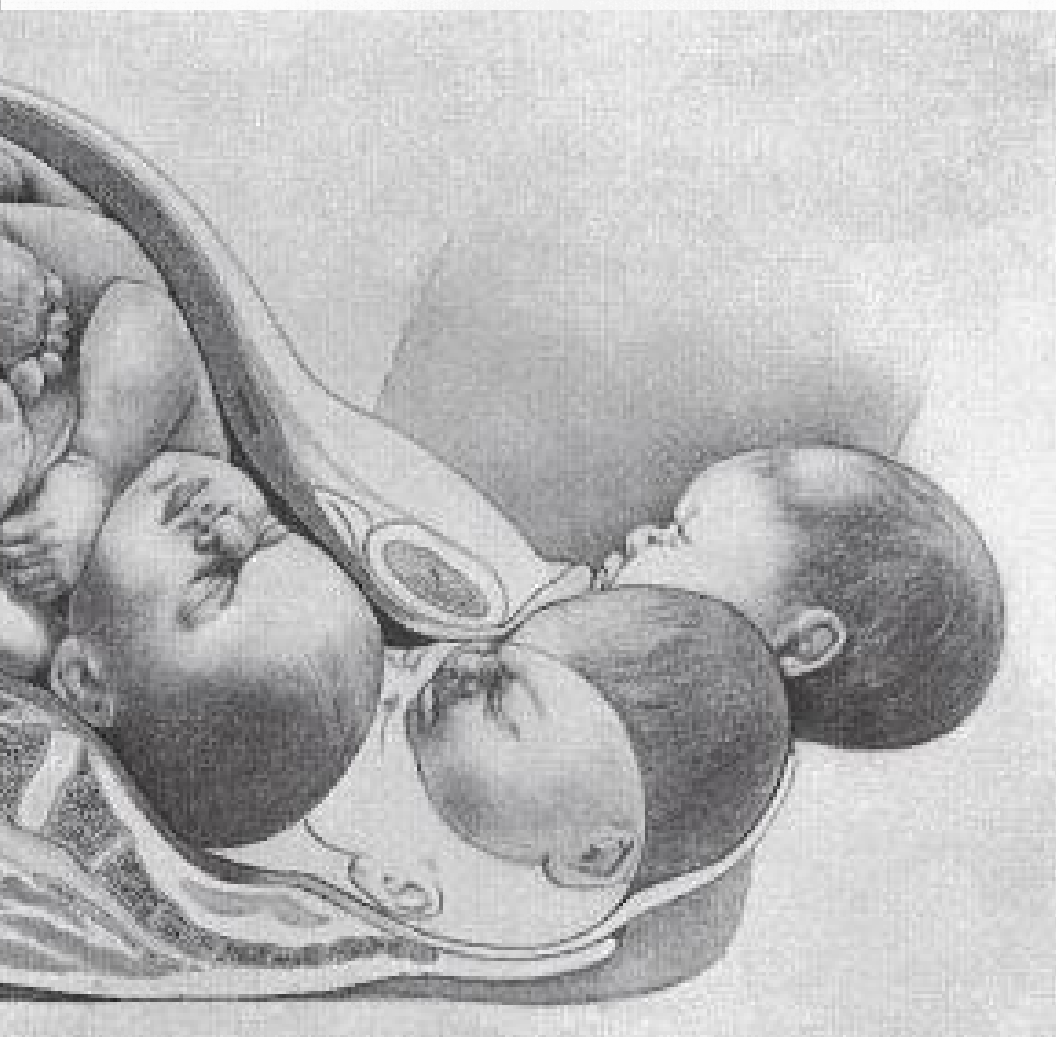
Keep an eye on how you feel. If you're nauseous or getting heartburn, there are a few things your doctor can do to help ease your symptoms. If you notice symptoms like bad headaches, swelling, bleeding, dizziness, fever, or anything that concerns you, talk to your doctor right away. They can make sure you and your baby are healthy.

# LABOR

At the end of a pregnancy, when a baby is ready to be born, **labor**—the process of the baby moving through the mother's body to be born—begins. Everyone is different, and labor can be longer or shorter depending on the person. Some women may experience a very quick labor that lasts less than a few hours. Others may experience labor for days. Unfortunately, you can't tell how long labor and birth will take until they happen.







### Why does labor take so long?

There are a few different reasons labor can take a while. Your cervix can dilate at different rates, the baby can be in a difficult position or be too large for the birthing canal, and certain medications can slow things down. .

## What you'll notice:

- **Contractions:**

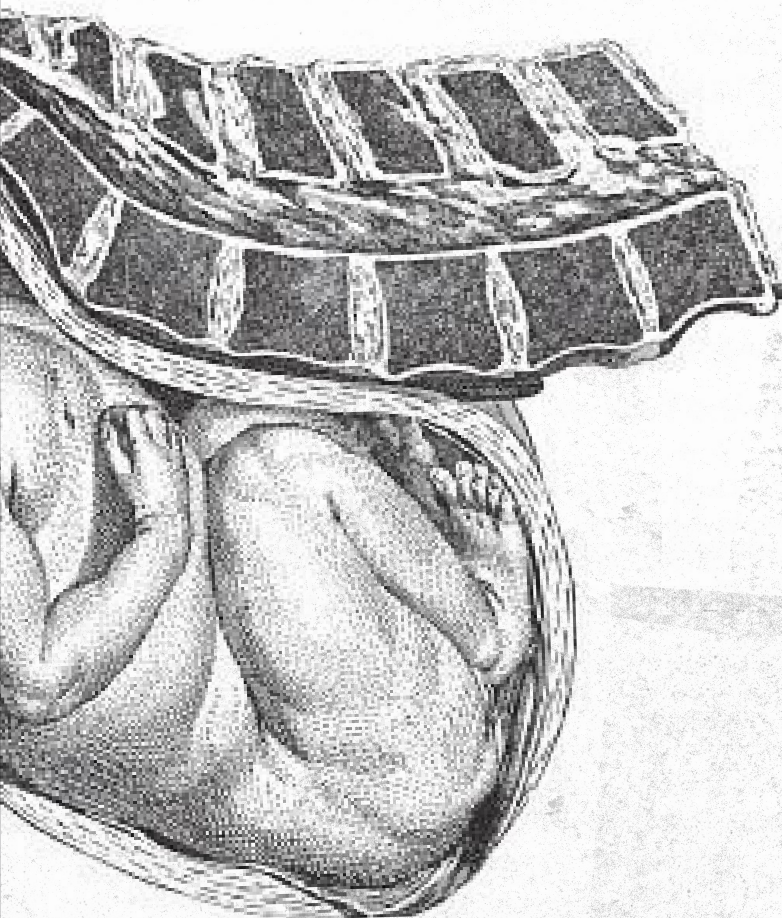
Contractions happen when the muscles of your uterus tighten, then relax. Contractions are the body's way of pushing a baby out. They help your cervix open [**dilate**] and thin [**efface**] so your baby can move into the birth canal [the passageway through the cervix and vagina that babies go through during birth]. Contractions may feel mild at first, like period cramps that get more and more intense



- **Passing the mucus plug:**

During pregnancy, the hole in the cervix [the base of the uterus] uses mucus to plug itself to prevent bacteria from entering your uterus and infecting the baby. When it's time to give birth, the mucus plug exits through your vagina





- **Water breaking:** Most of the time, this is nothing like what you may have seen in the movies. During pregnancy, the baby is inside a fluid-filled sac that protects it. When labor begins, the sac will tear, causing fluid to leak out, also known as your **water breaking**. This is usually during labor rather than the first sign of it. You may feel a constant leaking or a more obvious gush of fluid that is clear or pale yellow

### **What you may not notice:**

**Cervix dilation:** During active labor, your cervix [the hole in the bottom of your uterus] will get bigger and bigger, to help the baby exit the uterus and push into the vaginal canal. In active labor, your cervix dilates [gets bigger] 1 centimeter [cm] about every hour until it's 10 cm in diameter. Once your doctor or nurse feels that your cervix is 10 cm, your body is ready to give birth

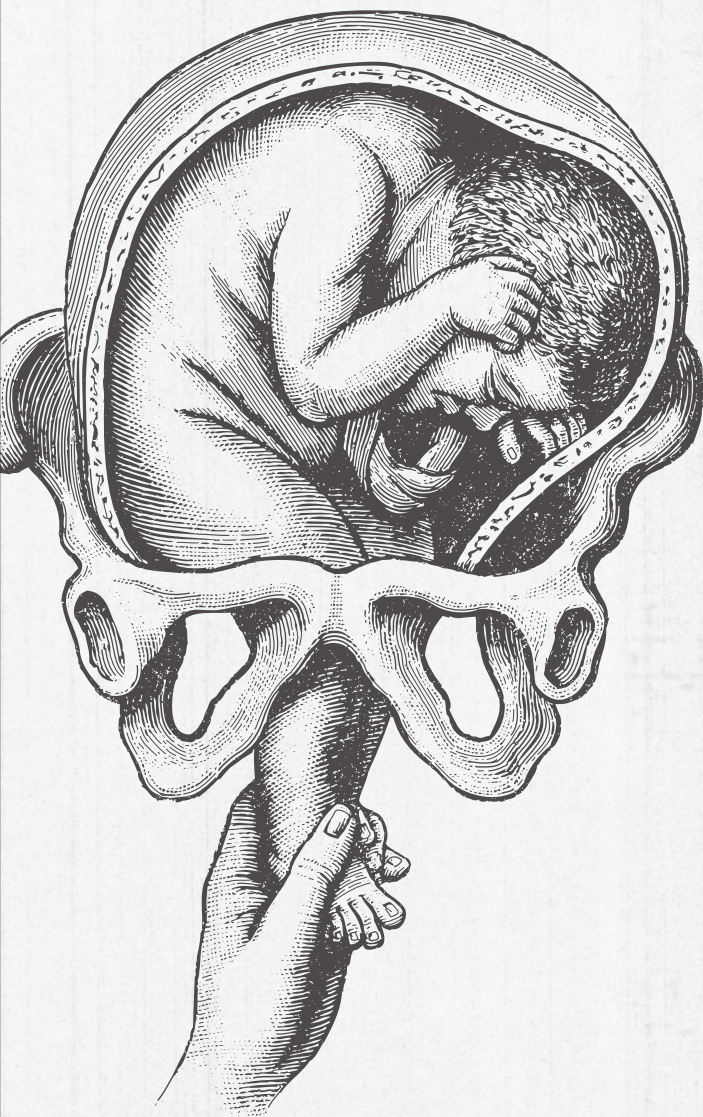


# CHILD BIRTH

## **Vaginal birth**

The process of a baby leaving the mother's "womb" [uterus] and exiting through the vaginal canal is called **vaginal childbirth**.





It can take anywhere from a few minutes to a few hours or more to push your baby into the world. It might take longer for first-time moms and women who've had an **epidural**, a shot that helps manage pain and numbs the mother's body.

When it's time to push, you may experiment with different positions until you find one that feels best. You can push while squatting, sitting, kneeling—or even on your hands and knees.



