

Sexual guidance and information for immigrants



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familiares



MINISTERIO
DE EMPLEO
Y SEGURIDAD SOCIAL

SECRETARÍA GENERAL
DE INMIGRACIÓN Y
EMIGRACIÓN

DIRECCIÓN GENERAL DE
MIGRACIONES



UNIÓN EUROPEA
FONDO DE ASILO,
MIGRACIÓN E
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Por una Europa plural

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1. INTRODUCTION

Most people who voluntarily leave their homeland or country do so in order to improve their quality of life and that of their families. This change means dealing with new cultural models, considering culture to be the varied ways in which people live in different parts of the world, different sets of knowledge, beliefs and modes of conduct in the adopted country including the material means used by people to communicate and to ensure their wants and needs of every kind.



Immigrating entails an extensive and ongoing process of adapting to the customs and institutional and organisational mechanisms of the adoptive country in order to obtain legal status, find somewhere to live, a job, residence and work permits, schooling for families with children, health services, care for elderly people etc. all of which can cause stress which can in turn affect your health and your sex life.

This guide is designed to welcome you to Spain and it contains substantial information on an important aspect of everyone's life, namely sexuality, including not only biological, psychological and emotional aspects but also social, cultural and even legal aspects which can affect reproduction and the right of families to decide, particularly women. Therefore, along these lines we will provide you with general information to help immigrants understand how Spain, as your adoptive country, works and show you how to use the different resources and services available to ensure that you look after your health in general as this is indispensable in order to ensure your quality of life, wellbeing, and in doing so improve your sexual and reproductive health.

2. HEALTH AND SEXUALITY

2.1. HEALTH, SUBJECT OF WORLD INTEREST



Health, according to the World Health Organisation, *“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity:”*

Health is of vital importance to humanity. This is why the United Nations created the World Health Organisation (WHO) in 1948, an institution dedicated to managing prevention, promotion and health intervention policies on a global scale. The fact that the WHO exists is a clear indication that HEALTH is a universal RIGHT that all governments should respect and maintain.

2.2. REPRODUCTIVE HEALTH

The WHO defines **Reproductive Health** as: *a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (reproductive rights). Implicit in this is the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of regulating fertility of their choice, and the right of access to appropriate health*



care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

2.3. SEXUAL HEALTH

Sexual health is defined by the WHO as: “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”.

The WHO considers that for sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

**HEALTH AND SEXUAL AND
REPRODUCTIVE RIGHTS ARE
HUMAN RIGHTS!**

3. SEX, GENDER AND SEXUALITY

3.1. SEX AND GENDER

When people are born they are classified on the basis of:

- ✓ **Their Sex**, which is determined by biological characteristics: man (male) or woman (female). This is immutable, that is, it is a biological quality which does not change.
- ✓ **Their Gender**, because based on their sex, people are attributed certain social and cultural characteristics which, over their lifetime, will affect their relations with their environment and surroundings and how they see themselves, indicating them as masculine or feminine.

SEX

As human beings we are born men or women. We recognise our differences through our bodies but in particular by our genitals and reproductive apparatus which mark the biological differences that define us as sexual beings.

GENDER

Gender is a social and cultural construction which, based on a person's sexuality and even before they have a notion of it themselves, attributes specific characteristics and/or qualities (of behaviour, psychology, affection, attitude, cultural and social aspects) which are implemented through a set of standards, prohibitions and cultural representations dictated by society on the expected and desirable behaviour of a specific sex, for example, man=male, woman=female. In this way male and female are set apart from the moment that a person is born, requiring them to respond to certain expectations, which have

nothing to do with them personally, and over which they have no power to decide. Gender, both feminine and masculine, can be modified, that is, it is subject to change and transformation because its attributes are cultural, and culture as well as being extremely diverse, is changeable.

GENDER ROLES

Gender roles therefore, refer to the set of social and behavioural standards generally perceived as appropriate for men and women in a given social group or system, based on the social construction of masculinity and femininity – the public expression of gender identity. Both femininity and masculinity are determined by relating them to different social spheres which define their differences in the use of time and space. Thus the masculine-man is assigned tasks in the public sphere basically designed to provide



resources, maintain and support a family, which are productive tasks and are valued in economic, cultural and social terms. In addition, they work to timetables, they create relations, and their decision making capacity is recognised. In turn, the feminine-woman is assigned tasks which she carries out in the domestic sphere with their purpose based on biological reproduction, education and care which are considered reproductive tasks – reproducing means repeating what others do – and women are NOT valued, either economically (as they receive no remuneration for their work), or culturally (as they are not talked about, they are invisible), and they are NOT valued socially either (as they live and work in closed and isolated areas – in the home). Furthermore, they do NOT work to timetables, they are isolated and their decision making ability is not valued.

GENDER STEREOTYPES

Stereotypes are exaggerated and simplistic images of a person or a group of people. As gender roles establish what is proper for a man and what is proper for a woman, they legitimise the creation of stereotypes which assign to all men certain values and abilities (strength, independence, decision making, objectivity, initiative etc) typical of productive functions, while all women are assigned other qualities associated with reproductive and caring tasks (weakness, dependence, sensitivity, submission, obedience, etc.). These stereotypes need to be broken down as neither all men are the same, nor all women. Both men and women are well aware that not all men are strong, autonomous, assertive etc. nor are all women weak, dependent, submissive, etc., just as we all know that every person is different from the rest, every single human being is unique.

Gender roles are changeable, and therefore as cultures and societies change, what is considered feminine and masculine also changes. Today in every society we are able to see how women are no longer reduced to staying at home, but instead many are in the public sphere, they have jobs (that is, they earn money) and they take part in productive tasks. This situation,

which is positive in that it gives women financial independence which allows them to make decisions, creates problems when they have a family as this leads to an overload of tasks for women and their workload makes them tired and does not leave them sufficient time to spend on their relationship or time for themselves. Despite this, men continue to refrain from any involvement in reproductive tasks and fail to assume responsibilities or help with domestic tasks or caring for dependents (children, the elderly and the sick), so they miss out on



the possibility of developing values associated with affection, empathy and comprehension required in caring activities.

Therefore, men need to change and involve themselves more in the domestic sphere, helping with caring tasks in order to improve themselves and their relations with their partners and their families. According to the United Nations if men took part in caring tasks there would be fewer wars.

GENDER AND SEXUALITY STEREOTYPES

Gender stereotypes also affect men and women's sexuality. Thus for example, having sex is seen as "normal" for men and is considered taboo for women who are obliged to hide their desire because it is seen as socially undesirable. On the other hand, any matters to do with terminating pregnancy are considered a woman's problem. However, neither of these stereotypes is true, as women are also entitled to a full and happy sex life, and men are obviously involved in pregnancy. No woman can become pregnant without a man. Therefore, providing the means for avoiding pregnancy is just as much their problem as the woman's. For this reason we need to break down these stereotypes and recognise that both men and women's bodies have feelings, they need pleasure and the right to develop a healthy sex life in which both men and women are responsible for ensuring that unwanted pregnancy does not occur. Women in particular need to break down the stereotypes that restrict them as a sexual being and fully develop their sexuality. But what do we actually mean when we talk about sexuality?

3.2. SEXUALITY

Sexuality should NOT be confused with SEX, as sexuality as it is defined by the WHO covers "sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies,

desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors”.

OUR SEXUALITY

According to the WHO, and as we can all testify from our own experience, each and everyone of us has our own sexuality. However, we experience and show it in different ways, not just on the basis of our own desires and needs, but within the cultural and religious context in which we were brought up, as both culture and religion create and maintain gender stereotypes and interfere in our sexuality despite the fact that it is recognised as a **universal RIGHT**, with the only personal **limit being respect for the right of others to choose their own sexuality and to decide with whom they wish to share it.**

Various biological, affective and cultural factors affect our sexuality. Experiencing sexuality from only one of these aspects will restrict that vital experience and will reduce our capacity for enjoyment and pleasure. It is important to be aware of our desires, our tastes and our preferences. Curiosity about our sexuality is essential to identify these tastes. There is nothing shameful in sexuality, it should only be limited by a respect for the decisions of those with whom we share it and the more we talk about it with our partners the more we will realise that it is an essential factor for our full development, quality of life and our health.

***THERE IS NO ONE WAY OF
EXPERIENCING SEXUALITY AND
THEREFORE IT WOULD BE BETTER TO
SPEAK OF SEXUALITIES IN THE PLURAL***

RELATIONS BETWEEN SEXUALITY, STEREOTYPES AND CULTURE

In order to understand the relation between sexuality, gender stereotypes and culture we need to take a number of different circumstances into account:

One, that sexuality cannot be reduced merely to biology, it is something that develops under the influence of a set of beliefs, social practices and standards which affect the different realities of every culture.

Two, that just like culture (if we consider culture to be a set of lifestyles and customs of a particular period or a social group) throughout history, gender stereotypes and sexuality have also changed.

Three, that in most cultures, sexuality is a taboo subject, or in other words, it is not something that can be talked about or addressed, due to social and religious conventions or prejudices.

Four, that sexuality is a part of everyone's makeup, however, as it is a taboo subject it is not easy to communicate anything to do with feelings, affection, reproduction, pleasure, partners... This is true in many countries, including Spain.

Five, that it is necessary to banish stereotypes and the best way of doing so is to talk about sexuality, as this will help us to recognise our difficulties as well as those of our partners, because communication helps us to acknowledge our body, identify our desires and emotions, and equate them with those of others, which will provide us with the information to overcome any obstacles we come across in our relationship with a partner. According to the WHO, this will help us to improve our general physical and also our emotional and psychological health, our relationships and as a result, our quality of life.

Six, that it is important to respect all the cultural precepts concerning sexuality, provided that they do not harm the physical, psychological and emotional integrity of individual persons.

Seven, that it is essential to respect human rights, and recognise that men and women are equal, a guiding principle that will always ensure respect for the difference.

Eight, that sexual and reproductive rights are HUMAN RIGHTS and as such they should be recognised and respected throughout the world.

Nine, that there are as many ways of experiencing sexuality as there are people, and that is why sexuality is expressed in many ways and we should recognise and respect the diversity of options available.

4. THE HUMAN BODY AND SEXUALITY

Apart from the physical and material structure of the human being, the body refers to its appearance or aspect. Whether or not we accept our body and its appearance is chiefly influenced by the idea of beauty prevalent in our culture, both our place of origin and in our new country. The concept of beauty not only changes according to the cultural context, but it continues to change throughout history. However, both men and women value their own beauty and that of others by comparing their bodies with the accepted canons of beauty, which never correspond to reality as everyone's body is different and these ideas of beauty also change with the passage of time. Whether or not we accept our bodies will depend on how our sexuality has developed. Furthermore, this stereotyped idea of beauty transmits the idea that only if our body is similar to the accepted canons (transmitted through advertising and the communications media) can we feel pleasure or, more seriously can we arouse the desire of another person, and this is clearly a false idea.

The best thing about our body is what marks it out from the rest. The difference is what makes us attractive and gives us a unique beauty. Irrespective of whether our bodies are young, mature or older, no matter that we are disabled, or irrespective of our skin colour, we are all sensitive or capable of affection and our bodies are able to love and be loved, the ingredients for developing a full and pleasurable sexuality. In fact, all bodies are prepared and ready to give and feel pleasure and, if wished, to reproduce other human beings through the sexual system.

