



CONTRACEPTION IT'S YOUR CHOICE



**family
planning
victoria**

Sexual & Reproductive Health
Care, Education, Advocacy



VACCHO

The peak body for
Aboriginal health in Victoria

CONTRACEPTION

IT'S YOUR CHOICE

Preventing unwanted pregnancies is the responsibility of all sexual partners.

This guide will tell you:

- » the key facts about contraception
- » the options you can choose from
- » how they work
- » how well they work
- » the pros and cons.

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KEY FACTS

When you are deciding which type of contraception is right for you, it's important to think about how each option works to prevent pregnancy and how reliable it is.

It's also important to know that contraception can be a shared responsibility between you and your partner. This guide will explain the different types available, but it won't tell you everything you need to know. A doctor or nurse can give you more information about your options.

1. Types of contraception

Your options are:

- » fit and forget methods that are long lasting
- » pills that you will need to take every day
- » barriers that you will need to use every time you have sex
- » other methods including sterilisation, natural methods and emergency contraception.

Each method works in a different way. Talking through your options with a doctor or nurse can help you find the type that is best for your body and lifestyle.

2. No method is 100% effective

Percentages help explain how well each type of contraception works to prevent pregnancy. Some methods work better than others, even when you use them the right way.

If a method is '98% effective', it means that if 100 women used it the right way every time they had sex for a year, 2 would get pregnant and 98 wouldn't.

For example, condoms can slip off or break or might not always be used every time you have sex, so for the average user, they are only 82% effective. That means 18 out of 100 women who use condoms would get pregnant each year and 82 wouldn't.

Fit and forget methods work better than methods where you have to take or use something every day or every time you have sex.

3. If you don't use contraception, you could get pregnant

If you don't use contraception every time you have sex, there is a chance you could get pregnant, even if:

- » it's your first time having sex

- » you don't have an orgasm
- » your partner withdraws his penis from your vagina before he ejaculates
- » you have sex when you have your period
- » you wash your vagina after you have sex
- » you and your partner have sex in a position that is different to normal.

If you want to have sex but don't want to get pregnant, you will need to use contraception.

4. Contraception and sexually transmissible infections

Most types of contraception don't protect against sexually transmissible infections (STIs). Condoms, both male and female, will give you the best protection available if you use them the right way every time you have sex.

5. Contraception and breastfeeding

Breastfeeding is 98% effective in preventing pregnancy, but only if:

- » you haven't had a period since your baby was born **and**
- » your baby is less than 6 months old **and**
- » you are only breastfeeding, meaning your baby isn't having any other food or drink.

You need to talk with a doctor or nurse before you start using breastfeeding as contraception.

6. Contraception and menopause

When you are under 50, you need to keep using contraception for 2 years after you have had your last period.

When you are over 50, you need to keep using contraception for 12 months after you have had your last period.

IMPLANON™ (IMPLANT)

What is it?

Implanon NXT™ is a soft rod (4cm x 2mm) that is made from a hormone called progestogen.

A doctor inserts it under the skin on the inner side of the upper arm.

You can feel the rod, but usually can't see it.

How does it work?

It will stop your body from releasing an egg (ovum) each month.

It will make the fluid at the opening to your womb (uterus) thicker, stopping sperm from getting through.

How well does it work?

The implant is more than 99.9% effective.

Other facts you should know

A doctor uses local anaesthetic to put the implant in and take it out.

Some medications, like the ones used to treat epilepsy, and the natural remedy St John's Wort, might stop it from working.

PROS

Once Implanon has been put in, it lasts for 3 years.

In most cases, it's easily taken out by a doctor.

You will have about a 25% chance of having no periods at all. If you do have periods, they will usually be less painful.

It might make your skin better.

Once the implant has been taken out, your chance of getting pregnant will quickly go back to normal.

Diarrhoea and vomiting won't stop it from working.

It might be a good option for you if you can't take the Pill.

CONS

You might have your period more often or at odd times, bleed between periods or have no periods at all.

You might put on weight or have sore breasts, headaches, bloating, mood swings or changes to your skin.

Implanon won't protect you from sexually transmissible infections (STIs).



DEPO (INJECTION)

What is it?

Depo (sold as Depo-Provera™) is an injection given every 12 weeks that is made from a hormone called progestogen.

How does it work?

It will stop your body from releasing an egg (ovum) each month.

