

Sexuality and Culture

Information Guide for the
Promotion of Sexual Health



unión de asociaciones familiares

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**Information Guide for the Promotion
of Sexual Health**

Legal deposit

M-25811-2018

Coordination and technical review

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The Unión de Asociaciones Familiares (UNAF) is a non-profit organisation that has been declared an Association of Public Interest and a Special Consultant to ECOSOC. It has worked in defence of the rights and well-being of families since 1988.

At UNAF, we work to ensure that all families can exercise their rights and guarantee the full development, well-being and quality of life of all family members. Within this framework, we believe in the solid defence of sexual and reproductive rights, and in the promotion of sexual health as a fundamental right enjoyed by everyone, regardless of their background, gender and identity.

We take a gender-based and intercultural approach to our work, providing learning spaces, developing networks, creating educational materials and ensuring the observance and respect of people's rights.

Information on sexual and reproductive rights – within the framework of sexual education and the promotion of sexual health – is an essential tool used to give migrants in Spain the resources they need to answer questions and problems related to sexuality.

The aim of this guide is to facilitate access to information, encourage reflections on beliefs and myths about sexuality, and promote care, acceptance and respect in romantic affective and sexual relationships.

**Ascensión Iglesias
Redondo**

UNAF President

Sexuality and Culture

Who and what is this guide for?

We've made this information guide "SEXUALITY AND CULTURE" to promote sexual health and the sexual and reproductive rights enjoyed by everyone, especially migrants in Spain. This guide might be useful for young and old people who may or may not have chosen to have a partner (or partners), and for people who may or may not have or want one-off sexual encounters. This guide offers gender-specific information to promote a shared experience of sexuality in a healthy, responsible and pleasurable way. While you read, we'll try to redefine concepts linked to sexuality, highlight the influence of society and culture on our lives and desires, and rediscover our bodies and lifecycles. We'll also discuss family planning, contraception and sexually transmitted infections, as well as other aspects related to human sexuality.

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The migration process

Sexuality is an innate human condition common to all people in every country of the world. Various socio-cultural, legal and economic factors have created an imaginary construct and a set of different rules, values, beliefs and ideas on how to experience sexuality. As such, where we're educated has a direct impact on how we conceive, express and experience our sexuality. It's also constantly shaped by processes throughout our lives. Migration processes, intercultural exchanges, family relationships, connections and romantic experiences are just some of the aspects that continuously shape us sexually.

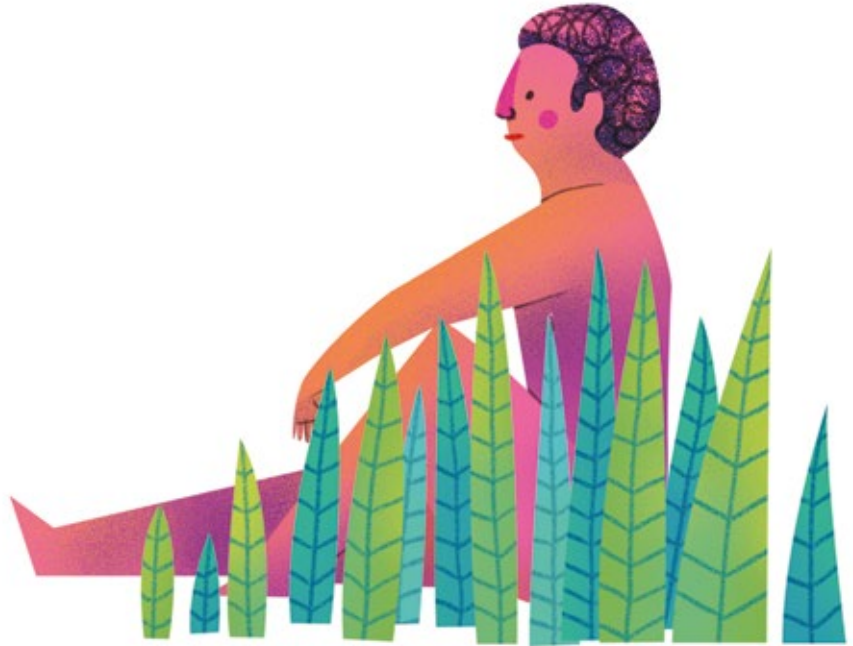
Migration is a right, and people migrate for different reasons. Most migration processes start with the search for new opportunities and a better quality of life with regard to health, education, security and employment. Migration is a process that affects and changes people's lives, as it involves many things like adapting to new cultures: different ways of life, interaction, teachings, beliefs, customs and organisational structures. These situations can cause stress and affect people's health and sexuality. Migration might be a good opportunity, but it can also make people even more vulnerable due to different aspects of social inequality: difficulties registering in a country, finding work and a place to live, prejudices, stereotypes and racist attitudes, language difficulties, etc.



The structural gender-based violence found in all societies means these inequalities have a greater effect on women and a negative impact on their health. Information and resources need to be provided to contemplate these difficulties and ensure that migrant populations are aware of their rights and can exercise them, especially those related to their sexual and reproductive health. It's also necessary to work with all members of society to create equal opportunities and rights for people from all backgrounds.

Sexual education from an intercultural perspective is a very important tool that can be used to enjoy sexuality in a healthy and pleasurable way and promote the full development of all people, building harmonious and healthy living spaces for everyone.





Sexual and reproductive health

Health is of vital importance to humanity. That's why the United Nations created the World Health Organisation (WHO) in 1948, which specialises in managing health policies for prevention, promotion and intervention around the world. The existence of the WHO highlights **how health is a universal right** that governments have to safeguard and respect.

Sexual and reproductive health is defined by the World Health Organisation (WHO) as “a state of physical, emotional, mental and social well-being in relation to sexuality and all aspects related to the reproductive system, its functions and processes”. This is protected through sexual and reproductive rights. Sexual and reproductive rights are internationally recognised human rights. States are obliged to create the conditions required for all people to fully exercise these rights in a safe and satisfactory manner and to freely make all related decisions without any form of coercion. These rights are universal and inalienable. Everyone has rights, regardless of their age, gender, identity, sexual orientation, ethnicity, social class, medical condition or level of education, etc. Nevertheless, these rights are yet to be granted in many countries.

The WHO states that 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”. Therefore, reproductive health implies that people can have “a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so”. Both men and women have the right to obtain information and access to safe, effective and affordable birth control. They’re also entitled to enjoy accessible family planning and public health services that offer adequate professional care to pregnant women and make sure childbirth is safe to guarantee healthy children.

Migrants in Spain may have the chance to discover and access more resources and enjoy more rights, but this access must be guaranteed by counteracting certain obstacles like unawareness, administrative and bureaucratic procedures, language difficulties, key cultural factors, and prejudices and preconceived ideas that can make it difficult for migrants to receive support from social services, healthcare centres and educational institutions.

Sexual rights

I have a right to:

- Discover, experiment and enjoy my sexuality.
- Choose my sexual partners and decide how long my relationships last.
- Experience my sexuality with good treatment, mutual respect and no violence whatsoever.
- Have consensual sex when my partner and I feel like it.
- Experience and freely express my sexual orientation and gender identity.
- Use protection to prevent the transmission of sexual diseases and unwanted pregnancies.
- Obtain reliable information and access to quality services for my sexual health.

Reproductive rights

I have a right to:

- Decide whether or not I want children, how many and when.
- Plan pregnancies and go through childbirth and postpartum periods with access to services, adequate contraception and specialist advice.
- Choose the type of family I'd like to have.
- Access appropriate services to balance motherhood and family life.
- Receive comprehensive information and education on sexual issues throughout my life.
- Access modern contraceptives, including emergency contraception, and comprehensive healthcare services to guarantee a safe motherhood.

An artistic illustration of a woman's face and hand. The face is rendered in light blue with dark blue outlines for the eyes, nose, and mouth. Her eyes are closed, and her lips are slightly parted. There are red circular accents on her cheeks and lips. Her hand is shown in a similar light blue tone, with red accents on the fingers. The background is a gradient of blue and red.

Sexuality:

sex – gender – identity – orientation

Sexuality is a human quality, an innate characteristic present in all people from the day they're born until the day they die. It includes aspects like interaction, pleasure, affection, emotions, desires and reproduction.

When we talk about sexuality, we can differentiate between **biological and psychological aspects**. It also involves **social aspects**, because our sexuality is equally defined by the historical, social, political and cultural context in which we're educated and live.

Everybody has their own particular sexuality; it's a unique and authentic quality that reflects the independent development of every individual. There are as many different sexualities as people and, no matter how we describe our sexuality, we all deserve to be loved and respected.



You could say **sexuality has three functions**: reproduction, interaction and pleasure. It lets us interact and communicate with other people, reproduce if we wish and, above all, experience pleasure throughout our body, including our brain.

Many aspects help to mould our sexuality, but two are essential: **sex and gender**. It's important to discuss and explain these concepts to have a clear idea of how they influence our lives, feelings, emotions and physiological characteristics, and to see how they affect our education, the image society has of us, what we're allowed to do, think and express, and even how they affect our rights and health.

Sex

Sex is a characteristic and not just an act as we commonly use the word. It refers to a person's biology on many different levels. It determines the development of certain bio-physical characteristics. We can talk about sex on three different levels:

Chromosomes

XX (female) XY (male)

Gonads

Development of ovaries or testicles

Genitals

Development of vagina and vulva or penis



Everyone is sexed (born with a sex), but nobody is sexed in the same way. Similarly, we're all people but we don't all have the same personality.

Some people are born intersexual, i.e. with ambiguous genitalia, as defined on a very rigid, exclusive and dichotomous scale (penis-vulva).

Intersexuality is an organic deviation that causes discrepancies between a person's sex and their genitalia; they can possess a varying degree of genetic and phenotypic characteristics

associated with both males and females.

This may start to manifest itself at any stage of a person's development, from birth until adulthood. It's more common than we think. Forcing the body of an intersexual person to take the form of one sex or another, or approaching this from a pathological perspective to try to "cure the illness" without considering the person's wishes and needs, is a violation of their sexual and reproductive rights and a danger to their health.



Gender

This describes the presupposed attributes, values, characteristics and behaviour that are imposed on people for being male or female. They determine the education we receive and the way we live and behave. This is what we know as "masculine" and "feminine". Cultures and societies impose social conventions that divide us up according to our roles, abilities, attitudes, laws, rights, behaviour, etc. Some cultures recognise and differentiate between more than two genders.

Gender construction is a form of education that forms part of a person's socialisation process with their family, school, religion, culture, laws, media... Societies use gender construction to convey and preserve the expectations they have of acceptable male and female behaviour, occasionally punishing those who do not adhere to these standards. These standards are different in every country and culture.

These differences also give rise to a **hierarchical and unequal society** that attaches more value to masculinity (associated with men) than femininity

(associated with women), establishing a clear power relationship where women are in a position of inequality. This is called a "patriarchy". Patriarchies generate situations of power and inequality between men and women with serious consequences in all aspects of life: greater poverty among women, honour crimes, forced marriages, rape, female genital mutilation, misogynistic killings... The degree of gender inequality can vary from society to society, but it's always more unjust for women than for men. **There is a universal patriarchy** in all parts of the world.



We're all different and have different feelings when it comes to our bodies and our way of living and expressing our sexuality. That's why we're entitled to free emotion, expression and respect for our sexual diversity

Gender identity

This is the subjective perception that someone has of their gender: male, female or other identities. Your gender identity doesn't have to match certain genitalia (penis/vulva); it's more to do with how you think and feel, which is why some people (transsexuals) don't identify with the gender associated with their biological sex.

Sexual orientation or desire

Sexual orientation is related to sexual desire, as it indicates the sex we're attracted to: people of the same sex, the opposite sex, or both. This manifests itself through our expressions, feelings, fantasies and sexual practices.





- **Homosexual:** You're attracted to people of the same sex: gay men and lesbian women.
- **Heterosexual:** You're attracted to people of the opposite sex.
- **Bisexual:** You're attracted to people of both the same and opposite sex.

All sexual orientations are valid.

They're a personal choice that we shouldn't question or deny. However, homosexuality is often punished and censored. Cultures and societies have differing views on homosexuality. Many places see it as an illness, sin, abnormality or perversion; some countries consider it an illegal practice punishable by incarceration or even death. These attitudes of rejection, phobia and intolerance towards homosexuals and bisexuals can cause serious problems for the acceptance, development and socialisation of the victims, and they're also a violation of sexual and reproductive rights.

