

WOMEN, HEALTH & VIOLENCE

GUIDE FOR ALL WOMEN



Bilbao

UDALA
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ÁREA DE IGUALDAD,
COOPERACIÓN Y CIUDADANÍA



PRESENTATION

The Department of Equality, Cooperation and Citizenship at Bilbao City Council would like to present this **new edition** of the Guide for All Women, published for the first time in 2008 and updated in 2012. The aim of this new edition is to adapt the content to current times and incorporate a wider more inclusive and intersectorial focus.

This Guide has proven to be a **working instrument of reference** especially for those entities working in the area of social health, in the prevention of gender violence and without a doubt for many other associations.

The main objective is to **inform and raise awareness** of important issues such as sexual and reproductive health as well as the prevention of violence that women suffer all over the world, regardless of their origin or culture.

This Guide forms part of the **Women, Health and Violence Programme**, co-financed from the beginning by the Directorate General for Migration of the Ministry of Employment and Social Affairs, currently within the framework of the EU European Integration Fund.

In this guide, we will begin by discussing the concept and the experience of **love** for women, a fundamental topic which is closely linked to our experience of **sexuality and the loving relationships** we have with other people. We will talk about some of the keys to understanding why women sometimes **behave in a way that puts us and our health at risk**. We will therefore address the myths and beliefs that shape the thinking of many women and men regarding their relationships, whether they are homosexual or heterosexual. All this is closely tied to the **gender role** that is assigned to us in the cultural environment in which we are born and the identity of belonging that we develop within these cultures.

When we discuss health, we must speak about the **body** and the importance of understanding it and taking care of it. In this Guide, we mention this issue as well as, the importance of **managing our health**, so that, among other issues, if one day we decide to become mothers, we can do so under the best conditions and when we have chosen to. For this reason, several sections deal with the different **contraceptive methods** available to us.

In the final section we discuss **gender violence**. The violence that occurs in relationships that subordinate women to men. We look at how to act in these situations as well as the public resources that are available to us.

With regard to sexuality and violence, preconceived statements are often made on the basis of **erroneous beliefs**. We wanted to mention a few of them, respond to them and suggest an alternative interpretation.

At the end, we offer a list of services and places of interest available to all women who might need them.

We hope you enjoy the Guide and find it useful and that you can refer to it in your daily life. Wherever you are, you can count on us if you need to.

Besarkada bat,

Oihane Agirregoitia Martínez



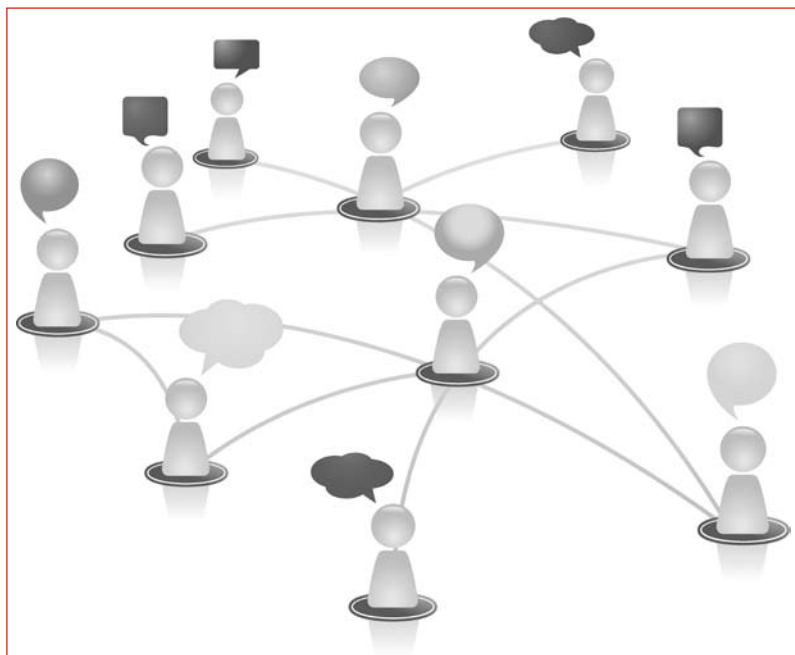
ACKNOWLEDGEMENTS

We would like to begin by expressing our gratitude to the technical team at the **Department of Equality, Cooperation and Citizenship** at Bilbao City Council who launched the first edition of this Guide in 2008 and in recognition of all the effort and the risk involved in creating this work instrument and raising awareness on this issue.