It will make the fluid at the opening to your womb (uterus) thicker, stopping sperm from getting through.

How well does it work?

If you use it the right way, Depo is 99.8% effective. Given mistakes that can happen, like forgetting to have an injection when it's due, it might only be 94% effective.

Other facts you should know

It can cause thinning of the bones (where you lose a small amount of bone density), but this should go back to normal soon after you stop using Depo. This might be more relevant to younger women than older women.

If you have other health problems like heart or severe liver conditions, you should talk with a doctor or nurse before starting Depo.

PROS

Once you have had an injection of Depo, it lasts for 12 weeks.

You will have about a 50% chance of having no periods at all. If you do have periods, they will usually be less painful.

No one can find out you are using Depo unless you tell them.

It might be a good option for you if you can't take the Pill.

Medications and natural remedies won't stop Depo from working.

CONS

If you stop using Depo, it might take some time for your periods and chance of getting pregnant to go back to normal.

You might bleed more often or at odd times or have no bleeding at all.

You might feel hungrier than usual or have sore breasts, headaches, mood swings or changes to your skin. These effects can last 12 weeks or longer.

Depo won't protect you from sexually transmissible infections (STIs).



INTRAUTERINE DEVICE (IUD)

What is it?

The intrauterine device (IUD) is small, plastic and T-shaped with a nylon string at the end. It's put inside the womb (uterus) by a doctor.

The 2 types are copper and hormonal (sold as Mirena™).

How does it work?

Both types will stop sperm from meeting an egg (ovum).

Both types will stop an egg from sticking to the inside of your womb.

How well does it work?

Both the copper and hormonal IUD are more than 99% effective.

Other facts you should know

You will need to check the string in your vagina after every period to make sure the copper or hormonal IUD hasn't moved out of place or fallen out.

Your chance of infection might be higher if you have a high risk of sexually transmissible infections (STIs) or change sexual partners often.

Your chance of getting pregnant will go back to normal as soon as the copper or hormonal IUD has been taken out.

PROS

You won't have to remember to take or use something every day.

The hormonal IUD will make your periods lighter.

Medications and natural remedies won't stop the copper or hormonal IUD from working.

Both types last for 5 to 10 years.

You can use the copper IUD as a very effective method of emergency contraception.

CONS

The copper IUD might make your periods heavier and more painful.

You will have a small risk of infection around the time the copper or hormonal IUD is put in.

Both types need to be put in by a specially trained doctor.

Neither type will protect you from STIs.



EMERGENCY CONTRACEPTION

What is it?

Hormonal emergency contraception (EC), also known as 'the morning after pill', is made from a high dose of hormones and can be taken to help avoid getting pregnant in an emergency situation. The copper IUD is a very effective method of EC that can be used as an alternative.

If you have unprotected sex or a condom slips off or breaks when you are having sex and you don't want to get pregnant, you should use EC.

Hormonal EC should be taken as soon as possible, ideally within 24 hours of having sex, but it still works well within 96 hours (4 days). You can take EC within 96 to 120 hours (5 days), but it won't be very effective.

The copper IUD needs to be inserted within 120 hours (5 days) of having unprotected sex.

How does it work?

Hormonal EC might stop your body from releasing an egg (ovum).

The copper IUD will stop an egg from sticking to the inside of your womb (uterus).

How well does it work?

Hormonal EC prevents 85% of pregnancies.

The copper IUD prevents 99% of pregnancies.

Other facts you should know

If hormonal EC doesn't work and you still get pregnant, there is no evidence that it could harm the pregnancy.

Hormonal EC isn't an abortion pill.

Both methods are safe to use when breastfeeding.

PROS

You can buy EC from the chemists without a doctor's prescription.

You can use the copper IUD as a very effective method of ongoing contraception.

Both types can help you avoid getting pregnant in an emergency situation.

CONS

You may need to pay the pharmacy or hospital dispensing fee (approximately \$30.00).

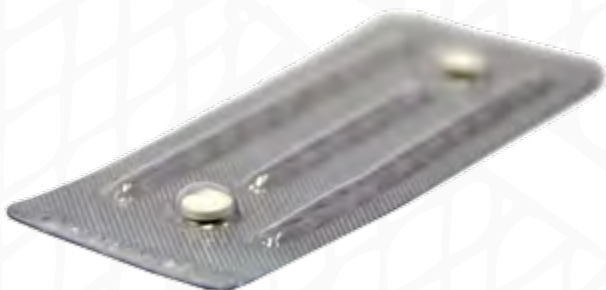
After taking hormonal EC, you might feel sick, bleed between periods or your period might be late.