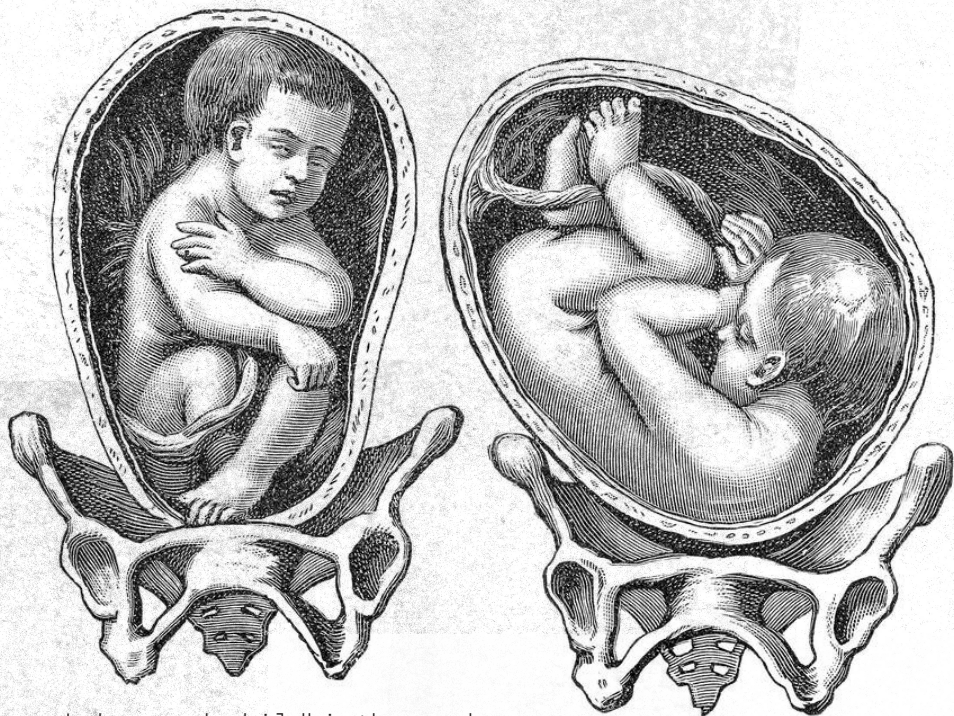
## **C-Section**

A **C-section** [a.k.a., a cesarean section] is the surgical option for giving birth. During a C-section, a doctor makes a cut in your lower abdomen to remove the baby from your uterus. Sometimes you can plan with your doctor beforehand to deliver your baby this way. Sometimes C-sections are unexpected but needed to make sure you and your baby stay safe.



### Why can't I eat during labor?

Having food in your stomach can lead to complications with a C-section. Even if you're not planning to have a C-section, your healthcare provider might recommend only having small amounts of clear liquids, such as water, ice chips, ice pops, and juice, instead of solid foods.



Labor and childbirth can be very painful. You can ask for medication [sometimes called an **epidural** or “spinal tap”) to help with the pain if you want it. Your healthcare team will help you make the best choice for you and your baby.

## MEDICATED VS. UNMEDICATED

Unmedicated birth is also possible, depending on your comfort level. There are a few techniques that can help lessen your discomfort, including breathing and relaxation techniques.

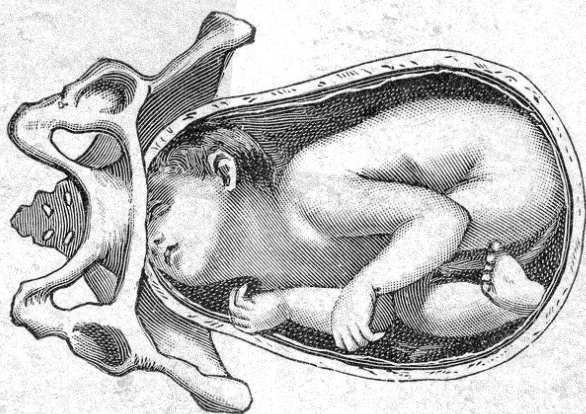


You may also feel more comfortable by:

## CHANGING POSITIONS

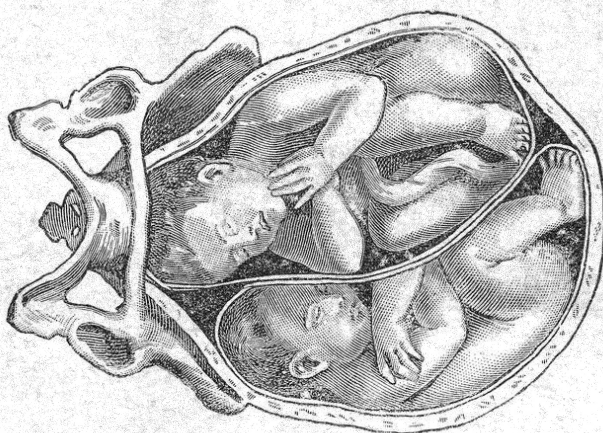
ROLLING ON A LARGE RUBBER BALL (BIRTHING BALL)

TAKING  
A WARM  
SHOWER  
OR BATH



TAKING A  
WALK

HAVING A  
PARTNER  
GIVE YOU  
A GENTLE  
MASSAGE  
BETWEEN  
CONTRACTIONS



# DELIVERY OF THE



# PLACENTA

After your baby is born, you will deliver the **placenta**.

The placenta is the organ that develops in your uterus during pregnancy to provide nutrients to a growing baby. Typically, the placenta is delivered within 30 minutes, but the process can last as long as an hour. You'll continue to have mild, less painful contractions that are close together. The contractions help move the placenta into the birth canal. You'll be asked to push gently one more time to deliver the placenta. You might be given medication before or after the placenta is delivered to encourage uterine contractions and minimize bleeding.

After you deliver the placenta, your uterus will continue to contract until it returns to its normal size.

## CHAPTER 5

# HEALTH & HYGIENE



Birth control [also called **contraception**] comes in many forms.

The main goal of most forms of birth control is to prevent pregnancy from happening. But some types of birth control also protect against diseases you can catch from having sex [also called sexually transmitted diseases, or STDs] or can help with period symptoms, like PMS.

## BIRTH CONTROL: PREVENTING PREGNANCY & STDs

**So, which one should you use?**

There are a ton of options out there, so you may try a few different methods before finding the right one for you. Some use hormones to prevent pregnancy, and some don't. Using hormones can be more effective but can have side effects. Nonhormonal options won't cause side effects, but they may not work as well. Let's look at the options for each.

H O R M O N A L  
B I R T H  
C O N T R O L



Birth control pills are one of the most common medication options for preventing pregnancy. The pills include hormones that stop your body from ovulating, so an egg does not release from your ovary. The pill should be taken every day to prevent pregnancy. In addition to preventing pregnancy, the pill can help things like acne, PMS, and symptoms of irregular periods.

## THE PILL

It's called a patch, but it's more like a sticker you wear on certain parts of your body [like your arm or your butt]. The patch slowly releases hormones through your skin that stop ovulation. You put on a new sticker once a week, after you remove the old one.

## THE PATCH

Just like other hormonal options, the ring works by releasing hormones into your body that stop you from releasing an egg during ovulation. The ring itself is a piece of flexible plastic, about the size of a hair tie. The ring sits inside the vagina, near the uterus. If it's inserted properly, you won't feel it.

## THE RING



The implant is a tiny, thin piece of plastic, about the size and shape of a match. The implant is inserted under the skin of your upper arm. Once it's inserted by a doctor, the implant helps prevent pregnancy by releasing hormones that stop ovulation.

## THE IMPLANT

The birth control shot is another way of stopping pregnancy with hormones. Every 3 months, your healthcare provider gives you a shot. Like other medications, the hormones in the shot stop your body from releasing an egg during ovulation. Without an egg, pregnancy can't happen!

## THE SHOT



An **IUD** [intrauterine device] is a little T-shaped device that a doctor inserts into your uterus. It might sound strange, but an IUD is one of the most effective methods of preventing pregnancy. Hormonal IUDs prevent pregnancy by releasing a small dose of hormones that thicken the mucus in your cervix [the small hole in your uterus] so sperm can't get in. It also helps stop ovulation. Once an IUD is inserted, it can stay in your uterus for years, depending on the IUD you choose.

## HORMONAL IUD

Sometimes called the “morning after pill” or Plan B. Emergency contraception is a pill that contains hormones that postpone ovulation. When you postpone ovulation, an egg can’t get fertilized by sperm from unprotected sex. Although it’s called the morning after pill, it can be taken 72 hours after unprotected sex. But the sooner you take it, the better it works. Emergency contraception is a good backup plan, but it shouldn’t be used on a regular basis. It’s best to use emergency contraception if you have sex and your normal birth control method fails [like if the condom breaks]

## EMERGENCY CONTRACEPTION



***Is the morning after pill an abortion?***

No! In fact, if you're already pregnant, emergency contraception can't do anything. The pill itself is just a large dose of a hormone that stops your ovary from releasing an egg. Without an egg, pregnancy can't happen.



# NONHORMONAL BIRTH CONTROL

## Can I use lube with a condom?

Yes! With latex condoms, you can use water- and silicone-based lubes (for "lubricant," which lessens friction). But oil-based lubes can sometimes damage the condom. With plastic or lambskin condoms, you can use water-, silicone-, and oil-based lubes.

## What are condoms made of?

Many condoms are made of latex, a type of rubber. There are also plastic condoms that are latex-free, which can be used if you or your partner has an allergy to latex. There are also lambskin condoms (also called "animal skin condoms"), which are made from the lining of animal intestines (usually sheep). But lambskin condoms don't protect against STDs—only pregnancy.



Just like the hormonal IUD, the nonhormonal version is a little T-shaped device that a doctor inserts into your uterus. The difference? The copper IUD works with—you guessed it—copper! Sperm doesn't like copper, so just having the device inside your uterus stops you from getting pregnant.

## COPPER IUD

Condoms are very thin, stretchy covers that are worn over the penis during sex. They work by containing sperm so it doesn't enter your body. But condoms also protect against sexually transmitted diseases [STDs]. So, if you have multiple partners or a partner with an STD, make sure they wear a condom.

## CONDOM

Also called "internal condoms," these are pretty similar to traditional condoms. They are soft plastic pouches that go inside the vagina (instead of on a penis) to prevent pregnancy or STDs. They can also be used for anal sex.

## FEMALE CONDOM

A soft, squishy "sponge" made of plastic that goes in your vagina before sex. It contains spermicide and sits right below your cervix to stop sperm from entering your uterus and joining with an egg.

## SPONGE



A shallow, flexible plastic cup that's shaped like a little bowl. It works as a barrier that covers your cervix so sperm can't get into your uterus to join with an egg. Using a diaphragm works better with spermicide, which is a gel, foam, or cream that slows down sperm cells [see below]. All you have to do is place spermicide on your diaphragm before you insert it, and up to 6 hours before you have sex.

## DIAPHRAGM

You'll need to keep it in place for at least 6 hours after having sex to make sure it works. **But don't leave it in for more than 24 hours.** Keeping it in longer than that can put you at risk for irritation or infection.

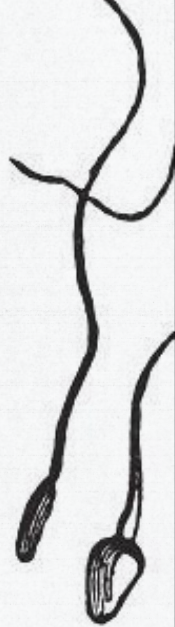
### Can I reuse a sponge?

No, you can't reuse a sponge. It's no longer effective as a contraceptive after you use it, and there isn't a way to properly clean it. Reusing one can put you at risk of serious infections like Toxic Shock Syndrome (TSS).

### Can I reuse a diaphragm?

If you take good care of your diaphragm by cleaning it with warm water and mild soap after use, you can reuse it for up to 2 years.

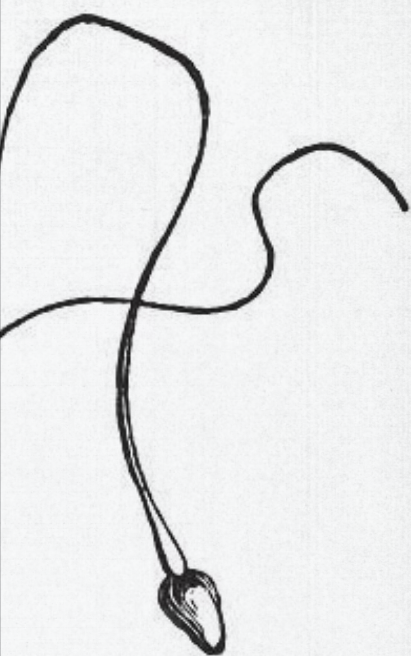




Just what it sounds like—a little “cap” for your cervix. It’s similar to a diaphragm, but smaller. The other difference? You can keep a cervical cap in for up to 2 days. It looks similar to a little hat and blocks your cervix so nothing can get in!