***SEXUALITY IS PRESENT IN
EACH AND EVERYONE OF US
THROUGHOUT OUR LIVES!***

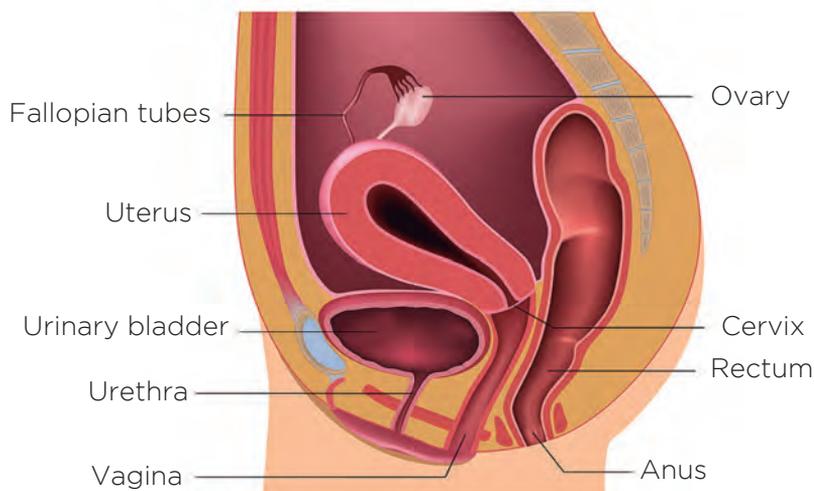
4.1 FEMALE REPRODUCTIVE SYSTEM OR APPARATUS

The female sexual apparatus comprises internal genitals (vagina, uterus, ovaries and Fallopian tubes) and external genitals (vulva, clitoris, inner and outer labia and entrance to the vaginal orifice). The urethra can also be seen).

Internal genital organs cannot be seen and are related to reproduction, whereas the external sexual organise (or genitals) are visible and related to pleasure.

FEMALE GENITAL ORGANS:

DIAGRAM OF INTERNAL GENITALS



The female genital organs are associated with reproduction.

The vagina is a channel communicating the uterus with the outside of the body and is located between the urinary meatus and the anus. It is an extremely elastic organ and it has three main functions, to:

- ✓ Expel blood during menstruation
- ✓ Facilitate the baby's passage during birth
- ✓ Permit penetration of the penis and sperm during intercourse.

The uterus is a hollow organ shaped like an inverted pear (some see it as the calyx of a flower) where a new human being is formed, grows and develops. It houses the fertilised egg or ovum and the foetus which develops during pregnancy. The narrowest part is called the **neck** and leads to the vagina. The interior has a lining known as the **endometrium**, which from month to month thickens with a layer of blood vessels which is then shed during menstruation. If pregnancy occurs, this layer receives the fertilised egg or ovum, and menstruation is suspended.

- ✓ **Menstruation** (also known as the period) is the bleeding that women experience every month when the egg expelled from the ovary for fertilisation fails to be fertilised and the endometrium breaks away from the walls of the womb. **Pregnancy is possible from the moment that a girl has her first period.**

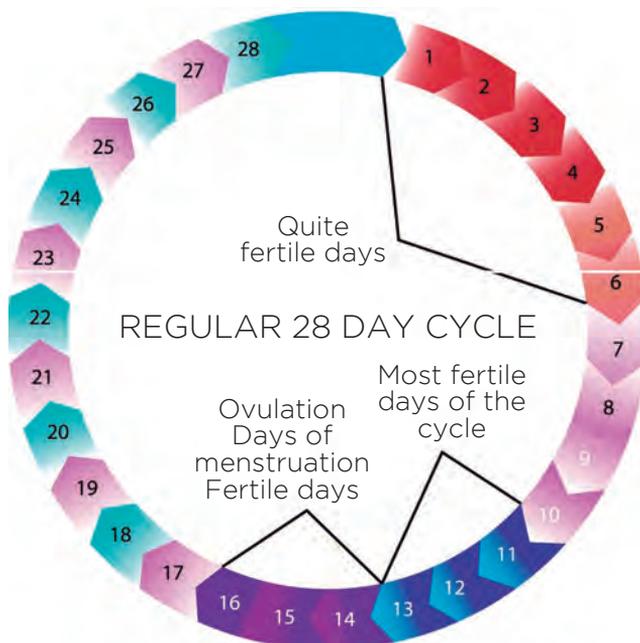
There are two **Fallopian tubes**, one on each side of the uterus forming a trumpet shape. When ovulation occurs, the tube approaches the ovary in order to receive the egg that is released, which then travels down the fallopian tube into the uterus. The first third of the tube is where fertilisation occurs, that is, the egg is joined by a sperm.

The ovaries are two almond shaped organs situated on either side of the uterus where the tubes end. They are glands that secrete hormones and help to develop female sexual characteristics, and they also contain the eggs which are female sexual cells containing all the genetic information which will be transformed from the mother to her son or daughter.

- ✓ **Ovulation** is one of the processes in a woman's menstrual cycle in which the ovarian follicle breaks and releases an egg into the peritoneal cavity of the female reproductive system

where it will remain ready for fertilisation over the next 12-48 hours; if the egg is not fertilised, it will begin to disintegrate. If intercourse takes place during this time, the likelihood of pregnancy is much greater, as this is the most fertile period of the female cycle. The menstrual cycle generally lasts for 28 days. Ovulation occurs around the 14th or 15th day of the cycle considering the day that the period starts as the first day of the cycle, which is when you should begin counting, and the day before the start of the next period is the last day of the cycle. The days closest to ovulation (days 11, 12, 13, 16, 17, 18, of the cycle counting from the first day of the period) are also fertile days when a woman can get pregnant. The days that a woman menstruates are considered to be the least fertile of the cycle, but be careful! Because pregnancy is possible, particularly in women who have irregular cycles.

If women are aware of their own menstrual cycle, it will be a great help to them in improving the possibilities of pregnancy when they have decided that they want to have children.



4.2. MALE REPRODUCTIVE SYSTEM

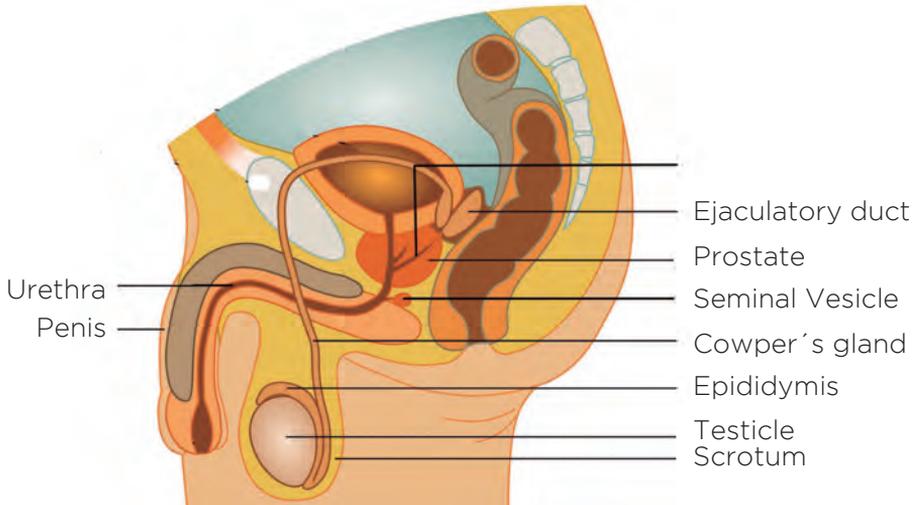
The male reproductive system consists of the internal genital organs (testicles, epididymus, vas deferens, seminal vesicles, ejaculation duct, prostate and urethra) and the external genital organs (scrotum, the sac that holds the testicles and the penis).

The male internal sexual organs are invisible and are related to reproduction, whereas the external sexual organs or genitals are visible

MALE INTERNAL GENITAL ORGANS

Testicles: There are two egg shaped testicles in the scrotum which produce testosterone (male hormone) and sperm.

DIAGRAM OF INTERNAL GENITAL ORGANS



Epididymis: This is a tube connected to each testicle. It is where sperm are stored after they have been produced.

Vas deferens: These are two muscular ducts which connect the epididymus to the ejaculatory tubes.

Seminal vesicles: The vesicles produce seminal fluid through which sperm travels and is protected.

Ejaculatory duct: This duct is part of the male reproductive system and carries semen from the seminal vesicle to the urethra which is expelled through the penis during ejaculation.

✓ **Ejaculation** refers to the expulsion of semen consisting of sperm from the epididymis which joins the seminal fluid expelled by the seminal vesicles and with the prostate liquid produced by the prostate. **When a man begins to ejaculate (during puberty) he is able to make someone pregnant.**

Prostate: Only men have this organ and it is a part of the genital and urinary apparatus. It is located at the outlet of the bladder. It contains cells which contribute to the seminal fluid that protects and feeds the sperm contained in the semen.

Urethra: This duct expels urine which has been stored in the bladder and it also carries semen when it is expelled from the body.

Penis: despite the fact that along with the scrotum this is a part of the external male genital organ which will be described below, we have included it in this chapter because it plays an essential role in human reproduction. The penis has three functions, reproduction (through the expulsion of semen) pleasure (through ejaculation) and expulsion of urine (through the urethral opening through which semen also passes). In its visible parts (which we will be looking at in detail below) the penis consists of a body and a gland, the structure of which is vascular in type. When sexually aroused, the volume of blood and the rigidity of the body of the penis produce erection and

the man reaches orgasm when semen is expelled (ejaculation) through the urethral opening situated at the end of the glans or head of the penis and this can lead to pregnancy.



5. REPRODUCTION

Having sexual relations is not only pleasurable, it also provides the possibility of pregnancy. The main characteristic of sexual reproduction is that a new person is born from fertilisation or fusion of two cells (egg and sperm) each of which comes from a sexually different being, namely a woman and a man. The reproductive stage begins with puberty, **when women have their first period and men begin to ejaculate**. From then on, **irrespective of the woman or man's age, if they have sexual relations including penetration, albeit total or partial, pregnancy can occur**.

So, **reproduction is the responsibility of both the man and the woman**, and therefore they should both be involved in planning pregnancy. Having children can be extremely satisfying if it is what you want, and if you are able to welcome the birth of a child. Although reproduction takes two, it is the woman who becomes pregnant and carries the baby, she will give birth to it and, due to gender roles, will be mainly responsible for its upbringing. Therefore, it is the woman who ultimately has to decide if she wants to be pregnant or not. Sometimes, either through lack of knowledge or through error, unwanted pregnancies can occur. In order to decide and plan pregnancies and have a healthy sexuality, we use contraceptives.

PREGNANCY

This is the period between the implantation of the fertilised egg in the uterus and the moment of birth. It lasts around 40 weeks, from the first day of the last period, or 38 weeks from fertilisation (approximately 9 months). During the first three months there is a greater risk of miscarriage; the start of the final three months is considered to be the moment when the foetus becomes viable. During the pregnancy the woman experiences physiological, metabolic and even morphological changes designed to protect, feed and help the foetus develop;

the menstrual periods stop; the breasts increase in size in order to prepare them for breast feeding etc.

The term gestation refers to the physiological process of the growth and development of of the foetus inside the mother's uterus. In theory, gestation refers to the foetus and pregnancy refers to the woman, although in practice many people use these terms synonymously.

PREGNANCY AND HEALTH

It is very important for the pregnant woman to look after her health and that of her baby and so she should make sure she is in contact with medical health care professionals who will advise her and provide guidance to ensure that her pregnancy develops in ideal conditions. In Spain, foreign women who are pregnant are entitled to free health care during their pregnancy, as well at the baby's birth and they should also receive post natal care, irrespective of their legal status in the country, in whether or not they have papers.



6. CONTRACEPTIVE METHODS

Before going into the different contraceptive methods, it is important to recall that there are some sexual practices between couples which may provide pleasure and full satisfaction and where pregnancy is NOT possible. We call them **contraceptive sexual practices** such as oral sex (caressing the genitals with the mouth or tongue) caressing and fondling the whole body, prolonged



massage, kisses, hugs, touching, masturbation, buco-genital caresses, all of which are ways of **expressing sexuality and obtaining pleasure without risking unwanted pregnancy or transmitting or catching an STI (sexually transmitted infection)**.