If you vomit within 2 hours of taking hormonal EC, it won't work and you will need to take another dose.

The copper IUD needs to be inserted by a specially trained doctor or nurse.

The copper IUD is more expensive than hormonal EC.

Neither type will protect you from sexually transmissible infections (STIs).



COMBINED PILL (THE PILL)

What is it?

Usually called 'the Pill', the combined pill is made from 2 hormones called oestrogen and progestogen.

Most packs have 21 hormone pills and 7 sugar pills or 24 hormone pills and 4 sugar pills.

How does it work?

It will stop your body from releasing an egg (ovum) each month.

It will make the fluid at the opening to your womb (uterus) thicker, stopping sperm from getting through.

How well does it work?

If you use it the right way, the Pill is 99.7% effective. Given mistakes that can happen, like missing a pill, it might only be 91% effective.

It can take 1 to 12 days to start working.

Other facts you should know

If you take the Pill more than 24 hours late, vomit or have severe diarrhoea, it might not work.

Some medications, like the ones used to treat epilepsy, and the natural remedy St John's Wort, might stop it from working.

If you are taking the Pill, it's better if you don't smoke.

If you miss a pill and then have sex, you might need emergency contraception (EC), also known as 'the morning after pill'. It's best to take EC as soon as possible, ideally within 24 hours of having sex, but it still works well within 96 hours (4 days). You can take it within 96 to 120 hours (5 days), but it won't be very effective (see page 12).

PROS

The Pill might make your periods regular, shorter, lighter and less painful.

It might make your skin better.

It will lessen your chance of getting cancer of the womb and ovaries.

It can be used to skip periods.

CONS

You will need to remember to take a pill every day.

You might feel sick, bleed between periods or have sore breasts, headaches, bloating, mood swings or changes to your skin.

It won't protect you from sexually transmissible infections (STIs).

The Pill might **not** be a good option for you if you:

- » have certain types of migraine headaches
- » are very overweight
- » have health problems like high blood pressure or heart or severe liver conditions
- » are a smoker aged over 35
- » are on certain medications.



MINI PILL

What is it?

The mini pill is made from only 1 hormone called progestogen.

Each pack has 28 mini pills (there are no sugar pills).

How does it work?

It will make the fluid at the opening to your womb (uterus) thicker, stopping sperm from getting through.

It might stop your body from releasing an egg (ovum) each month.

How well does it work?

If you use it the right way, the mini pill is 99.7% effective. Given mistakes that can happen, like taking a pill late, it might only be 91% effective.

The mini pill will start working after you have taken the first 3 pills.

It usually works better in older women than in younger women.

Other facts you should know

If you vomit or have severe diarrhoea, the mini pill might not work.

Some medications, like the ones used to treat epilepsy, and the natural remedy St John's Wort, might stop it from working.

If you are more than 3 hours late in taking a pill and then have sex, there is a chance you could get pregnant. You should use emergency contraception (EC), also known as 'the morning after pill', as soon as possible. It's best to take EC within 24 hours of having sex, but it still works well within 96 hours (4 days). You can take it within 96 to 120 hours (5 days), but it won't be very effective (see page 12). EC is safe to use when breastfeeding.

PROS

The mini pill is a better option than the combined pill if you:

- » have certain types of migraine headaches
- » are a smoker aged over 35
- » have high blood pressure
- » have headaches or feel sick when you take the combined pill
- » are breastfeeding.

CONS

You will need to remember to take a pill at the same time every day.

You might have your period more often or at odd times, bleed between periods or have no periods at all.

You might have headaches or sore breasts.

The mini pill won't protect you from sexually transmissible infections (STIs).



VAGINAL RING

What is it?

The vaginal ring (sold as NuvaRing™) is a small, soft ring that is made from 2 hormones called oestrogen and progestogen.

It sits inside the vagina for 3 weeks at a time, slowly releasing hormones into the body.

How does it work?

It will stop your body from releasing an egg (ovum) each month.

It will make the fluid at the opening to your womb (uterus) thicker, stopping sperm from getting through.

How well does it work?

If you use it the right way, the vaginal ring is 99.7% effective. Given mistakes that can happen, like forgetting to put a new ring in on time, it might only be 91% effective.

