

This chapter covers some steps you can take to protect your sexual and reproductive health, including what you can do for yourself and when to see a health care provider. It also describes what to expect at a gynecological visit and exam and

how to advocate for the respectful, compassionate, individualized, and comprehensive care you deserve. Many of the topics addressed briefly in this chapter are covered in more depth in other chapters.

The first chapter in this book, "Our Female Bodies," describes female sexual anatomy in depth. As you read this chapter, you may find it helpful to look back at the drawings, descriptions, and definitions included there.

## VULVAR AND VAGINAL SELF-CARE

For the most part, the vulva and vagina need only basic care to stay healthy. Here are some tips to keep your vulva healthy and happy:

- **Lay the groundwork.** Eat well, get adequate sleep, and exercise regularly to help keep all parts of your body healthy.
- **Have smart sex.** Learn the sexual history of your partners and practice safer sex. (See Chapter 10, "Safer Sex"; and Chapter 11, "Sexually Transmitted Infections.")
- **Loosen up.** Thongs can rub back and forth, and tight-fitting pants, spandex, and synthetic underwear can trap heat and moisture and cause irritation. Wear looser clothing and natural-fiber underwear such as cotton. Sleeping without underwear or anything tight allows some air to get to the vulvar area and helps keep the vulvar tissues healthy.
- **Don't douche.** The vagina is a self-cleaning organ, so there is no need to wash inside or douche. In fact, douching can create unhealthy changes in the pH (acidity) and the balance of normal vaginal bacteria.

- **Keep clean.** To help prevent the spread of bacteria that could cause a urinary tract infection, wipe from front to back, reaching from behind, after a bowel movement.
- **Use tampons wisely.** Choose the right absorbency and change tampons every two to eight hours. (See "Common Questions About Tampons," p. 21.)
- **Don't overdo.** To clean your vulva, use just warm water or a gentle, unscented soap applied with your fingers—don't scrub. Avoid lengthy soaks in very hot water, which can dry and irritate the skin.
- **Avoid common irritants.** Skip the scented soaps, body deodorants, and perfumes. These can lead to irritation in some women. If you have sensitive skin, stick to unscented white toilet paper, use a hypoallergenic clothing detergent, and avoid fabric softener/dryer sheets when you dry your underwear or bed sheets.

Vulvas have their own scent, just like other parts of our bodies and the bodies of our sexual

## CAN I SHAVE DOWN THERE?

Hair removal is not necessary from a health perspective and in fact can cause irritation and skin infections. If you do opt to trim or remove hair on and around the vulva, proceed cautiously, particularly if your skin is generally sensitive. An electric razor with a pop-up blade is safer and gentler than a regular razor for shaving the bikini line and the mons (the soft tissue over the pubic bone). Avoid hair-removal creams, which can burn the skin. Abrasions and ingrown hairs are common with waxing, so use wax only on the thighs, or see a professional hair remover.

IN TRANSLATION:  
MY BODY IS MINE

**Group:** Mavi Kalem

**Country:** Turkey

**Resource:** *Bedenlerimiz Biziz*  
(Our Bodies Are Us), a Turkish adaptation  
of *Our Bodies, Ourselves*

**Websites:** [bedenimveben.org](http://bedenimveben.org), [mavikalem.org](http://mavikalem.org)



This striking badge, created by Our Bodies Ourselves' partner Mavi Kalem in Turkey, reads, "My Body Is Mine." Distributed by and to young women, along with a pamphlet outlining rights fundamental to health and well-being, it is part of a campaign celebrating sexual and reproductive freedom that has reached nearly twelve thousand women and girls.

According to Mavi Kalem, there are no comprehensive health resources in Turkish. Health information, when available, is shaped by conservative cultural ideas on fertility and childbearing, and focuses on pregnancy, birth control, and sexually transmitted infections. It is difficult to find a resource that analyzes the health and rights of women and girls from their points of view. This forces many to seek information through unofficial channels—friends, older relatives, and mothers—that is not always accurate.

Established in the aftermath of the devastating Marmara earthquake in 1999, Mavi Kalem is committed to the free flow

of information and draws on the power of volunteers to drive social and political change. The organization delivers health resources to millions of women, girls, and men, via grassroots workshops, print materials, and discussion groups, both online and in person. Mavi Kalem's website is a unique collaborative and lobbying tool for a growing activist network in the region. The organization also publishes a free monthly women's health magazine, *Zuhre*, which is extremely popular in Turkey and Cyprus.