However, if we decide to have intercourse but wish to avoid pregnancy, we need to ensure it does happen by using one of various contraceptive methods.

A **contraceptive method** is one which prevents or significantly reduces the possibility of fertilisation of fertile women who have heterosexual relations which include vaginal penetration.

Motherhood and fatherhood are wonderful experiences, but only when the parents have decided that it is the ideal moment to have a child and assume the pregnancy and bringing up the child who will be born. That is, not when the mother's health is at risk, when she is emotionally and psychologically prepared, when she has sufficient economic resources and time to dedicate to their upbringing. However, either because the conditions are not right, or because they simply do not want to have the experience of parenthood, the couple should decide together which methods to use in order to enjoy their sexual

relations and avoid conception, something for which both members of a couple are responsible as pregnancy takes two.

HOW TO CHOOSE THE CONTRACEPTIVE METHOD THAT SUITS YOU

Choosing the right method for you is a personal decision and one which depends on the circumstances. Luckily there are many methods which adapt to every situation. For example, often people do not have sexual relations as part of a stable couple and sometimes they only have sex sporadically or with different partners and these sexual relations do not always include penetration. As a result we will discover the most appropriate methods, depending on the circumstances of our sexuality.

BARRIER METHODS

These are inserted in the reproductive organs of the man or the woman preventing sperm from being deposited in the vagina.

Male preservative or condom:

A very fine latex rubber sheath (they are also made of polyurethane for those allergic to rubber) which is placed on the erect penis. At its closed end it usually has a little bubble which holds the semen following ejaculation. It is approximately 86% to 97% effective if used properly. It is disposable and can only be used once, and you are advised to use it in any circumstances when there is penetration as, in addition to preventing pregnancy; it also avoids any risk of contracting STIs (sexually transmitted infections – which we mentioned above). The condom can also be used as a complement to other contraceptive measures and with oral sex. It has other advantages as well:



It is accessible, easy to use and it is not expensive.

- It does not have any secondary effects.
- It does not detract from the pleasure felt by both the man and the woman as thanks to the material it is made from it allows for considerable sensitivity during intercourse and /or buco genital relations.
- It provides more opportunities for pleasure, security and safety so that there is no fear of unwanted pregnancy or being infected with diseases.
- It does not break easily as it is made from extremely resistant material, but it is a good idea to always follow the instructions for use.

Instructions for use: when a condom fails it is because it has not been used properly, so the following advice should be taken into account:

- Always buy your condoms from a reliable outlet.
- Store them properly. They should not be exposed to very high temperatures which makes them deteriorate quicker.
- Put them on properly: each packet of condoms usually includes instructions although it is a good idea for the woman or the man to “rehearse” before they actually use them.
- Learn how to use them properly. After ejaculation, the man should grasp the condom at its base, remove the penis from the vagina and then remove the condom from his penis.

Other hints:

- Although it is the man who wears the condom, it is important for the woman to know how it works, and she should carry one with her if she thinks she might have sexual relations with penetration, and take her own decisions regarding its use.

- Many cities in Spain have family planning centres and associations and they distribute condoms free.



Female condom: This sheath is made of extremely fine yet very resistant plastic material (polyurethane) which comes ready lubricated with a silicone based gel. The condom covers the walls of the vagina and also the vulva. It is between 79% and 95% effective. It can be bought in pharmacies and specialist

outlets (sex shops) without prescription. Like the male condom, it is disposable and prevents STD infections. It does take some getting used to and you would need to practise before using it in order to ensure safe and effective sexual relations. Although it is more expensive than the male condom, it does have some further advantages:

- It is made from polyurethane and so it does not cause an allergic reaction, which can happen with latex and it is also more resistant.
- It can be fitted hours before intercourse takes place and so increases the spontaneity of relations, whereas a male condom has to be fitted during the man's erection and removed when relations finish.
- It makes the woman more independent as she uses it when she wants and is able to control her own protection and health.

**MALE AND FEMALE CONDOMS ARE
THE ONLY CONTRACEPTIVES WHICH
PREVENT SEXUALLY TRANSMITTED
INFECTIONS AND DISEASES**

Diaphragm: This is a flexible latex cap which is fitted in the vagina and completely covers the neck of the womb in order to prevent sperm from passing into the uterus. It is 82% to 96 % effective. It does not provide protection against STIs. Women interested in this method of contraception should talk to their doctor or make an appointment at a family planning clinic as if you use it you will require medical checkups. Despite the disadvantages, when it is used correctly it is an extremely effective method for preventing pregnancy and enables the woman to control her own sexuality with regard to unwanted pregnancies.



HORMONAL METHODS:

These are medicines based on synthetic oestrogens and progestagens which block ovulation in women, and stop them from becoming pregnant. **None of the hormonal methods protect against sexually transmitted infections** and their use should always be regulated and controlled by a gynaecologist. There are several different types:

The pill: Taking the pill every day prevents ovulation and therefore pregnancy is impossible. There are different types of contraceptive pill depending on the dose of hormone administered and the guidelines for taking



them. The doctor will recommend the best pill for each woman. They have few secondary effects; therefore, despite taking the pill it is also a good idea to use a condom if you are going to have sexual relations that include penetration with persons whose sexual health is uncertain. It is almost 100% effective provided it is used properly:

- The pill should be taken every day at the same time. Some systems provide 28 tablets which are taken with no rest period, and when one packet has been taken the woman continues with the next. If the pill comes in a packet with 21 or 22 tablets, then the woman will stop taking the pill, taking a break of 6 or 7 days between each packet. In both cases menstrual bleeding will occur every 28 days.
- Unless a doctor advises doing so, there is no reason to stop taking the pill and give it a rest for one or more months.
- It should be taken every day, whether the woman is having sexual relations or not.
- When taking the pill, periods are more regular and less abundant.
- When a woman stops taking the pill, her fertility will return and she will be able to have children just as if she had never taken it.
- The pregnancy can occur in the first month of taking the pill and if this does happen it will not have any harmful effect on the unborn child.
- It is essential to have regular medical checkups if you take the pill.
- If, after taking the pill, you vomit or have diarrhoea it might not be safe, although it should still be taken for the remainder of the cycle but using another contraceptive method at the same time.

- If you forget to take the pill and realise this later, within a 12 hour period take the pill and then take the next one at your normal time. However, if you only remember after 12 hours you should take the forgotten pill and the next at the correct time, so as not to interrupt the cycle, but an additional contraceptive method should be used (for example a condom) because the pill will not be effective. When the whole packet of pills has been taken and a new cycle begins, the pills will once again be effective in preventing pregnancy.
- In order to protect against further pregnancies during breast feeding, there is a special pill which does not affect the milk, so the mother can continue to feed her baby with no problem.

Contraceptive patch: The secondary effects and the efficacy are similar to the pill as they are the same hormones but it differs in the way these hormones are administered. It is a type of sticking plaster that is placed on the skin, and the patch releases hormones which are absorbed through the skin. On the first day of the cycle, the patch is put in place, and changed every week for three weeks in succession, and in the fourth week, menstruation occurs. It should be placed on a part of the body where creams have not been administered so that it will not come unstuck, and in should never be placed on the breasts, with the buttocks or the abdomen being the most appropriate place to put it.



Vaginal ring: This is a ring approximately five centimetres in diameter, made from flexible and transparent plastic which, although the dose is smaller, contains similar hormones to those of the contraceptive pill, which is released through small pores and absorbed by the vaginal mucous. It is very effective for preventing pregnancy. The



woman should fit it herself between day one and five of her menstrual period. At 21 days she will need to remove it, resting for one week during the week that she menstruates. At 21 days, it should be removed. After a week of rest, the woman should insert the ring once more. It is easy to put in place, just take it

out of the packaging, pressing with the fingers and insert it in the vagina as if it were tampon.

If it is properly fitted the woman will not feel it. It can only come out through the vagina so there is no danger of the ring going astray in the woman's body. During intercourse, in some cases the man may feel the ring but this does not affect his pleasure and nor is the contraceptive effect altered.

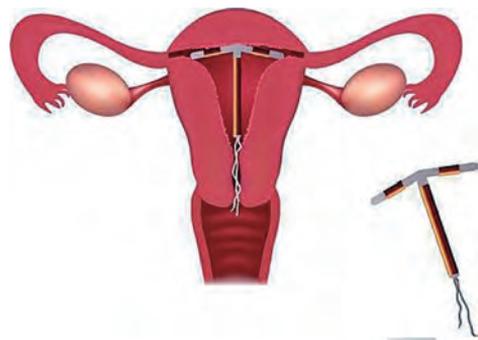
Injectable contraceptives: These are synthetic forms of progesterone which are based on suppressing the hormones that cause ovulation. They are injected monthly or every three months. It is the most effective non-surgical method and has a long-lasting effect. It protects against uterine cancer and helps with pain suffered during menstruation. It is expensive and it should not be used if you are intending to get pregnant as it is necessary to wait 1 or 2 years after you have stopped taking it before trying to get pregnant. It comes in two presentations, one monthly and the other three monthly.

Subcutaneous implant: This is a small rod approximately 4 cm which contains a gestagen as a single hormone which is slowly released and has a prolonged contraceptive effect. How long the implant can be used depends on whether the implant consists of one or two rods (3-5 years). It is inserted in the forearm by making a small painless cut. Its effectiveness is very high, like its price, and it can be inserted while a woman is breastfeeding.

Spermicides: Chemical substances which destroy sperm in the vagina. They are sold in the form of vaginal ovules and creams. It is a local chemical method which mechanically prevents the mobility of the sperm and shortens their average life. They are not very safe if they are used alone because their effectiveness is fairly reduced, so that they function better if they are used together with other methods (diaphragm, condoms, IUD). They have a limited safety period and if intercourse occurs more than once, the spermicide needs to be reapplied. The spermicide is introduced into the vagina 10 minutes prior to penetration so that the product will be evenly distributed through body heat.

INTRAUTERINE DEVICE:

Intra-Uterine Device (DIU): is the name given to this method as it is placed inside the uterus, and can sometimes cause discomfort when it is being fitted but this is only short lived. It is 98% effective. The device consists of a small object made from plastic or metal material (normally copper) and a small string. It is usually T- shaped or anchor-shaped tailored to fit the uterine cavity. One variety is the **hormonal IUD** so called because it has a small hormone deposit in its vertical part which has the effect of preventing copious bleeding during menstruation. The IUD stops sperm from passing into the uterus and it causes changes to the womb interior thus preventing pregnancy. The hormonal IUD also has a beneficial effect on the internal lining of the uterus (endometrium) reducing the amount of blood produced during menstruation. It is fitted by a gynaecologist, preferably during the menstrual period as this is when the neck of the uterus is at its widest, and also any risk of pregnancy can be ruled out. It can last 5 years and may be removed



whenever the woman wants. It is not an ideal method for women who have not had children nor for those who have relations with different partners, as the risk of uterine infection is increased. It is one of the cheapest contraceptive methods available. However, it is important to point out that it does NOT protect against STIs (sexually transmitted infections).

SURGICAL CONTRACEPTIVE METHODS:

Surgical methods are those which men or women can use when, for any reason, (planned motherhood or fatherhood; too many children, health problems, life projects etc) they do not wish to have children.