There are as many identities and sexual orientations as people.

These are known collectively as LGBTIQ groups (lesbian, gay, bisexual, trans, intersexual and queer). In Spain and other countries, people of the same sex are allowed to marry and start a family. Although there are laws to safeguard this sexual diversity, people who identify with these groups can suffer homophobic attacks, harassment and discrimination from those who are scared by such identities.

We can only protect and promote free choice and the full and healthy development of everyone's sexuality by spreading knowledge, respect and tolerance.



Gender roles and stereotypes

These refer to the various rules, characteristics and expectations assigned to each sex. These roles mark out a guide for how our society and culture expect people to behave and think, depending on whether they're male or female. As such, the male-masculine subject is assigned tasks that are carried out in the public sphere with the aim of providing for the family; these are considered productive tasks, and they're valued on an economic, cultural and social level. Certain qualities are expected like physical and mental strength, security and competitiveness. By contrast, the female-feminine subject is assigned tasks that are carried out in the private or domestic sphere with the aim of raising children and caring for relatives; these are considered reproductive tasks, and they're not valued on an economic, social or cultural level.



Gender rules and sexuality

Sexuality is also influenced by gender rules that have been passed on through families, religions, customs, traditions, schools and the media over the years. Women are not only associated with reproduction; they're also assigned an erotic role as objects of desire (giving pleasure to others with their bodies, being subject to the desires of men), and women's ability to desire is suppressed (they're not able to express their tastes, preferences and wants). These rules condition people's lives, influence relationships between men and women and affect people's sexual and reproductive health by causing various consequences for the general well-being of people, partners and families.

Gender rules create inequality and situations of violence against women in all areas of their lives and erotic encounters: physical violence (aggression, threats), sexual violence (abuse, rape, etc.), psychological violence (blackmail for sex), symbolic violence (use of female bodies for advertising).



For women...

Reproduction and pleasure:

These gender rules prevent women from having the same level of desire and sexual needs as men. Female sexuality has been reduced to reproduction, relegating women to a passive and complacent role in erotic encounters. This suppresses women's expression of desire, and limits their ability to enjoy their own bodies and decide whether or not to have children.

Body and genitals:

The body is considered a place of sin, and female genitalia are thought of as dirty, impure and immoral. These rules make it difficult for women to accept their bodies and have a negative impact on their self-esteem. This also causes women to know little about their bodies and reject them, which often stops women from enjoying their bodies freely.

Control over women:

In many different cultures, women have been – and still are – exposed to various forms of control over their bodies and sexuality. The female figure has been relegated to an object owned by men for their sexual use. This control over women's bodies and sexuality has caused things like the establishment of aesthetic canons, the virtue of virginity, honour crimes, forced virginity in women, female genital mutilation and forced marriages.

For men...

Desire and expression:

Cultural rules consider men to be the only desiring subjects. They learn that desire and sexual pleasure increase their masculinity and virility. Therefore, men's sexual expression of desire is accepted and encouraged. It's considered a virtue and positive quality that represents them.

Role as active subjects:

Certain rules force men to take an active role and always appear ready for sex. They're pressured and allowed by society to become sexually active, focusing more on their number of sexual encounters to gain experience and not so much on the quality of those relationships.

Control and responsibility:

Men have to know everything about sexuality, which makes them responsible for women's pleasure. This pressure to know everything, combined with their obligation to be ready at all times, may cause difficulties in erotic relationships due to the fear of underperforming, failing to give pleasure or not responding with desire to expectations.

The most common problem with men's sexual response is their difficulty to get or maintain an erection, as well as premature or retrograde ejaculation. These situations may cause embarrassment and distress; as a result, men may refuse to seek medical help, and this can worsen symptoms and men's health in general*.

*If these symptoms appear, get in touch with your local health centre or specialist healthcare services.

Gender rules put men's sexual health at risk, as men are portrayed as all-knowing. As a result, men may enter risky erotic relationships, and they might not look after themselves, ask questions, share their feelings of discomfort or seek medical advice.



In intimate relationships...

Gender rules also determine who people can have sexual relationships with and how. These ideals mean heterosexuality is considered the only valid form of relationship. This is known as "heteronormativity". Sexual (penile-vaginal) intercourse is also put at the centre of such relationships as the most important, fundamental and pleasurable form of (sexual) loving. This is called "coitocentrism". Any erotic relationships that do not follow these rules are rejected and discriminated by society. This is totally unjust and limiting, as everyone has the right to experience sexuality with freedom and respect, and to experiment and enjoy different forms of pleasure.

How can we challenge gender rules?

Gender rules are present in our lives in some ways that we're aware of and others that we don't realise. They're limiting and difficult to observe. The good news is they're learned and can therefore be unlearned. We can stop propagating them by breaking away from them and creating other realities that are more inclusive, equal and healthy.

Recognising our own desires and acting upon them liberates us from observing the rules imposed by society and our families as to how things ought to be. This lets us have a healthier, fuller and more conscious sexual life. We can unlearn the sexist ideas on sexuality imposed by these rules and discover, choose and communicate what we want, what we like, when we want it and how we like it. This gives us more independence to decide and take control of our lives. To do this, we need time and spaces of freedom and pleasure.

An illustration featuring two women. The woman in the foreground has dark skin, braided hair, and is wearing a blue top with a yellow geometric pattern. The woman behind her has light skin, short blonde hair, and is wearing a red and white striped shirt. A red circular speech bubble is positioned in the upper right area of the image.

You can join
lots of social
associations to
find this type
of space. Have
a look in your
area.



Female genital mutilation

According to the World Health Organisation (WHO), *"female genital mutilation comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons"*.

There are various types of mutilation:



Type I

Partial or total removal of the clitoris and/or prepuce.



Type II

Partial or total removal of the clitoris and labia minora, with or without excision of the labia majora.



Type III

Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris.

Type IV

All other harmful procedures to the female genitalia for non-medical purposes (e.g. pricking, piercing, incising, scraping and cauterising the genital area) to widen or narrow the vaginal opening.

Consequences of female genital mutilation for women and girls

PHYSICAL	PSYCHOLOGICAL	SEXUAL	BABIES
Anaemia	Anxiety, depression, phobias	Changes in sexual sensitivity	Greater risk of infections during pregnancy
Infections	Low self-esteem, submissiveness	Pain during sex	Foetal distress and lack of oxygen
Complications during childbirth	Somatisation, feelings of shame	Reduction in sexual desire	Complications in childbirth, greater risk for the mother and/or baby

This is a form of violence against women; it's internationally recognised as a human rights violation. The cutting and/or removal of female genitalia as a marker of gender identity reaffirms the patriarchal power in communities that perform the practice, ensures control over women's bodies and sexuality, and sustains gender rules like purity, virginity and the prohibition of female sexual desire.

Female genital mutilation reveals gender inequality, as it deprives women and girls of the rights enjoyed by men and boys (the right to life, sexual and reproductive rights, the right to be free from torture and violence, the right to physical integrity, the right to health, etc.).

Contrary to the cultural myth, this practice doesn't have any beneficial health effects, nor does it benefit the development of the communities in which the practice is performed. On the contrary, it has serious consequences for the health of women and girls, causing tremendous suffering and increasing infant mortality during childbirth. It also makes it difficult for men and women to enjoy healthy and pleasurable relationships and hampers the community's economic and social development. It's not linked to any religious practice, as it's performed by Muslim, Jewish, Christian and animistic communities... There are also predominantly Muslim countries that don't perform the practice, such as Morocco, Turkey and Tunisia.

There are international laws that prohibit FGM as a violation of women's human rights and an extreme form of gender-based violence. In Spain, female genital mutilation is forbidden and punishable by imprisonment. Sexual education is essential to consolidate everybody's sexual and reproductive rights. Access to information on the causes and effects of female genital mutilation helps women and families to understand that it's damaging to their health. It also helps to generate arguments and develop personal resources that contribute to the abandonment of the practice to safeguard the rights of women and girls.

The key to eradicating FGM is to raise awareness, prevent the practice, open dialogues and strengthen positive cultural values, so that we can reflect and learn together to advance towards the fulfilment of human rights for a life that is free from violence in all cultures.





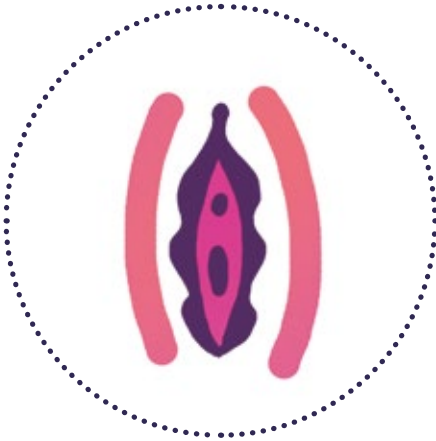
Male and female genital anatomy

Genital anatomy refers to the group of organs whose functions are related to sexual reproduction, the synthesis of sexual hormones and urination.

Female genital anatomy

Female genitals are made up of:

External genitalia



Internal genitalia

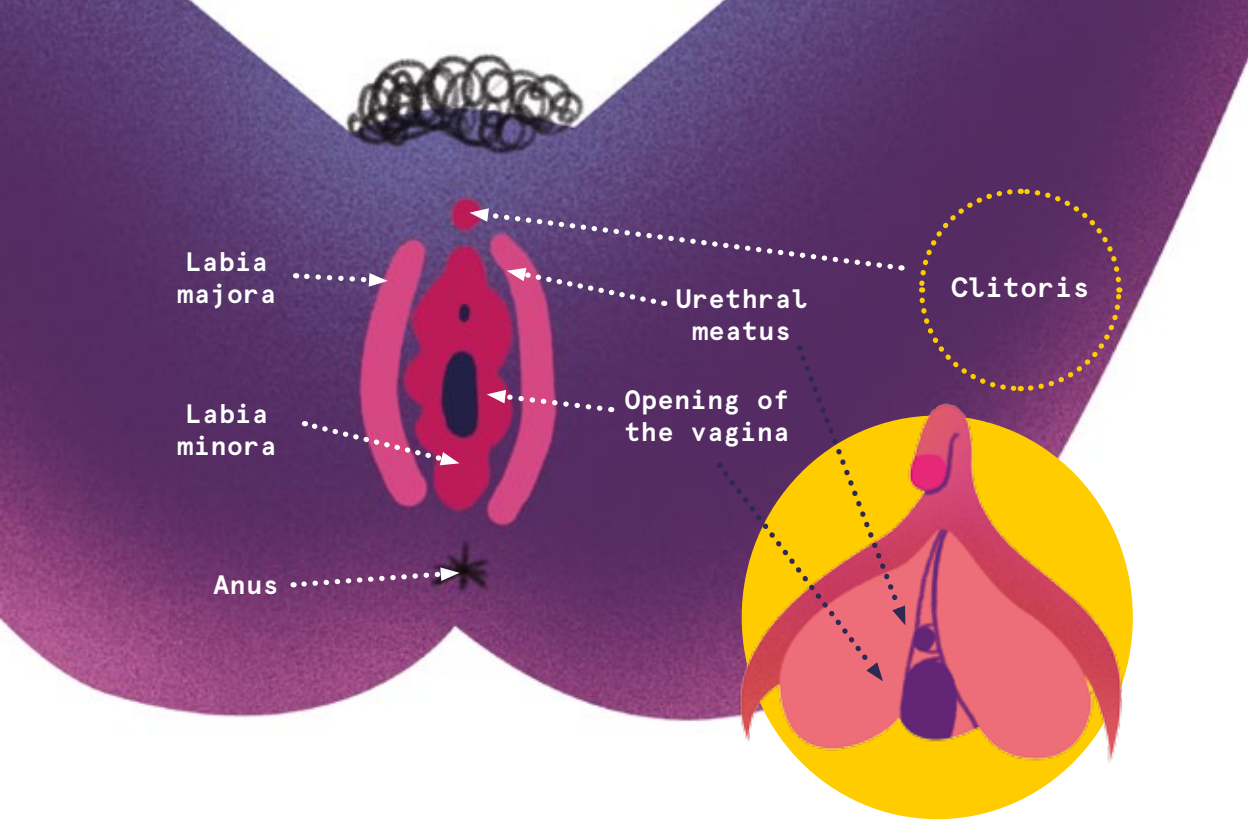


Female external genitalia

The female external genitalia are made up of: the vulva, mons pubis, tip of the clitoris, urethral meatus/urethra, opening of the vagina, perineum, anus, labia minora and labia majora. Illustration 11: the vulva.