In the spring of 2011, Mavi Kalem published a Turkish adaptation of *Our Bodies, Ourselves* titled *Bedenlerimiz Biziz*. The book explores the social norms, laws, traditional practices, and religious edicts that make it difficult for Turkish women and girls to exercise their rights. The authors want readers to say, "I read a book and it changed my life."

partners. It's normal for vulvas to smell a little musky or acidic and, during menstruation, to smell somewhat metallic. It's also typical for vulvas to smell different at different times of the menstrual cycle. If a male sexual partner ejaculates inside your vagina, that can alter your scent, too, especially for a day or two after ejaculation. Products that scent or deodorize the vulva or vagina were not designed with our health in mind and play on women's insecurities.

If the scent of your vulva seems particularly strong or unusual, and that change sticks around for more than a few days, it could be a sign of infection. Make an appointment with a health-care provider and, until then, avoid using any commercial vulvar or vaginal treatment or medication not prescribed to you, including over-the-counter yeast infection treatments. If you don't know for sure what the cause is, taking the wrong medication can worsen the irritation and make it difficult to diagnose what if anything is wrong. (See "Vaginal Infections," p. 637.)

## GETTING THE SEXUAL AND REPRODUCTIVE HEALTH CARE WE NEED

Throughout our lives there are times when taking care of our reproductive and sexual health involves getting help from health care providers. Many of the chapters in this book, including "Abortion," "Sexually Transmitted Infections," "Birth Control," "Pregnancy and Preparing for Birth," and "Navigating the Health Care System," discuss the types of providers and the specific kinds of care they offer, how to find a provider, how to access care if you don't have health insurance or your insurance doesn't cover the care, and what to expect at a visit.

## SEXUAL SELF-CARE

If you experience vaginal, vulvar, or other pain with sexual activity, *stop*. Find out the cause of the pain before resuming. Sex can be painful if you're not fully aroused. Pain can also be caused by a scratch or an abrasion, sexually transmitted infections, and vulvodynia, a chronic pain condition (see p. 187). Sex should be about pleasure, and pleasure is connected to listening to your body and addressing your health needs.

## WHEN SHOULD I SEE A PROVIDER?

Most of the time, we visit a provider for our sexual health when a particular need arises: We need birth control or are pregnant or have an unusual vaginal discharge. A gynecological health care visit is also recommended if you have complaints about or issues with your period or any part of your menstrual cycle; if you are experiencing pelvic, vaginal, or rectal pain or discomfort; or if you're experiencing unexplained vaginal bleeding, spotting, or any unusual discharge.

It's also a good idea to have periodic visits once you are sexually active. Since most sexually transmitted infections (STIs) have no noticeable symptoms, it is wise to be screened for STIs before and after you have sex with someone new, if you are sexually active with more than one person, or if you think or know your partner has had sex with someone else. It is recommended that you have a gynecological exam by age twenty-one, even if you are not yet sexually active.

Other reasons to see a provider include:

- You want to start or change prescription contraception.
- You miss three periods or your periods become increasingly heavy or irregular.
- You have unusual genital discharge (which you might notice on your underwear) that lasts for more than a few days or that causes itching or burns or smells bad.
- You have a lump in your breast, or any bumps, sores, swelling, or redness in your genital area.
- You have persistent pelvic or genital pain with menstruation, urination, or sex, or in general, such as when sitting or walking.
- You have unexplained pain in your lower belly or around the pelvic area.
- You have vaginal bleeding that lasts for more than ten days, bleeding at times other than during or around menstrual periods, or flow during periods that becomes unusually heavy or light.
- You are planning to get pregnant.
- You find out you are pregnant.
- You are experiencing a miscarriage.
- You have problems, pain, or discomfort following labor and birth, a miscarriage, or an abortion.

## KINDS OF PROVIDERS

Many different types of health care providers offer reproductive and sexual health care to women, including nurse-practitioners, physician assistants, midwives, and doctors such as pediatricians, family practice physicians, and obstetrician/gynecologists (ob-gyns). Some of us obtain care from providers who specialize in women's sexual and reproductive health, while others obtain gynecological care from primary care providers or internists (internal medicine doctors). Different providers have different training, styles, availability, billing practices, and expertise.