## CERVICAL CAP





A gel, foam, or cream that contains a chemical that slows down sperm cells so they can't travel to meet an egg. You put it in your vagina before sex to prevent pregnancy. It can also be used with other birth control methods, like the diaphragm and sponge. Some condoms may even be packaged with spermicide on them.

## SPERMICIDE

There are a few ways to track your fertility, including tracking your cycle. But the most effective way of tracking your fertility is by monitoring your base [also called **basal**] body temperature. When you ovulate, your core body temperature rises [very slightly], and continues to rise through the end of your cycle. By consistently measuring your basal body temperature every morning, you can more accurately predict when you ovulate and can make sure to use protection or avoid sex when you are most fertile.

## FERTILITY TRACKING

Though it's not always effective, "pulling out," a.k.a., withdrawal, is the practice of pulling a penis out of a vagina before ejaculation. This prevents semen from entering the vagina. However, **precum**, the fluid that exits a penis before ejaculation, can sometimes contain sperm. So you may still get pregnant even with the pullout method.

## WITHDRAWAL (PULLOUT METHOD)



When breastfeeding your baby (at least every 4 hours during the day and every 6 hours at night), your body naturally stops ovulating. If you breastfeed perfectly, it can be a very effective way to prevent pregnancy. But if you breastfeed less frequently or use formula along with breastfeeding, it may not be a good way to prevent pregnancy for you.

## BREASTFEEDING

# SURGERY

There are also permanent  
surgical options available that are **100%**  
**effective**  
at preventing pregnancy:

Sometimes this is called "getting your tubes tied." It's a surgical procedure that permanently closes or removes pieces of the fallopian tubes. Once you have your tubes tied, you can no longer get pregnant.

## TUBAL LIGATION [STERILIZATION]

A vasectomy is a simple procedure done in males to cut off or block sperm from exiting through the penis during ejaculation. It is meant to be permanent, so even if a vasectomy is reversed, there's a chance that fertility will never return.

## VASECTOMY



Although abortion is not a form of birth control, it's important to mention. Abortion is the term for stopping an existing pregnancy, whether through surgery or medicine. Women choose to have abortions for many different reasons, including health, safety, preference, and more. Having an abortion is a very personal choice made between a woman and her doctor. It's not always an easy choice, so if you are considering having an abortion, talk with a doctor you trust.

## ABORTION

When choosing a method of birth control, it's important to keep a few things in mind, like the number of sexual partners you have/your risk of getting an STD, whether or not you want to take hormones, and your personal preference.

# HYGIENE

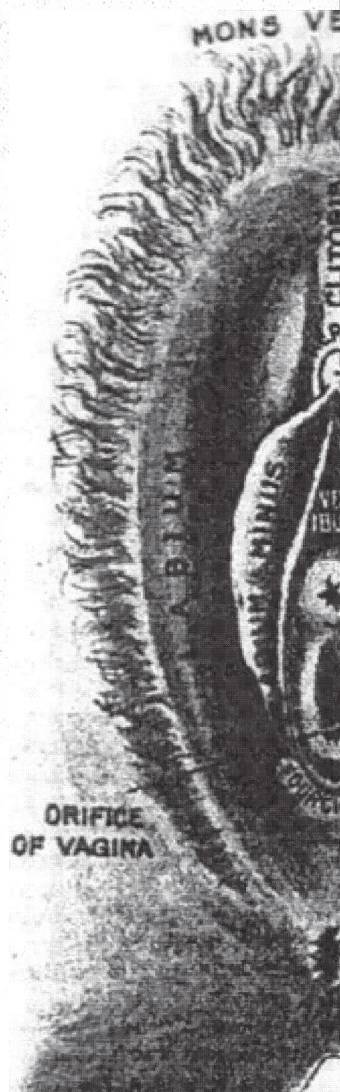


With the rise of **feminine hygiene** products on the market, some women have turned to **pH-balanced cleansers** [cleansers that are marketed as less acidic and, therefore, less disruptive to your vagina] or wipes to "clean" their vaginas. **But the vagina is actually self-cleaning!** What does need to be cleaned is the vulva, the outer part of the female reproductive anatomy.

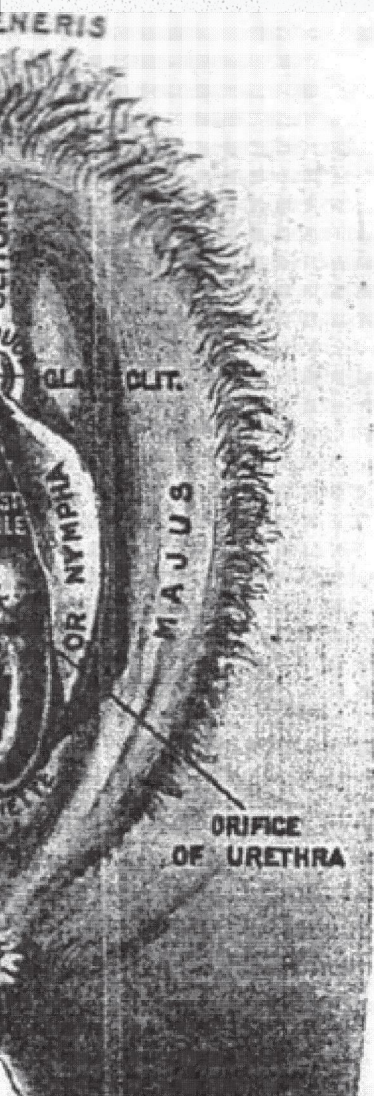
You should wash your vulva with warm water. If you choose to, you can use a mild soap that doesn't irritate the sensitive skin of the labia. Spread the lips of your vulva apart to cleanse the folds of your vulva, using a washcloth or your hands. Just take care to prevent soap

# VULVA

from entering! When washing your vulva, go from front to back, toward your butt. Otherwise, it may cause bacteria to spread from your butt to your vagina and cause infection. It's also a good idea to wash the anus [a.k.a., butthole] every day with soap and warm water.





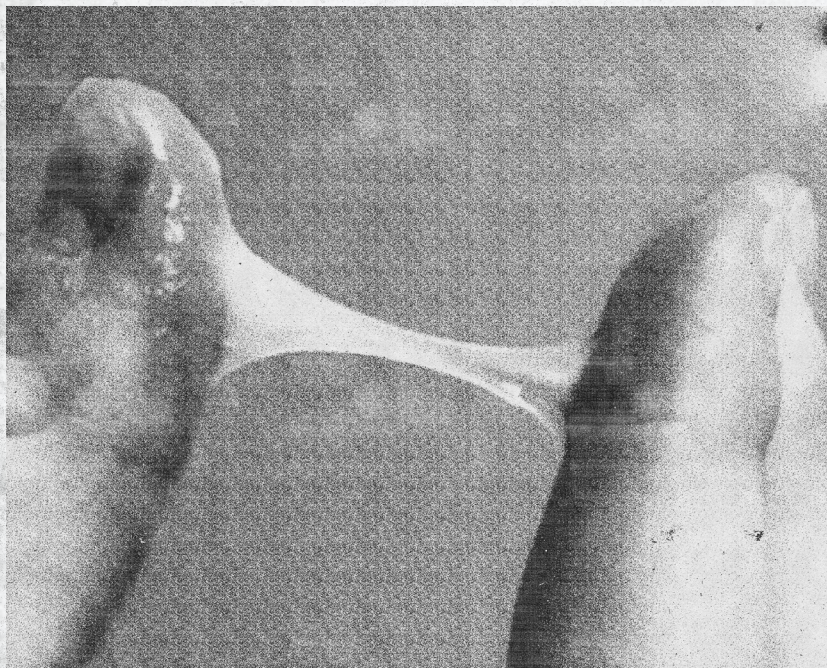


The vagina [the inner tube of the female reproductive system] is able to clean itself and maintain pH [acidity] through “good” bacteria that stops “bad” bacteria from infecting you. Using soaps, wipes, sprays, cleansers marketed for the vagina, or even water can

# VAGINA

cause an imbalance in the bacteria. This can lead to **bacterial vaginosis** (BV, an uncomfortable infection that makes your vagina smell), **yeast infections** [an infection that makes your vagina very itchy], and irritation. So the best thing you can do for your vagina is to leave it alone!





**Vaginal discharge** is the clear, white, or off-white fluid that comes out of your vagina. Having discharge is natural and normal. It's actually one of the ways the vagina cleans itself—fighting bad bacteria and infection.



D I S

C H A R G E

Discharge can also give you signs about your health. It's good to know what discharge should look and smell like, so you can know when something might be off.

WHAT

TO

LOOK

FOR



## **Color**

Normal discharge is clear, milky white, or off-white. If it's yellow, grey, or green, it could mean you have an infection. Brown or red discharge can happen right before or after your period or can happen when you have an irregular period.

## **Consistency**

The texture of discharge can change, depending on where you are in your menstrual cycle or if you have an infection. Discharge that is chunky, foamy, or itchy can mean you have an infection.

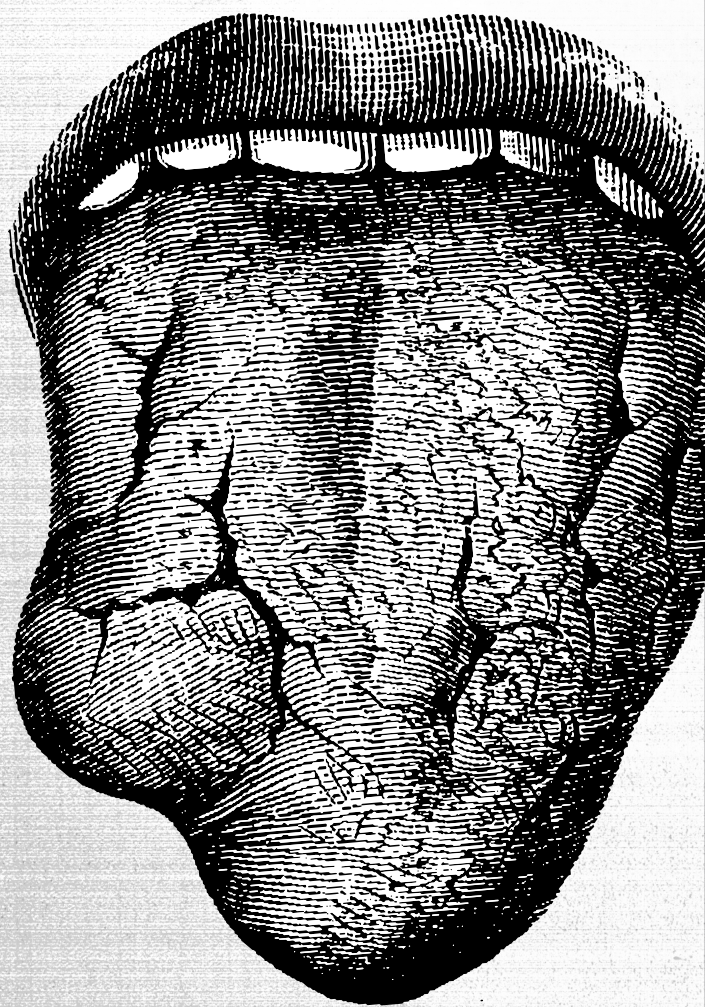
## **Smell**

Discharge can have an odor, but it shouldn't smell bad. Fishy or bad smelling discharge can be caused by an infection.