We would particularly like to thank all the **health agents** who with their enthusiastic involvement took such an active part in the first meetings of the Women, Health and Violence Programme and the group of empowerment agents who we have subsequently provided with training to become invaluable points of contact in their communities. Among others, special mention should be made of the work carried out by some who have been very involved in the latest meetings of the Programme, **Marta Eugenia Fernández, Paola Landívar, Maya Amrane**, as well as **Izaskun Zarrandikoetxea** in the area of community intervention.

Finally, special thanks to the whole team from Módulo Auzolan, in particular, Ana Fernández de Garayalde, Belén Bilbao and Paula Oteiza without whose professional and personal guidance and involvement, this new edition would not have been possible.

**IT HAS BEEN A REAL PRIVILEGE AND PLEASURE TO HAVE WORKED WITH ALL OF YOU.
MILA ESKER BENETAN.**



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WOMEN AND LOVE



1. WHAT IS LOVE?

Love is a Universal concept; any one of us can feel and talk about love because we have all experienced its presence or absence in one way or another.

Historically, the experience of love has also undergone changes.

Love can relate to sexuality, a partner, seduction, falling in love, friendship, understanding, respect, affection, trust, negotiation, etc.

However, regardless of the era, culture or society, love must foment a personal sense of value, a feeling of being admired, loved, important, unique.

The way in which we as people love and live love tends to be different because we start out with differentiated roles and values for women and men.

Love is a changing social and cultural construction. It has different meanings for different social groups and cultures.

Love should be viewed as a set of feelings, but also of thoughts. In love we feel but we must also reason. The balance between both parts, between the emotional and the rational is fundamental for the development of a healthy and equal loving relationship.

We all need to love and be loved, to communicate emotionally, to be acknowledged, valued and create a bond with someone or something. It does not necessarily have to be a partner.

2. PEOPLE CANNOT TALK ABOUT LOVE WITHOUT...

GIVING OURSELVES LOVE

- We can begin by dedicating a little bit of time to ourselves.
- It is important not to be removed from our body, from our own needs and from there to learn how to look after ourselves, to be good to ourselves, to respect ourselves.

KNOWING HOW TO GIVE AND RECEIVE LOVE FROM OTHERS

- First of all it is important to love and respect ourselves.
- We must know how to ASK FOR and RECEIVE love.





In a relationship, **UNHEALTHY LOVE** occurs when:

- You start to feel that you are disappearing.
- Your feelings, your desires, your ideas, your values, etc... are no longer important, they seem to have become invisible.
- You feel insecure, indecisive, fearful in the relationship.
- A feeling of loneliness and sadness begins to be almost a constant in your life.
- You trust yourself less and less and rely more on his criteria.
- To avoid jealousy you tend to see less of your friends.
- The differences between you bother him.
- You avoid confiding in him for fear the information might be used against you.
- You are afraid you will be abandoned.

These feelings can be explained by the sexist education received, based on a clear and rigid division between what is expected of men on the one hand and women on the other.



SEXIST EDUCATION	CONSEQUENCES
Women are responsible for the wellbeing, care and maintenance of relationships as well as the maintenance and quality of the marriage.	Postponement and neglect of one's own needs and life projects. Women's economic dependence.
Live for the other, "Romantic Love".	Emotional Dependence
Always be available, personal renunciation, be devoted and passionate.	Subordination
Resignation, sacrifice, abnegation, unlimited patience.	Victimisation: "put up with", say nothing, suffer in silence.
Live by the maxim "If I'm good, the other will change".	Feeling of guilt and failure about your life project: relationship, family. Feeling ashamed about this failure.
Tolerance, understanding, empathy with "the Other".	Sadness and justification of the violence.
Educated to obey, cover up for, mind and protect the man's image.	Defencelessness, shame, isolation, low self esteem.
Never question or share with anyone what happens in your home, in your relationship and or family, particularly if it is negative.	Loneliness, isolation and emotional dependence.



3. MYTHS OF ROMANTIC LOVE

The ideal of romantic love that exists in many cultures is one that offers us a model of a loving relationship that stipulates what “to be in love” means” and how one should feel when this occurs. It is a model that socialises women and men in a different way. By this we mean that it provides ideal guidelines on feelings and behaviours that are different for women and men.