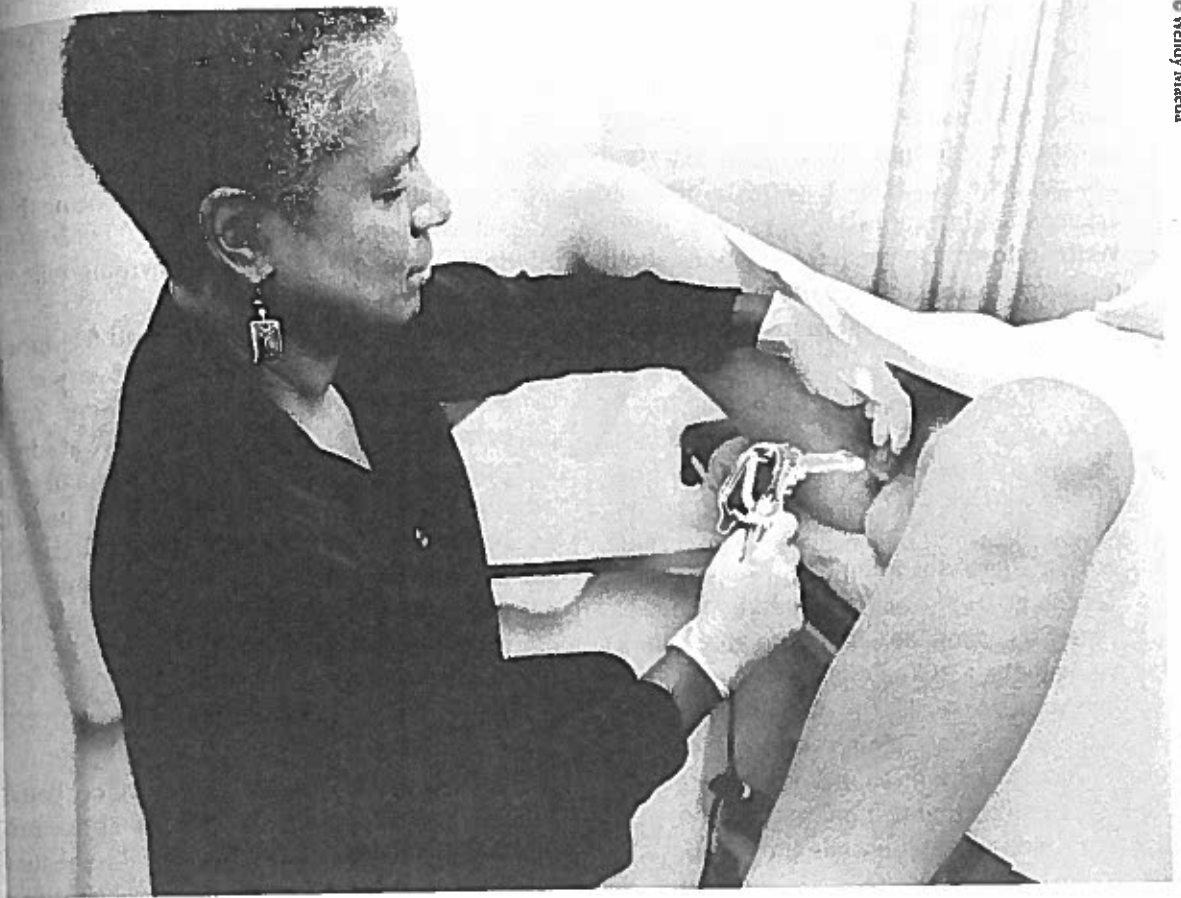
## SEXUAL HEALTH CARE FOR TEENS

In all fifty states and the District of Columbia, adolescents can seek advice and prescriptions for birth control and medical care for sexually transmitted infections without parental consent or knowledge. In addition, adolescents can consent to HIV counseling and testing in most states. Consent laws for vaccinations and for abortions differ by state. It's important to know, though, that while the visit is confidential, if you use health insurance, the policyholder (usually your parent) will likely receive a notice of services provided from the insurance company.