## **Amount**

The amount of discharge you have depends on your body. Some women produce a lot, some barely notice any discharge.

If the color, consistency, smell, or amount of discharge you get changes, it could be the sign that you have an infection. But it could also be the body's way of fighting an allergic reaction or responding to pregnancy. If you're concerned or notice any changes, talk with a healthcare provider you feel comfortable around.





# STDs & STIs

Sexually transmitted diseases [**STDs**] and sexually transmitted infections [**STIs**] are exactly what they sound like—infections and diseases that spread from person to person during sex (including vaginal, anal, and oral sex).

STDs/STIs affect more than 9 million women in the US every year. Most are easy to treat, and some may not even cause symptoms. But it's important, especially for women, to get checked for STDs at least once a year, because certain STDs can become dangerous if they aren't treated.

## CHLAMYDIA

A super common STD caused by a bacterial infection. Most people don't have symptoms. But those who do usually notice:

- Pain or burning while peeing
- Pain during sex
- Lower belly pain
- Abnormal discharge [yellow or strong-smelling]
- Bleeding in between periods
- Pain, discharge, or bleeding around the anus

## GONORRHEA

Gonorrhea is a bacterial infection that you can cure with antibiotics. Females don't usually experience symptoms of gonorrhea, but some may notice:

- Pain or burning while peeing
- Abnormal discharge
- Bleeding in between periods



## HIV & AIDS

### HERPES

A virus that causes painful or annoying sores around your mouth or genitals. Unfortunately, there's no cure, but you can treat the symptoms. Once you have herpes, the symptoms can come and go. Some days you may notice bumps that can look like pimples or ingrown hairs. But even when you don't notice anything, the virus is still in you.

**HIV** [human immunodeficiency virus] is a virus that breaks down your immune system and causes **AIDS** [acquired immune deficiency syndrome]. Because HIV affects the immune system, there's a higher chance you could get very sick and die from infections you might otherwise be able to fight. There's no cure for HIV or AIDS, but there are treatments to help you stay healthy with HIV. That's why it's super important to get tested—especially because most people feel totally healthy for a very long time after they are infected. The damage done to the immune system by HIV causes AIDS, but not everyone with HIV will get AIDS. AIDS is very serious and can lead to death over time.

# HPV

Human papillomavirus (HPV) is the most common STI. Usually, it's harmless and goes away on its own. But certain types of HPV can lead to cancer or genital warts (warts around a vagina, penis, or anus). The higher risk HPV doesn't have any symptoms—meaning you wouldn't notice it. But a **Pap smear** (the test a doctor does by scraping the vagina) can detect it early.

## PUBIC LICE

A.K.A., crabs. These are small parasites that attach to the skin and hair around the vagina or penis. They can be easily treated with medicine you can ask your healthcare provider to get for you. The symptoms you may notice include:

- Itching in your genital area
- Super tiny bugs you can see when you look closely or use a magnifying glass. As you may have guessed, the bugs look like tiny crabs
- Dark or blue spots on the skin in your pubic area
- Fever
- Irritability



# SYPHILIS

A common bacterial infection that can be cured with antibiotics. If you don't treat it, syphilis can become dangerous. The first things you might notice are syphilis sore, also called a chancre. They are bumps that are usually firm and round, but not painful. You may not see these sores if they are inside your vagina or butthole. As syphilis progresses, you might notice a rash on your hands or feet or have flu-like symptoms. The later stages of syphilis can cause more serious symptoms, like damage to your brain and organs, or it can cause tumors or blindness.

The risk of STDs/STIs are an important reason to use birth control, even if you're in a same-sex relationship and don't need to prevent pregnancy. Condoms (and female condoms) are important to use to avoid infection, especially if you have more than 1 partner.

If you have sex with anyone, male or female, try to get a Pap smear and STD test at least once a year to stay on top of your health.



# ANNUAL EXAMS

Because many parts of your health are connected to your reproductive system—having a period, having sex, having babies, etc.—getting a yearly checkup is important. Seeing a doctor who specializes in the reproductive

system [also known as a **gynecologist** or **gyno** for short] may not be easy at the institution you're in. But, if possible, doctors recommend getting a **gynecological exam** [they're also called pelvic exams] once a year if you're 18 or older.

## *What to expect*

Knowing what to expect can help you feel safer and more confident going into your appointment. **Your healthcare provider should explain to you what's going on at each step.**



**1 Lie down and try to relax.** To start, you'll lie down on an examination table and place your feet in footrests. Your gynecologist will ask you to spread your knees. Because the reproductive system contains a lot of muscles, try to relax them by taking a deep breath. This will help make the exam run more smoothly

**2 External exam.** First, they will look at your vulva and labia to check for anything out of the ordinary like changes in skin color, swelling, or irritation

**3 Internal exam.** Then, they'll insert a hinged metal or plastic tool called a **speculum** into your vagina so that they can look at your cervix to check for irritation, unusual discharge, or signs of infection. The speculum can feel cold and uncomfortable and cause pressure, but speak up if it's causing you any pain

**4 Pap smear** [also caused the **Pap test**]. While the speculum is still inside of you, your gynecologist will take a sample of the cells in your cervix by inserting small wand [like a Q-tip]. Pap smears help doctors see if there are any cells that could be an early sign of cervical cancer. Your results should come in a few weeks

**5 Physical exam.** The speculum will finally be removed. Then, the gynecologist will put 1-2 fingers [while wearing gloves!] inside your vagina and press on your stomach or pelvis with their other hand. This helps them check the organs inside your body like the uterus and ovaries. Again, speak up if you feel uncomfortable. Afterwards, your doctor may check your boobs or ask for a urine sample

These exams can seem kind of awkward, so it's important that your healthcare team makes you feel comfortable.

**If you feel violated in any way during your exam, tell someone you trust who can try to help.**

## CHAPTER 6

# BREAST & OVARIAN CANCER



You know your body better than anyone else. And you can take even better care of it by **self-screening**. Self-screening is when you check your body for changes that may mean you're having health issues, like cancer. Self-screening isn't the official way to get diagnosed with cancer [or any disease, really], but it's a powerful first step to take charge of your health. Because the earlier you get diagnosed, the better chance you have of beating cancer.

Learning what gives you a higher risk of developing cancer is really important. Some risks are common across different types of cancer. These include:

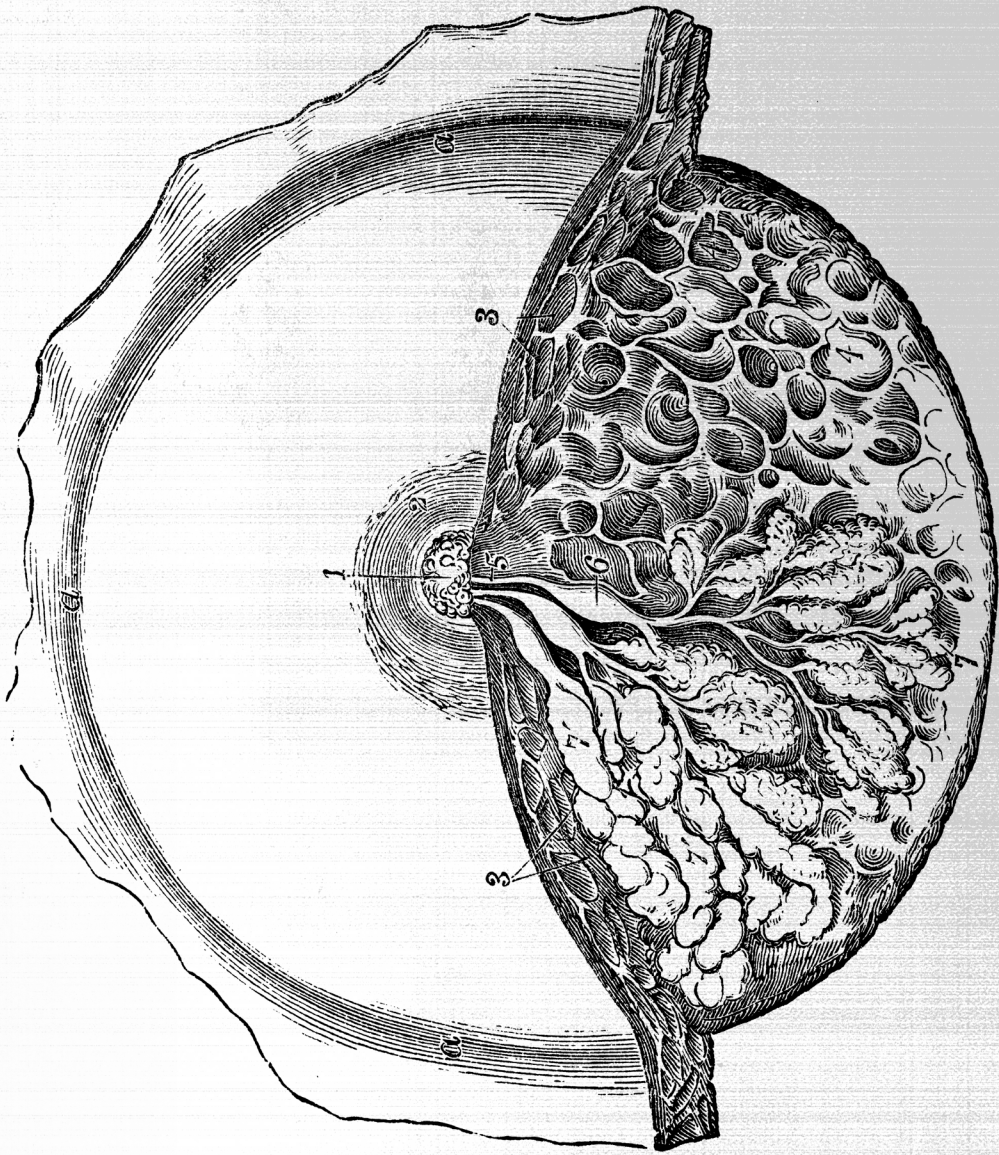
**A family history of cancer**  
**Smoking cigarettes**  
**Being overweight or not exercising**  
**Exposure to something toxic in your surroundings**

Of course, we can't change some things, like our family history, but being aware of the risk factors can help you know what to look for. Other risk factors are specific to the type of cancer. Let's take a closer look at some cancers that affect women and how you can self-screen for them.

# BREAST CANCER

In the United States, 1 in  
8 women will get breast  
cancer in their lifetime,  
which sounds pretty common.





The good news? Because it affects many women, there are lots of treatment options and new research.

HERE ARE SOME **KEY BREAST CANCER FACTS TO KNOW:**



# 3.8 MILLION WOMEN

## 2 OUT OF 3

women diagnosed with  
breast cancer are over  
the age of 55

## 43% LESS DEADLY

Breast cancer death rates  
have fallen by 43% from  
1989 through 2020

## 3.8 MILLION

Over 3.8 million women  
in the US have survived  
breast cancer

Men can get breast cancer  
too, but it's very rare

# HOW TO SELF-SCREEN

## 1

Take off your shirt and bra [duh] and look in a mirror with your hands on your hips.