The myths of “romantic love” are false beliefs and are among other things, the causes that lead to the establishment, acceptance, tolerance and normalisation of “Unhealthy Love” relationships. Some of these myths are:

“LOVE CAN COPE WITH ANYTHING”

- We believe that “true love forgives and puts up with anything”. Therefore, if we think there are internal or external problems in the relationship, it is not necessary to confront them, discuss them..., because love will be enough to solve all these problems. According to this myth, “love forgives everything, believes everything, waits for everything, puts up with everything”.
- Participating in this belief can create difficulties as it can be used as an excuse for justifying unacceptable behaviour or attitudes in a relationship. It can lead to the adoption of a position of abnegation and suffering when there is conflict, instead of looking for solutions.

“TRUE LOVE IS PREDESTINED”

- This myth is based on the belief that we are incomplete beings until we find “our other half”, this other person that we consider complementary to us, with whom we hope to live “an eternal passion” because we believe that there is “only one true love in life”, “I’m not prepared to live without you”, “without you I’m nothing”.
- It leads to a belief that the passion at the beginning of the relationship will never be extinguished and will last forever.
- Participating in this belief provokes disappointment and frustration as well as guilt. The woman feeling guilty about not being able to maintain “eternal passion within the couple”, justifies humiliating and abusive behaviour from her partner.

“LOVE IS THE MOST IMPORTANT THING AND REQUIRES TOTAL DEVOTION”

- The love in a relationship with a partner becomes the centre of one’s existence, “my love for him is unconditional”, “I would even change something I like in me to be with someone I love”, “I love you more than my own life”, “Now you are my life”, “And I exist through and for my relationship”.
- Therefore, being in a relationship is the only source of happiness and wellbeing in life. At the same time, the renunciation of personal projects and the pain that comes with the abandonment of personal projects is valued as a sign of love and acceptable for the sake of greater happiness.
- Participating in this belief means denying one’s essence, as well as causing disappointment, frustration and guilt. Women feel guilty because they do not experience the promised happiness, attributing this to their own mistakes rather than questioning this myth.

LOVE IS POSSESSIVE AND “EXCLUSIVE”

- Control and jealousy is seen as a sign of love and passion, accepting the belief that if one loves one must deny oneself. This belief can lead to a justification of abusive behaviour in a relationship, placing the woman in a situation of personal and social weakness. It is a lack of confidence that causes jealousy and a possessive attitude towards a partner.



4. CONSEQUENCES OF THE MYTHS ABOUT LOVE

The myths about love have a particular influence on women due to differentiated socialisation which makes them believe that:

“The other” is what gives meaning to their lives.

The breakup of a relationship means absolute failure.

Since “love can cope with anything”, they should be capable of handling any difficulty and they can even arrive at the conclusion that violence and love are compatible.

Jealousy is a sign of love, etc.

And women subject to this obligation to guarantee and care for emotional relationships end up neglecting their own body and health.



The unconditional devotion that fuels romantic love encourages the idea of coping with love. This capacity of women to cope very often leads to oppressive relationships and the normalisation of unequal loving relationships.

This excessive belief in love makes it easier for many women to show a lack of judgement in situations of apparent demonstrations of love that are in fact real situations of abuse and inequality: control, jealousy, proofs of love, pressure to have sexual relations, criticism, etc.

In short, the prevailing model for love takes away our freedom and ability to detect violent situations within couples, which has very serious consequences for women’s health.

Women who live the model of “Romantic Love” in an intense way are more likely to live an “Unhealthy Love”, to be victims of violence, to tolerate it and justify it, since love in a relationship is what gives meaning to their lives. Believing that “love can cope with anything”, they try to “change” the man who assaults them; these attacks, fits of jealousy or controlling behaviour can be interpreted as “signs of love”, and the woman herself can end up feeling guilty because she does not know how to please her partner.

It is vital that women realise that there is no one in the world who can fulfil a definitive and eternal love, that affection comes in many ways, in different forms and complexity; that love cannot be based on renunciation and sacrifice and that they should never abandon their individuality, their personal projects, their own space or love of oneself for the sake of “romantic love”.



SEXUAL HEALTH AND REPRODUCTIVE HEALTH



5. LET'S TALK ABOUT SEXUALITY

Sexuality is an extremely gratifying part of being a human being. It has many aspects and also many possibilities. Sexuality allows us to find and satisfy different desires: pleasure, having children, affection, tenderness, communication, love, commitment, etc.