The vulva is the part of the female genitalia that can be seen from the outside. All vulvas are different in the shape and size of the labia minora and majora, in the bushiness and colour of the pubic hair, and also in the form of the clitoris. Every vulva is different, unique, and changes throughout a woman's life.

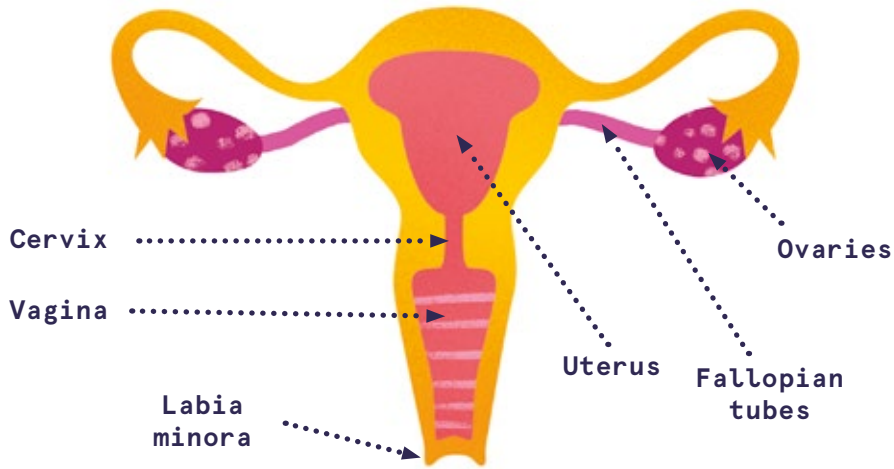
The mons pubis and labia majora (covered in hair from puberty onwards) are the outermost points of the vulva. Between the external **labia majora**, you can find the labia minora; these are hairless and constantly secrete fluid. These are the parts of the vulva that vary most in shape, size and colour from one woman to another. They're made of erectile tissue (they become erect when filled with blood during arousal and/or stimulation).



We can observe two more openings: the urethral meatus (outlet of the urethra), through which urine passes; and the opening of the vagina, through which the vagina receives the penis during intercourse, babies are delivered during childbirth, and vaginal fluid and blood are secreted during menstruation.

The visible part of the clitoris can be found at the top of the intersection between the labia minora and majora. It also has an internal structure with over eight thousand nerve endings. This is the female sexual organ whose only function is to provide pleasure. It's very sensitive, especially to the touch, and so one way to get pleasure

is to stroke the clitoris and surrounding areas. It's an organ with a structure and erectile tissue. Women who have suffered female genital mutilation may find it more difficult to obtain sexual pleasure. But it's not always like that; you've got to consider other factors that might also affect the way you experience sexuality (desire, self-awareness, self-esteem, communication) and work on these to improve your pleasure and sexual gratification. In some cases, reconstructive surgery may be advisable to reduce pain and facilitate sexual pleasure. Women must always decide for themselves after receiving the necessary information.



Female internal genitalia

The internal genitalia are made up of the vagina, uterus, Fallopian tubes and ovaries.

Prevention is essential for your health!



The vagina: This is a highly elastic tract that joins the uterus with the outer part; it's located between the urethral meatus and anus. **The uterus** is an organ shaped like an inverted pear with lots of muscles. Its inner part has a lining of tissue (“**endometrium**”) which is supplied by lots of blood vessels. Every month, the endometrium constantly changes in thickness and consistency, so that it can hold a fertilised egg if a woman gets pregnant. This is where embryos grow and develop during pregnancy. Its muscles allow it to expand during this process. If a woman doesn't fall pregnant, the endometrium is detached from the uterus and released during menstruation, and it will start to become thicker again during her next menstrual cycle. The narrowest part of the uterus is called the cervix, which leads to the vagina.

The Fallopian tubes come as a pair; they're located on each side of the uterus. The tubes receive an egg released by the ovaries and transport it to the uterus. **The ovaries** are two almond-shaped organs found at the end of the tubes on each side of the uterus. They secrete hormones that help to develop female sexual characteristics (oestrogen and progesterone) and their function is to cause **eggs** to mature. Eggs ("ova") are reproductive cells found in the ovaries. They can be fertilised by sperm to create a zygote (the result of the combining an egg and sperm). They carry genetic material.

Pelvic floor muscles

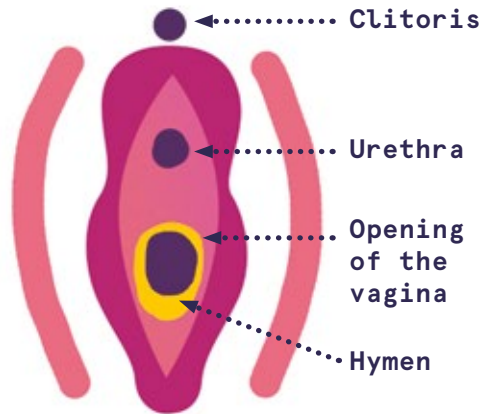
There's a group of muscles around the urethra and anus known as the pelvic floor muscles; these are particularly important for our sexual health. The pelvic floor may sometimes be weakened by child-birth or other causes. It's important to maintain the muscular tone of the vagina, because it makes sexual relations more satisfying and helps to prevent possible leakages of urine, genital prolapses, and weak uteruses and bladders in older women.

One way sexually transmitted infections can be detected and prevented is if all women find the right time and a private space to look at their genitals and identify their parts with the help of a mirror. This way, women can discover their organs, learn to love them, recognise their beauty, look after them and detect any strange symptoms like warts, wounds, changes in the colour of discharge, a strong smell, itching, pain, inflammation, etc.

If you have any doubts about your sexual health, get in touch with your local health centre or specialist healthcare service. It's important to have regular gynaecological check-ups every 1 to 3 years.



The hymen myth



People talk about the hymen and attach a lot of importance to it because of gender roles and the control exerted over women's sexuality and bodies. There's a correlation between the importance given to the hymen (and thus virginity) and the oppression of women and their lack of rights. So-called "virginity tests" and their consequences form part of the violence exerted against women; this is a form of sexual violence and a violation of sexual and reproductive rights. In many cultures and societies, women are oppressed, harassed and punished for deciding to have sexual relations outside of wedlock, and the idea is conveyed that a woman's first experience of sexual intercourse (and not a man's) must take place within the context and framework imposed by her society, religion or family. When people talk about female sexuality, they often speak of purity, honour, tradition and sin, and they don't mention desire, enjoyment, pleasure or sharing. This is all related to the **myth of virginity**: Virginity is a cultural construct/belief and not a medical state. The hymen is a very fine membrane developed in the womb; it surrounds the opening of the vagina. It recedes during growth and disappears during adulthood in the vast majority of cases. It can come in various different shapes depending on the woman. It's sometimes undetectable. Girls can be born without a hymen, and it can disappear as a result of normal growth and daily activities. In other cases, the hymen may cover the opening of the vagina and must be removed to ensure the outlet of menstrual fluid. The hymen doesn't have a function, it's not an important anatomical structure, and it doesn't suggest any specific difference in a woman's health.

HYMEN

TRUE OR FALSE

Is the hymen a sign of virginity?

NO. "Virginity" is a gender-based cultural construct and not a medical state.

Can you tell whether a woman is a virgin by taking a virginity test?

NO. So-called "virginity tests" are some of the practices that violate women's integrity; they're a form of physical, psychological and emotional abuse with serious consequences for women's mental health. They're not backed up by any evidence, and they've got no scientific or medical credibility. They're fuelled by myths and false beliefs.

Is sexual intercourse always bloody and painful the first time the hymen is broken?

NO. It's a MYTH that women bleed and feel pain the first time they have sexual intercourse. Pain and slight bloodstains are related to other factors like fear, tension, lack of lubrication, forced penetration and muscular contraction.

Can you reconstruct the hymen? What about virginity?

The relationship between the hymen and virginity is such a deeply-rooted myth that it even has an influence on aesthetic culture, as can be observed with hymen "repairs". Opportunistic private clinics offer surgical treatments, taking advantage of the fear and pressure exerted by society on women and helping to perpetuate this practice and myth.

Male genital anatomy

Just like women, men have internal and external genital organs.

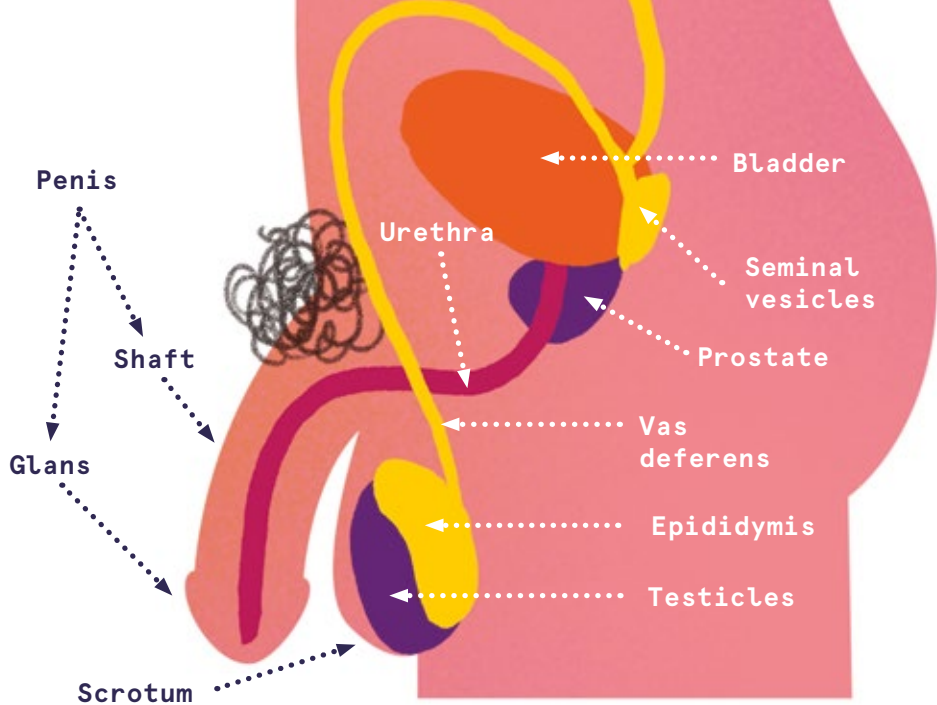
Male external genitalia

The external genital organs (penis and scrotum around the testicles) are visible to the naked eye.

The scrotum is the pouch of skin that covers the testicles. Its function is to keep the testicles at the right temperature, so that they can produce sperm.

The penis is the male sexual organ used to pass urine and sperm and to have intercourse. It's full of nerve endings and blood vessels, which means more blood can be pumped to the penis during sexual arousal, causing an erection. The expulsion of semen is called **ejaculation**. The penis drives semen down the shaft through the urethra, the same route taken by urine from the bladder to the outside. The visible parts of the penis are made up of the **shaft and glans**. **The glans**, or head, is the most sensitive part of the penis; it's covered by the foreskin. Penises vary in shape, size, thickness and colour, and they constantly change throughout a man's life.