Tubal ligation: This surgical operation performed on women involves blocking the fallopian tubes (the tubes that transport the egg to the uterus) thus stopping sperm from reaching the egg and fertilising it. It does not interfere with intercourse and the results are one hundred percent effective. The problem is that the loss of fertility (ability to reproduce) is irreversible, although in some exceptional cases it can be reversed following a complicated operation and the results are not always positive. It can only be carried out when the woman is totally sure that she does not want any more children. **It does not provide protection against Sexually Transmitted Infections.**

Vasectomy: This consists of a simple surgical operation performed on men in which the duct (vas deferens) which carries the sperm is cut, tied or cauterised, preventing the sperm from being ejaculated. It does not interfere with sexual relations, nor does it affect ejaculation. There are no known secondary effects to the operation. The problem is that the loss of fertility (ability to reproduce) is irreversible, although exceptionally it may be re-established through a complicated surgical procedure which may not always be successful. Therefore, a man should only undergo this operation when he is sure that he does not want any more children. **This method does not provide protection against Sexually Transmitted Infection.**

NATURAL METHODS:

Natural methods are much less effective than modern contraceptives (the pill, intrauterine devices and condoms). Also they do not provide protection against HIV or in general, any other infection or sexually transmitted disease.

UNRELIABLE:

Most of these methods are known as **periodic abstinence methods** and they are not considered to be very reliable, as a woman cannot be sure that she will not ovulate outside the days when she is considered fertile and the method will fail. **Not only that, but they do NOT protect against STIs (Sexually Transmitted Infections).** These methods consist of not having sexual relations on the days when the woman is considered to be fertile, that is, around the time of ovulation. There are various methods for “checking” which days are fertile:

Ogino (also known as the rhythm method): The menstrual cycles of the woman are logged for a year in order to check how regular she is. Counting from the first day of the period, the days when risk of ovulation is smaller are calculated. Having calculated the approximate day of ovulation, it is necessary to abstain from relations with vaginal penetration for a few days and in the strictest cases until the next period arrives. This method only suits women with very regular periods.

Billings (cervical mucous method): This is based on daily observation of cervical mucous, as fertile days can be determined by means of variations in the vaginal flow throughout the cycle. There are three phases, depending on the degree of dryness or wetness of the vagina, corresponding to the days of maximum risk when the mucous and dampness is greater.

Basal temperature: This method considers that ovulation can be determined on the basis of changes in the basal temperature of the woman's body. This involves taking your temperature every day before getting up, in order to detect the rise in temperature that occurs following ovulation and avoiding intercourse during those days.

GENERALLY INEFFECTIVE:

These methods are unsafe because they do not prevent pregnancy and they are not recommended as, in addition, **they DO NOT protect against STIs (Sexually transmitted infections).**

Withdrawal method (*coitus interruptus*): This method consists of removing the penis from the vagina before ejaculation occurs. It is important to know that, prior to ejaculation, small drops of liquid full of sperm can be expelled and these can cause pregnancy, and therefore it is necessary to exercise extreme control over the state of sexual arousal. Also, it is not recommended because it affects sexual relations because the constant need to control arousal makes it impossible to relax which tends to override the pleasure.

EXTREMELY UNRELIABLE:

These are other traditional methods which should never be relied on as effective contraception such as natural breastfeeding and vaginal douching. Obviously, these methods **DO NOT provide any protection against STIs (Sexually Transmitted Infections).**

Natural breastfeeding: Although menstruation does not occur when a woman is breastfeeding, spontaneous ovulation can occur and therefore the risk of pregnancy is high.

Vaginal douches: Any washing of the vagina following ejaculation does not prevent sperm from travelling towards the uterus and therefore the risk of pregnancy is extremely high.

EMERGENCY CONTRACEPTIVE METHOD:

Despite all the contraceptive methods on the market, sometimes unprotected intercourse occurs, either because the methods fail (through not using the most appropriate method, or having an accident during use etc) or because no method at all was used. In these cases pregnancy can be avoided by using the

Post-coital pill (more commonly known as the “morning after pill” and emergency contraception): This method is AN EMERGENCY CONTRACEPTIVE and it should only be used when other methods have failed, or when a contraceptive was not used during sexual relations with intercourse. It is extremely effective in preventing pregnancy if taken within 72 hours of having unprotected intercourse, bearing in mind that the more that time passes, the more its effectiveness will be reduced. It should be considered an emergency measure, that is a method that should only be used occasionally, and under no circumstances should it replace normal contraceptive methods.

CONTRACEPTIVE METHODS

Barrier

- Male condom
- Female condom
- Female diaphragm

Hormonal

- Pill
- Contraceptive patch vaginal
- Ring
- Injectable contraceptive
- Subcutaneous implant
- Spermicide (unreliable)

Intrauterine

- IUD

Surgical

- Tubal ligation
- Vasectomy

Natural

- Not very reliable
- Unreliable
- Extremely unreliable

Emergency dom

- Morning after pill

7. VOLUNTARY TERMINATION OF PREGNANCY

In Spain a draft bill is being prepared to reform Organic Law 2/2010 of 3 March on Sexual and Reproductive Health and Voluntary Termination of pregnancy, which if approved, will be a major setback to recognition of Women's **Sexual Rights** (which are Human Rights according to the WHO) preventing them from deciding on their life plans, their body and their health. However, until this occurs, the present conditions for Voluntary Termination of Pregnancy or abortion are as follows:

- Women should have the last word on whether to have an abortion or not.
- In Spain, a woman can terminate her pregnancy in public clinics (free) or private accredited centres without any risk to her health.
- The woman has a right to this service without any discrimination on grounds of her racial or religious origin.
- The operation should be carried out with the pregnant woman's consent.
- When the woman who wishes to terminate her pregnancy is 16 or 17 years old, although the decision to terminate the pregnancy must be hers, she should inform at least one legal representative (mother or father) of her decision. This information will not be necessary if the pregnancy could mean a serious conflict for the minor, danger of violence within the family, abuse etc.
- The woman can terminate the pregnancy within the first 14 weeks of the pregnancy, provided that she has been informed of her rights and the public assistance available in support of maternity.
- In exceptional cases of serious risk to the life or health of the pregnant woman or where there are serious problems for the foetus (provided that they have been proven and attested by

specialist doctors) the abortion may be performed up until 22 weeks.

- Women who wish to terminate their pregnancy should be informed of the public clinics available where this procedure can be performed.
- Pregnancy should never be terminated using inadequate methods which could endanger the mother's life. Some women attempt to end their pregnancy using unsuitable methods, for example, by taking allegedly "abortive" medicines, without medical supervision, or by placing herbs or potions in the vagina which, apart from having no contraceptive or abortive effects, can be extremely dangerous to the woman's health.
- If you have terminated your pregnancy and you are unsure how to avoid another pregnancy in future, seek help, go to your health centre or family planning clinic and ask for advice.
- If the bill to reform the present abortion law is passed (which would mean that it would no longer be based on time limits but on individual cases or the need for a medical report in order to perform an abortion) and any woman needs information on pregnancy termination, we suggest that she contact woman's associations who work with sexual and reproductive health.



MOST FREQUENTLY ASKED QUESTIONS ON PREGNANCY, CONTRACEPTIVES AND IVF

Question: My friends tell me that getting pregnant is actually very difficult. Is this true?

Response: Whenever a man and woman have sexual intercourse without protection there is a risk of pregnancy. Some days the risk is greater than others, however the risk always exists, including during the days that the woman has her period.

Question: Are contraceptives reliable? Because my boyfriend says they aren't.

Response: Contraceptive methods, if used properly, are very effective in preventing unwanted pregnancies. As we have seen, there are many types of methods and centres (Health Centres, Sexuality and Contraception Clinics etc) where you can obtain information on all the methods, how they work, how to use them etc.

Question: Do condoms detract from pleasure in sexual intercourse?

Response: The real pleasure in a relation is for people to be relaxed and able to concentrate on what they are doing, in the touching and fondling, the contact... When partners feel there is some risk involved then a degree of fear will always be present, and this makes it difficult to feel real enjoyment. Therefore protection does enable you to relax and so you will feel much greater pleasure.

Question: At what age can a woman get pregnant?

Response: From the time of her first period to the time that it stops, any girl, young or older woman can get pregnant if she has sexual relations with a man (adolescent, young or older man) and with vaginal penetration and ejaculation.

Question: I have been told that you can only get pregnant if you have relations and the penis fully enters the vagina, but if only the tip of the penis is inserted there is no risk of pregnancy.

Response: Exactly the opposite is true, because ejaculation is through the urethral opening in the glans which is at the tip of the penis.

Question: Does the present abortion law oblige pregnant women to abort?

Response: The laws do not require anyone to abort a baby, they only protect women who decide to do so.

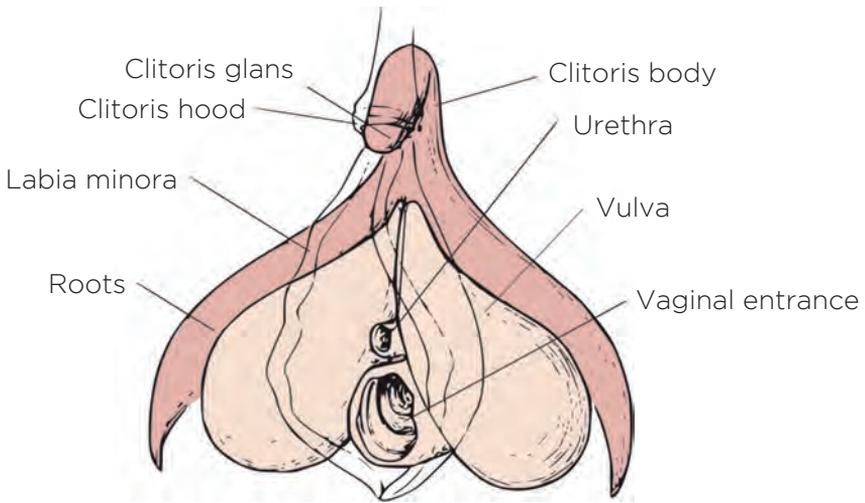
8. SEX, SEXUALITY AND SEXUAL RELATIONS



As we mentioned previously, sexuality should NOT be confused with sex, as sexuality refers to all the anatomical, physiological, and psychological and emotional conditions that characterise the sex of each individual, whereas sex refers to the biological difference that defines each one of us as a sexual being. However, it is clear that sex and sexuality are involved in sexual relations, that they comprise a set of behaviours of at least two persons in order to give and/or receive sexual pleasure. Sexual relations may include lots of different practices such as masturbation, oral sex or sexual intercourse. They will be described below, beginning with the biological characteristics of men and women's sexuality.

FEMALE EXTERNAL GENITAL ORGANS:

The vulva: the part of the woman's genitals that are visible. It includes the primary external sexual organs that frame it - the Mount of Venus and the external labia majora or vaginal lips, and the internal lips, the clitoris, and the vulva vestibule which keeps the vaginal entrance moist.



The **mount of Venus** and the **labia majora** (which are covered with hair from puberty on) define the external part of the vulva. The labia minora or inner lips are between the outer lips and they are not covered with hair but produce sebaceous secretions.

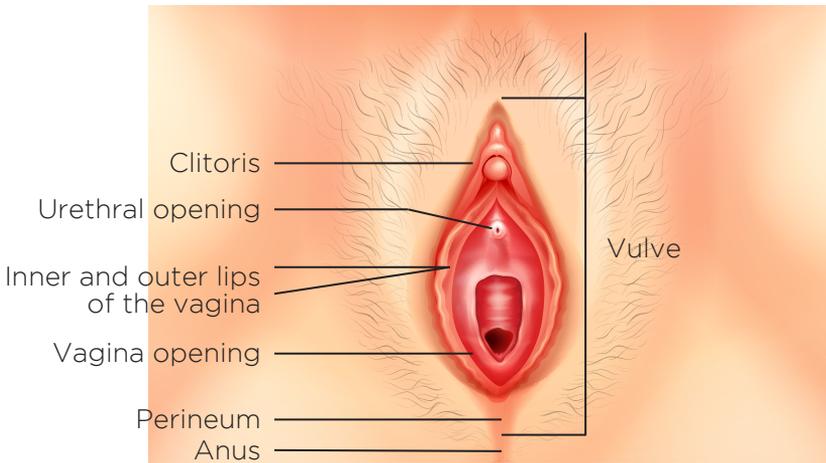
The clitoris: situated in the top of the inner lips (or labia minora) is the most sensitive part of the vulva. **The clitoris** is the only part of the woman's body with a purely sexual function as it is saturated with nerve endings and is particularly responsive to touch. This is why when the woman masturbates she usually touches her clitoris and the surrounding area, however both the clitoris and the whole area surrounding it can give pleasure to a woman when she or her partner caress it appropriately and with desire.