Human sexuality in accordance with the World Health Organisation's definition is: "A central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historic, religious and spiritual factors".

BELIEFS THAT LIMIT AND INFRINGE RIGHTS

Women do not have the right to feel sexual desire or participate in actively seeking the satisfaction of this desire.

Women do not have the right to say Yes or No to sexual relations within marriage or in any relationship with a partner.

People who are sick, or with a mental and/or physical incapacity, elderly people etc., do not have a right to sexuality.

Knowledge of one's body is bad, sinful and dangerous...

Sexuality is limited to genital relations and coital intercourse.

Women should begin their sexual activity at a certain age which ends at the onset of the menopause...

Heterosexual couples are more legitimate than homosexual or lesbian couples.

Heterosexual couples are the only ideal structure in which to exercise maternity or paternity.

Female genital mutilation, forced marriages, etc. should be respected or tolerated because it is part of the culture and identity of certain countries.

Women are considered suspect or responsible if they are victims of a sexual assault.

BELIEFS THAT RECOGNISE AND PROTECT INDIVIDUAL RIGHTS

Women's sexuality is different to that of men but equal with regard to sexual possibilities and rights. Equality and respect are fundamental in a relationship.

The need for sexual intimacy pertains to all people.

Knowledge of one's body is fulfilling, as is taking care of it and experiencing sexual satisfaction.

The whole body is a source of pleasurable sexual activity.

Women can choose when to initiate and end their sexual activity and in what conditions.

Sexual relations can include variety with regard to how desire is orientated and to gender identity.

A healthy and safe emotional tie guarantees the psychological and emotional development of the child.

Universal human rights should be respected regardless of culture and/or traditions, governments should be forced to prohibit such practices and ensure that the prohibition is effective.

The assailant is the only one who is guilty for his actions.



6. UNDERSTANDING OUR BODY

“Our body is our territory. We are the protagonists in understanding our body, in looking after it and also for defending and protecting it”.

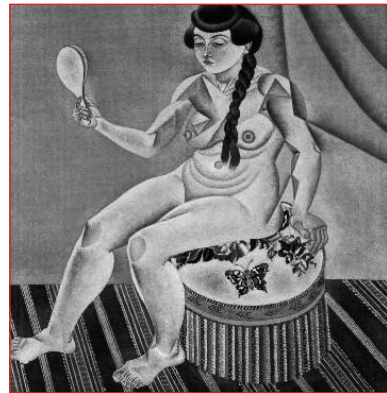
As women we are educated as if our body was outside us. We are taught to look after it formally. We look after it and prepare it externally in keeping with the demands and slavery of social norms to attract and seduce so that we are “chosen”. This means that our sexuality is also at the service of satisfying another person and that only that other person can make us feel.

We are taught to be removed from our feelings, to not understand our body, to feel guilty about our natural impulses and to also to fear them, feeling that they are dangerous. The result of all this is: a lot of fear, a lot of inhibition with regard to the expression of ourselves as sexual beings... and above all a lot of anxiety, a lot of judgement and prejudice about the possibility of a sexual encounter with another person.

Getting to know our own body, how it works, how it responds, what are our emotions..., understanding and accepting our desires and our reactions facilitates personal acceptance, the sexual encounter and the relationship encounter.

“Looking after ourselves means taking ourselves into account, listening to our own needs which are natural, recognising our own existence, taking our place in the world, understanding that we have the right to feel good and to want to reach a state of wellbeing”

“Including mutual and reciprocal care on the basis of respect and equality is essential for fairer, more caring and pleasurable partner and family relationships.



SEXUAL AND REPRODUCTIVE RIGHTS

- We all have the right to enjoy our bodies in liberty and to express our sexuality. It does not matter if we are women or men, young or old, good looking or ugly, fat or slim, sick or healthy, etc.
- We have the right to have sexual relationships or not, without coercion or violence and to decide with whom we want to be sexually involved, with people of the same or of a different sex.
- To have equal and equitable relationships.
- To raise a family or not, to have children freely and to make the decision responsibly without any obligation to have children or not.

- To avail of scientifically based information and the best health care.
- Sexual and reproductive rights are human rights and take precedence over cultural values. If customs are not in keeping with these rights they should be changed: Some examples of this are, female genital mutilation, forced marriage or the persecution or discrimination of those who have sexual relations with others of the same sex, crimes of adultery, etc.