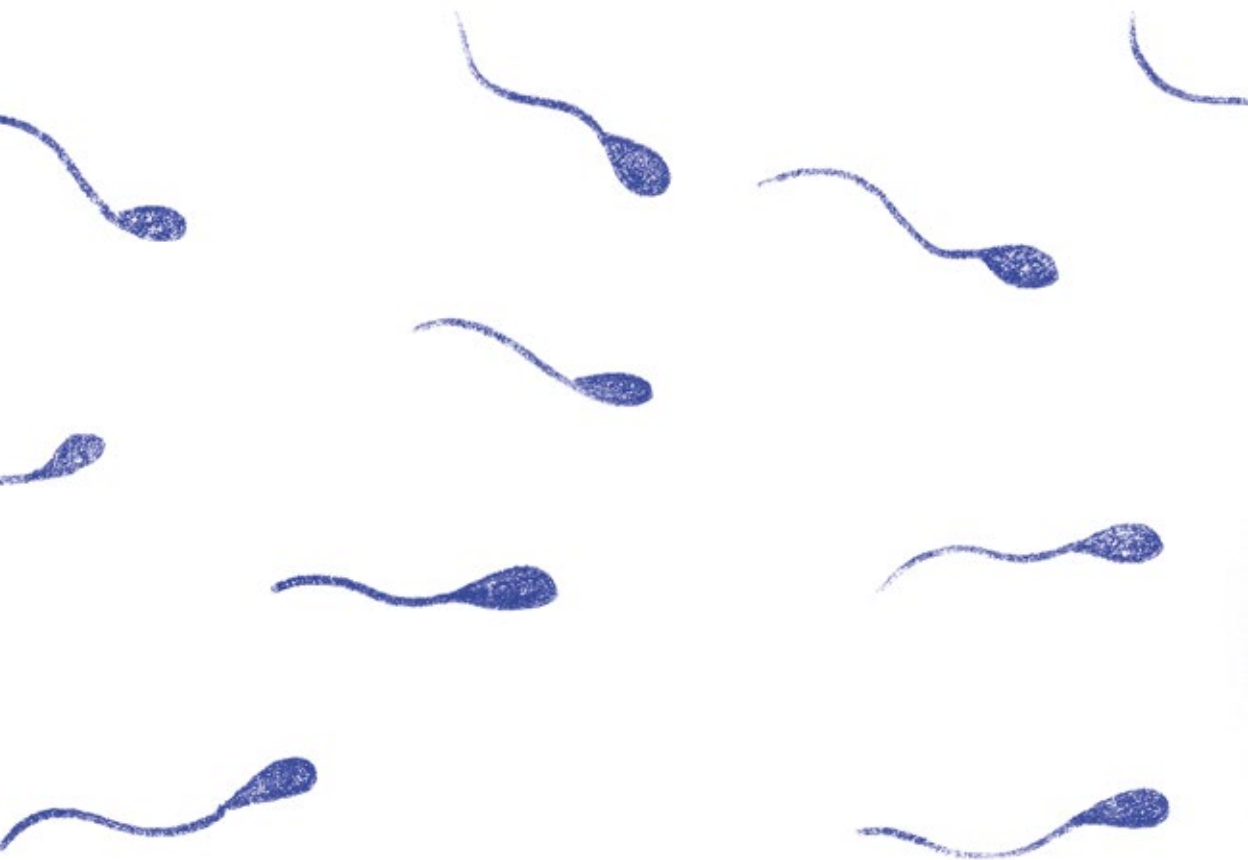
*Some boys are circumcised, which means cutting the foreskin for non-medical reasons. Circumcision is performed as a result of religious or socio-cultural beliefs, and it's usually carried out in the first days of a boy's life. This practice doesn't mean men give or receive more pleasure, it doesn't have a direct impact on genital hygiene, and it doesn't prevent sexually transmitted infections. Babies and children feel pain during circumcision. It can sometimes cause long-term rashes and irritability on the glans, and this may cause distress and health problems. It cannot be compared to female genital mutilation with regard to its (immediate and future) health effects for women or the causes and reasons for the practice, but there are also movements against male circumcision that fight for the abolition of a practice that violates children's rights and men's right to physical integrity.



Male internal genitalia

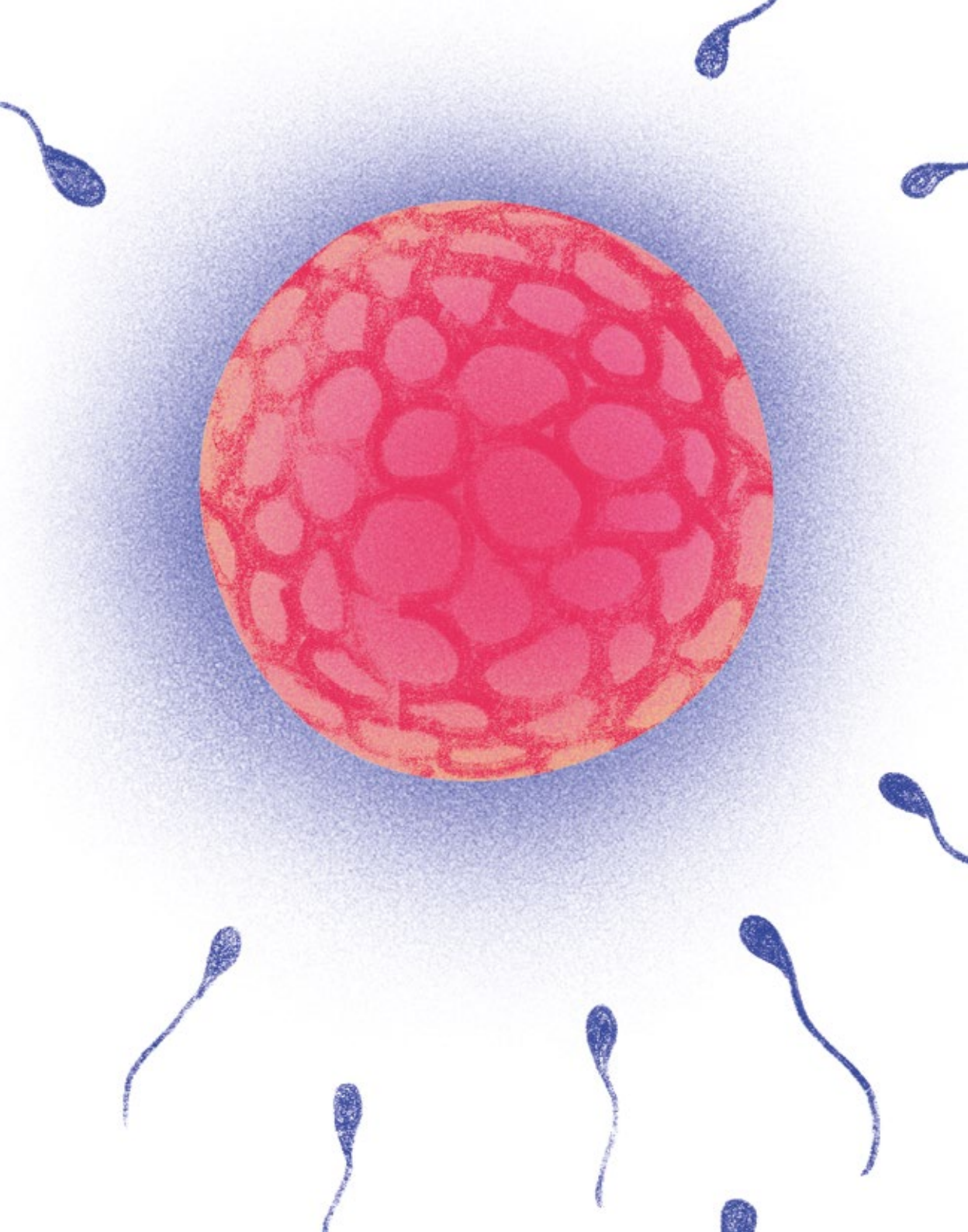
The internal genitalia are made up of the testicles, epididymis, vas deferens, seminal vesicles, ejaculatory duct, prostate and urethra.


The testicles are a pair of egg-shaped organs found in the scrotum; they produce sperm and testosterone (the male hormone). They're not positioned at the same height; most men's left testicle is a little lower than the right one. Next to the testicles, you can find the **epididymis** and **vas deferens**: The first is used to store sperm, while the second is needed to move sperm to the outside. **The seminal vesicles** produce semen, which lets sperm move around easily and provides nutrients and protection. **The ejaculatory duct** leads semen from the seminal vesicles to the urethra, so that it can be released through the penis during ejaculation. **The prostate** is located at the opening of the urinary bladder; it produces part of the seminal fluid that protects and feeds the sperm contained in semen. **The urethra** is a duct used to get rid of semen and the urine stored in the bladder. **Semen** or **sperm** is the set of spermatozoa that combine with the seminal fluid secreted by the seminal vesicles and the prostatic fluid from the prostate.



Reproduction

Human reproduction is a sexual biological process (involving both sexes), whereby new human beings are created by fusing two cells: **the egg** and **sperm**. Reproduction is the responsibility of both men and women; both must be involved in the planning stage and all aspects of pregnancy, childbirth, the post-partum period and the raising of children. A person's reproductive years begin during puberty, when women begin to menstruate, and men start to ejaculate.



A decorative illustration in the top right corner of the page shows several blue sperm cells with long, wavy tails, swimming towards the left. The sperm heads are oval-shaped with a darker blue spot in the center.

Reproductive rights protect every person's independence and freedom to responsibly decide whether or not to have children, how many, when and with whom.

Many things have to happen for a woman to become pregnant: For example, sperm has to reach the uterus through the vagina. This is usually achieved through sexual intercourse (penis-vagina): When semen is ejaculated, sperm enters the vagina and travels up to the Fallopian tubes. Sperm can only survive for a few hours outside the testicles, but it can remain inside the uterus for 3 to 5 days.

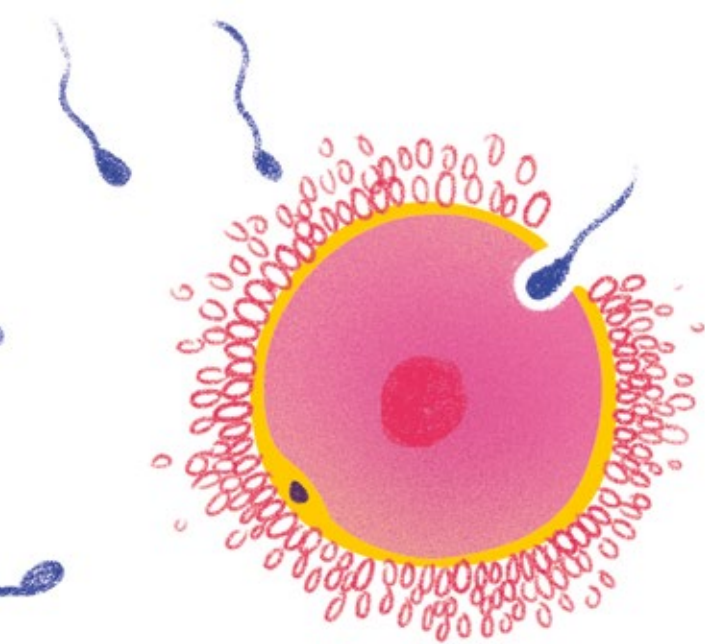
The sperm can only fertilise an **egg** if one has reached the Fallopian tubes. At approximately the midway point of a woman's menstrual cycle, a mature egg is released from its ovary and makes its way up the Fallopian tubes. If it meets a sperm cell at this stage, fertilisation may occur. This is what's referred to as a woman's fertile days:

those in which an egg is most likely to be fertilised.

Once the egg has been fertilised, it travels through the Fallopian tubes to the uterus, where "**nesting**" occurs: The embryo nestles in the uterus in the endometrium (around 8 days after fertilisation), and pregnancy and growth begin.

Knowing a woman's fertile days gives you the freedom and ability to take measures to increase the likelihood of her becoming pregnant (if she wants to become pregnant), but it's not an effective birth control method.

You also have to bear in mind that measures like withdrawing your penis from the vagina before ejaculation (coitus interruptus) is not a method of birth control, because the penis releases a substance called **pre-seminal fluid** before ejaculation without you knowing (it's impossible to realise and control); this is a transparent and viscous secretion containing sperm cells that could cause pregnancy.



People can also sometimes try for a baby without luck. **There are many things that can stop a woman from getting pregnant**, and these can be related to the reproductive aspects of both men and women. If you've spent a year trying for a baby with regular intercourse (3 times a week) and it doesn't work, this is considered a good time to seek medical advice. It's important to carry out certain tests on **both the man and woman** to determine the potential causes and find solutions. This situation can cause distress and discomfort in the relationship, but it's important to know that nobody is to blame; there's often a medical explanation and the best thing to do is seek professional help.

In other instances, lack of awareness or mistakes can lead to **unplanned pregnancies**. Contraception lets you decide and plan pregnancies while maintaining a healthy sex life, and we shall discuss this below.

***Interesting fact: A baby's sex is genetically determined by the sperm cell (i.e. the man) during fertilisation. In some societies, not having sons is seen as a disgrace; this is related to the gender rules and misogynistic violence that we discussed above. Some societies even blame and punish women for not bearing sons, but it's actually the man who determines the baby's sex.**



Evolutionary changes and reproduction

Both men and women undergo a series of constant physical changes throughout their lives, and these are specifically related to their sexuality. Puberty is arguably one of the stages in which these changes are most striking, as secondary sexual characteristics are developed and the body becomes capable of reproducing.