## 2

See if there are visible changes. Some changes you may want to look out for are:

- a) Bulges, dimples, or new wrinkles in your skin
- b) Nipples that are pointing in a different direction [in vs. out, left vs. right]
- c) Swelling—especially if it's just on 1 side
- d) Redness, rashes, or changes in texture
- e) Any discharge from your nipples

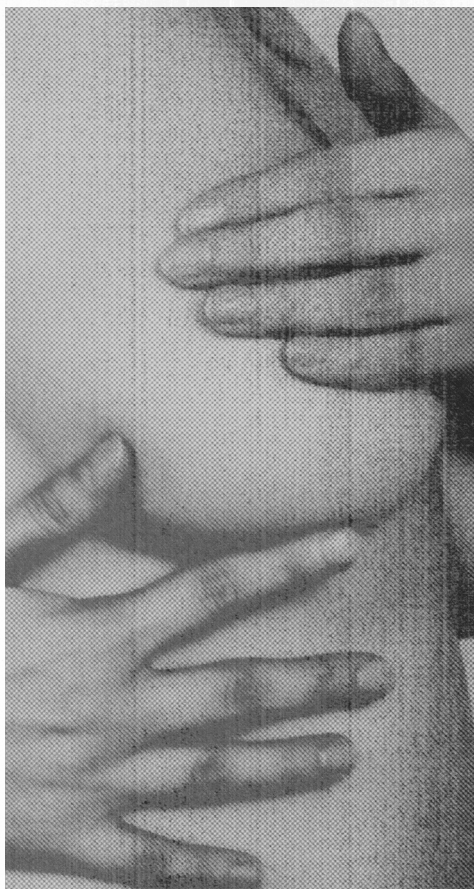


### 3

Look for these same changes with your arms raised. Sometimes it's easier to see changes using a different angle!

**If you see any of these changes in your boobs, tell your healthcare provider ASAP.**

## HOW TO SELF-SCREEN



### 4

Lie down and check for lumps. Press your 3 middle fingertips in a circular motion on and around the opposite boob [right hand feels left boob, left hand feels right boob]. Try this standing up or sitting down, and then try it while lying down.

### 5

**Check for lumps seated or standing up. Pro tip:** Try doing this in the shower.



MOST OF THE TIME, PAIN  
OR LUMPS IN YOUR BOOBS  
AREN'T CANCEROUS, BUT  
SELF-CHECKS ARE STILL A  
HELPFUL AND PROACTIVE WAY TO  
**BE AWARE OF YOUR BODY.**

# OVARIAN CANCER

One in 78  
women will  
be diagnosed  
with ovarian  
cancer in their  
lifetime.

Ovarian cancer  
is a sneakier  
disease than  
breast cancer  
because there  
aren't clear  
ways to screen  
for it.



Here's what to know:

- 20% of women get diagnosed before the disease spreads
- If you started getting your period before age 12, you may be at higher risk
- Experiencing infertility or having children later can also increase your risk
- Annual Pap smears by a gynecologist screen for cervical cancer—but not ovarian cancer
- Taking birth control pills can help lower your risk for ovarian cancer

## **SYMPTOMS OF OVARIAN CANCER**

BECAUSE THERE'S NOT A WAY TO SELF-SCREEN FOR OVARIAN CANCER, KNOWING SYMPTOMS IS VERY IMPORTANT. SYMPTOMS OF OVARIAN CANCER ARE NOT SO DIFFERENT FROM THE ONES YOU MIGHT HAVE FOR DIGESTIVE OR GYNECOLOGICAL PROBLEMS, BUT THEY'LL BE MORE SEVERE AND HAPPEN MORE OFTEN. THESE INCLUDE:



- Bloating

- Pain or pressure in your upper and lower belly [a.k.a., abdominal and pelvic pain]
- Blood or discharge from your vagina that doesn't look normal
- Having trouble eating or feeling full weirdly fast
- Changes in how often you need to go to the bathroom [peeing all the time, constipation, diarrhea, etc.]

## APPOINTMENTS & exams

Whether you're going to your healthcare provider for a checkup or think you may be sick, you're doing the right thing. Good for you! Taking care of yourself and getting examined is helpful for preventing cancers or finding them early.

During a cancer exam, your healthcare provider will start by looking for **tumors**, which are like lumps of cells clustered together. Tumors can be cancerous [**malignant**] or strange but harmless bumps [**benign**].

When it comes to breast cancer, it's recommended that women older than 40 get checked out once a year using a type of x-ray called a **mammogram**. Mammograms screen for breast cancer by showing lumps in the breast that an x-ray expert called a **r a d i o l o g i s t** can recognize.

If the radiologist sees anything weird in the mammogram, you should get another one or get more tests like it. These are called imaging tests, and they show what's going on in more detail. You might get an **ultrasound**—a test from a machine that shows images of your insides [used during pregnancy]—on your boobs. Or you could get an **MRI**, where you go inside a noisy magnetic machine that scans your body to capture how it looks inside.

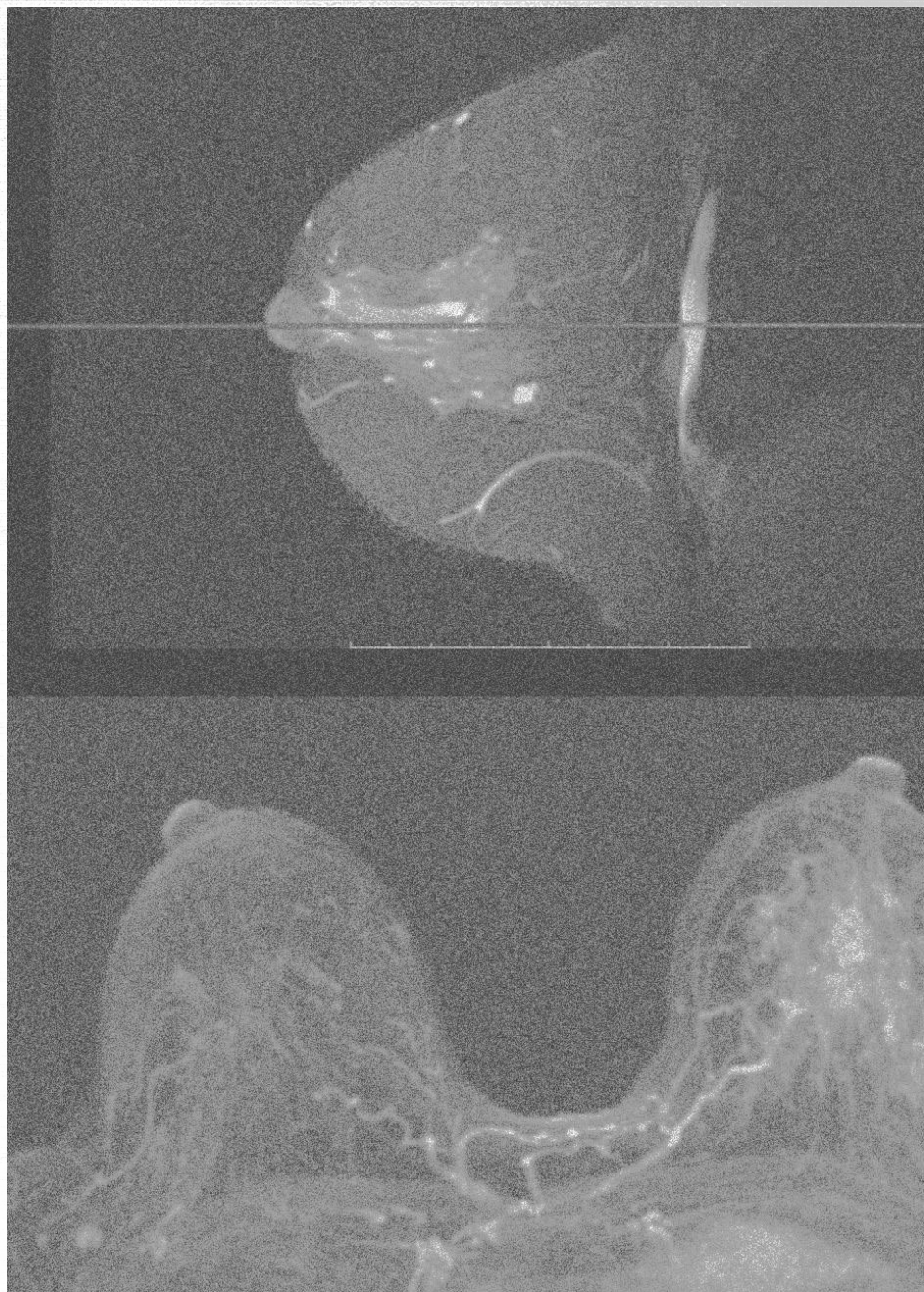
The final step to see if you have cancer is a **biopsy**, which usually involves using a needle to take out cells from the suspicious part of your body and examining them. If you're getting a biopsy, don't panic: 80% of women who have a breast biopsy don't have breast cancer.



IF YOU'RE  
GETTING A  
BIOPSY,  
DON'T  
PANIC:  
80%  
OF WOMEN  
WHO HAVE  
A BREAST  
BIOPSY  
DON'T  
HAVE  
BREAST  
CANCER.

For ovarian cancer, you may also get imaging tests done. The first one is usually a **transvaginal ultrasound** [TVUS], and it uses sound waves to make images or videos of what's going on in your ovaries. You could also get a **CT scan**, which uses x-rays to take pictures of your body. That said, the only definite way to diagnose ovarian cancer is through a biopsy.





## CANCER TREATMENT

CANCER TREATMENT DEPENDS ON A BUNCH OF THINGS, LIKE THE TYPE OF CANCER AND ITS STAGE, WHICH DESCRIBES HOW ADVANCED IT IS. WITH OVER **40 DRUGS ON THE MARKET TO TREAT BREAST CANCER AND OVER 20 TO TREAT OVARIAN CANCER,** WE COULD WRITE A WHOLE BOOK JUST ABOUT TREATMENTS. TO MAKE THINGS A LITTLE MORE COMPLICATED, SOME TREATMENTS ARE USED TOGETHER TO HELP THE PATIENT CRUSH CANCER AS MUCH AS THEY CAN. SO LET'S COVER THE POSSIBILITIES **FOR TYPES OF TREATMENT SO YOU CAN HAVE AN IDEA OF WHAT TO ASK YOUR HEALTHCARE PROVIDER.** TAKE A LOOK BELOW TO GET GENERAL INFO ABOUT EACH.



**Surgery:** Surgeries are used in cancer treatment to remove tumors within the body or to make them smaller. This can help prevent the cancer from metastasizing, which is another word for spreading throughout the body

**Chemotherapy,** called chemo for short, uses medicines to treat cancer. These medicines can be made using chemicals in a lab, or they can come from natural ingredients. Chemo is called a systemic treatment because it travels across your whole body in the bloodstream. It does this to follow and kill cancer cells, but it can also kill healthy cells in the process. And that can make you feel pretty crappy, which your healthcare provider should help you with. Depending on the medicine, you may receive chemo as an injection, through an IV, as a pill, or on your skin

**Radiation therapy:** Cancer cells grow way faster than normal cells do, usually

because of a bad mutation in their DNA [the genetic makeup of our cells]. Radiation targets the cancer's DNA by using rays, like x-rays, in only one part of the body. These high-energy rays break the DNA inside cancer cells so they can't grow and spread anymore

**Targeted therapy:** Targeted therapies are newer treatments that find and attack cancer cells by targeting a certain part of them—like the protein on their surface. Because these medicines can focus on parts of cancer cells, they have the potential to not be as hard on the body in terms of side effects. They're usually given as an IV, an injection, or sometimes even a pill

**Immunotherapy:** Immunotherapies use your body's natural defenses to fight cancer. Some immunotherapies help boost parts of your immune system, like white blood cells called T cells, to target

sneaky cancer cells. Others are lab-made treatments that imitate how your immune system works or stimulate it to attack specific cancer cells

**Hormone therapy:** Like immunotherapy, hormone therapies also take on something your body naturally makes. Certain hormones can cause some types of breast or prostate cancers to grow, so blocking the way your body usually produces them can help slow or stop the cancer

That was a ton of information, but don't forget that information is power. Hopefully this guide to treatment can help you have a meaningful conversation with your healthcare provider.



## CHAPTER 7

# SEXUALITY & GENDER



No one chooses their gender or sexuality. In a perfect world, it should be simple to own who you are and who you're attracted to. But unfortunately, sexuality and gender can be complicated in today's world.

Even though our society is making progress, we still don't always have the language to explain how we feel and identify.