Other facts you should know

If the vaginal ring is accidentally left out of your vagina for more than 24 hours in the 3 weeks you are using it, it might not work.

It shouldn't be taken out before you have sex.

Some medications, like the ones used to treat epilepsy, and the natural remedy St John's Wort, might stop it from working.

If you are using the vaginal ring, it's better if you don't smoke.

If the vaginal ring is accidentally left out of your vagina for more than 24 hours, you might need emergency contraception (EC), also known as 'the morning after pill'. It's best to take EC as soon as possible, ideally within 24 hours of having sex, but it still works well within 96 hours (4 days). You can take it within 96 to 120 hours (5 days), but it won't be very effective (see page 12).

PROS

You won't have to remember to take or use something every day.

The vaginal ring will usually make your periods regular, shorter, lighter and less painful.

It will usually make your skin better.

Diarrhoea and vomiting won't stop the vaginal ring from working.

It can be used to skip periods.

CONS

You might feel sick, bleed between periods or have sore breasts, headaches, bloating, mood swings or changes to your skin.

It won't protect you from sexually transmissible infections (STIs).

The vaginal ring might **not** be a good option for you if you:

- » have certain types of migraine headaches
- » are very overweight
- » have health problems like high blood pressure or heart or severe liver conditions
- » are a smoker aged over 35
- » are on certain medications.



MALE CONDOM

What is it?

The male condom is a very thin but strong rubber covering that is put over a hard (erect) penis before having sex.

How does it work?

It will act as a barrier, stopping sperm from getting into the vagina.

It will need to be put on before the penis has any contact with the vagina.

It will help stop sexually transmissible infections (STIs) from spreading between you and your partner when you have sex.

How well does it work?

If you use it the right way every time you have sex, the male condom is 98% effective. Given mistakes that can happen, like a condom breaking or slipping off or not being used every time you have sex, it might only be 82% effective.

Other facts you should know

You will need to check the expiry date before using each condom.

You will need to use a new condom and lube every time you have sex.

If you need more lubricant, only use a water based one like KY Jelly®.

You can't use oil based lubricants because they can cause holes in the condom.

Saliva or spit is not a good lubricant because it dries out and can cause the condom to break.

You can't store them in warm places like your car glove box.

You can't keep them in your wallet or purse for more than 1 month.

If a condom breaks when you are having sex or slips off afterwards, there is a chance you could get pregnant. You should use emergency contraception (EC), also known as 'the morning after pill', as soon as possible. It's best to take EC within 24 hours of having sex, but it still works well within 96 hours (4 days). You can take it within 96 to 120 hours (5 days), but it won't be very effective (see page 12).

PROS

Condoms, both male and female, will give you and your partner the best available protection from sexually transmissible infections (STIs).

Both you and your partner will be responsible for contraception.

They are not expensive.

You can buy male condoms from supermarkets, chemists, petrol stations, hotel vending machines, night clubs etc.

You can pick up free condoms from your local Aboriginal health service (ACCHO) , Family Planning, health or youth centre.

CONS

It might slip off or break when you are having sex, especially if you are not using it the right way.

The male will need to withdraw his penis as soon as he has ejaculated, making sure no semen leaks from the condom.

You or your partner could be allergic to latex, which is the type of rubber that is used to make the male condom. You can buy non-latex condoms, but they are more expensive.



FEMALE CONDOM

What is it?

The female condom is a soft, rubber-like pouch with a ring at the end that is put inside the vagina.

Some women and their partners like using it because it lets more heat through than the male condom, making sex feel better.

How does it work?

It will act as a barrier, stopping sperm from getting into your womb (uterus).

How well does it work?

If you use it the right way every time you have sex, the female condom is 95% effective. Given mistakes that can happen, like a condom moving out of place or not being used every time you have sex, it might only be 79% effective.

Other facts you should know

You can only use each female condom once.

They are more expensive than male condoms.

You can't use a female condom with a male condom because it can tear or move out of place.

They are harder to find than male condoms, but you can buy them from family planning clinics, some chemists and online.

If a female condom tears or moves out of place when you are having sex, there is a chance you could get pregnant. You should use emergency contraception (EC), also known as 'the morning after pill', as soon as possible. It's best to take EC within 24 hours of having sex, but it still works well within 96 hours (4 days). You can take it within 96 to 120 hours (5 days), but it won't be very effective (see page 12).