Female changes

Significant physical changes occur, including the development of breasts, the widening of the hips, skin changes, the growth of the uterus and vagina, and the appearance of pubic hair. One of the most important changes – and one that marks the beginning of a woman’s reproductive cycle – is her first menstruation (menarche, see Chapter 10); this happens between the ages of 9 and 15, depending on each woman’s body.

Male changes

Significant physical changes occur, including the appearance of body hair, the widening of the Adam’s apple, body odour, increased muscle mass, the growth of the penis, and the deepening of the voice. The male sexual organs start to produce and release semen at night, and this leads to what is known as wet dreams (involuntary ejaculation of semen during sleep); this marks the beginning of a man’s reproductive stage. These changes occur between the ages of 10 and 16.

Following on from the various evolutionary changes that occur during a person's reproductive cycle, we can also observe some significant changes in adult life.

Female changes

We can observe the **climacteric** and menopause. The climacteric refers to a period of several years in which a woman's cycles become less frequent, her menstrual flow declines, and a very light period might be followed by a very heavy one. There also starts to be a drop in oestrogen and progesterone, which can sometimes be accompanied by other physical and psychological symptoms like sweats, fatigue, nausea, vaginal dryness, insomnia, etc. This period may set in between the ages of 45 and 55, and it's when the body gradually loses its ability to reproduce. Some women think their periods have stopped, and then they unexpectedly have one again. It's difficult to predict cycles during this stage, which is why you've got to be careful and continue using contraception if you're not trying for a baby. The menopause refers to a woman's final menstruation and marks the beginning of the period in which her menstrual cycle will end for good.

Due to the gender rules on female sexuality and the relationship between reproduction and its social "value", these

changes may lead to emotional difficulties. This stage may also coincide with social changes, such as the growth of children, or the feeling that there's no "place" for older women. These emotional changes might make you feel insecure and sad, or irritated and tired.

During this stage, however, women still have sexual desire, the capacity to learn and undertake new projects, the ability to enjoy various pleasures, etc.

It's not an illness, nor is it the end of the world. It's just another stage of your life. It's important to maintain an active life, express how you feel and speak about this with your friends and family. Reshuffle your routines, spend time doing what you like, set yourself new goals and objectives, and enjoy yourself.

It's important to continue your regular visits to the gynaecologist* during this stage. If your physical changes cause distress or suffering, you must consult your family doctor and gynaecologist, as there are lots of ways to treat your symptoms.



Male changes

Men also go through a stage called the **climacteric** or **andropause**. This can start when men are about 45 and can last until the age of 70. Similar to women, men experience a gradual decline in testosterone levels, which can cause some physical and psychological symptoms. The difference is that men don't lose their ability to reproduce, although this can decline substantially, as sperm cells decrease in quantity and mobility (semen is still produced but it might not contain many or any sperm cells). This is a fairly unknown but important stage. Awareness of these changes helps us to understand how and what men might feel during this period and to offer suitable treatment if necessary. One of the most worrying

symptoms for men, due to the gender rules imposed on their sexuality, is related to their level of arousal/erection. It's natural to sense changes, and it's good to talk about this with your partner(s) and friends. You have to remember that sexual intercourse isn't the only way of giving pleasure. Other symptoms may include insomnia, weight gain, reduction in muscle mass, dry skin and mood changes. It's not an illness, nor is it the end of the world. It's just another stage of your life. It's important to maintain an active life, express how you feel and speak about this with your friends and family. Re-shuffle your routines, spend time doing what you like, set yourself new goals and objectives, and enjoy yourself.

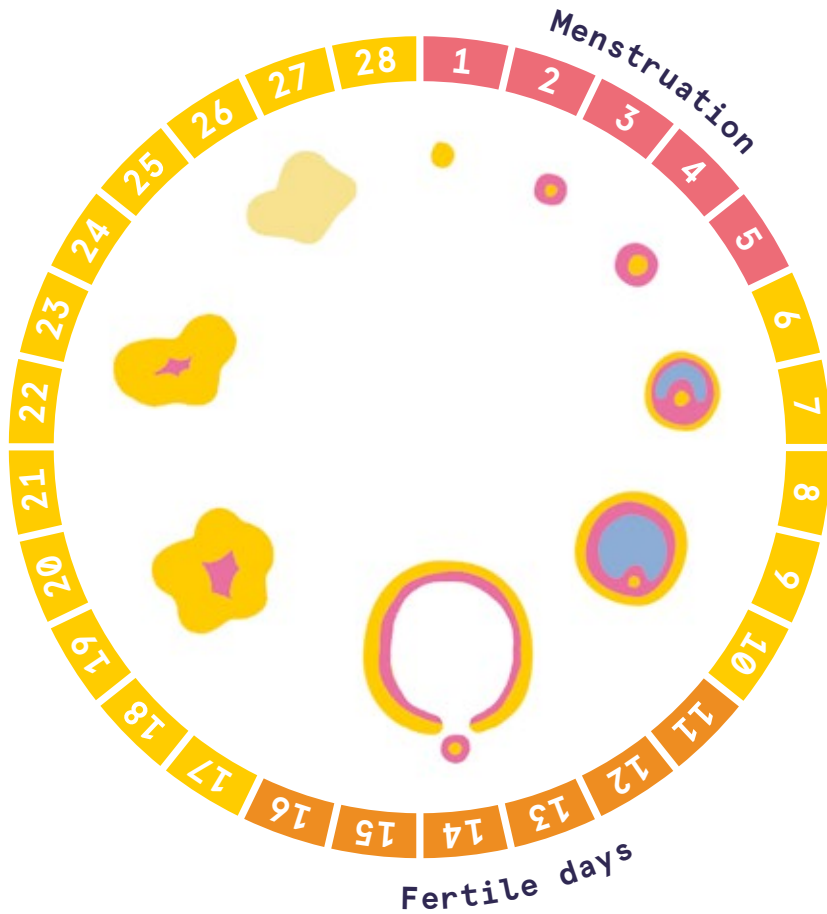
Menstruation

Due to the taboos and lack of knowledge about menstruation and women's sexual and reproductive cycle, old and false beliefs are still circulated to this day; these were invented before we knew much about the female body and when women were the subject of urban myths. These beliefs also correspond to the gender rules imposed on female sexuality. The dogmas and moral precepts of most cultures, societies and religions spread a negative interpretation of the physiological and natural process of menstruation. These false beliefs relate a woman's sexual cycle and menstruation to something dirty, impure, shameful and painful. All these beliefs are false; none of them have any scientific credibility to justify their validity. They pose a risk to women's health and violate their dignity. Thanks to education and equality, however, this reality is changing little by little.

Menstruation, also known as a "period", is the blood that leaves the body through the vagina. This occurs approximately every month (28-30 days) and marks the beginning of a woman's menstrual cycle. It's a physiological process that consists of the detachment of the endometrium, a stretch of tissue with lots of blood vessels that lines the uterus. If an egg hasn't been fertilised by a sperm cell, the endometrium, which has prepared itself to receive a fertilised egg, is no longer needed and gets gradually released by the body alongside a certain amount of blood (menstruation) through the cervix and vagina. Menstrual bleeding can last a week,

If you have any questions or pains during menstruation, get in touch with your local health centre.





but it varies from woman to woman. The amount of menstrual fluid released also varies from one day to the next and from period to period. 70% is menstruated during the first two days, and then bleeding decreases over the final days until it stops altogether. The colour generally changes from crimson or dark red in the first days to brown at the end. It will sometimes have a thicker texture. Endometrium residue may also appear alongside your period; this looks a bit like a blood clot.

The menstrual cycle is the period of time that lasts from the first day of bleeding (start of menstruation or period) until the day before the following menstruation. A woman's menstrual cycle occurs approximately every month, although this can vary depending on her sexual characteristics, the stage of her life, her experiences during the cycle, and her lifestyle. In other words, internal and external changes affect a woman's cycle. During a woman's first few menstrual cycles, which happen during puberty, periods will usually be irregular in duration, flow and regularity, because her body is taking on a new cyclic function.

The menstrual cycle leads to a series of physiological changes and processes that prepare the body for pregnancy. Ovulation is one of these processes: An egg is released and can be fertilised within the following 12-48 hours; if not, it will start to disintegrate. If vaginal intercourse is performed during this ovulatory phase, there's a greater likelihood of pregnancy, as it's the most fertile stage of a woman's menstrual cycle. Ovulation occurs on day 14 or 15 of each cycle, whereby day 1 is the first day of bleeding. The days just before and after ovulation (11, 12, 13, 16, 17, 18) are also fertile days in which pregnancy can occur. Menstruation days are considered the least fertile in the cycle, but be careful! Pregnancy is still possible, because menstrual cycles can be irregular, ovulation might come sooner or later than expected, and spontaneous, unforeseen ovulations can also occur. Even if a woman isn't in her ovulatory phase, you should also remember that sperm cells can survive in her uterus for 3 to 5 days; this might then coincide with the start of her ovulation, which could lead to pregnancy.

**DURING
MENSTRUATION,
YOU
CAN...**

**Do what you
like.**

**Eat all kinds
of food,
cook, touch
plants and
make bread.**

**Do all kinds
of sport and
exercise.**

**Take a bath
and wash your
hair.**

Have sex.

**Feel clean
and pure.**

**Drive and
work.**

Get pregnant.

Pregnancy, childbirth and postpartum period

Pregnancy is the period of time that passes between the fusion of the egg and sperm cell (fertilisation) and childbirth. It lasts approximately 40 weeks, which is around 9 months. Pregnancy causes physiological, metabolic and even morphological changes aimed to protect, feed and develop the foetus. It also causes other changes like the interruption of a woman's menstrual cycle and the growth of her breasts to prepare for breastfeeding.

If you're going to try for a baby, it's worth asking your doctor to carry out a series of tests to make sure you're in good health. Likewise, men are advised to have a check-up to make sure they're not carrying certain sexually transmitted infections.

Pregnancy is not an illness; it's a natural process, but it's important to look after yourself and get information about the changes that occur at various stages, what can be considered normal during pregnancy, and what can be seen as exceptional and requires medical attention. That's why it's important to visit your health centre as soon as you think you might be pregnant and to receive constant healthcare throughout your pregnancy. Health workers can also offer you guidelines to make sure your pregnancy goes as well as possible.

Women can lead a normal life throughout pregnancy, unless there are exceptional complications.



If you're not sure whether you're pregnant or how to handle your pregnancy, or if you require information on childbirth or support during the postpartum period, get in touch with your local healthcare centre or specialist services.



Women can lead a normal life during pregnancy, unless there are exceptional complications.

During the first three months of pregnancy, (12 weeks, or even up to week 20), **miscarriages are very common.** This means the gestation process (pregnancy) is discontinued, as the embryo has stopped growing. **This has nothing to do with the woman's lifestyle or activities;** miscarriages are not caused by normal activities like having sex, doing exercise, working or taking most types of medication. Minor injuries, such as those caused by falling, don't tend to cause miscarriages either.

Miscarriages are usually caused by chromosomal (genetic) alterations in the embryo. Miscarriages can be caused by certain diseases like serious diabetes, very serious infections and major injuries.

Miscarriages may be very common, but they're emotionally challenging. It's normal to feel sadness and a sense of mourning. And there are times when a woman's partner, family or other people can blame her for the situation, either due to a lack of knowledge, myths surrounding preg-

nancy, or even with the intention of hurting her.

If you believe you're having a miscarriage – or have already suffered one in the past – it's important to seek help from a doctor or the emergency services as soon as possible, so that they can evaluate your health and give you helpful advice.

The most accurate way to tell whether or not you're pregnant is by taking a **pregnancy test**. If you've had unprotected sexual intercourse (penis-vagina) and you're taking longer than usual to come on your period or you're bleeding less or differently than on other occasions, you can take a test to check whether you're pregnant. You can buy the test at a pharmacy. It's easy to do – you just have to follow the instructions in the leaflet that comes with the test, and you can do it yourself at home. You can also have a urine sample analysed at your local healthcare centre and/or family-planning centre (free of charge), where you'll receive all the information you need.

When it comes to childbirth, it's important that women have control over their own bodies. Women can now plan how they'd like to give birth (natural, Caesarean, use of epidural). They can make a Childbirth Plan with healthcare staff to agree their preferred method of childbirth and, as long as there are no setbacks, their decision has to be respected, as they have a right to decide what happens to their own bodies.