There are two openings in the vulva; the **urinary meatus** or opening (urethra outlet) through which urine passes and the **vaginal entrance** (or outlet) which provides the outlet for vaginal flow and menstrual blood. It is the opening through which the vagina receives the penis during intercourse and where the baby emerges at birth.

Women's external genitals are specialised as they connect through different conducts with the internal organs which open out through various channels each with a special function: the clitoris provides pleasure, the entrance to the vagina permits reproduction and urine leaves the body through the urinary meatus.

We would advise all women to have a look at your genitals using a mirror and identify the different parts, because as well as becoming familiar with them, you will learn to love them, care for them and recognise their beauty.

EXTERNAL FEMALE GENITAL ORGANS:



FEMALE GENITAL HEALTH:

The genitals are extremely sensitive (sexually transmitted diseases are passed on through the genitals) and therefore they need to be clean and cared for as they are subject to infections or problems which can be resolved easily with due medical attention. As a result when any unusual symptom is noted (itching, pain, inflammation, changes in the colour of vaginal

flow, powerful vaginal odour or any other symptoms) you should consult the doctor etc).

In addition after reaching a certain age, but particularly when you start having sexual relations it is a good idea for women to have a check up at least once a year, even if you do not have any symptoms, because as we have mentioned PREVENTION IS ESSENTIAL TO STAY HEALTHY! So that medical checkups will prevent serious illnesses.

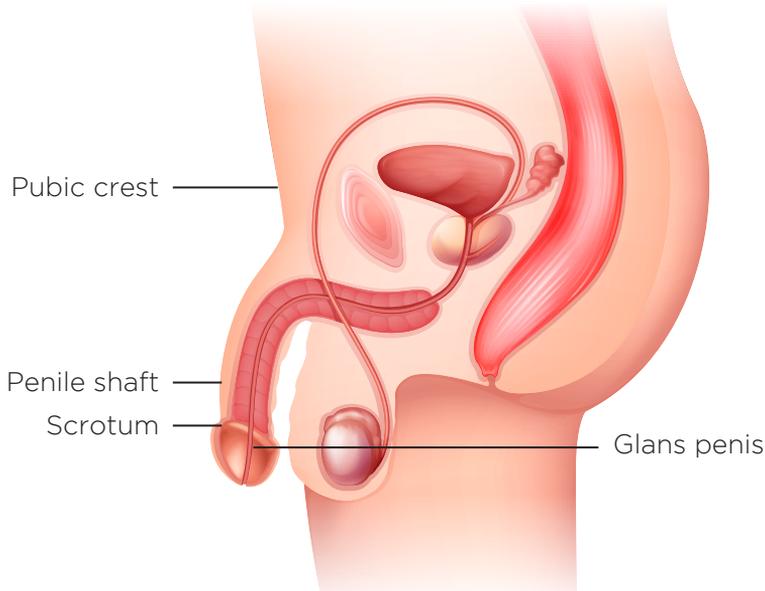
EXTERNAL MALE GENITAL ORGANS:

The penis: this part of a man's body is linked to pleasure, excitation and orgasms. Due to its sensitivity it is the area most frequently stimulated by a man when he is masturbating (just like the clitoris in the woman). When a man achieves orgasm during vaginal intercourse he fulfils one of its functions which is to deposit sperm in the female reproductive apparatus, and fertilise the ovum. As well as aiding reproduction men urinate through the penis and experience pleasure. Unlike the vulva we could say that the penis is like "three in one" as the same organ is able to perform three different tasks. The visible parts of the penis consist of a base, a body or stem, the crown and the **glans** which is the penis head which contains the urethra opening through which urine and semen are expelled.

- ✓ **Erection:** this is the transition from a flaccid to a hard penis. The penis has no bones or cartilage, but is made solely from smooth muscles. During the process of sexual excitation the penis changes size and hardens through a muscular movement, which is involuntary and caused by blood vessels filling up. When ejaculation occurs or when sexual stimulation ceases the penis becomes flaccid again.

The scrotum: consists of skin tissue which covers the testicles taking on their shape and constituting the visible part of the testicles.

EXTERNAL MALE GENITAL ORGANS:



MALE GENITAL HEALTH:

Men's genitals are also very sensitive areas (they can also pass on sexually transmitted diseases) and therefore they require hygiene, attention and care as they can lead to infections or problems which are easy to resolve with proper medical care. As a result if a man notes any unusual symptom (spots, strong itching, swelling, warts....) he should see a doctor. The male genitals can also contract infections or have problems that CANNOT BE RESOLVED ON THEIR OWN.

9. INFECTIONS AND SEXUALLY TRANSMITTED DISEASES

These are diseases which are transmitted through contact with another person's genitals, either through sexual intercourse or through oral-genital relations (licking or sucking the genitals of another person).

SEXUALLY TRANSMITTED INFECTIONS:

Sexually transmitted infections known as STIs, refer to infections which are spread through genital contact. Those affected by an STI may develop symptoms some time after contracting the infection. For this reason, even when there are no symptoms, it will be possible to transmit the infection to other persons. It is important for the couple to rule out any type of STI through medical checkups, as many of these STIs are spread due to the fact that they do not present symptoms until the infection has developed, and is manifested as a disease, which is what happens with HIV and AIDS.

SEXUALLY TRANSMITTED DISEASES:

Sexually Transmitted Diseases (STDs) are contracted and transmitted through genital contact.

STDs differ from STIs in that, as we have mentioned, many infections often do not show any symptoms, or if they do these are very mild and so at the time of transmission or infection, the disease itself may not be apparent.

There are several sexually transmitted infections and diseases which can cause serious health problems. Some of the more common ones are described below:

Chlamydia: This is the commonest infection of all, however, because the symptoms are not always apparent, without regular medical checkups it may be some time before a patient realises that she is infected.

Gonorrhoea: This disease is transmitted by bacteria which thrive in the damp atmosphere of the genital area, making it easy for them to grow and reproduce. It is relatively easy to treat, and the treatment is extremely effective, however if it is not treated in time it can cause some complications.

Genital Herpes: this is highly contagious and one of the most common sexually transmitted diseases. Because this disease can remain dormant in our body for many years without any apparent symptoms, many people have unprotected sex which contributes to its rapid spread.

Syphilis, this disease can be effectively treated, yet despite this fact, many patients with syphilis die because their illness was not diagnosed.

Trichomoniasis: this is very common and often there are no apparent symptoms.

Human papillomavirus HPV or genital warts: This is the most common sexually transmitted disease and it is very contagious, transmitted through sexual contact, oral, vaginal or anal sex. It may have serious consequences, and can lead to the development of uterine cancer in women.

Human immunodeficiency Virus (HIV) and AIDS: of all the sexually transmitted diseases, HIV is unquestionably the most dangerous, as it affects can body's immune system so that even catching a simple cold can lead to death. When HIV has reached an advanced stage and begins to have an effect on the immunological system, the infected person develops AIDS. It is possible to avoid HIV infection by the proper use of condoms during vaginal and anal sexual encounters and by using a protective latex square (flavoured squares of latex also known as a dental dam which prevent infection of STIs or STDs) during oral sex. At the present time treatments exist for persons infected with HIV however, so far there is no permanent cure. So, with proper medical control and taking medication (known as RETROVIRAL drugs) they can lead a normal life and live practically as long as any other person who does not have HIV.

People who live with the HIV virus are said to be HIV positive that is, although they have the virus, they have not developed the disease (AIDS). HIV + persons can infect others with the HIV virus, even if they do not have any symptoms, and they are not ill. For example, if a person who is HIV+ has intercourse with anal or vaginal penetration and does not use a condom, the HIV virus can be transmitted to their partner. The problem is that many people who are infected with HIV are unaware of this fact, as the symptoms only appear after quite some time and there is no physical manifestation of its presence until AIDS develops, so that if they do not use appropriate protection they can infect others.

IMPORTANT: Condoms and the dental dam are the safest ways of preventing any of these diseases. We also emphasise the importance of having a medical check-up at least once a year.

SEXUAL RELATIONS WHERE THERE IS RISK OF INFECTION:

- **Intercourse** (vaginal penetration) **without a condom** or anal penetration without a condom.
- **Oral-genital relations without protection** (licking or sucking another person's genitals).

In order to be safe, always use a condom during sexual intercourse or during anal penetration and do not have oral-genital relations without protection, unless you are sure that your partner is free from any STI, although you should always remember that these infections may take years before any symptoms show, and that although your partner may appear completely healthy, he or she could infect you with an STI.

STDs and STIs refer to infections or diseases which are usually transmitted through genital contact, and for this reason they should really be referred to as Genitally Transmitted Diseases (GTD) and Genitally Transmitted Infections (GTI)

THERE IS SO MUCH MORE TO SEXUALITY THAN GENITALS!

SEXUAL RELATIONS WHICH DO NOT HAVE ANY RISK OF INFECTION:

- **Intercourse with a condom or anal penetration using a condom.**
- **Oral-genital relations with protection.** For example: licking or sucking a man's penis, if the man is wearing a condom, is perfectly safe. It is also safe to lick or suck a woman's genitals if they are covered with a latex square or failing this, with an opened up male condom, or using transparent kitchen cling film although not the type used in microwave ovens.
- **Fondling or touching another person's genitals** with the hand or other parts of the body apart from the genitals or the mouth.

There are many erotic relations which do not transmit any type of infection: kissing, hugging, caressing and fondling the body with your hands, massage, shared masturbation (one person masturbates another with their hands) all these erotic practices can give pleasure and satisfaction to both partners.

10. PLEASURE



Pleasure can be defined as a positive feeling or sensation, it feels pleasant or euphoric, and in its natural form it is felt when a conscious person fully satisfies a need or desire. Pleasure can be achieved in many ways, for example; resting when we are tired, eating when we are hungry, gazing at a beautiful view, listening to music.... and also through sex.

Sexual pleasure: this is felt with sexual arousal which is the body's response to sexual stimuli. Humans can be stimulated by what they hear, see, smell taste or touch. The stimulation may be real -that is, actually present in real life - or it may come from your imagination or even dreams. Arousal occurs when we caress and touch our erogenous zones and /or we share these caresses with a partner. Our whole body, whether we are a man or a woman, is designed to give us pleasure. However, if, in addition to stimulating our body we are also able to talk to our partner and tell them what we like and what we do not like in our sexual relations, (although is not always easy -because sexuality is subject to many taboos- it is possible, and even necessary) and we are able to say NO to anything we do not like; if we take into account what we want and we pay attention to our partner's desires; if we feel comfortable in our relations and with our partner; if we feel safe and secure and know that we are not running any risk doing things we do not want or which affect our health; if we take notice of everything that we consider IMPORTANT for both partners, ... our pleasure will be increased because it will transcend mere bodily feelings and we will achieve maximum psychological and emotional satisfaction.

Orgasm: is the peak of sexual pleasure. It happens suddenly, following a stage of arousal and lasts a few seconds. It is the most intense pleasure that a human being is capable of feeling. Following orgasm there is a feeling of general satisfaction, relaxation and peace.

WOMEN, MEN, SEXUAL RELATIONS AND PLEASURE:

The genital organs are a part of our sexuality however, if we think that there is no more to our sexuality than that we will be reducing our ability to experience pleasure, as the human body, in both men and women, has many sensitive zones which can produce pleasure and a feeling of well-being and which enables us to experience satisfaction, as the human body is our main sexual organ.