PROS

Condoms, both male and female, will give you and your partner the best available protection from sexually transmissible infections (STIs).

The female condom will give you more control because you won't have to rely on your partner to use a condom.

You can use oil or water based lubricants with the female condom.

You can put it in before you have sex.

You can use it when you have your period.

You can also get latex free male and female condoms which are good for people with latex allergies.

CONS

You will need to practise putting the female condom in the right way.

You will need to make sure the penis goes inside the condom and not around it (i.e. between the condom and the wall of your vagina).

When the penis goes inside, the condom might slip or bunch up. If this happens, you can use more lubricant.



DIAPHRAGM

What is it?

The diaphragm is a cup-shaped, silicone cap with a soft edge that fits inside the vagina, covering the opening to the womb (uterus).

The diaphragm fit should be checked by a doctor or nurse.

How does it work?

It will act as a barrier, stopping sperm from getting into your womb.

You will need to put the diaphragm inside your vagina the right way before any contact with the penis.

You will need to leave it in your vagina for 6 hours after you have sex.

How well does it work?

If you use it the right way every time you have sex, the diaphragm is 86-94% effective, depending on the type. Given mistakes that can happen, like the diaphragm slipping out when you are having sex, it might only be 82% effective.

How well it works will depend on:

- » how and when you put it in
- » whether the size is right for you
- » how you look after it.

Other facts you should know

You should use another type of contraception with the diaphragm until you are sure you are using it the right way.

You will need to clean it and check it for holes before and after using it.

You will need to have your diaphragm checked again if your weight changes, if you have a baby or if it slips out or feels uncomfortable when you are having sex.

If you think your diaphragm has been damaged or it moves out of place when you are having sex, there is a chance you could get pregnant. You should use emergency contraception (EC), also known as 'the morning after pill', as soon as possible. It's best to take EC within 24 hours of having sex, but it still works well within 96 hours (4 days). You can take it within 96 to 120 hours (5 days), but it won't be very effective (see page 12).

PROS

The diaphragm won't change your periods.

It doesn't contain hormones.

You can put the diaphragm in before you have sex.

CONS

You might feel uncomfortable if the diaphragm is the wrong size for you.

You could have a small risk of bladder infection.

The diaphragm does not give you protection from sexually transmissible infections (STIs).



STERILISATION

What is it?

Sterilisation is a permanent method of contraception that involves having surgery.

Men can have a vasectomy, where the tubes that carry the sperm are cut under local anaesthetic.

Women can have:

- » a tubal ligation, where a clip is put on the tubes that carry the eggs (ova) through a small cut in the stomach under general anaesthetic
- » a tubal occlusion, where a small coil (sold as Essure™) is put inside these tubes through the vagina under local anaesthetic.

How does it work?

A vasectomy will stop sperm from moving through the tubes that they normally travel through to reach the egg.

A tubal ligation or tubal occlusion will stop eggs from moving through the tubes that they normally travel through to meet the sperm.

How well does it work?

Sterilisation is more than 99% effective.

Other facts you should know

Men who have a vasectomy will still ejaculate and enjoy sex and the way they have sex won't change.

Women who have a tubal ligation or tubal occlusion will still release an egg each month, have periods and start menopause at the usual time.

PROS

Sterilisation is very effective and can't always be reversed, so if you are sure you don't want any children (or any more children), it might be a good option for you.

Both vasectomy and tubal occlusion involve minor, 15 minute surgery that is done under local anaesthetic.

A tubal ligation starts working straight away.

CONS

You might need to pay for the surgery.

After having a vasectomy, you will need to use another type of contraception until a sperm test shows no sperm.

After having a tubal occlusion, you will need to use another type of contraception for 3 months and then have an X-ray to check if the coils are in the right place.

After having a tubal ligation, you might need to stay in hospital overnight. You might also take a few days to recover and have some shoulder or stomach pain.

Sterilisation won't protect you from sexually transmissible infections (STIs).

NATURAL FAMILY PLANNING

What is it?

The different methods of natural family planning use the body changes that happen during the menstrual cycle as a guide to know:

- » when to have sex (at 'safe' times)
- » when to avoid having sex (at 'unsafe' times).

How does it work?

It's based on avoiding having sex around the time your body releases an egg (ovum) each month.

You will need to learn the methods from a specialist in natural family planning who might recommend using more than 1 method at the same time.