After childbirth, during the so-called **postpartum** period, a series of medical checks are carried out to monitor the health of the woman and child. The woman's body gradually regains its usual shape, and it's a good idea to do some pelvic floor exercises to tone your muscles and maintain a good state of general health.

In the period after childbirth, women often have conflicting emotions and feelings about their new-found motherhood: the presence of the baby, how to care for it, fear, doubts, new rhythms, tiredness, lack of sleep... This can cause some stressful moments. During this time, women will need more emotional and physical support to regain their health. Women may also suffer aches and pains as a result of childbirth, breastfeeding and/or any stitches and scarring caused by the **episiotomy** (surgical cut that is sometimes made during childbirth to prevent tearing).

If you have pains and/or doubts about the state of your body, make an appointment with the midwife at your local healthcare centre.

Pregnant migrant women residing legally or illegally in Spain have the right to receive free public healthcare during pregnancy, childbirth and the postpartum period. Women have the reproductive right to decide when they want to get pregnant, how many children they want to have and how they'd like to give birth.








Sexual pleasure and practices

Pleasure describes the positive and nice feelings and sensations you get when you fully satisfy a need or **desire**. You can feel pleasure in many different and diverse ways. We can get pleasure from resting, eating, looking at scenery, listening to music... and also from **sexual practices**.

Sexual pleasure involves lots of different sensations of enjoyment and satisfaction that you get from sexual arousal (the body's response to sexual stimulation). There's more to sexual pleasure than just intercourse (penis-vagina). Our entire body and senses can be a source of pleasure, including our brain through fantasies, imagination, concentration and attention.

Sexual practices are a way in which everyone can express their sexuality and lust through activities and relationships with other people or themselves: kissing, hugging, caressing, watching, licking, whispering, listening... Our entire body is capable of giving and receiving pleasure, but some parts can give us more pleasure than others due to their physiology, such as our genitals. So, sexual practices are all activities that make us feel pleasure; they sometimes lead to an orgasm and sometimes don't, and they can be done on your own or with other people.

You don't need another person to enjoy sexual practices; it can even be pleasurable to do this on your own, because one of the ways to enjoy our sexuality is through autoeroticism. This involves a person feeling their own body, especially their genitals, to get a nice feeling and feel pleasure. People who learn how to pleasure themselves (autoeroticism) find it easier to have fun with other people, as they know their own bodies and can talk about what they like and prefer. Autoeroticism is one of many taboo practices, especially for women, because their sexuality has been limited to reproduction. Many lies have been told about autoeroticism, and these can create feelings of shame and guilt in some women. It's important to know that autoeroticism doesn't cause diseases in men or women. In reality, the exact opposite is true: It lets us discover our own bodies, find out how our genitals work, and identify erogenous zones and what we like. **It's a very positive and healthy aspect of sexuality.**

A stylized illustration of a hand with fingers slightly curled, rendered in a dark purple color. The hand is set against a background of a red-to-orange gradient that curves across the top of the page.

Knowledge of our own body and recognition of our erogenous zones increase our chances of feeling pleasure. Erogenous zones are areas that are particularly sensitive to stimulation (rubbing, stroking, touching) and give us pleasure. Everyone has different erogenous zones, and we have to find them out for ourselves or by interacting with our chosen sexual partner. The following can be erogenous zones: our neck, nape, shoulders, back, arms, breasts, buttocks, thighs, lips, ears, feet, face and genitals. For women, the clitoris is especially sensitive; men's sensitive area is the glans.

We can get pleasure from all 5 senses: smell, sight, taste, hearing and touch. We can also find pleasure in sexual fantasies, images and erotic scenes that we recall or create in our mind; these might recreate situations that are nice to imagine and might never even happen. Just like autoeroticism, **sexual fantasies** are tolerated and accepted amongst men, but not so much amongst women. However, **they're good for our sexuality**, and they help us fuel our lust, feel pleasure and express our sexual desires.

Our body is one big erogenous zone. Our skin is the biggest sexual organ we have, full of nerve endings that give us extraordinary sensations when properly stimulated.



Some essential aspects of sexual practices (on your own or with others) are intimacy, communication, respect and trust. Feeling safe and free to say what we want and what we don't want is an essential requirement for consensual and pleasurable sex.



The orgasm

This is the ultimate expression of sexual pleasure. It gives us a feeling of general satisfaction and relaxation. Sexual relations sometimes end with an orgasm and sometimes they don't. Not having an orgasm during sex is not a failure, and the experience can be just as pleasurable. There are lots of ways to find satisfaction on your own or with another person, such as foreplay, sex games, intimacy, communication and mutual discovery. It's all about enjoying the whole course and not about reaching the finish line as quickly as possible.

It's important to point out that people sometimes don't know how to deal with problems related to their sexual practices. Some of the most common problems include lack of enjoyment during sex, pain during penetrative sex, difficulty in getting aroused and/or lubricated (women), lack of erection (men), lack of sexual appetite, and no orgasm... Partners can also have problems in their relationship, such as distancing, a lack of communication, dissatisfaction, worries, tension and stress. These circumstances can have an effect on our sexuality, desire and pleasure.

Trust and communication are essential for partners to find solutions to these situations, but if this doesn't work, visit your local healthcare centre or get advice from professionals at specialist services.

Sexually transmitted infections

Sexually transmitted infections (STIs) are diseases transmitted through genital contact with another person, which is why it would be more correct to call them **genitally transmitted infections** (GTIs). They can affect sexually active men and women of all ages and social classes. Many STIs can't be detected with the naked eye and don't cause physical discomfort. Anyone affected can look healthy and develop symptoms (the disease) after contracting the infection. It's important to point out that you can transmit a genital infection without showing any symptoms.

Some sexual practices are considered riskier than others. Performing these practices without protection can leave you exposed to sexually transmitted infections. Therefore, if we want to make sure we can enjoy safe and pleasurable sex, we have to take protective measures.

Condoms are the only form of contraception that can **prevent both pregnancies and sexually transmitted infections**. All you have to do is always use a condom during intercourse or a dental dam during oral sex.

There are various types of sexually transmitted infection. If they're detected in time, there's a solution for most of them, while others can cause serious health problems like infertility. Some of the most common are the human papillomavirus (which we'll discuss further on), chlamydia, gonorrhoea, genital herpes, syphilis and trichomoniasis. HIV is viral infection that can also be transmitted through genital contact, but there are other ways (we'll discuss this further on).

**HIGH-RISK
SEXUAL
PRACTICES ARE**

INTERCOURSE

Insertion of the penis into the anus (anal sex) or vagina (vaginal sex) without a condom

ORAL SEX

Licking or sucking another person's genitals without protection

FELLATIO

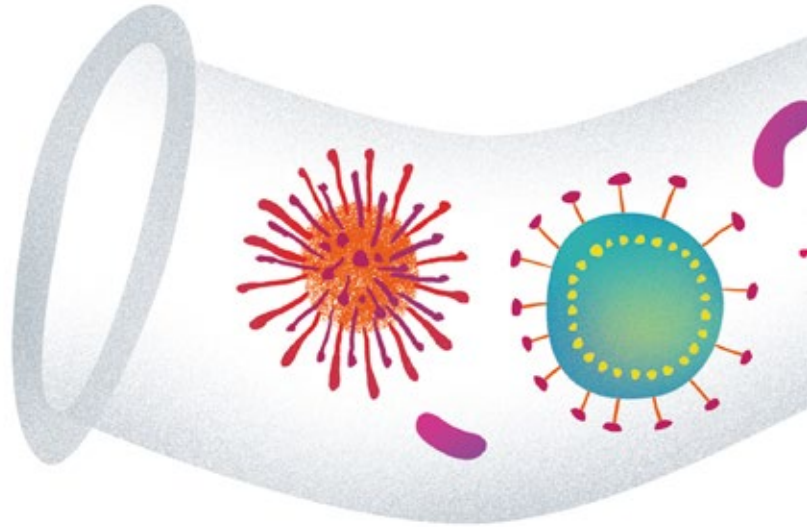
Sucking the penis

CUNNILINGUS

Licking the vulva

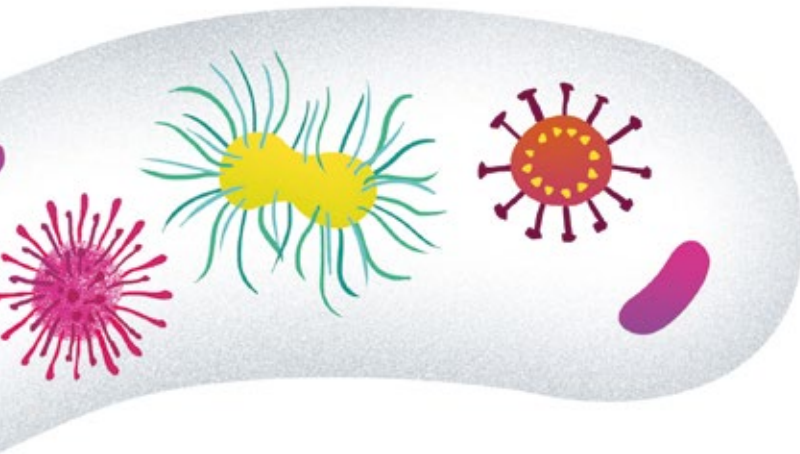
ANILINGUS

Licking the anus



Human papillomavirus (HPV)

This is the most common sexually transmitted infection. Over half of all sexually active men and women may contract this virus at any time of their lives. It can be transmitted through genital contact (skin-on-skin), without penetration (mouth-to-genitals, hand-to-genitals, genitals-on-genitals) or, as is most often the case, through genital contact with vaginal or anal penetration. In most cases, there are no symptoms, or they're only temporary and disappear without treatment or complications. However, it's still important for women to detect and prevent HPV by going for regular gynaecological check-ups (Pap smear test), as HPV can cause high-risk infections that can have serious consequences for women, such as the development of cervical cancer.



Human immunodeficiency virus (HIV) and AIDS

HIV is a virus that affects the immune system and, if left untreated, it can develop into AIDS. People who live with HIV are called “HIV positive”, which means they have the virus but haven’t yet developed the disease (AIDS). Nowadays, medical treatments for HIV (antiretroviral drugs) allow HIV-positive people to lead a normal life. Moreover, long-term treatment reduces the presence of the virus, making it undetectable and non-communicable. As such, the virus isn’t transmitted by people with HIV who receive treatment, but by individuals who have contracted it without knowing. Just like with other STIs, the symptoms take a long time to appear, but HIV can still be transmitted from person to person unless adequate protection is used during sex (condom for vaginal and anal intercourse, or a dental dam or condom for oral sex).

If you’ve had high-risk sex, ask for the specific tests to check your health and rule out any type of STI. It’s also important that women have regular gynaecological check-ups.





People often contract the virus and only find out years later. The only way to find out is by taking the HIV test. This is a very simple test that's done with a small sample of blood or saliva. It's quick and painless, and the results are confidential. It's a free test that you can do at pharmacies, charities and your local healthcare centre. You can ask your family doctor for one. In order to make sure the results are definitive, you're recommended to wait 3 months after your last high-risk practice before taking the test.

All people in Spain have the right to follow an antiretroviral treatment plan and look after their health, regardless of their administrative situation. It may prove more difficult to access these treatments in some autonomous communities, but it's always your right.

It's important to point out that people living with HIV and following an antiretroviral treatment plan can now do all types of activities, have romantic relationships and enjoy sexual practices just like anyone else without HIV.

Some countries deny the existence of the virus; other cultures refer to it as divine punishment and a sin... These misguided beliefs prevent people from accessing objective information about HIV and put their health at risk.

If you'd like to have children, it's very important to take the HIV test. This way, you'll be able to take the necessary precautions and prevent the transmission. One of ways of transmitting the virus is vertically, which means a mother with HIV can transmit the virus to her baby during pregnancy, childbirth or breastfeeding.



HOW IS IT TRANSMITTED?

Sexual relations: vaginal fluid and semen

Via fluids: blood with blood, sharing syringes and razors

From mother to child: pregnancy, childbirth, breastfeeding

HOW IS IT NOT TRANSMITTED?

Showing affection: hugs, caresses, kisses...

Sharing spaces and utensils: plates, cutlery, bedsheets, towels...