The same occurs with sexual relations. Intercourse and penetration are sexual practices but they are not the only option, nor are they necessarily the best or the most satisfactory for all men or women. In fact, for many people with very pleasurable sex lives, intercourse is not usually their favourite sexual practice. The idea that sexual relations should always include penetration limits the possibilities of pleasure for many people, who at any given moment may enjoy a different type of relation which does not need penetration (caressing the clitoris for example, which is the area that gives most pleasure to women). Therefore, we should not restrict our capacity to feel pleasure, and if we have a partner whom we trust, it is a good idea to experiment.

MASTURBATION:

This is a practice in which a person touches and fondles their own body, particularly the genitals, in order to obtain pleasant sensations and feel pleasure. Sometimes this pleasure produces orgasm but this is not always the case. Masturbation may be a shared sexual experience if it is practised in the company of another, or if one person masturbates their partner. Masturbation is therefore a caress or set of caresses which provide pleasure

and a sense of well-being. It is another way of making love. Like any loving experience it is voluntary, and practised when it is desired and only when that person desires it, either alone or sharing it with someone who also enjoys masturbation.

Masturbation in terms of sexual health is very positive as it helps a person get to know his or her own body, discovering how it works, identifying its most sensitive places and the rhythms and movements that lead to pleasure and those that do not, discovering which caresses are best for them... Through masturbation a person can get to know their own orgasm. Those who learn to enjoy themselves alone have more possibilities of enjoying themselves in company, as they are in a position to talk about their tastes and preferences.

Masturbation is one of many practices which may be considered taboo, especially for women, and many lies have grown up around the subject. We need to know that masturbation does not cause disease in men or women, nor will they come out in spots, nor will their hair fall out, nor does it make you go mad, and nor is it addictive... Quite the opposite, someone who masturbates is able to control this behaviour, just like any other.

WOMEN AND MASTURBATION:

Masturbation is advisable for both men and women and many people do it. However, female masturbation is so rarely talked about, that it could almost be thought that it does not exist, and if it is ever spoken of it is in negative terms, as if this sexual practice were only acceptable and positive for men. In fact, women looking at or touching their genitals is considered inappropriate to the point where many women have never even seen their own genitals, even when they are having sex. However, it is important for women to be familiar with their genitals, to look at them, and through masturbation they will be able to discover what they like and their tastes, which areas give them pleasure (their erogenous zones) because, in addition to enjoying themselves, they could share this knowledge with their partner and intensify and improve their relation.



Sexual fantasies help to achieve pleasure:

just like masturbation, sexual fantasies are tolerated and accepted in the case of men but much less so when it comes to women. Nevertheless, they are important if you want to learn about your own sexuality. Women can learn to imagine erotic scenes or remember events that they have experienced, or seen at

the cinema, or relive something they have read about in literature, or they can simply let their imagination run wild conjuring up pleasurable scenarios which would never happen in reality. When a woman learns to indulge in her erotic fantasies and is familiar with her genitals she can make the most of both. For women who have never experienced this we suggest a few guidelines to help you do this: in a quiet place where a woman knows that she will not be disturbed, she should start to slowly caress each part of her body, concentrating on the pleasant sensations created by the feel of her hand on her skin. Later she can go on to softly touch her genitals while she thinks of something erotic, and slowly she should explore her feelings and sensations with different movements and rhythms. Little by little, the touching can focus on the clitoris in order to increase arousal and reach orgasm. Like any learning process, knowledge of your body requires practice and patience.

INTIMACY

Sexual relations (either alone or in company) require intimacy, as this provides a guarantee that persons and their actions will be protected from the rest of the world. Intimacy can also be a characteristic of a place which makes a human being to feel this way. Intimacy can be seen as an aspect of security. Therefore,

intimacy and confidentiality are indispensable requirements for the trust that should be paramount in consensual and pleasurable sexual relations.

EXPERIENCING SEXUALITY

As we have seen up to now, sexuality is not only concerned with the genitals and reproductive capacity but it is concerned with the whole body, with caring for and letting feelings and affection flow, with caring for loving relations, with enjoyment of physical contact, with self respect and self awareness of our own image, with knowledge of our own body, with gender roles - the social and cultural roles assigned to men and women - with their own identity as a man or woman with the social skills to relate to other persons, with feelings, and with emotions... Experiencing sexuality means feeling good, as a man or a woman, and having relations (emotional and sexual) that lead to feelings of well-being and contentment.

Fully experiencing sexuality means that each person should get to know their genitals and their body, and how they feel, enjoy and love; they should learn to accept and appreciate the way they are; and learn to experience their sexuality in a more satisfactory way which will help them to be happy and content.

Experiencing sexuality in a pleasurable way is not just experiencing intercourse. Intercourse is just one of the many ways in which as humans we are able to express our sexuality. However, there are many more ways of expressing and feeling our sexuality: with caresses, hugs, kisses, massages, masturbation (alone or with a partner) oral sex (caressing the genitals with the mouth or tongue), to name just some of the many ways...

Experiencing sexuality from the perspective of respect and recognition of the fact that women and men's sexuality are equally important. We all have the right to receive sexual information, to have satisfactory and pleasurable sexual

relations and for our sexual and reproductive rights to be respected.

Experiencing sexuality from a cultural perspective, because every culture perceives sexuality in a different way, in respect of what is understood by “sexuality”, by eroticism, and the importance it is given socially, as well as what it is “ok” to do and what is frowned on, or even punished and persecuted. In addition, every culture has different ideas of gender roles (“men should be like this and women should be like that, men can do this but women can’t, this is a woman’s business not a man’s”... and so on) However, we all know that ideas arise, develop or change.... Thinking, considering, helps cultures of the world to advance and progress, and in the same way an individual’s sexuality also develops and changes over time. As we have already mentioned, every culture has the right to construct its own view of sexuality and this deserves respect. Nevertheless, as is clear, in order to earn this respect it is important for this culture to come within the framework of Human Rights and equality between men and women.

Experiencing sexuality is something for both men and women. Although some aspects of sexuality continue to be seen as an exclusively male or female preserve, this is changing. Social change is slow to happen, but if we communicate with our partners and tell them about our tastes and desires, we can help to speed up this process.

Experiencing sexuality is complicated for women, as due to taboos and the possibility of getting pregnant, for many women it is hard to get to know themselves on an erotic level and become familiar with their body and their genitals, and learn to appreciate their sexuality outside reproduction, learning about their pleasure and satisfaction, which is just as important as a man’s sexuality.

Experiencing sexuality means overcoming gender roles, which in all cultures, to a greater or lesser degree place women in an unfavourable situation in terms of their personal and occupational development. Women continue to be more involved (at times the

only person involved) in domestic tasks, caring for their family, their children and other dependants, even when they also have to work outside the home. Many males continue to consider that domestic work is an exclusively female responsibility. This work overload for women is exhausting and does not leave them much time to spend on themselves and their partner.

To experience sexuality we need to get to know our own sexuality because as we grow we learn more about it. For example, we learn to value ourselves, we learn about our bodies, what other bodies are like, we learn about emotions and the relations of people who love each other. We also gradually form an idea of sexuality, what it is, how it is expressed, if it is something positive and a source of well-being or not

Experiencing sexuality implies differentiating between what we feel and what we are told to feel, because what we are told and what is transmitted through various channels influences our self concept of sexuality. Our sexuality is not something shameful, but quite the contrary, it is valuable and very important. This is why it is worth being curious, talking, questioning, being informed.... because all this will enable us to experience our sexuality as satisfactorily as possible.

Experiencing sexuality means learning about sexuality because it can help us to:

- Get to know ourselves better, our bodies, our desires....
- Feel happier in our relations
- Enjoy sexual relations more
- Learn more about reproduction, motherhood, fatherhood...
- Look after our health, avoiding unnecessary risks
- Know that we can enjoy our sexuality without having a partner, and how to go about this.
- Contribute more to the sexual education of our children

AND EROTICISM IS THE WAY WE CAN EXPRESS OUR SEXUALITY, WHO WE ARE, AND WHAT WE CAN EXPERIENCE

SEXUAL ORIENTATION

Sexuality enables us to feel attracted to others when we like them, fall in love with them and feel sufficient love for them to the point of spending the rest of our life with them, or simply wishing to share a few moments of pleasure with them....



Most people are heterosexual, which means that they are attracted to the opposite sex, men are attracted to women and women to men. However, there are men who are sexually attracted to men, and women who feel an attraction for women. This sexual attraction for people of the same sex is known as homosexuality. Homosexual men are called gays and women are known as lesbians. And there are also people who feel sexual attraction not only for the opposite sex but also for

their own sex who are known as bisexuals. Relations between persons of different sex, i.e. heterosexuals are considered normal in that they are the only ones which lead to biological reproduction. However, everyone has the right to follow their impulses and love or desire others, irrespective of their sex. The only restriction on any relations is respect for the desires of another and for decisions to be shared. However, homosexuality is another taboo that restricts

the development of sexuality, as most cultures and societies do not accept its existence, and even persecute or ridicule homosexuals, it may be illegal etc. Fortunately, in Spain this taboo has gradually been overcome to the point where marriage between persons of the same sex has now been recognised by law. Nevertheless, the change of mentality and stereotypes is slow, and as with gender roles, it will take time before respect for different sexual options and orientation becomes completely normal.

If you need information, in Spain there are a number of gay, lesbian, transsexual and bisexual associations that you can approach, as they offer various services (information, guidance, courses, activities ...) which are generally free of charge.

MOST FREQUENTLY ASKED QUESTIONS ON SEXUALITY:

Question: Are men who cry weak?

Response: Expressing our emotions does not make us weak, irrespective of whether we are men or women, and crying is an emotion, and as such helps us to relate to others more easily, to our environment and to ourselves.

Question: Is it true that ablation of the clitoris is the same as male circumcision, and that it is carried out for reasons of hygiene?

Response: There is absolutely no reason, hygienic or aesthetic, or of any other kind, which could justify such a negative practice for women's health. It is not comparable to male circumcision, because that operation does not affect a man's pleasure in sexual relations, nor does it cause health problems which ablation effectively does. It is important to bear in mind that ablation is a mutilation of a woman's sexual organs and this is why we call it female genital mutilation. This practice has extremely harmful consequences for women's health in general and sexual health in particular.

Question: Does the Quran advocate female genital mutilation?

Response: No, nowhere in the text of the Quran is it mentioned; quite the contrary, in the Quran the Prophet states: “Cherish your daughters and do not harm them”.

Question: How much responsibility do men have in pregnancy?

Response: Pregnancy takes two and both the man and the woman should take measures to ensure that an unwanted pregnancy does not occur. Furthermore, both the man and the woman should be responsible for preventing the spread of STI (Sexually Transmitted Infections) as they affect and harm both partners in relation.

Question: What responsibility do fathers have for their children?

Response: Fathers have the same responsibilities as mothers, and therefore they should also look after them, caring for and helping to bring up their child. In Spain fathers are required to fulfil their parental responsibilities under law and the mother can legally claim for the father to meet this requirement. The father is legally required to contribute to the maintenance and upkeep of his children, even if he is not married to the mother. If there are any doubts about the child’s paternity, the mother or the father may request that this is proven by taking a DNA test.

Question Reality: Is a woman who carries condoms in her bag a “tart”?

No, quite the opposite, because a woman who carries her own condoms if she thinks she might need them, is a responsible woman who cares and looks after herself, and in turn she

respects and protects her partner at that time. A woman can and should look after her health and the health of her partner - and vice versa - preventing disease and unwanted pregnancies.

Question: Can sexual relations continue after the man has ejaculated?