## WHERE TO GET CARE

You can get the care you need in a variety of places, including private medical offices and health care clinics. Some clinics provide low-cost or free services. Family planning clinics such as Planned Parenthood that are funded by Title X (a federal funding program overseen by the U.S. Department of Health and Human Services) offer a broad range of related preventive health services, including routine physical exams; education on health promotion and disease prevention; breast and pelvic exams; cervical cancer screening; STI prevention, education, testing, and referrals; and pregnancy diagnosis and counseling. Title X clinics are required by law to see all women, regardless of ability to pay. To find a Title X clinic in your area, visit [opaclearinghouse.org/search](http://opaclearinghouse.org/search).





## THE GYNECOLOGICAL EXAM

Because many health care visits related to our sexual and reproductive health will include a gynecological exam, this chapter provides an overview of what to expect.

### WHAT IS A GYNECOLOGICAL EXAM?

A routine gynecological checkup generally includes an examination of your breasts and a pelvic exam, which includes an external genitals examination, a vaginal exam using a speculum, an internal exam of your uterus and ovaries, and sometimes a rectal examination.

### PREPARING FOR A GYNECOLOGICAL EXAM

- **Schedule on a period-free day.** Since menstrual fluid can affect the results of some tests, try to plan your pelvic exam for a day when you won't have your period. Of course, it's not always possible to plan in advance, so if you have your period the day of your exam, call your provider's office or the clinic and ask if you need to reschedule.
- **If you have symptoms, avoid sex and tampons.** If you are having an unusual vaginal discharge or other symptoms that you want evaluated, it's best not to use any medications

in your vagina, have sex, or use a tampon for a day or two before your appointment so the vaginal secretions can be seen and tested. And if it's possible that you have a sexually transmitted infection, abstain from sex until you can get tested (see Chapter 11, "Sexually Transmitted Infections").

- **Write it down.** Do you have questions about discharge, pain, contraception, or anything else related to sexual and reproductive

#### YOUR RIGHTS AS A HEALTH CARE CONSUMER

No matter where you go for health care, you should be treated without judgment. Conversations about sex should be accurate, clear, complete, and free of prejudice regarding your sexual identity or preferences. If you have questions about contraception or STIs, your questions should be answered directly without comment on whether the provider thinks it's appropriate for you to be having sex. You have the right to make decisions about your body. No one can force you to have a physical exam or undergo any treatment you personally refuse.

Once the exam begins, if for any reason you feel unsafe, or if your provider is being rough, dismissive, or uncooperative, you can end the exam and leave the room; you are never obligated to see an appointment through to the end. Use the word "Stop" to indicate clearly that you don't want to continue. If you say, "Ouch," or are crying, some practitioners may not really notice. Saying "Stop!" loudly and clearly will get their attention and remind them that "no means no," even in the doctor's office.

health? It can be easy to forget important questions, even when you really want to ask them. Writing down your questions in advance can help you remember to cover everything you need during your appointment. If you chart your menstrual cycles, bring that information with you, especially if you want to ask your provider about anything related to menstruation or fertility.

- **Bring support.** If you think you'd feel more comfortable, ask a friend, partner, or parent to come with you into the exam room. Your provider may ask her or him to leave at some point to ask you personal questions, but you can request the person stay or get invited back quickly. Similarly, if a parent or guardian has come with you to your exam and you want privacy, you have the right to ask that person to leave.

#### WHEN YOU ARRIVE

When you arrive at the clinic or office, you'll usually be given forms to fill out that ask important questions about your health history and any current health issues or problems you are experiencing. Complete these as fully and honestly as possible, as your answers will help determine your course of care. The information you provide and any test results are confidential.

In the United States, your health information is protected and private according to a law known as HIPAA ([hhs.gov/ocr/privacy](http://hhs.gov/ocr/privacy)). You should be notified of the practitioner or clinic's privacy policies in writing, and you will be asked to sign paperwork regarding your privacy, including approving to whom your information can be released and under what conditions. (For more information, see "Rights Regarding Medical Records," p. 677.)