**But learning about your own gender and sexuality is an exciting way to celebrate yourself.** Figuring out your gender or sexuality can take time, and it may even change over time.

# SEXUALITY

Sexuality, a.k.a., sexual orientation, is who you are attracted to, and so much more. Sexual attraction and sexual identity are key to understanding sexuality.

**Sexual attraction** is the romantic, emotional, or sexual draw you have towards others.



**Sexual identity** is how you describe how you relate to others sexually or romantically. For example, people who are only attracted to people of the opposite gender (like a woman who is only into men) may say they're **straight** or **heterosexual**. And someone who is only attracted to their same gender may call themselves **gay**.

**But different types of sexuality go way beyond straight and gay.** Just think of the phrase **LGBTQIA+**. While the definitions of these sexualities are always changing, on a basic level they stand for:

## LESBIAN

a woman who is attracted to other women. Some lesbians may prefer to identify as gay or gay women

## BISEXUAL

someone who is attracted to genders that are the same or different from their own. A common misunderstanding is that this means someone is only attracted to women and men. Some people prefer the word **pansexual**, which means they're attracted to all genders

## GAY

someone who is attracted to someone of the same sex, or a man who is attracted to other men. The term "homosexual" is outdated, and many gay and lesbian people consider it offensive

## TRANSGENDER

Trans people (not transsexual, which many consider offensive and outdated) have a different gender identity than the one they were assigned at birth



## QUEER

a great umbrella term for folks who have 1 or more of these identities.

It used to be derogatory, but the community has reclaimed it.

In other words, lesbian and bisexual people are both queer, and someone who doesn't identify with either term or with being straight is queer too. So, LGBTQIA+ community can be called the "queer community" collectively

## INTERSEX

is an umbrella term for people who have reproductive anatomy that falls outside of the "male" or "female" categories.

This is a natural but rare situation that happens in 1% to 2% of people.

No matter who they are attracted to, intersex people have faced discrimination and exclusion similar to the wider queer community. Keep reading to see how this relates to gender

## ASEXUAL

someone who doesn't feel sexual attraction towards others in a traditional way. There's a wide range of asexuality. They may have romantic feelings or relationships and even experience arousal, but they're generally not interested in doing sexual things with others. Some asexual people refer to themselves as "ace"

+

DON'T FORGET ABOUT THE "+" AT THE END! THIS CAN DESCRIBE PEOPLE WHO HAVE DIFFERENT UNDERSTANDINGS AND WORDS FOR GENDER AND SEXUALITY IN THEIR CULTURE OR LANGUAGE (LIKE INDIGENOUS TWO-SPIRIT PEOPLE)





If you find  
yourself  
questioning  
or exploring  
your sexuality,  
know that it's  
normal and  
healthy as long



as you're  
honest and  
respectful  
with everyone  
involved.

# MASTURBATION

[IN OTHER WORDS, TOUCHING YOURSELF]



is a good way to figure out what feels good for you and what you find attractive. It also helps show you what you like. Some people think they're straight and end up falling for someone of the same gender and vice versa with someone who thinks they're strictly gay or lesbian. **Everyone should be able to explore and define their sexuality for themselves.**

## GENDER

When you hear the word "gender," the labels "man" and "woman" may come to mind. But it's not that simple for everybody.



Gender describes a group of people who fit into social categories and roles based on different traits like appearance. At birth, most people are assigned a gender based on their reproductive organs. Babies who are born with a penis are usually considered male. Babies who are born with vaginas are typically considered female. Another term for this is assigned male at birth **[AMAB]** or assigned female at birth **[AFAB]**.



If you're AFAB and continue to identify as a woman, this is also known as being **cisgender**. If you're AFAB and feel like being a woman doesn't describe you, there are different ways you may identify, including:

## NONBINARY:

Not conforming to 1 of the 2 main genders, but there are lots of other terms for people who identify their gender differently

## TRANSGENDER:

Identifying with a gender that's different from the one you were assigned at birth



Part of the reason we need terms like these is because gender does not always equal biological sex. It's not defined by your parts—it's **defined by how you feel**. In fact,

ABOUT 20% OF AMERICANS

know someone who is nonbinary, and

MORE THAN 4 IN 10

know someone who is **transgender**.

No matter how people identify their gender, they may express themselves in different ways—from the way they dress to the length of their hair.

It's easy to make quick judgments about someone else's gender based on how we're raised to believe it boils down to "men and women." For folks who aren't cisgender, this mix up can be hurtful because it can feel like they're not being seen or understood.

Out of respect for other community members, it's better not to guess someone's gender. One way to avoid this is asking what someone's pronouns are.



# Pronouns

are the labels people use to identify themselves besides their name. Regardless of how they're assigned at birth, women typically use **"she/her"** pronouns, and men typically use **"he/him."**

If someone has a more fluid relationship with their gender, they may use **"he/they,"** or **"they/them."**

Learning more about gender and sexuality, and unlearning some of the lessons we've gotten about how we define ourselves is a great way to make for a stronger, more open-minded community.





## CHAPTER 8

# MENOPAUSE

You may have heard of menopause by another name, like "the change," "ovarian retirement," "reverse puberty," or even "closing the baby factory." No matter what you call it, menopause is the chapter of life that marks the end of your monthly period. It's a natural and normal stage in every woman's life.

# WHAT HAPPENS DURING

If you think of puberty as the start of your period, you can think of menopause as the end of your period. But what exactly happens? And why?

Just like puberty is a shift in the hormones your body makes, menopause is another shift.

As you age, your reproductive cycle begins to slow down and prepares to stop. As menopause nears, your ovaries [the glands that release eggs and hormones] make less of the hormone estrogen. The decrease in estrogen affects your period; it sometimes becomes irregular, and then it stops altogether.

During menopause, it's common to notice physical and emotional changes as your body adapts to the changing levels of hormones.



## THE STAGES OF MENOPAUSE

Before you enter menopause, you are in premenopause [a.k.a., "before menopause"]. Premenopausal women show no symptoms of menopause: Periods are normal and regular, and hormone levels are steady.

Once you enter menopause, there are 3 stages: perimenopause, menopause, and postmenopause.

1.

**Perimenopause:** a.k.a. "around menopause."

Perimenopause can begin

**8 to 10 years**

before you actually start menopause.

Perimenopause is the time in your life when your ovaries gradually produce less and less estrogen.

Perimenopause usually starts when you're in your 40s. In the last 1 to 2 years of perimenopause, the drop in estrogen increases. This can cause symptoms you may notice, like hot flashes.



**Can I still get pregnant  
during perimenopause?**

Yes. Because you still get your period (even if it's irregular), and your ovaries still release eggs, you can still get pregnant. Although it's common to miss a period during perimenopause, it's a good idea to take a pregnancy test if you have had unprotected sex—just in case.

# 2.

**Menopause:** Menopause is the point when you

**no longer  
have  
menstrual  
periods.**

During this stage, your ovaries stop producing most of their estrogen, and stop ovulating [releasing an egg every month].

TECHNICALLY, MENOPAUSE BEGINS A YEAR AFTER YOUR LAST MENSTRUAL PERIOD (A.K.A., WHEN YOU DON'T GET A PERIOD FOR 12 MONTHS IN A ROW) AND SIGNALS THE END OF YOUR ABILITY TO MAKE A BABY.

## **What is surgical menopause/induced menopause?**

When a woman's ovaries are surgically removed, it can cause menopause, even if you aren't over the age of 40. This is because the ovaries are no longer there to produce the hormones that give you a menstrual cycle. Surgery that removes your uterus but not your ovaries (a hysterectomy) usually doesn't cause immediate menopause. Even though removing your uterus will stop your period, your ovaries still release eggs and produce estrogen and progesterone.



# 3.

**Postmenopause:** The years after menopause, or, really, the rest of your life after menopause, are known as postmenopause. If you experienced symptoms like hot flashes, they may get better during this stage. But some women continue to experience symptoms of menopause for a decade or longer.

Because postmenopausal women have

## lower estrogen levels,

it can put you at risk for health conditions like osteoporosis [a condition that can happen when you don't get enough calcium, so your bones can become weak and fragile] or heart disease.

# SYMPTOMS OF MENOPAUSE

Changes in your hormone levels during menopause can cause a variety of symptoms. Some women may have very intense symptoms, while others have only mild symptoms. Your symptoms and experience will be unique, but the most common symptoms you may experience are:



# IRREGULAR PERIODS

**Is it normal if I miss  
my period?**

Periods that are heavier or lighter than normal are common during the early phase of menopause, perimenopause. Most likely, you'll experience some irregularity in your periods before they stop completely.

If you're over the age of 40 and notice a change in your period, don't worry! Changes in your period or skipping periods entirely is extremely common and expected during perimenopause. Your period might skip a month and return, or skip several months and then come back again for a few months. Periods also tend to happen in shorter cycles, so they are closer together. Despite irregular periods, pregnancy is still possible. So if you miss a period and you've had unprotected sex, consider taking a pregnancy test.

One of the most common symptoms of menopause.

Hot flashes are brief sensations

of heat that

spreads over your body.

In addition to the

warmth, hot flashes can

cause a red, flushed

face, sweating, and

chilliness afterward.

Hot flashes can also

happen at night while

you sleep, sometimes

called **night sweats**. The

intensity, frequency, and

duration of hot flashes

are different for every

woman. Usually, hot

flashes get less severe

as time goes on.

# HOT FLASHES

Usually, estrogen keeps the lining of your vagina moisturized. But when hormone levels drop during menopause, the walls of the vagina become thin and dry. This is sometimes called **vaginal atrophy**. While vaginal

# VAGINAL DRYNESS

dryness can affect people before menopause [about 17% of people younger than 50], more than half of postmenopausal women experience it. There are a few medications you can take to help with vaginal dryness, including prescriptions and over-the-counter products.



a.k.a. not being able to hold in your pee. It's another thing estrogen affects. Lower levels of estrogen can weaken the urethra (your pee hole), which can make it difficult to hold in urine.

# URINARY INCONTINENCE

This can cause more frequent urination or sudden, strong urges to pee, followed by an involuntary loss of urine (wetting yourself). Some women can also unexpectedly pee when they laugh, cough, or lift heavy things. Because your urethra is weaker, you may have urinary tract infections [UTIs] more often.

Some women choose to wear protection from bladder leaks, like pads and liners or adult diapers.

Strengthening **pelvic floor** muscles with **Kegel exercises** may help relieve symptoms of urinary incontinence.

OTHER SYMPTOMS: DURING MENOPAUSE YOU MAY  
ALSO NOTICE:

PHYSICAL CHANGES, LIKE

WEIGHT GAIN,  
LOSS OF BREAST  
FULLNESS,  
THINNING HAIR,  
AND DRY SKIN,  
EYES, OR MOUTH



EMOTIONAL CHANGES, LIKE

IRRITABILITY, MOOD  
SWINGS, DEPRESSION,  
AND ANXIETY

SOME WOMEN ALSO

HAVE TROUBLE SLEEPING,  
WHICH IS CALLED **INSOMNIA**

Many women don't need medicine for their menopause symptoms. You may find that your symptoms go away by themselves, or you may not find the symptoms uncomfortable. If you are bothered by your symptoms, talk to your doctor or nurse about ways to relieve them.

# T R E A T M E N T

Some women find that changing their eating habits and getting more physical activity can help. Others may need medicine to help relieve their symptoms and make them feel more comfortable. All medicines have risks, and your doctor or nurse can help you figure out which medicines are best for you. Here's what they may suggest:



- **Low-dose hormonal birth control:**

A low-dose birth control can help in the years leading up to your final period. These may help stop or reduce hot flashes, vaginal dryness, and mood swings. They can also help with heavy or irregular periods. You should not use hormonal birth control if you smoke.