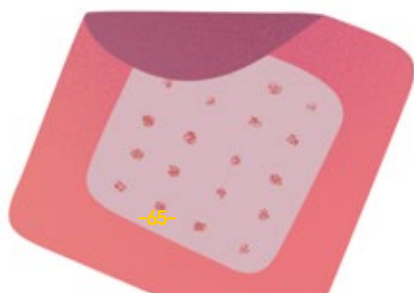
Mosquito bites

Tears or saliva



Contraception

Pleasure, sexual practices and reproduction don't have to go hand in hand. We've already discussed the possibility of enjoying sex without procreating. **Only one sexual practice, vaginal intercourse, can lead to pregnancy.** If you'd like to practise this without risking an unplanned pregnancy, or if you'd like to choose the right time to have children, it's important to use contraception. Contraception is the protection that women need to use to prevent pregnancy if they indulge in sexual practices, including penile-vaginal penetration. Modern forms of contraception work very well, they don't cause infertility (the ability to become a mother), and they're not bad for your health when used under medical supervision.



You can find information on different types of contraception below, but always remember you can get in touch with your local healthcare centre to request more information about the most suitable contraception for you.



In Spain, it's legal to buy and use contraception and it's also considered to be good for the health of women, partners and families. You don't need to request any form or permission or authorisation, and you can ask your doctor what the most suitable type of contraception is for you. Some forms of contraception are even subsidised through social security funds. You can attend a consultation on your own, and all information is confidential.

Motherhood or fatherhood has to be the result of a free and responsible decision. In other words, this should only happen when it doesn't put the pregnant woman's health at risk, when you and your partner are emotionally and mentally prepared, when you have the resources to ensure the appropriate childcare, and when you have a good relationship with your partner and decide you'd like to do so. You can also decide to plan a pregnancy without a partner, and it's important to assess your personal situation and the resources available to raise your child. However, some people might not be in a position to have children, it might not be the right time, or they might just not want children; whatever the reason, women and their partners must decide together what forms of contraception to use to enjoy healthy sex. Contraception is the responsibility of both partners **and, above all, it's women's right.**

How to choose the most suitable form of contraception

Choosing the most suitable form of contraception is a personal decision that depends on many circumstances, such as your medical condition, how you experience your sexuality, and your sexual practices: stable relationship, several partners, one-night stands, non-reproductive homosexual relationships, etc. Fortunately, there are lots of methods that can be adapted to every situation, and some of them are funded by the national healthcare system. There's also a series of methods that give women more independence, as they can decide on their own whether they'd like to use them.



Natural methods (like taking your basal body temperature or observing your cervical mucus) are methods that consist of not having sexual intercourse on the days you consider fertile. These are thought to be **unreliable and ineffective**, as you can't be absolutely sure an egg won't be released outside these days and, therefore, you may get pregnant. This also

requires an exhaustive knowledge of your menstrual cycle.

There are other traditional methods that **cannot be considered forms of contraception**, such as breastfeeding and vaginal douching. While you don't menstruate during breastfeeding, eggs may be released spontaneously, so there is a high risk of pregnancy. With respect to vaginal douching, it's worth pointing out that any washing of the vagina following ejaculation will not stop the sperm cells from swimming up to the uterus, so there is an incredibly high risk of pregnancy. **Coitus interruptus**, more commonly known as the "withdrawal method", consists of removing the penis from the vagina before ejaculation. You have to remember that drops are released before ejaculation (pre-seminal fluid), and these are undetectable, loaded with sperm cells and can lead to pregnancy. Another reason it's not recommended is because it doesn't let you relax and enjoy sex. **None of these "methods" prevent STIs.**

Barrier methods

Barrier methods are the only forms of contraception that can prevent both pregnancies and sexually transmitted infections. These are placed on the male or female reproductive organs and create a barrier to stop sperm from entering the vagina.

	 Condom	 Dental dam
Description	A very thin sheath made of latex or polyurethane. Its closed end has a small deposit to collect ejaculated semen and prevent contact with the vulva and vagina.	Small and very thin latex squares used to protect the oral cavity from body fluids.
How do you use it?	Place it over an erect penis before vaginal or anal penetration. Both men and women have to know how to use it. No medical supervision is required.	Place the patch over the area to be stimulated (vulva or anus).
How long does it last?	Single use for each sexual encounter.	Single use for each sexual encounter.
Where can you get it?	Pharmacies, department stores, online and free of charge at some family-planning centres and charities.	Some pharmacies, sex shops and online stores.
Menstrual changes	None.	None.
Time taken to regain fertility	Immediate.	Immediate.
Disadvantages	Most are made of latex. Some people are allergic to latex.	More difficult to find in pharmacies.
Advantages	Some are also made of polyurethane for people with allergies. They can also be used for oral sex. They're affordable or free, easy to find, and they prevent STIs and pregnancy.	Prevents STIs.



Female condom



Diaphragm

Description

Very fine and tough sheath made of polyurethane. It acts as a barrier between the penis and vagina. It has two flexible rings at each end: one at the closed end to stop sperm escaping and to keep the condom in place; and another at the open end outside the vagina.

A cap made of very flexible latex or silicone.

How do you use it?

Insert the closed end into the vagina. The open end should stay outside the vagina and is placed over the genital area to allow the insertion of the penis. No medical supervision is required.

Place it at the back of the vagina, completely covering the cervix to prevent sperm from entering. It should be inserted with spermicidal cream on both sides.

How long does it last?

Single use for each sexual encounter.

It's reusable; it has to be washed and stored properly.

Where can you get it?

Pharmacies, online stores and free of charge at some family-planning centres and charities.

Get medical advice to find out the right size and how to use it. You can buy it at pharmacies. Those sold on online stores only come in one size; this is usually the most common, but it might not be right for you.

Menstrual changes

None.

None.

Time taken to regain fertility

Immediate.

Immediate.

Disadvantages

More expensive than male condoms. Practice is needed to insert it correctly.

Doesn't prevent the spread of STIs. It may be difficult to find at pharmacies.



Advantages

Gives women more control over their body and health. It can be inserted before sex. Prevents STIs and pregnancy.

It can be inserted before sex. It gives women more control over their body and health. It's an alternative for people who are allergic to latex.

Hormonal methods

These are drugs containing hormones that block a woman’s ovulation process, thus preventing pregnancy. **No hormonal methods protect you against sexually transmitted infections.** Use of such contraceptives must always be regulated by a gynaecologist, who can recommend the most suitable method for each woman. These methods require medical supervision, advice and prescriptions.

	 Vaginal ring	 Injections
Description	A flexible plastic ring containing hormones that get absorbed by vaginal mucus.	Monthly or quarterly injections.
How do you use it?	The ring is inserted in the vagina for 21 days by the woman. It’s then removed, and your period will start a week later. After this week (on day 28), insert a new ring.	Visit your local healthcare centre every month or every 3 months, so that medical staff can give you the injection.
How long does it last?	1 ring lasts 1 month.	1 or 3 months.
Where can you get it?	Bought at pharmacies on prescription.	Must be prescribed and administered by medical staff.
Menstrual changes	Shorter and more predictable (28 days).	Irregular, infrequent or non-existent.
Time taken to regain fertility	Immediately after you stop using the ring.	It can sometimes take 6-12 months to regain fertility after you stop injecting the drugs.
Disadvantages	If it falls out the vagina, it can’t be outside for over 2 hours. Some side effects include: nausea and sensitive breasts in some women. These tend to disappear after 2 or 3 months. Some drugs can reduce its effectiveness.	Some side effects include: nausea, sensitive breasts and headaches in some women. These tend to disappear in 2 to 3 months. Some drugs can reduce its effectiveness. It doesn’t prevent the spread of STIs. It may be difficult to find at pharmacies.
Advantages	You don’t have to remember to use it every day. It gives women more control over their body and health.	Very effective. It gives women more control over their body and health. It can be used during breastfeeding.



Pill



Patch

Description	A flexible plastic ring containing hormones that get absorbed by vaginal mucus.	A type of plaster with hormones that are absorbed through the skin.
How do you use it?	There are different types of pill; some are taken every day, while others require a week off. You have to take a pill at the same time every day, regardless of whether you have sex.	A new patch is used every week for 3 weeks. You don't use a patch in the fourth week, which is when your period will start. You then use a new patch.
How long does it last?	1 pill, 1 day. Treatment is only effective if taken for the whole cycle.	1 patch lasts 1 week.
Where can you get it?	Bought at pharmacies on prescription.	Bought at pharmacies on prescription.
Menstrual changes	Shorter and more predictable (28 days).	Shorter and more predictable (28 days).
Time taken to regain fertility	Immediately after you stop taking the pill.	Immediately after you stop using patches.
Disadvantages	Some side effects include: nausea, sensitive breasts and headaches in some women. These tend to disappear after 2 to 3 months. If you have sickness or diarrhoea, consult the package insert to see what you have to do, and make sure you also use barrier methods (condoms, diaphragm) during this period (until you start your period). Some drugs can reduce its effectiveness; get medical advice if you're on any medication.	Some side effects include: nausea and sensitive breasts in some women. These tend to disappear in 2 to 3 months. Some drugs can reduce its effectiveness; get medical advice if you're on any medication.
Advantages	If you experience any side effects, you can try other pills. You can also take the pill when breastfeeding. It gives women more control over their body and health.	You don't have to remember to use it every day. It gives women more control over their body and health.



Implant





Intrauterine device: IUD

Description	A small rod made of flexible plastic (4cm).	A small T-shaped object made of plastic and/or copper. It's placed inside the uterus to stop sperm from entering. There are two types: hormonal IUDs and copper IUDs.
How do you use it?	It's inserted under the skin in your upper arm and releases hormones.	It's placed inside the uterus.
How long does it last?	3 years.	5 (hormonal) - 10 years (copper).
Where can you get it	Must be prescribed and inserted by medical staff.	Must be prescribed and inserted by medical staff.
Menstrual changes	Irregular, infrequent or non-existent.	Bleeding can be irregular and heavier in the first few months, especially when copper is used. Hormonal IUDs reduce the amount of menstrual blood.
Time taken to regain fertility	Immediately once it's removed.	Immediately once it's removed.
Disadvantages	Some side effects include: nausea, sensitive breasts and headaches. These tend to disappear in 2 to 3 months. Some drugs can reduce its effectiveness; get medical advice if you're on any medication.	It can cause some discomfort when inserted, but this will quickly go away. Some side effects include: nausea, sensitive breasts and headaches. These tend to disappear in 3 to 6 months. Some drugs can reduce its effectiveness; get medical advice if you're on any medication.
Advantages	It's highly effective. It gives women more control over their body and health.	It's highly effective. It can be removed whenever you like. It's one of the most affordable contraceptives. It gives women more control over their body and health.

Surgical methods

These are **surgical interventions** that act as **permanent contraception**. Men and women can access these methods if they don't want children (planned motherhood/fatherhood; too many children; health problems; life projects, etc.) It's important that men and women are well informed and know about the procedures and their advantages and disadvantages.

	 Tubal ligation	 Vasectomy
Description	The Fallopian tubes are blocked to prevent sperm cells from fusing with the egg. There are various procedures.	The vas deferens are blocked off to prevent sperm cells from forming part of the semen.
Menstrual changes	None.	
Disadvantages	It doesn't offer protection against sexually transmitted infections. You have to pay for the procedure. It's only covered by the social security fund in some cases. Anaesthesia is required in some cases. It can increase the likelihood of an ectopic pregnancy. If you'd like to try for a baby, you might have to use assisted reproduction techniques.	It doesn't offer protection against sexually transmitted infections. You have to pay for the procedure. It's only covered by the social security fund in some cases.
Advantages	It doesn't interfere in sexual intercourse and it's 100% effective. The procedure may be reversed in some cases, but the woman won't regain fertility.	Simple surgical procedure. It doesn't affect sex, erections or ejaculation. It's reversible with a high success rate.

*Compiled by author from the following source: Columbian Contraceptive Advice Card. Ministry of Health; UNFPAMinistère de la Santé; UNFPA (Fonds des Nations unies pour la population)de Salud; UNFPA (Fondo de Población de las Naciones Unidas)



Emergency contraception

Unplanned pregnancies can be caused by many things. It's important to assess whether you want children at the moment and whether you're in a position to do so. The decision ultimately has to be made freely by the woman. In the event of an unplanned pregnancy, you can stop this by taking the following measures:

The morning-after pill

This is a tablet that is highly effective at **preventing pregnancy**. It has to be taken within 72 hours of unprotected sexual intercourse (penis-vagina), although it becomes less effective as time goes on. It should be considered a form of **emergency contraception**; it can be used occasionally but never as a replacement for the usual forms of contraception. You can get it without a prescription at pharmacies for around 18 euros or by visiting your local health-care centre. You can get it from the age of 16 onwards – you can't be too old. If you're under 16, it depends on the circumstances, so you always have to be accompanied by an adult.