Response: Sexual relations do not have to end in male ejaculation, but instead you can continue to caress each other, kissing, masturbating or practising "oral sex" (caressing the genitals with the mouth or tongue). Sometimes couples continue their relations in order for the woman to have an orgasm through touching and caressing her clitoris.

Question: If a woman has relations with several men does it mean that she is immoral?

Response: A woman can choose whether or not to have relations, and to have them with whoever she wants. It is a fundamental human right which has nothing to do with her morals nor does it make her any better or worse as a person. The same goes for a woman as for man.

Question: Can a woman wash her hair, bathe or have intercourse when she has her period?

Response: Absolutely yes, when she has her period she can lead a normal life, wash, practise sports, touch plants, make mayonnaise and, of course, she can have sexual relations with or without penetration if she wants to.

Question: If a woman is a virgin when she marries and she remains faithful to her husband, is there any risk of her contacting a sexually transmitted infection or disease?

Response: If a woman marries without having any type of sexual contact, but her partner has had unsafe

sexual relations prior to marriage (example: intercourse without a condom) although he may not appear to have any symptoms, he may infect her with a sexually transmitted disease or infection. In this case it is important for the person who has had unsafe sex to undergo medical tests required to ensure that he is free from infections prior to having unprotected relations with his wife.

Question: Is it true that men know all about sex and women know hardly anything?

Response: Generally men in many different cultures have been able to speak more freely about sexuality, but this does not mean that they know more about it.

Question: If I take the pill can I stop worrying about my sexual relations?

Response: The contraceptive pill prevents unwanted pregnancies but it does not prevent STIs or sexually transmitted infections which unfortunately exist. And as we know, it is not possible to tell if a person has a sexually transmitted infection simply from their physical aspect. If you wish to have sexual intercourse and protect yourself from unwanted pregnancy and STIs at the same time, the best idea is to use the male or female condom. The same goes for oral-genital relations (oral sex).

Question: What is the hymen for?

Response: The hymen is a small piece of thin and flexible skin at the entrance to the vagina. There are various forms, sizes and thickness of hymen and many girls are born without it, or it can break at an early age without their realising it. It is designed to protect the vagina from infections and external micro-organisms, although this function becomes

unnecessary when in adolescence the vagina begins to create its own flora, and therefore its own defences.

Question: Do all women bleed the first time that they have intercourse and does it always hurt?

Response: Not in every case. Often the woman does not bleed at all when she first has intercourse, and many women who do bleed lose a few drops of blood. With regard to pain, if the woman feels calm and she wishes to have sexual intercourse and she trusts her partner, she will not necessarily feel pain. If, in addition, the couple approach this first relation slowly, having previously spent time fondling and caressing each other, getting to know their bodies, having created a relation of trust beforehand, including learning to masturbate and enjoying their pleasure together, it is likely that the experience will be pleasurable for the woman (and the man) and she will not feel any discomfort or pain.



11. COMMUNICATION AND SEXUALITY

SEX LIFE AS A COUPLE

Sexuality, like everything in life, may be a source of satisfaction or it may also cause problems that we do not know how to address or resolve. The most frequent problems usually include the following: feeling that sex is not enjoyable, no longer wanting to have relations, that relations with penetration hurt or are uncomfortable, feeling anxious about the possibility of having sexual relations, finding it difficult to get aroused, in women this might be manifested in an inability to lubricate, or in men a failure to have an erection, difficulty in reaching organism or never having an orgasm and wanting to have the experience..... There are also circumstances when problems arise in a couple in which one of its members, or both of them, begin to feel unhappy, dissatisfied, unable to communicate.... These situations have been experienced by almost everyone at some point in their life, either in their relations with their long term partner or with sporadic relations, and they can be resolved by talking to your partner and discovering the source of the problem. However, if this is not possible, there are services which can provide some guidance in order to reach the most appropriate solution to both sexual and relationship problems. You can attend these services by yourself or accompanied by your partner. They can help you in a confidential and private manner, and depending on what your problem is, you will be attended by professionals and /or centres for sexual guidance, social services in your neighbourhood or municipal district, sexology clinics etc... If you think you need help because you cannot solve the problem by yourself do not hesitate to seek assistance from these experts.

SEXUAL EDUCATION OF CHILDREN

All families can offer quality sex education, there is no need to be a professional in order to teach our children about sex.

How can you go about it? The first thing to do is to recognise

their sexuality, answering their questions openly, and if you do not know the answer by helping them look for information; explaining situations so that they trust you and know they can ask for your advice in any situation they may find themselves; explaining to them the problems of bullying or harassment that they may suffer through social networks; talking to them about contraceptives and the importance of using a condom to prevent disease; indicating the importance of respecting and commanding respect, and appropriate treatment in sexual relations; explaining that beauty is personal and non transferable and that whatever our body is like or whether or not we have a disability we are entitled to a full and healthy sex life; explaining to them that no adult can touch them inappropriately or make them do things that they do not want, and that if this happens they should tell you, because whatever happens, you will always be there for them and ready to help... As you can see, it is not so difficult, it is all about doing what we would have liked for ourselves, it is enough to let them know that they are important and loved, that that you listen to them and communicate without being overpowering and let them speak in their own time.



12. EQUALITY VERSUS VIOLENCE

VIOLENCE, APPROPRIATE TREATMENT AND ABUSE IN RELATIONS

Being treated properly is fundamental to a relationship (albeit with a stable partner or sporadic relations) as this will depend on whether or not your relations are satisfactory. If two people treat each other with tenderness, love, affection, attention, and care, they are much more likely to enjoy their erotic and sexual life; if in contrast, they are treated cruelly, with indifference, bad humour, lack of respect, violence or scorn, it is quite likely that your sexuality and your life in common will not be very pleasant, or even healthy.

VIOLENCE:

Violence is any act that causes harm or pain. There are many types of violence. For example, stereotypes which restrict a person's sex life (due to their gender, their sexual orientation, their appearance etc.) is cultural violence. Regulations which prevent people from making decisions about their life, their body, their health together with those who discriminate against people on grounds of their sex, race, social class etc. consist of structural violence. All acts which harm the physical, psychological and emotional health of persons can be classed as violence. If a person treats their partner with indifference, a lack of respect or violence (this may be physical such as hitting or punching or verbal, such as insults), this is violence and the person suffering that treatment will not enjoy their sexuality, or their relationship with their partners, or other aspects of their life. In Spain there is a law to protect against gender violence: Organic Law 1/2004 of 28 December on Integral Protective Measures against Gender Violence. In addition, every Autonomous Community or region, has its own law against violence which supports the state law.

CARING BEHAVIOUR:

Caring for others and those with whom we have relations in the various contexts of our life begin with caring behaviour towards ourselves. When we are kind to ourselves we feel good. Receiving

care and attention makes us feel important and improves our self esteem. In our relations with others we should care for each other, particularly if the relation is with a partner (albeit stable or sporadic) with whom we share our sexuality. Receiving care and caring for another in a relationship is essential to achieve full satisfaction and it is a right and responsibility of everyone. In any couple either party feels well treated and cared for when rights and responsibilities are reciprocal, when their opinion is taken into account, when decisions are shared, when they are cosseted and appreciated, when their partner talks without insulting or shouting, when they look after their needs and pleasure, when they are concerned for how their partner feels, when they plan contraceptives and prevention of disease together, when they both bring up and teach their children together and care for any dependents in their home... In short, when they give and receive respect, trust and listen, three key components of caring behaviour.

ABUSE AND MISTREATMENT

Abuse is a form of aggression within a relationship between two or more people. There is no single or precise definition of abuse as its characteristics depend on the context in which it occurs. Abuse can range from occasional insults to daily beatings that one partner may give to another. These forms of abuse are very clear; however there are other types of abuse which are more difficult to discern: threats, hitting objects or items, controlling behaviour (“where are you going?, with whom?, don’t dress like that, don’t go out with those people...”); isolating conduct (trying to keep you away from your family or friends, or reducing your group of friends and acquaintances); surveillance (spying on where you go and with whom, reading your mail, listening to your telephone conversations, following you, calling all the time, harassing you...); lack of respect (mocking your opinions, your family and friends, failing to keep agreements or promises, making humiliating comments on your appearance, your body your personality...); financial controls (managing your money, not allowing you to work...); sexual violence (pressurising you to have sex or any other act against your wishes). Abuse makes the victim feel worse and for this reason it is best to distance yourself from people who treat their partners in this way.

Mistreatment is the opposite of caring behaviour. Therefore, when we are mistreated we feel bad. When we are mistreated we feel rejected and this is harmful to our self esteem. To stop mistreatment, caring behaviour should be put into practice.

EQUALITY, IDENTITY AND VIOLENCE



Gender equality is a constitutional principle which states that all men and women are equal under the law, that is men and women are entitled to the same opportunities and to receive the same treatment and an obligation to comply with the law. Often when we hear talk of equality we assume that the idea is for everyone, men and women alike, to be identical, but not only is this impossible it is not desirable or advantageous to anyone. Equality is precisely the principle that gives us the right to be different. In Spain Organic Law 3/2007 on Effective Equality for Men and Women came into force on 22 March 2007. The best medicine against violence both in and outside a partnership, is recognition of the other person's equal nature.

WE ARE DIFFERENT, WE ARE EQUAL!

FREQUENTLY ASKED QUESTIONS ON ABUSE

Question: Does the person being abused like being treated that way? And if they don't like it why do they continue in the relationship?

Response: Nobody likes being badly treated and certainly not being abused. But some people feel trapped in a relationship or they feel that they do not have the means or power to get out of it. Others are frightened that the situation will be worse if they try to escape the abuse.

Question: How can you end an abusive or harmful relationship?

Response: The person who is suffering the abuse needs to realise that they can leave this relationship, that they are strong enough to do so, and that there are people who can help them. Many people have managed to leave abusive relationships.

Question: Is abuse just hitting and physical violence?

Response: There are many ways to abuse a person, and while many of them do not involve violence they can be extremely harmful and cause a lot of suffering.

Question: Do abusers change over time?

Response: People who abuse their partner do not normally change, if anything, they may become worse. Often the only solution is to leave the abuser.

Question: Who can I go to for help if I am being abused?

Response: There are many options (most of them are free and they are also confidential: women's associations, women's aid centres, legal advice centres etc.) in different cities and villages in Spain all of which provide assistance to victims (usually women) of abuse and ill treatment. If you find yourself in this situation call **016**, it is a free hotline which does not leave any trace of your call, and where you can receive advice, help and somewhere to go if you are in trouble. 016 is a 24 hour service that you can call from anywhere in Spain and receive help in several languages (including English) You can also obtain legal advice from lawyers.

13. RESOURCES, SERVICES AND PROCEDURES

13.1. GENERAL SERVICES AVAILABLE TO YOU

Spain has a number of services, organisations and institutions where you can go for advice, guidance, assessment and so on, all of which are free and confidential, relating to not only to health but also other important issues. Use of these services, for which you will need **a local registration certificate known as “empadronamiento”**, will help you to adapt and to manage the resources available to you. Below we provide information about the most important services:

SOCIAL SERVICES:

As a general rule, Social Services is a department attached to the local council where you live and they look after the welfare of everyone in your local area (children, adolescents, adults, the elderly, the disabled etc). They are staffed by qualified professionals who provide free and confidential primary attention and they will provide you with guidance, support and advice through a number of different services, so that you can obtain legal, psychological, occupational and cultural assistance and provide any other resources you may need, irrespective of whether or not you have “papers” or legal status.

EDUCATION DEPARTMENTS:

The education department will inform you how to go about enrolling your children at school (primary and secondary schools etc); out of school activities and assistance; school dinners and transport; grants; Spanish classes for children, adolescents and adults and training available for adults.

DEPARTMENTS FOR THE ELDERLY:

Some Local Councils have services designed to improve the living conditions of the elderly. They provide information on leisure, training and health activities in your area.