If the reason for your visit includes vaginal pain or irritation, you may be asked to urinate

into a cup so your urine can be analyzed for signs of a urinary tract infection or for a pregnancy test. (Even if you are certain you aren't pregnant, your health care provider may require a pregnancy test before prescribing birth control or inserting an IUD, or as part of a diagnostic workup for a problem like abnormal bleeding or pain.) If you don't need to give a urine sample, use the toilet anyway—gynecological exams are much more comfortable if your bladder is empty.

When you are brought to the exam room, the person doing the initial health assessment—usually a medical assistant, not the provider who will give you the exam—will take some basic measurements, including your height, weight, heart rate, and blood pressure. Then you will be given a gown to wear during the exam and the medical assistant will leave the room so you can undress in private. Sometimes, especially if you are a new patient, your provider may meet with you before you get undressed.

Let someone know if you feel uncomfortable being alone with the provider during the exam. You can ask to have a medical assistant or another attendant in the room. If your provider is a man, many offices do this automatically.

Once you are in the gown, your provider will come in and review your health history (the questions you answered upon arrival) and ask follow-up questions about that history or any current problems or concerns. If you have been doing regular vaginal self-exams (see p. 8) or charting your menstrual cycle (see p. 26), you will be able to tell your health care provider about any changes you have noticed, or simply help her or him understand what is normal for you. If you know anything about the size of speculum that works for you or where your cervix can be found, tell the provider.

Having a gynecological exam is an intimate and invasive experience. But providers who do them over and over again sometimes forget this. If this is your first exam or you have had a nega-

tive experience with previous exams or you are feeling very anxious, let your provider know. Ask her or him to go slowly and explain each step as it happens.

Before beginning, your health care provider should wash her or his hands or use antibacterial gel. For the exam itself, your provider will wear gloves.

## DURING THE GYNECOLOGICAL EXAM

Many health care providers begin by performing a clinical breast exam. This involves examining your breasts for any possible signs of breast cancer or other breast problems. Usually your provider will begin by visually inspecting your breasts, looking for skin changes or visible lumps. Then your provider will use her or his fingers to feel all parts of your breast, looking for lumps or unusual textures, and check your armpits for swollen lymph nodes.

To begin the pelvic exam, your provider will ask you to lie back on the exam table, move your bottom down to the end of the table, and place your feet in the stirrups, which are metal footrests on either side of the table. Bend your knees and let them relax and fall to each side. Most of us feel vulnerable and exposed in this position, but a good provider will try to make you feel safe. If you feel really uncomfortable, ask if you can sit up more. The exam can be done just as well in this position.

Your provider will first examine your vulva by visually checking to see if your anatomy is healthy. She or he will examine the distribution of your pubic hair, the size and condition of your clitoris, and the architecture of your vulvar lips and opening to the vagina. The provider will look for irritation, discoloration, swelling, bumps, skin lesions, lice, and any unusual vaginal discharge. Sometimes a Q-tip is used to evaluate the entry to the vagina for pain or tenderness.

Next, the provider will begin the pelvic



## MEDICAL HISTORY: WHAT A HEALTH CARE PROVIDER NEEDS TO KNOW\*

When you see a provider for a gynecological exam, she or he will probably ask about your medical history and your family's medical history, especially if it's your first visit with a new provider. Questions will likely include these:

- When was your last period?
- How often do you have periods?
- How long do they last?
- Do you ever have bleeding between periods?
- Do you have any unusual pain, itching, or discharge from your vagina or vulva?
- Do you have any other medical conditions?
- What medical problems do other members of your family have?
- Are you having sex?
- Do you have sex with men, women, or both?
- Do you have any pain during sex?
- Do you have bleeding after sex?

- Are you using birth control?
- Do you suspect you are pregnant?
- Are you trying to become pregnant?
- What do you do to prevent sexually transmitted infections?
- Do you want to be tested for STIs?