Hormonal birth control, especially birth control pills and possibly other forms of hormonal birth control like the vaginal ring or skin patch, can raise your risk for blood clots and high blood pressure, and the risk is higher for women who smoke

- **Hormonal medicines:**

Hormone treatments [also called hormone therapy, hormone replacement therapy, or HRT] can help relieve the symptoms of menopause, such as hot flashes and vaginal dryness, but they can raise your risk for blood clots, stroke, and some cancers. If you decide to take menopausal hormone therapy, use the lowest dose possible for the shortest amount of time that helps your symptoms. Hormone therapy may also be an effective treatment option for menopausal urinary tract and vaginal changes that can result in urinary incontinence. Other types of menopausal hormone therapy, called topical hormone therapy, do not treat hot flashes but can help with vaginal dryness



• **Nonhormonal medicines:** Two medicines without hormones have been approved by the Food and Drug Administration [FDA] may help treat certain menopause symptoms. One low-dose selective serotonin reuptake inhibitor [SSRI, a type of medicine used to treat anxiety and depression], called paroxetine, is approved to treat hot flashes in women who do not already have mood or anxiety problems. An oral tablet called ospemifene acts like estrogen in the body and is approved for the treatment of painful sex caused by menopause.

# POSTMENOPAUSAL HEALTH

After menopause, you may have an increased risk of certain medical conditions. This is because the lowering levels of estrogen and progesterone and changes related to getting older (like weight gain) can raise your risk for the following:



## Heart disease or stroke:

A.K.A., cardiovascular or coronary artery disease. Why does your risk increase? Estrogen helps keep your blood vessels relaxed and open, and balances the levels of good and bad cholesterol in your body.

When you go through menopause and your body stops producing most of its estrogen, cholesterol can start to build up in your arteries [the blood vessels that carry blood to the heart and other organs]. When arteries are blocked by a buildup of cholesterol, your risk for heart disease or stroke increases.

To help lower your risk of heart disease and stroke after menopause, it's important to get regular exercise, eat nutrient-dense foods, and maintain a healthy weight.

**Osteoporosis:** Having less estrogen also causes you to lose bone mass. This can lead to osteoporosis, a condition that causes your bones to become fragile, brittle, and weak. Women with osteoporosis are especially susceptible to fractures of their spine, hips, and wrists.

**Oral issues:** Changing hormone levels can cause your mouth to become dry, which can increase your risk of cavities, or other problems with your mouth, teeth, or gums. It's always important to practice good dental hygiene, but even more so after menopause.



Did you know?  
Women lose an  
average of  
25% of their  
bone mass  
from the time  
they start  
menopause the  
age of 60.

# SAFE SEX & MENOPAUSE

After menopause, you might think your days of worrying about birth control are over.

But that's not the case.

Anyone who is not in

a monogamous relationship

should still use some form of protection

against STDs, like a condom or female

condom. Condoms are the best way to prevent

STIs when you have sex.

## STDs/STIs



### **Did you know?**

A man does not need to ejaculate [cum] to give or get STIs. So make sure to put a condom on before the penis enters the vagina, mouth, or anus.

After menopause, you may be more likely to get an STI from sex without a condom. This is because the vaginal dryness or irritation that commonly occurs with menopause can cause small cuts or tears during sex, making you more likely to get an STI.

Because vaginal dryness  
is a  
symptom  
of menopause  
that can

## VAGINAL DRYNESS AND SEX

affect sex, many women try treatments that  
can help make sex more pleasurable. These  
include:

### Over-the-counter products

[products you can purchase from a drugstore or maybe the commissary, or get from the clinic] can treat vaginal discomfort, dryness, or pain. A water-based vaginal lubricant or a vaginal moisturizer that helps keep needed moisture in vaginal tissues can help make sex more comfortable.

### Certain prescription medicines

may help with vaginal discomfort, dryness, or pain if over the counter products don't work. These include estrogen creams, tablets, or rings that you put in your vagina. Using a topical vaginal estrogen can also help relieve symptoms of incontinence.



A hormonal medicine,

prasterone is approved by the FDA to treat women who experience pain during sex caused by vaginal dryness after menopause. The medicine is applied in the vagina once a day.

Menopausal hormone  
therapy pill or patch

may help if you have severe vaginal dryness.

## CHAPTER 9

# MENTAL HEALTH



**Mental health** is how we refer to our emotional, psychological, and social well-being. It includes everything from how we handle stress, to how we relate to others, to the choices we make. Understanding your mental health is the final piece of how to take better care of yourself.

Just like how your body can get sick with different types of illnesses, so can your mind. There are many different mental health conditions, and people can have 1 or many at the same time.

Mental disorders, illnesses, and afflictions are extremely common [affecting about 1 in 5 people in the US]. But people with mental health conditions are overrepresented in prisons, double the rate of those who are not incarcerated.

SO,  
REGARDLESS  
OF YOUR  
STATUS, YOU  
HAVE A RIGHT  
TO MENTAL  
HEALTHCARE.



But that doesn't always happen. Even though courts have mandated that everyone must have access to mental healthcare while doing time, when prisons provide mental healthcare, it isn't always able to meet the needs of the population. And unfortunately, 2 out of 3 of people with mental illness in jails and prisons do not receive any mental health treatment.

But people are working to change that as you read this. Because you deserve access to medications and treatment, regardless of your status.

The good news is, there are a lot of resources you may be able to access. And finding the right resources starts with knowing the most common mental health conditions, and what to look for.

# A D H D

A.K.A., attention deficit hyperactivity disorder. You may have also heard of ADD [attention deficit disorder], which is just a more outdated term for it. It's a term for a type of **neurodivergence**

[meaning, a brain that works differently from the "norm"] that causes trouble paying attention, staying focused, impulsive behavior, or being overly active. It runs in families, so if your mom, dad, or siblings have ADHD, there's a greater chance you could have it too.



ADHD is usually diagnosed in children (especially in boys) because symptoms show up during school (like trouble sitting still, staying organized, or focusing on schoolwork). It's one of the most common mental disorders that affects kids.

# Symptoms

The thing about ADHD (and a lot of mental health disorders) is that most of what we know about it pertains to men and boys—because that’s who was researched. So the symptoms of ADHD in men may be different than the symptoms in women.



The symptoms of ADHD in women and girls can also be confused for other mental health issues, like **mood disorders**, anxiety, or depression. Because of this, many women are diagnosed incorrectly.

There are different types of ADHD.  
But the most common symptoms in women include:

DIFFICULTY  
FOCUSING

DIFFICULTY  
STAYING ORGANIZED

A FEELING OF  
BEING OVERWHELMED

ANXIETY AND  
DEPRESSION

[read more, below!]



DIFFICULTY  
MANAGING MONEY

OVEREATING

CHRONIC LACK  
OF SLEEP

DRINKING TOO  
MUCH ALCOHOL

There's nothing wrong with you if you have ADHD—  
it's just that your brain functions in a  
different way than others.



Luckily, there are treatments that have proven to be effective in managing the symptoms of ADHD, but it can't be cured.

# Treatments



Certain medicines [like Adderall or Vyvanse] help ease the symptoms to make your day-to-day life easier. But speaking with a therapist can also help you find ways to cope with your symptoms.

ANEXE



Anxiety is the body's normal reaction to stress. The human body has been wired to experience anxiety to help keep us safe, especially for humans who lived a long time ago and had to deal with physical threats from animals or severe weather. As we evolved and society developed, our bodies didn't quite catch up, and we can experience feelings of anxiety when we shouldn't.

Anxiety disorders are the most common type of mental health issue—anxiety affects almost 30% of adults. There are different types of anxiety disorders, including **generalized anxiety** [where you're almost always nervous about different parts of your life], **social anxiety** [when you feel really nervous about your relationships and social situations], and **phobias** [an extreme fear of something that isn't overtly dangerous or harmful].

Everyone  
experiences  
anxiety from  
time to time.  
But anxiety  
disorders are  
different.  
When feelings  
of panic  
or anxiety  
interfere  
with daily  
activities  
[not just  
watching a  
scary movie  
or braving  
a dangerous  
situation],  
it's a sign  
of an anxiety  
disorder.  
Anxiety can  
cause symptoms  
like:

# Symptoms



Feeling nervous, tense, or panicked

Having a sense of impending danger or doom

Increased heart rate

Rapid breathing (also called hyperventilation)

Sweating

Tiredness

Trouble concentrating

Trouble sleeping

Stomach issues, like nausea or diarrhea

## Causes

Anxiety is often caused by **trauma**, which is a stressful, frightening, or distressing event. Trauma can happen from one incident, or from something over time. Unfortunately, living in prison can be a trauma that causes anxiety for people



doing time. If you notice stress at unexpected times, or from things that aren't considered dangerous [like the squeak of a door or the smell of a room], it could be anxiety caused from that trauma.

# Treatments

The good news is that there are many treatments that can help you ease the symptoms of anxiety. The most common way to treat anxiety is with therapy. If you don't have access to a therapist, or don't have one you can trust, it may not be an option for you. But many therapists



are trained in different skills to help you cope with your feelings and get better over time.

Medications can also help anxiety. There is a range in the time they take to work and their effectiveness. If you have anxiety, the first step is to talk with a doctor who can help you find a treatment plan.

# Self-help

There are also ways you can help yourself, right now. **Meditation**, the art of focusing on breathing and being present in your surroundings, can be very effective when you experience anxiety. Breathing techniques can really help the body, especially when you practice them when you're not having bad anxiety. Here are 2 techniques that may help you.



## Square Breathing

1. **Breathe in** through your nose for a count of 4 seconds.
2. **Hold the breath** [don't breathe out] for a count of 4.
3. **Release the breath** slowly, for a count of 4.
4. **Hold for 4 seconds** after you release the breath, before breathing in again.

Do this process at least 4 times. More if you have time. If you find it helpful, you can picture creating a square, side by side, with each step of the practice.

## 54321 Grounding

When you're experiencing severe anxiety, grounding can help your body return to the present moment. Here's how one exercise called **54321** works:

1. Look at the space around you. Name **5** things you can see [it can be your shirt, a lamp, a door...anything you see!].
2. Focus on your body within the space. Think of **4** things you can feel [this could include how your butt feels against a chair or how your shoes feel on your feet].
3. Listen to the space around you. What are **3** things you can hear?
4. Breathe in through your nose. Focus on **2** things you can smell.
5. Finally, name **1** thing you can taste on your tongue.



This practice can help you shift your presence to the current moment, to help your mind and body slow down and decrease your anxiety.

# B I P O L A R

Bipolar disorder causes extreme mood swings between very high highs [mania] and very low lows [depression].



# D I S O R D E R

Feeling emotions is an important part of the human experience, and everyone can experience mood swings in their life, some more frequently than others. But bipolar disorder is different—and more extreme.

# Symptoms

People with bipolar disorder experience 2 extreme emotions. The time spent feeling the extreme emotions is called an **episode**. Episodes can last for days, weeks, or longer, depending on the type of bipolar disorder you have. Here's a look at the 2 types of episodes:

A **manic episode** [also called mania or being in a manic state] is the way to describe the highs of bipolar disorder. **Hypomania**, or a hypomanic episode is a type of mania that is less severe. Mania can cause problems at work, school or in your social life. Someone who is manic might notice:

- Extreme happiness [euphoria]
- Feeling extremely energetic or a decreased need for sleep
- Irritability
- Exaggerated self-confidence
- Racing thoughts
- Unable to think clearly
- Feeling upbeat or jumpy
- Poor decision making [like going on shopping sprees or participating in risky sexual behavior]

Sometimes, a manic episode can trigger **psychosis**, which is a break from reality, and requires hospitalization.