UNIONS:

You can find information and guidance in matters of rights and requirements in the field of work and employment, irrespective of your nationality. The unions also undertake specific activities for workers/immigrants not only if they are in work but also if they are unemployed.

EMPLOYMENT OFFICES AND JOB CENTRES:

These offices provide you with information and advice on employment and training and skills programmes.

CIVIL REGISTRY:

The civil registry issues birth, death and marriage certificates, family record book (libro de familia) etc.

POLICE STATIONS:

If you have been victim of a crime (theft, physical attack etc). you should make a complaint at the police station. In addition some police stations handle processing and issue of identification documents such as passports etc.

DRUG ADDICTION REHABILITATION CENTRES:

These centre provide information, guidance and advice to addicts helping them seek the resources that will which enable them to overcome their addiction.

YOUTH CENTRES:

These inform and advise on a number of matters: leisure, employment, training, quality of life, sexuality , technologies etc.

CENTRES FOR THE ELDERLY:

These inform and advise on a number of matters: leisure, employment, training, quality of life, etc.

WOMEN'S CENTRES:

These centres provide guidance and advice on rights and requirements, employment, legal advice, access to a number

of resources, cultural activities, leisure, living with a violent or abusive partner, etc.

NON GOVERNMENTAL ORGANISATIONS OR NGOs FOR IMMIGRANTS:

Although normally you will not find this type of organisation in small towns and villages, we would advise you to contact those that can be found in most big towns as they provide specialised care for immigrants with a number of services, providing a welcome, general information, job seeking assistance, Spanish classes, leisure etc. facilitating integration and knowledge of the country of origin's customs in addition to general services, which is extremely helpful tool for socialisation. The services these organisations provide are not always free but they are usually very economical.

RED CROSS/RED CRESCENT:

It is important to know the location of these organisations as they offer services of all kinds, however the most important is that of health care for immigrants, refugees and displaced persons with or without "papers".

HEALTH IS YOUR RIGHT AND IT IS YOUR DUTY TO TAKE CARE OF YOURSELF

13.2. HEALTH SERVICES AVAILABLE TO YOU

Below you will find some basic information on Public Health Services and if and how you can access them.

The first thing you need to know is that Royal Decree-Law 16/2012 of 20 April on urgent measures to guarantee the sustainability of the National Health System and improve the quality and safety of its services, which entered into force on 24 April 2012, has restricted the rights of access of immigrants who are not in a legal

situation in the country (that is, those without papers) to Public Health Services. Given this situation, in addition to Spanish and European citizens and those belonging to European Union non-member states with whom Spain has entered into an agreement, **who is entitled to access these services?**

- Foreigners in Spain have the right to emergency health care as a result of serious illness or accident, up to the point of hospital discharge.
- Pregnant women receive care during their pregnancy, birth of the baby and post natal care.
- Foreign minors that are children under 18 years of age receive health care in the same conditions as Spaniards.
- Foreigners who are registered or “empadronado” in a municipal district where they reside are entitled to health care in same conditions as Spaniards.

The use of Public Health Services is subject to regulations which are classified as rights and requirements and are compulsory in any Health Service Centre. These regulations may vary, based on the Autonomous Community (regional government) as decisions on health care policies have been transferred to each region which is responsible for regulating its own health system). Below we list the most common rights:

RIGHTS:

1. To respect for one’s personality, human dignity and privacy, the right to autonomous free will and non-discrimination.
2. To full and continuing information on their process (diagnosis, prognosis and treatment alternatives), in comprehensible terms.
3. To the confidentiality of all the information relating to their case.
4. To make available in all centres, services and health and social welfare establishments a Charter of Rights and

Responsibilities which should govern these centres and the right to formulate Suggestions and Claims.

5. The right to a certificate attesting to their state of health.
6. To equality in access and use of Health Services.
7. To the free choice of a general practitioner and paediatrician (up until 14 years).
8. To receive a discharge report on completion of a hospital stay.
9. Right to state preliminary written instructions on care and treatment of their health or in the case of death, the use and destination of their body and organs.

RESPONSIBILITIES:

1. Responsibility to comply with health prescriptions and health orders pursuant to the legally established terms.
2. Requirement of tolerance, as well as collaboration in order to ensure the success of health measures adopted in order to prevent risk.
3. Assume responsibility, pursuant to regulations and standards for the use care and enjoyment of the installations, services and provisions of the Health System.
4. Duty to respect the personal and professional dignity of the staff providing their services in the Health System.
5. Responsibility for compliance with the regulations and honesty in the use of the systems provisions (sick leave from work, incapacity for work, therapeutic and social assistance...).
6. Requirement to respect the regulations for use of different centres: request an appointment, respecting turns etc.

13.3. ADMINISTRATIVE PROCEDURES NECESSARY TO ACCESS THESE SERVICES

IN ORDER TO ACCESS PUBLIC SERVICES YOU NEED A CERTIFICATE OF “EMPADRONAMIENTO”!

REGISTRATION OR “PADRÓN”:

In order to regulate your status in the place where you are going to live, the first thing you need to do is go to the Town Hall or Local Council Offices and register on the Padrón Municipal or Local Residence Register. This is commonly known as “empadronamiento”. They will inform you at the council offices how to go about this. What is the **Padrón Municipal and what is it for** you may ask.

The Padrón Municipal lists all the residents in a municipal district, it is an administrative register, and is a department of the Town Hall which is responsible for its creation, maintenance, revision and custody. The Padrón municipal is the only source for official population figures.

Registration in the Padrón Municipal is both a responsibility and a right of all foreigners residing in Spain and it is the only way to acquire the status of “resident”. Registration requires the following compulsory data for each resident:

- a) Forenames and surnames
- b) Sex
- c) Valid residence card number issued by the Spanish authorities, or failing this, a document attesting to your identity or a valid passport issued by the authorities of the country of origin.
- d) Any school certificate or academic qualification that you have as this may be needed for the electoral census, provided that this respects fundamental rights recognised in the Constitution. **Provision of this information is optional.**

So, all persons with or without papers, residing in a municipal district can and should register. Registration is free and enables you to:

- Access information, guidance and support programmes offered by the municipal services.
- Send children to public authority or stated aided schools.
- Request grants and financial assistance
- Request a health service card in order to be able to receive medical attention and access medicines at reduced cost.

**REGISTER AS A RESIDENT IN THE
PLACE WHERE YOU ARE**

HEALTH SERVICE CARD:

The Health Card is a document which identifies users of the Public Health Service. Everyone, whatever their age, should have their own individual health card, including children from birth.

HOW TO GET A HEALTH CARD AND WHERE TO GET IT:

An application should be made at a Local Clinic and should be accompanied by documentation attesting to the right to assistance:

- 1.** Certificate of local registration (empadronamiento)
- 2.** Identity document (resident's card, national ID, passport etc.)

* Sometimes in some Autonomous Communities you will be asked for a social security number. If you are in work, you can obtain this number from the Social Security Office. If you do not have a contract you can ask at the local Tax Office (Hacienda) for a certificate indicating your financial situation.

Once you have been issued a health card, you will be assigned a doctor and a nurse who will be responsible for looking after your health and who will refer you to a specialist if you have any problems that require specialised attention.

If this information is not sufficient to obtain your health card, you can go to a Non- governmental Organisation or any of the associations that care for immigrants where you can obtain information, guidance and assessment in order to obtain the health card and provide you with more information on the health system.

Remember that in Spain, although you may not have legal papers:

- You have the right to receive health care in the event of emergency due to serious illness or accident, up until the moment that you are discharged from hospital.
- In the case of pregnant women they are entitled to health care during their pregnancy, birth of the baby and post natal care.
- Foreign minors, that is, under 18 years of age, receive health care in the same conditions as Spaniards.

Do not forget your obligations and responsibilities as a user of the health service: use, care, and enjoy the installations, services and provisions of the Health Service in a responsible manner; respect the personal and professional dignity of Health System staff; take note of the regulations and honesty in the use of the resources and provisions of the system (sick leave from work, incapacity for work, therapeutic and social assistance...) respect for the regulations for use of the different centres: make appointments beforehand, respect turns and queues, etc.

**YOU MUST HAVE A HEALTH CARD FOR
CONTINUED MEDICAL ASSISTANCE!**

13.4. SEXUAL COUNSELLING AND GUIDANCE SERVICES FOR IMMIGRANTS

Unión de Asociaciones Familiares (UNAF)

C/ Alberto Aguilera, 3 -11zq
28015 Madrid
Tel.: 914 463 162 1 914 463 150
Email: unaf@unaf.org
Website: www.unaf.org

Asociación Salud y Familia

Tel.: 932 682 453 1 932 683 600
Email: saludyfamilia@saludyfamilia.es
Asociación de Mujeres para un Envejecimiento Saludable - AMES
Tel.: 696 775 730 699 914 336 901
Email: ames.asociacion@gmail.com

Asociación de Mujeres para un Envejecimiento Saludable - AMES

Tel.: 696 775 730 699 914 336 901
Email: ames.asociacion@gmail.com

Asociación de familias LGTB- FLG

Tel.: 645 318 860
Email: familieslg@familieslg.org

Asociación Familias Homoparentales GALESH

Email: info@galesh.org
Website: www.galesh.org

Instituto Andaluz de la Juventud

Tel.: 901 406 969

Servicio de Información Telefónica para la embarazada (SITE)

Tel.: 918 222 436
Opening hours Monday to Friday from 9:00 to 15:00 h

Federación de Planificación Familiar Estatal

Information and advisory service for sexual and reproductive safety of immigrant women

Tel.: 685 493 430 in Madrid*

Tel.: 688 904 980 in Barcelona

* gynaecological care services are also provided

Tel.: 615 362 774 in Albacete

Tel.: 698126 048 in A Coruña

INFORMATION ON HIV-AIDS AND OTHER STIs.

Service for the attention of immigrants. Hospital Ramón y Cajal.

Tropical Medicine Unit Infectious diseases

Tel.: 662 027 765 913 368 000 7952

Email: ignacio.pena@saludentreculturas.es

Multi-channel Service for the Information and Prevention of HIV

Tel.: 900 111 000. Opening hours: Monday to Friday from 10:00h to 20:00 (except for public holidays) and Saturdays and Sundays from 9.30 h to 14.30 h. Email: informacionvih@cruzroja.es

Website: www.cruzroja.es/vih

INFORMATION ON GENDER VIOLENCE

Federación de Mujeres Separadas y Divorciadas (FAMSD)

Tel.: 914 418 560/55

Email: info@separadasydivorciadas.org

Federación de Mujeres Progresistas (FMP)

Tel.: 900 502 091

Email: fmp@fmujeresprogresistas.org

WE HOPE THAT THIS GUIDE WILL HELP YOU TO GET TO KNOW YOURSELF BETTER, AND IMPROVE RELATIONS WITH YOUR PARTNER, YOUR FAMILY AND THE SOCIETY IN WHICH YOU ARE GOING TO LIVE.

HEALTHCARE

Healthcare Card

Email: informacionsanitaria@msssi.es

Tel: 915 961 531

Social Security

Tel: 901 16 65 65

Madrid Healthcare Information Line

Tel: 012

Say YES to Universal Access to Healthcare

Up to date information on universal access to healthcare.

<http://yosisanidaduniversal.net/portada.php>



unión de asociaciones familiares

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unaf@unaf.org
www.unaf.org



DECLARADA DE UTILIDAD PÚBLICA

Our goal is family well-being



SECRETARÍA GENERAL
DE INMIGRACIÓN Y
EMIGRACIÓN

DIRECCIÓN GENERAL DE
MIGRACIONES



UNIÓN EUROPEA
FONDO DE ASILO,
MIGRACIÓN E
INTEGRACIÓN

Por una Europa plural