You should also be asked about alcohol or other drug use, what medications you take (both prescription and over-the-counter), allergies, illnesses, previous pregnancies, problems holding urine, risk for infection, smoking, and any surgery you have had, as well as about health-related lifestyle issues such as diet, stress, and sleep. You can ask questions, too. You might want to ask about:

- Birth control
- Bleeding after sex
- Heavier than usual menstrual flow
- Pelvic pain or pain with sex
- Pregnancy testing
- Tests for sexually transmitted infections
- Unpleasant vaginal odor
- Vaginal discharge
- Questions or concerns about sexuality

\* Adapted from content on the Planned Parenthood website, [plannedparenthood.org](http://plannedparenthood.org).

exam by inserting a metal or plastic speculum in your vagina. Speculums are shaped a bit like duck bills and they come in different sizes and lengths. The speculum will hold the walls of the vagina apart so your provider can examine your vaginal walls and cervix. If your provider is using a metal speculum, she or he may warm it before inserting it. If you are not used to a

speculum or what it feels like to have something placed in your vagina, it may be uncomfortable, but it shouldn't be painful. You may feel some pressure in your bladder or around your rectum. Take deep, slow breaths and relax your stomach muscles, your shoulders, the muscles between your legs, and especially your vaginal muscles. A pinching sensation isn't normal. If you are in

## WILL A PELVIC EXAM AFFECT MY VIRGINITY?

The short answer is: No. If you were a virgin before your pelvic exam you will be one afterward. Virginity is not a medical or physical condition. Virginity is defined differently by different people, but it most often refers to whether a woman has had penis-in-vagina intercourse. Some people define virginity based on the state of the hymen, a thin, flexible membrane located just inside the entrance to the vagina. But because hymens—also called vaginal coronas—can break and stretch during exercise, masturbation, tampon use, or any form of vaginal penetration, they do not reflect whether a woman has had sex. (For more information, see “Vaginal Corona or What You May Know as the Hymen,” p. 7, and “Virginity,” p. 141.)

pain, ask your provider to readjust the speculum or use a different size speculum.

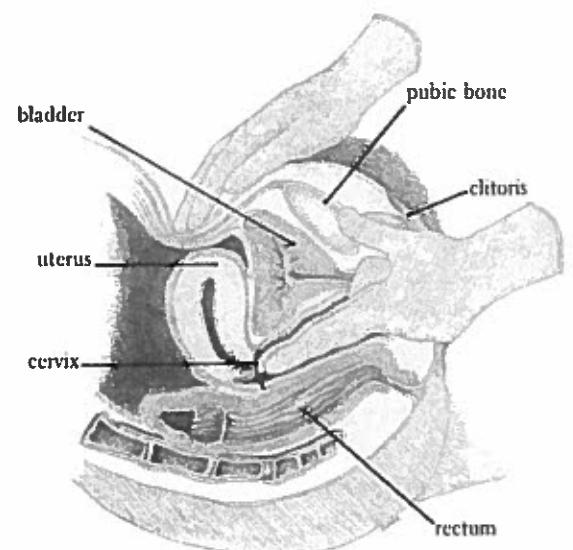
Your provider will probably describe the process, step by step. If you want to know more about what's happening, ask. Similarly, if it's easier for you not to hear, ask *not* to be informed every step of the way. Some practitioners keep a hand mirror available. If you want to watch the exam to learn more and to see what your cervix looks like, ask for help in positioning the mirror and light source. If you want to do self-exams in the future (see p. 9), this is a great opportunity to ask questions about how it's done and what to look for.

When the speculum is in place, your pro-

sions, inflammation, or unusual discharge and look at your cervix and check for any unusual discharge, signs of infection, discoloration, damage, or growths. A Pap test may be done to check for abnormal cervical cells (see below). Sometimes a smear of vaginal discharge is taken as well, to test for vaginal infections or certain sexually transmitted infections. The speculum will be removed at the end of the pelvic exam.

## The Bimanual Exam

After removing the speculum, your provider may insert one or two gloved fingers into your vagina while pressing down on your abdomen with the other hand. This is called a bimanual exam and is done to locate and determine the size, shape, and consistency of the uterus and ovaries. Your provider will feel for any unusual growths or tender areas. Pressure on the uterus is usually painless, but pressure on the ovaries may cause discomfort (like a slightly painful electric shock). The ovaries are difficult to