**A major depressive episode** is when you experience severe symptoms of depression—feeling so low that you have difficulty with day-to-day activities, like work, school, or social groups. Someone in a major depressive episode has at least 5 of the following symptoms:

- Depressed mood—feeling sad, hopeless, or tearful
- Loss of interest in doing things you typically enjoy
- Weight changes, or a decrease in appetite
- Insomnia [trouble sleeping] or sleeping too much
- Feeling restless
- Low energy
- Difficulty concentrating or making decisions
- Thinking about, planning, or attempting suicide. If you are experiencing thoughts about hurting yourself or others, get help from a doctor or guard you trust, right away. They can help you get the care you deserve so you can feel better

# Types

There are 3 main types of bipolar disorder, called bipolar I, bipolar II, and cyclothymic disorder.

## **Bipolar I disorder:**

Experiencing at least 1 manic episode that happens right before or right after a hypomanic episode or a major depressive episode.

## **Bipolar II disorder:**

Experiencing at least 1 major depressive episode, and at least 1 hypomanic episode [a less severe version of a manic episode], but not a manic episode

**Cyclothymic disorder:** At least 2 years [1 year for children or teens] of many periods of hypomania and depressive symptoms [less severe versions of a manic episode and major depressive episode]. People with cyclothymic disorder may not stay in an episode for as long as those with bipolar I and II. But they still experience dramatic shifts in mood, over and over again, throughout the course of a year.



*Is bipolar II more mild than bipolar I?*

Nope, although that is a common misunderstanding. Bipolar I and bipolar II are totally separate diagnoses and can affect you in different ways. People with bipolar I experience severe manic episodes, which can be dangerous. People with bipolar II can experience major depressive episodes that last for longer periods, which can be extremely difficult.

If you have bipolar disorder, a doctor can prescribe you medications to help stabilize your moods and lessen your symptoms.

## Treatments & Help

Suicidal thoughts or thoughts of hurting yourself can be very common in people with bipolar disorder. If you experience these thoughts, it's very important to get help right away. Call an emergency number and find a doctor, nurse, guard, or person you trust. **You can also call or text 988 to reach the Suicide & Crisis Lifeline—a free and confidential way to get help.**





Depression [a.k.a., major depressive disorder, or MDD] is the second most common mental health condition in the US [after anxiety]. Nearly 20 million Americans suffer from depression. It's a mood disorder that can affect how you feel, think, and behave.

# DEPRESSION



# Symptoms

The most common signs of depression are:

FEELING SAD, TEARFUL, EMPTY, OR HOPELESS

ANGER AND IRRITABILITY

LOSS OF INTEREST IN THINGS YOU NORMALLY ENJOY

LOSS OF APPETITE

INCREASED CRAVINGS

ANXIETY OR RESTLESSNESS

TROUBLE CONCENTRATING

FEELINGS OF GUILT, SHAME, OR FIXATING ON PAST FAILURES

UNEXPLAINED PHYSICAL PROBLEMS LIKE BACK PAIN AND HEADACHES

## Causes

Depression is very common, and even more common among people who are incarcerated. Depression can start as a result of genetics, brain chemistry, or trauma—meaning, any event that causes you prolonged or severe stress.

If you are experiencing continuing feelings of sadness, talk with a doctor you trust. It's normal to feel sad from time to time, but when you're experiencing most of the symptoms above for longer than a few weeks, it might be depression.



## Treatments

Luckily, there are many medications that can help ease depression symptoms. Of course, therapy can be a very helpful tool to sort through feelings and get to the root of the problem. But certain medications can also help lift or stabilize your mood.

# OBSESSIVE COMPULSIVE DISORDER



Obsessive compulsive disorder (a.k.a., OCD) is a mental health condition that causes people to suffer from uncontrollable, repetitive thoughts. We all have obsessive thinking from time to time—just think of the phrase, “I’m obsessed with this.” But for folks with OCD, obsessions and fear consistently affect their lives by pushing them to repeat actions called **compulsions**.

# Symptoms

The most common signs of OCD are:

- Extreme stress when things are out of order
- Unwanted repetitive thoughts about things including:
  - Hurting yourself or others
  - Distressing sexual experiences
  - Doing something taboo in public
- Intensely struggling with uncertainty
- Fear of things like:
  - Germs or dirtiness
  - Losing control of behavior
  - Misplacing or forgetting things
- Compulsive behaviors to deal with obsessions include:
  - Excessive cleaning like handwashing until your skin hurts
  - Checking things over and over—like if doors are locked and oven turned off
  - Obsessive counting
  - Rearranging things in a certain order
  - Constantly repeating specific words, phrases, or prayers



## Causes

OCD affects about 1 in 100 adults, so it's pretty rare. Like other mental health conditions, OCD may be based on your brain chemistry and family history. If you have a parent or sibling who has suffered from it, you may develop it or even learn obsessive compulsive behaviors from them. Stressful life events can put you at higher risk for developing OCD, and it's connected to other mental health issues like anxiety.

## Treatments

Therapy, or medications used for conditions like depression, or a combination of the therapy and medication are usually used in OCD treatment. Types of therapy that help challenge fearful thinking and change compulsive patterns of behavior are especially helpful for OCD.

Post-traumatic stress disorder (PTSD) is a mental health condition that about 6% of people develop in response to trauma—like abuse or witnessing an accident. Feeling anxious after going through something disturbing is your body's normal response to danger. But, while most people who experience trauma recover, people with PTSD continue to suffer for a longer time. PTSD can affect your memory, mood, and relationships as well as how you react to things in everyday life.



POST—  
TRAUMATIC  
STRESS  
DISORDER  
(PTSD)

# Symptoms

PTSD symptoms usually start within 3 months of experiencing trauma, but in some cases they can take years to appear. To get diagnosed with PTSD, you need to have 4 different kinds of symptoms.

- Re-experiencing symptoms such as:
  - Flashbacks to the traumatic event
  - Intrusive, recurring thoughts, dreams, and memories connected to the event
  - Physical signs of distress like a fast heartbeat and sweating
- Avoidance symptoms like trying not to think or talk about the trauma or staying away from places or objects that remind you of it
- Reactive symptoms describe changes in how you react physically and emotionally like:
  - Being frightened and/or startled easily
  - Feeling on edge and/or in danger
  - Having angry and/or aggressive outbursts
  - Struggling to sleep and/or concentrate
  - Acting reckless and being self-destructive
- Changes in thinking and mood
  - Forgetting parts of the traumatic event
  - Feeling hopeless about the future and unable to be happy or satisfied
  - Losing interest in things you used to enjoy
  - Struggling to feel close to others and maintain relationships
  - Feeling ashamed, guilty, or mad



**Causes** Even though lots of people live through traumatic or dangerous events, not everyone gets PTSD. Many things can put you at higher risk—including being a woman! You're also more likely to develop it if you experienced trauma as a child, have a personal or family history of other mental health conditions, or don't have a strong support network after the event.

## **Treatments**

Like with other conditions, speaking with a mental health professional is very important. They can help through therapy, medications for panic or depression, or both approaches. Being incarcerated is traumatic. And because social support is important after experiencing trauma, try finding a support network

# SCHIZOPHRENIA

Schizophrenia is a mental health condition that changes how you feel, act, and think. People with schizophrenia may seem like they have lost their understanding of reality because they experience the world differently than others. This can disrupt their relationships and make them struggle with behavior in settings like work and school.



## Symptoms

Symptoms of schizophrenia usually begin between the ages of 16 and 30. For women, they typically start in the late 20s. Schizophrenia causes problems with thinking clearly, paying attention, decision-making, and remembering things.

A schizophrenia diagnosis usually comes after the first episode of **psychosis**—a state where someone loses touch with reality and has symptoms including:



- **Hallucinations** are when you feel, taste, smell, hear, or see things that aren't really there. Hearing voices is the most common in people with schizophrenia, and they may hear them for a while before others realize there's an issue
- **Delusions** are beliefs that are untrue and usually unrealistic. For example, you may think people are trying to attack you, someone who doesn't know you is in love with you, a disaster is about to happen, you're famous, etc.
- Disorganized thinking and speaking [also called **thought disorder**] causes someone to process and express information in a way that doesn't make sense. People experiencing this can't communicate clearly. They may make up words, express thoughts out of order, or stop and start speaking for no reason
- Abnormal body movements like repeating motions that don't make sense, standing in an inappropriate or strange way, acting out of control and generally acting unpredictably



People with schizophrenia also have a group of symptoms called **negative symptoms** that affect their ability to function normally. These symptoms can be easily confused for other mental conditions like depression, and they include:

- Struggling with planning or completing activities like chores
- Having trouble enjoying everyday life or feeling hopeful
- Not practicing personal hygiene and cleanliness
- Seeming emotionless by not making eye contact or facial expressions and speaking in a voice that doesn't change in tone
- Avoiding socializing or socializing awkwardly
- Having very low energy



## Causes

Schizophrenia is really complicated, and scientists haven't found one single cause of it. Instead, they've found a bunch of them. Research has shown that people with the disease have parts of their brain that don't have a typical shape. This factor and many different genes may cause problems with brain chemicals that can lead to schizophrenia. Living in a stressful environment, being exposed to viruses or toxins, or having nutritional problems during pregnancy or birth may make you more likely to develop schizophrenia. Heavy drug use during your teen years can also put you at higher risk.



# Treatments

Lifelong treatment is needed for schizophrenia—even when symptoms aren't active. Antipsychotic medications can help make psychosis symptoms less severe and frequent. They're usually given as a pill or injection, and they may be combined with other medications. Getting psychosis under control is important before going to therapy. People with schizophrenia also usually benefit from community programs that help them build both social and life skills.



# ADDICTION & SUBSTANCE USE DISORDER



Addiction is a disease that makes you unable to control your use of something addictive. Some common substances include alcohol, cigarettes, medicines, and drugs. Drinking and smoking casually can be typical social activities for adults in some communities. But addiction makes you depend on a substance and use it heavily even when it's damaging your life.



# Substance use disorder in prison

Substance use disorder behind bars is more common than you might think. In fact, prison deaths from drug/ alcohol went up by 611% between 2001 to 2018, and 85% of the prison population either has addiction or was imprisoned for a crime involving drugs or their use.

## Symptoms

Signs of addiction can be different from person to person. Here are some signs that someone might be overusing substances:

- Focus on addictive substance and craving the next time they can use it
- Needing to have more and more of a substance to feel its effects because of a higher tolerance
- Changes in physical appearance, like sudden weight loss or red, tired eyes, or not caring about appearance and being clean

- Losing interest in activities and ignoring or avoiding responsibilities

- Acting secretive and being unreliable to hide substance use

- Loss of control when it comes to the substance and being unable to stop using it even if they no longer want to

- Experiencing withdrawals when not using the substance. Withdrawals are really uncomfortable reactions that happen when you stop using. Some physical effects of going through withdrawals are sweating or vomiting, and some



psychological effects are  
being anxious or on edge

## Causes

Addiction is pretty complicated. Part of what makes it a disease is that it affects the chemicals in your brain by changing your ability to enjoy things and control yourself. It's not fully clear what makes some people develop an unhealthy focus on using substances more and more. That said, you're more likely to develop a substance use disorder if you have a parent or sibling who suffers from addiction or if you experienced trauma as a child. Other mental health conditions like depression, PTSD, and bipolar disorder can also put you at higher risk for addiction.

## Treatment

You may not be able to check into traditional rehab, but support groups like Alcoholics Anonymous or Narcotics Anonymous can be very helpful for managing addiction while incarcerated.

These groups give people a space to talk about their experiences and support one another. If group therapy isn't a good fit for you, see if you can speak with a therapist one-on-one. In addition to speaking with support groups or a therapist, medications can also help reduce urges or withdrawal symptoms. When it comes to drugs that can cause dangerous withdrawals (like opiates and heroin), you may be able to get medication for addiction treatment.







# Dear reader ,

We sincerely hope this book has helped you in some way, whether you learned something new or found ways to advocate your health while doing time.

Even though states have banned books that can educate you about your body and health, remember: **your body is not contraband.**

Your health is a priority.