How well does it work?

Natural family planning takes a lot of practice and commitment. How well it works will depend on which method you use and how well you use it.

If you use the most effective method the right way every time you have sex, it's 99% effective.

If you use the least effective method and allow for mistakes, like having sex at an 'unsafe' time, it might only be 75% effective.

Other facts you should know

If you have sex at an 'unsafe' time, there is a chance you could get pregnant. You can use emergency contraception (EC), also known as 'the morning after pill', but this could change your bleeding pattern for that month and affect how well the method works.

EC should be taken as soon as possible, ideally within 24 hours of having sex, but it still works well within 96 hours (4 days). You can take EC within 96 to 120 hours (5 days), but it won't be very effective (see page 12).

PROS

It's natural (it doesn't use any man made parts or hormones).

It doesn't go against any religious beliefs.

It's not expensive.

Both you and your partner will be responsible for contraception.

You can use natural family planning to help you get pregnant at a later stage.

CONS

You will need to be aware of the changes that happen to your body every day.

You can only have sex when you are least likely to get pregnant (at 'safe' times), which might be when you least feel like having sex.

Natural family planning is hard to use if your periods come at odd times or you are breastfeeding or close to starting menopause.

It won't protect you from sexually transmissible infections (STIs).

ONLINE RESOURCES

AUSTRALIA

Family Planning Victoria

www.fpv.org.au

Includes information on topics such as sex and sexuality, relationships, pregnancy, sexually transmissible infections (STIs) and safer sex

www.fpv.org.au/resource-centre/fact-sheets

View and download the collection of factsheets on a wide range of reproductive and sexual health topics

Aboriginal Nations Torres Strait Islander HIV Youth Mob (Anthym)

www.anthym.org

Aboriginal and/or Torres Strait Islander committee helping to promote messages of safe sex and safe injecting practices in the hope of reducing the rates of HIV infection within their communities

Fertility Control Clinic

www.fcc.com.au

03 9419 2922

Private abortion clinic that provides access to high quality and safe termination of pregnancy and contraception

Better Health Channel

www.betterhealth.vic.gov.au/healthyliving/sexual-health

Victorian Government site covering aspects of health including sexual health, sexuality and contraception.

Youth Central

www.youthcentral.vic.gov.au

Covers topics such as health, relationships and where young people can go for help

Reach Out

au.reachout.com

Includes tips for coping with life and information on topics such as safer sex, STIs, contraception and having sex for the first time

Love: The Good, the Bad and the Ugly

www.lovegoodbadugly.com

By the Domestic Violence Resource Centre Victoria, looks at dating, sex and abuse in relationships and gives open and honest answers to questions about sex

The Line

www.theline.gov.au

By the Australian Government, looks at 'crossing the line', sex and violence in relationships and includes links to other great websites

Tune In Not Out

www.tuneinnotout.com

Includes 24 hour TV shows on sex, sexuality, relationships, alcohol and other drugs, mental health and independence

We Know You and You Know What Works

www.ubykotex.com.au

By Kotex, includes information on periods, contraception and STIs

USA

Coalition for Positive Sexuality

www.positive.org

Breaks down myths around sex and sexuality, decision making, STIs and contraception, with a focus on how to have a positive attitude towards sexuality

Scarleteen

scarleteen.com

Advice, help and information about teen sexuality. Has a special section for teen girls and guys

UK

Avert: Teens' Pages

www.avert.org/teens.htm

Covers topics such as relationships, same-sex attraction, safer sex and HIV/AIDS

VICTORIAN ABORIGINAL COMMUNITY

VACCHO

17-23 Sackville Street
PO Box 1328
Collingwood VIC 3066
P 03 9411 9411
F 03 9411 2599
www.vaccho.org.au

MEMBERS

Aboriginal Community Elders Services

5 Parkview Ave
East Brunswick 3057
P 03 9383 4244

Ballarat & District Aboriginal Co-operative

5 Market St, Ballarat 3353
P 03 5331 5344

Bendigo & District Aboriginal Co-operative

13-15 Forrest St, Bendigo 3550
P 03 5442 4947

Budja Budja Aboriginal Co-operative

20-22 Grampians Rd
Halls Gap 3381
P 03 5356 4751

Dandenong & District Aborigines Co-operative

3 Carroll Ave, Dandenong 3175
P 03 9794 5933

Dhauwurd Wurrung Elderly and Community Health Service

18 Wellington St, Portland 3305
P 03 5521 7535

Gippsland & East Gippsland Aboriginal Co-operative

37-53 Dalmahoy St
Bairnsdale 3875
P 03 5150 0760

Goolum Goolum Aboriginal Co-operative

43 Hamilton St, Horsham 3402
P 03 5381 6333

Gunditjmara Aboriginal Co-operative Ltd

3 Banyan St, Warrnambool 3280
P 03 55643344

Kirrae Health Services Inc.