A bimanual pelvic exam

## PAP TESTS

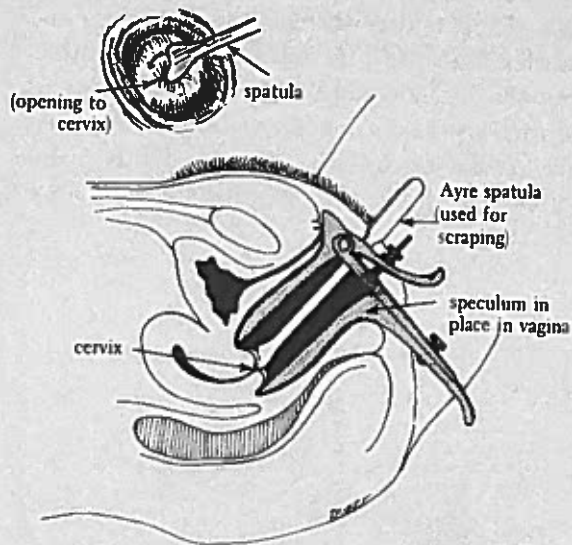
A Pap test checks for cervical cell changes that can signal potential health problems, including human papillomavirus (HPV), a common sexually transmitted infection, and cervical cancer. It's done during a pelvic exam using a small spatula or a device that looks like a long Q-tip with a tiny bottle brush on the end. This swabbing may feel unusual or even uncomfortable, like a cramp, light brushing, or scraping sensation.

In 2009, the American College of Ob-

stetrics and Gynecology released new recommendations about Pap tests for women whose risk of cervical cancer is low or average.

- Women should have their first Pap test at age twenty-one.
- Women in their twenties should have a Pap test every two years (assuming prior Pap tests have been normal).
- Women age thirty and older who have had three consecutive normal Pap tests should have a Pap test every three years.
- Women who have had a hysterectomy for noncancerous reasons do not need a Pap test unless they have retained their cervix.
- Women no longer need to have Pap tests after the age of 65.
- Women who have received an HPV vaccine still need to get Pap tests, because the vaccines do not protect against all types of HPV associated with cervical cancer.

If you have had an abnormal Pap result, you should discuss with your clinician how often you should repeat a Pap test, as what is recommended and what you choose to do will depend on your own particular situation. (For more information, see "Cervical Dysplasia and Cervical Cancer," p. 614.)



Placement of speculum for a pelvic exam. Spatula scrapes cervix for Pap test (this is usually painless).

© Nina Reimer

find, and sometimes the twinge you feel is the only way the practitioner is aware that he or she is touching them. The bimanual examination is more comfortable and more accurate if

you are able to relax your neck, abdomen, and back muscles and keep your arms by your side. Breathing slowly and deeply, exhaling completely, may also help.

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### The Rectovaginal Exam

Sometimes a rectovaginal exam is part of the pelvic exam. If so, your provider will insert one finger into the rectum and one into the vagina to assess your internal pelvic organs from a different angle. This enables your provider to feel behind the uterus and makes it easier to feel the uterus and ovaries in women who have a tipped (retroverted) uterus. It also helps detect rectal lesions, and tests the tone of the rectal sphincter muscles. Blood in the rectum is sometimes an early sign of colon cancer. A stool test for blood at the time of the rectal exam was used in the past, although a single test at an exam is now considered inadequate compared with a three-day home test or other screening options like colonoscopy.

Some women find the rectovaginal exam unpleasant; others don't mind it. You may feel as if you are having a bowel movement as the practitioner withdraws his or her finger from your rectum. Don't worry—you won't, although sometimes a little stool will leak out. The rectal exam is usually the last part of the exam.

### Talking with Your Provider

If you came in for a method of birth control that was not prescribed earlier or was not inserted yet, or for any vaccines, your provider will now address those issues and offer general health advice, either in the exam room or in a private consultation. Findings from your exam will also be discussed.

Many tests, such as Pap and STI tests, do not yield immediate results. If you have had any tests done, your provider should let you know when the results will be ready and how you will be contacted. When you filled out your medical history and office paperwork, you should have been asked whether it's okay for the office to contact you by email or phone. Check this with your provider if you're concerned about who will see or hear the messages.

Hopefully your experience with your provider was positive. But if you don't feel that your concerns were addressed, or if the provider was uncaring or unresponsive to your concerns or questions, ask your friends or family members for recommendations of other providers. Also consider sending an email or a letter to the provider describing your observations and concerns—sometimes clinicians need to be taught by their patients.

### Specific Concerns

Some of us have specific physical needs or experiences that can make gynecological exams challenging. Some providers are committed to serving all populations; others are not as educated or sensitive, so the onus can be on us to ask for inclusion or adaptations, understanding that we are entitled to the same care as anyone else.