Voluntary termination of pregnancy

Abortions are legal in Spain and governed by the Organic Law 2/2010 on Sexual and Reproductive Health and the Voluntary Termination of Pregnancy. This states that:

- Pregnancies can be freely and voluntarily terminated in Spain during the first 14 weeks.
- From the 14th week onwards, pregnancies can only be terminated for medical reasons: serious risk for the life or health of the mother; or serious foetal abnormalities that will cause death.
- Persons under the age of 18 require the consent of their legal representatives.
- In Spain, women can terminate their pregnancies without any risk to their health at public healthcare centres and accredited private centres.
- Women who are foreigners or living in Spain illegally are also entitled access to abortions through the public health system.
- Pregnancies can be voluntarily terminated in two ways: pharmacologically up to week 7 of gestation; or surgically up to week 14 without needing to hospitalise the woman.

The final decision to voluntarily terminate a pregnancy and, if possible, how to do so, must ultimately be made freely by the woman. Don't forget it can be a difficult decision to voluntarily terminate a pregnancy – ask for all the information you need. Preventing pregnancies by using contraception is a healthier alternative. Look for guidance and advice and get in touch with your local healthcare or family-planning centre.



A victim of
violence can
NEVER be
blamed.



What is sexual violence?

The World Health Organisation (WHO) refers to sexual violence as *“any act directed against a person’s sexuality. This is not limited to physical sexual acts; it also includes sexual advances, comments and insinuations. Its manifestations include harassment on the street (wrongly referred to as “compliments”), exhibitionism, groping, caressing, sexual abuse, rape, forced prostitution and human trafficking for sexual purposes”*. There are other traditional forms of sexual violence, such as forced marriage and cohabitation, female genital mutilation, virginity tests, sexual slavery and rape during armed conflict.

The WHO states that *“sexual violence occurs when somebody forces, manipulates or commands another person to perform an undesired sexual activity without their consent, regardless of the relationship they have with the victim. It is an act that fundamentally seeks to submit the body to the will of others. It can be carried out by strangers, acquaintances, friends, relatives, spouses and partners. It can happen in any environment, including at home, work and school”*.

Consent must be given voluntarily without pressure or threats. You can change your mind at any time and stop consenting to an activity or act. Silence or hesitation doesn’t mean “yes”. A person’s consent can’t always be considered valid, depending on their age, the influence of alcohol or other drugs, illness, disability, fear, and dependency. “Free choice doesn’t just refer to what is consented to, but also how consent is given, under what circumstances and what will happen if consent is not given”.

Sexual violence can affect men, women and children at various stages of their lives. However, the vast majority of victims are women: 1 in 3 women around the world have suffered sexual violence.





Violence against women

The United Nations define violence against women as *“any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”*.

This violence can also appear in various areas of life, such as in economic, political and social spheres. It's a structural problem around the world. Due to its frequency and the serious consequences for women's health, it constitutes an intolerable violation of human rights.

Violence between partners, boyfriends/girlfriends and spouses is yet another manifestation of the various forms of violence exerted against women. Almost one third of women around the world who have been in a relationship claim to have suffered a form of physical and/or sexual violence at the hands of their partner at some stage of their lives. And as many as 38% of murders against women around the world are committed by their male partners.

These forms of violence against women are borne out of situations of inequality in our society, creating relationships of domination and submission between men and women.

Many women around the world, including Spain, are murdered by their partners or ex-partners, which is why the Spanish State **has a law to specifically persecute this type of gender-based violence** in current or former relationships: Organic Law 1/2004, of 28 December, on Comprehensive Protection Measures Against Gender-Based Violence in Relationships. This law lists the different forms of violence (physical, psychological, social, economic and sexual) exerted by partners or ex-partners towards women. Each and every one of these forms of violence constitutes a crime, which means they can be reported to the police, and women can request protective measures for their security.



All women have the right to refuse sexual relations if they wish, and to not feel pressured or threatened; this applies to marriages, and short- and long-term relationships. **Women have control over their body and sexuality** at all times, and so they can decide which sexual practices they'd like to perform, how

The foundations for a healthy and pleasurable relationship are:



far they'd like to go and when they'd like to stop a sexual activity. They can also use the forms of contraception they consider suitable to protect their sexual and reproductive health.

If someone treats their partner with neglect, disrespect, or physical or verbal violence (insults, humiliation, threats), this is a form of violence and the victim won't be able to enjoy

their relationship, sexuality or other aspects of their life. Fair treatment is essential in a relationship. If two people treat each other with love, affection, attention and care, they'll find it much easier to enjoy their sex lives; if they treat each other with cruelty, neglect, a bad temper, disrespect, violence or contempt, their sexuality and life together won't be healthy or pleasurable.

Resources

Spain has a range of services, organisations and institutions offering free and confidential information, guidance and advice on health and other vital issues. Spain is divided up into autonomous communities, and some of these services and resources might work differently in different regions.

You have to be REGISTERED AS A RESIDENT to make use of these services. You can register with the municipal register at your local town hall by presenting the following documents:

Registration application form (Census form): This must be properly filled out and signed by all persons above the age of majority who are to be registered at the address. You can download the form online or request a copy at your town hall.

Documentation to prove your identity

Foreigners from EU, Iceland, Liechtenstein, Norway and Switzerland: foreigners' identification number (NIE) alongside original and valid passport or national identity document.

Nationals from countries like Romania and Poland, whose national identity documents do not contain a signature, must present their passport for verification if they do not appear personally and/or if their signature does

not appear in a previous registration application form.

Other nationalities: original and valid passport or EU residence permit (temporary, permanent or long-term). A valid foreigner's card, issued by Spanish authorities, takes precedence over any other document and must be presented during all registration procedures.

Foreign minors born in Spain up to the age of three months: family record book or birth certificate, residence card or birth certificate. If they hold a passport, this must also be submitted alongside the family record book. All documents must be presented in the original. Over three months old: The same documents as for foreigners over the legal age of majority.

Foreign minors not born in Spain: the same documents as for foreigners above the legal age of majority.

If the registered address is a collective establishment (housing facilities, reception centre, etc.): authorisation of the establishment director and institution stamp on the census form.

Social services

These are generally run by town halls, and there's a reference centre for a certain number of inhabitants, which means there's more than one centre in some cities and you have to go to the one assigned to your neighbourhood.

Social services can be your first point of call, as they offer information and support in employment, legal, academic and medical matters, and they can help you gain access to resources and apply for social and economic benefits.

The support offered is free, confidential and **available to people in all administrative situations**. You'll have to make an appointment apart from in an emergency, in which case you can just turn up.

Education services

All minors in Spain are entitled to receive an education regardless of their parent's administrative situation, and parents are obliged to send their children to school. Schooling is compulsory for children between the ages of 6 and 16, but children can start attending school from the age of 3. Education is free in both state-run schools and state-funded charter schools. You don't have to pay any fees to send your children to a state-funded charter school and, if you're forced or coerced into doing so, you can report this to the school inspection authorities and before institutions and organisations that defend people's rights to education.

How to get your children into the Spanish Education System in Basic Primary and Secondary Education (ages 6-16):

- Children have to be registered at a school to attend. During the enrolment period, which tends to be between March and May, you can choose the most suitable school for you. Find out about the types of school you can choose from.

- It's worth sending your children to school as early as possible.
- It's important to find out the official languages of the school and to make a note of the various subjects taught in each language.
- Fill out an application and consider your children's preferences before enrolling.

Minors must also have their own health card.

You can only obtain this document if you're registered as a resident.

If you don't have the required documentation in certain exceptional cases, you'll also be able to visit your local healthcare centre, where you'll be told how to proceed.

Public Employment Service (SEPE)

You can receive information, support and advice to look for work, training opportunities and any benefits (financial aid) you might be entitled to. You have to make an appointment.

If you come from an EU Member State or a country that holds a bilateral agreement with Spain in social security matters (Andorra, Morocco, Tunisia, Peru, Brazil and Chile) and you require medical attention, you'll have to present your European Health Insurance Card (EHIC) or certificate of entitlement.

Public healthcare centres

You'll need an Individual Health Card to access healthcare centres and services. This is a document issued by the Spanish Department of Health; it allows citizens to use the Public Health System in the Autonomous Community in which they live (and are registered) and entitles them to receive healthcare services (medical care, diagnostic tests, subsidised medication, etc.). It can only be used by the holder.

If you require medical care at a healthcare centre, you must always present your EHIC or, if you don't have one, your provisional replacement certificate (CPS), with your certificate of entitlement, foreigners' identity number (NIE), passport or national identity document from an EU country.

Should someone find themselves in an administrative situation which makes it harder for them to acquire a health card, **THEY ARE ENTITLED TO** healthcare as long as they prove they've spent more than 90 days on Spanish soil.

People's rights to receive medical care are sometimes violated, as they are sent an invoice to pay for healthcare services after receiving treatment. If you find yourself in this situation, get in touch with one of the charities that work to safeguard the rights of migrant communities.

You can also find advice on the platform <http://yosisanidaduniversal.net/portada.php>.

Charities and NGOs

Many cities and regions have charities that safeguard the rights of migrant communities, and organisations formed by migrants. These offer advice, aid, vocational training, and classes to learn Spanish and the country's other regional languages. You can get in touch with these organisations for any information and guidance you require.

Some of these organisations also let you **get involved and share** spaces and experiences with other people who are in the same situation – or have been in the past. You can collaborate on initiatives to help people assert their rights, highlight needs and just have a nice time. **Working with charities**, or even creating your own, can be a highly enriching experience and it's one of the ways you can help make the social changes needed to ensure everyone's well-being.

Police stations

Police stations are where paperwork is processed for the Spanish national identity document (DNI), foreigners' identity numbers (NIE), passports, and other useful documents. It's also where you can report theft, violence, racial abuse and any other abuse or crime.

You're entitled to receive free legal aid through an appointed lawyer and an interpreter who speaks your mother tongue.

If you're the victim of a human trafficking offence committed for the purposes of sexual or labour exploitation, or if you know somebody who might be affected by this, the Spanish National Police has a special centre offering advice and protection in an environment of complete confidentiality.

24-hour hotline: +34 900105090

trata@policia.es

091 91 National Police.

092 92 Municipal Police.

Local sport and cultural centres

These are facilities run by town halls and autonomous communities, offering sports, cultural activities and training courses in different areas. They're more affordable than private centres.

Red Cross

The Red Cross offers healthcare services to migrant communities in some regions.

Doctors of the World

There are 7 stationary units offering social and medical care to migrant communities in Seville, Malaga, Zaragoza, Valencia, Alicante, Bilbao and Tenerife. And there are 3 stationary units offering help to women affected by prostitution in Valencia, Palma de Mallorca and Malaga.

Support service for victims of gender-based violence

Some cities and regions have advice and support services for victims of gender-based violence. Some of these are run by town halls, while others are run by autonomous communities. If you need help and advice, look and ask for your local services (at the town hall, social services, or primary care health services). You can also call 016 or, if you're in an emergency, you can phone 112 directly.

- **Tel. 016:** a free and confidential hotline for victims of gen-

der-based violence. You can phone from any part of Spain to get information on the resources available in your area. People with hearing difficulties and/or speech problems can communicate with 016 via textphone (DTS) on +34 900 116 016. You can also find information at [http://www.violenciagenero.msssi.gob.es/informacion- nUtil/](http://www.violenciagenero.msssi.gob.es/informacion-Util/). Don't forget to follow the suggested guidelines for safe browsing.

- **The emergency phone number 112** is a unique citizen support service for any type of emergency (ambulance, fire brigade, and security and rescue).
- **Guardia Civil (062):** a free, 24-hour hotline offering specialist help. Specialist services for women and minors in the event of violence, sexual abuse and any other emergency.

Support for victims of hate crime – racism, xenophobia and discrimination

Solidarity office. Movement against intolerance. +34 901101375 (free and confidential).

Support for young victims of neglect and/or sexual abuse or any other form of violence and/or exploitation.
“062”

Free, 24-hour hotline. 112 free phone, 24 hours.

There are other resources, such as specialist centres for the elderly, special child support programmes and unions that might be of help. You can find out about all of these through social services and charities.

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