C/- Wangoom Post Office
Wangoom 3278
P 03 5567 1270

Lake Tyers Health & Children's Service

Rules Rd, Lake Tyers 3909
P 03 5155 8500

Lakes Entrance Aboriginal Health Association

18-26 Jemmeson St
Lakes Entrance 3909
P 03 5155 8465

Mallee District Aboriginal Services

120-122 Madden Ave
Mildura 3502
Clinic 03 5022 1852

Moogji Aboriginal Council East Gippsland Inc.

52 Stanley St, Orbost 3888
P 03 5154 2133

Mungabareena Aboriginal Corporation

21 Hovell St, Wodonga 3690
P 02 6024 7599

Murray Valley Aboriginal Co-operative

87 Latje Rd, Robinvale 3549
P 03 5026 4501

Ngwala Willumbong Cooperative

93 Wellington St, St Kilda 3182
P 03 9510 3233

CONTROLLED HEALTH ORGANISATION

Njernda Aboriginal Corporation

84 Hare St, Echuca 3564
P 03 5480 6252

Ramahyuck District Aboriginal Corporation

117 Foster St, Sale 3850
P 03 5143 1644

Rumbalara Aboriginal Co-operative Ltd

20 Rumbalara Rd
Mooroopna 3629
Medical clinic: P 03 5820 0035
Woongi unit: P 03 5820 0090

Victorian Aboriginal Health Service

186 Nicholson St, Fitzroy 3065
P 03 9419 3000

Wathaurong Aboriginal Co-operative

Lot 62 Morgan St
North Geelong 3215
P 03 5277 0044
Health: P 03 5277 2038

Winda Mara Aboriginal Corporation

21 Scott St, Heywood 3304
P 03 5527 0000

ASSOCIATES

Albury Wodonga Aboriginal Health Service

644 Daniel St, Glenroy 2640
P 02 6040 1200

Cummeragunja Housing and Development Aboriginal Corporation

10 Tongala Avenue
Cummeragunja via
Barmah VIC 3639
P 03 5869 3343

Healesville Indigenous Community Services Association

1 Badger Creek Rd
Healesville 3777
P 03 5962 2940

Melbourne Aboriginal Youth, Sport & Recreation Co-operative

184-186 Gertrude St
Fitzroy 3065
P 03 9416 4255

AUSPICES

Central Gippsland Aboriginal Health Services

7-9 Buckley St, Morwell 3840
P 03 5136 5100

Kerang Aboriginal Community Centre

9 Nolan St, Kerang 3579
P 03 5450 3019

Swan Hill & District Aboriginal Co-operative

70 Nyah Rd, Swan Hill 3585
P 03 5032 5277



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Clinic hours
Mon-Fri 10.00am-6.00pm
Mornings by appointment
Drop-in 11.00am-6.00pm



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CONTRACEPTION IT'S YOUR CHOICE



ANDREW BAMBLETT'S SHIELD MOTIF ORIGINATES FROM A SKETCH PRODUCED AT A VACCHO DRAWING WORKSHOP AT BUNJILAKA ABORIGINAL CULTURAL CENTRE @MELBOURNE MUSEUM.

AT BUNJILAKA ANDREW WAS ABLE TO SOURCE HIS PEOPLE'S ARTEFACTS (YORTA YORTA AND GUNAI/KURNAI) TO CREATE CONTEMPORARY IMAGERY INFLUENCED BY TRADITIONAL OBJECTS.

VACCHO HAS CHOSEN TO USE THE SHIELD MOTIF WHEN PROVIDING INFORMATION ABOUT CONTRACEPTION AS THE SHIELD IS TRADITIONALLY A SYMBOL OF POWER AND PROTECTION FOR THE YORTA YORTA AND GUNAI/KURNAI PEOPLE AND ARE USUALLY DECORATED WITH SYMBOLS OF COUNTRY.



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