If you're not certain about a provider's willingness or ability to accommodate you, ask questions when calling to make an appointment, or consider scheduling an appointment to visit the office and meet with the provider in person, prior to an exam. Also contact groups that advocate for your specific needs; some may keep informal or formal lists of recommended health-care providers. Ask for referrals from friends, and look online for reviews.

### Sexual Abuse

Many women who have experienced sexual abuse find that pelvic exams, like other kinds of genital contact, can be difficult. You may feel as though you don't have control, and parts of the exam may trigger body memories of sexual abuse and/or assault. You do not have to tell a health-care provider that you have been abused if you don't want to, but disclosing it may help your provider to understand your fears and take extra measures to make you feel comfortable and safe.

## SHARE YOUR CONCERNS

Some people with food allergies keep a card handy to give to servers at restaurants to eliminate confusion about what they can and can't eat. You can create a card to share when seeing a new provider that states what you need—such as slower, clearer speech; a written record of everything covered during the exam; or language/words that make you uncomfortable or that you prefer. Also, giving your provider a list of any allergies to medications you have and any medications you take (and their dose) will make your health care safer.

If participating more actively in your care would help you to relax, ask the provider to adjust the table or the pillows under your head so that you have a better view of what is going on, or ask to be informed, in advance, of each step in the exam process. Let your provider or staff person know if certain language, or where someone is standing, is potentially triggering for you. If you are being seen after a rape or sexual assault, your provider should use language that accurately reflects your experience and should not use terms like “sex” or “sexual activity” to describe the assault. (For more information, see Chapter 24, “Violence Against Women.”)

### *Disability and Chronic Illness*

It's too commonly assumed that sex is not important to those of us with disabilities or chronic illnesses. Your health care provider may not initiate discussions around sexuality, contraception, and sexually transmitted infections unless you bring up those topics. This is where seeing a practitioner who is experienced working with people with

disabilities, especially disabilities or illnesses similar to yours, can be especially helpful.

If navigating a medical office or getting ready for an exam or getting up on the exam table will require extra time, call the office or clinic and request a long appointment.

Frustratingly, health care providers sometimes dismiss the physical discomforts of people with disabilities, pain disorders, or chronic illnesses, assuming that any problem is related to our disabilities. Or they talk past us if an interpreter or attendant is present. Our assistants are not surrogates; sensitive health care providers communicate with us directly, maintaining eye contact, and ensuring that our questions are answered.

In any health care situation, you should be treated with respect and patience, particularly if you need assistance with communication. Attention should be paid to your whole health, not just to health issues pertaining to the disability or illness. Adaptation should be provided that meets your needs, and if a provider cannot provide adaptations for whatever reason, a referral should be made to a provider who can. For more information on getting good reproductive and sexual health care if you have a disability, see “Disability Issues” p. 682, and the Women with Disabilities Education Program, [womenwithdisabilities.org](http://womenwithdisabilities.org).

### *Size*

When making your appointment, ask questions to ensure the office understands your needs and will treat you with respect. If you weigh more than 250–300 pounds, let the staff know, as not all providers have tables, scales, gowns, or equipment to accommodate women of size. If a given provider says something can't be done because of size, it usually means that she or he lacks training in providing sexual health care for larger women or has not made the practice accessible.



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Both subtle and explicit fat biases are common. Be on the lookout for providers who blame every symptom and problem on your being a woman of size.

### *Lesbian, Bisexual, or Transgender*

*I'm so tired of being asked if I want to go on the Pill after I've said I only date women.*

Those of us who are lesbian, bisexual, or transgendered may find that our providers make assumptions about us, from whether we're at risk of sexually transmitted diseases to whether we need birth control.

Some staff members or health care providers who do not regularly work with LGBT communities may default to a heterosexual or gender-normative script (meaning they assume that all women are attracted to men and that if you have a vagina, then you identify as a woman). If this happens, remind them who you are and what issues are relevant and appropriate for you. You have the right to be spoken to in the way that you identify your gender, sexual orientation, and/or relationship status. For more information, see Chapter 4, "Gender Identity and Sexual Orientation," and "Homophobia, Transphobia, and Heterosexism," p. 682.