7. WE DECIDE TO USE OUR BODY

Self knowledge helps us to understand our feelings, our responses (reactions)... it helps us to overcome fears and negative beliefs about our genitals.

Remember that our entire body is a source of pleasure. The more we understand it the more chances we will have of enjoying it while alone or accompanied.

WE UNDERSTAND

Understanding our Body

It helps us to Feel Pleasure

To be happy about ourselves

Overcome complexes and ACCEPT OURSELVES as we are with our own personal beauty



Feel Secure About Ourselves



Each person creating a new way to live love



Each woman, each human being living and enjoying their sexuality in a different, unique and unrepeatable way.



**THE EXERCISE OF OUR SEXUALITY IS A RIGHT
RESPECT IS FUNDAMENTAL**

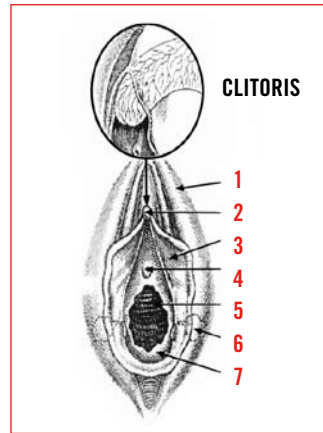
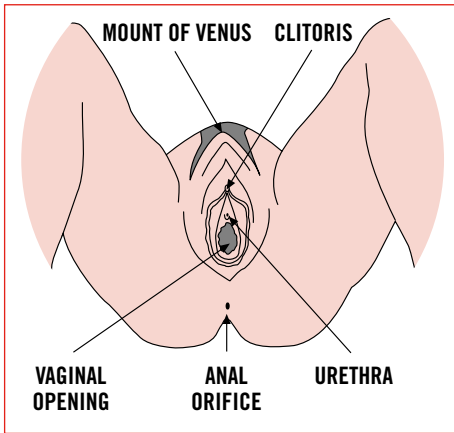
Therefore, human sexuality can be or cannot be linked to reproduction. ALL WOMEN, regardless of their psychological and physical diversity, their sexual orientation and/or gender identity, religion, language or economic status, HAVE THE RIGHT to a free and planned choice in the exercise of their maternity, as well as intimacy in and satisfaction of their sexuality.





8. MORPHOLOGY OF FEMALE GENITALIA

- **MOUNT OF VENUS/MONS PUBIS:** This is a padded area of skin and fatty tissue covered with hair that protects the genital organs.
- **CLITORIS:** This is a bundle of nerve endings in the last third (outer section) of the vagina. When a woman is sexually aroused, this organ swells and becomes more sensitive. The clitoris provides pleasure during sexual relations with ourselves or with others.
- **URETHRA:** This is the orifice through which urine comes out.
- **VAGINAL OPENING:** This is the orifice that links the vagina to the outside. The vagina is a “virtual” cavity in the shape of a tube. We use the term “virtual” because the walls of this tube are close together, joined together and are highly elastic and can create the birthing channel through which the foetus emerges at birth by forming an internal connection with the cervix. The vagina has many nerve endings, making it highly sensitive in the outermost section.
- **LABIA MAJORA AND MENORA:** These surround the vaginal opening.
- **ANAL ORIFICE:** This is the orifice through which the intestine is evacuated.



- | | | | |
|-----------------|-----------------|-----------------------|----------|
| 1. LABIA MAJORA | 3. LABIA MENORA | 5. VAGINAL OPENING | 7. HYMEN |
| 2. CLITORIS | 4. URETHRA | 6. BARTHOLIN'S GLANDS | |

9. LET'S TALK ABOUT CONTRACEPTION

People have known about ways to avoid pregnancy since Antiquity. In Ancient Egypt, they already knew how to prevent pregnancy and various different methods have been used up to the present day when safe and effective methods have been developed.

In the 21st Century, modern methods allow us to choose the best time to have children if that is what we want and to also enjoy our sexuality with a partner without the fear of becoming pregnant, when it may not be the right time.

So let's look at some of the methods available to us today.



Modern hormonal and non hormonal contraceptive methods are very safe and are not bad for your health if used under medical supervision. We are going to discuss the following methods:

- 9.1. **Barrier methods:** the condom, the female condom and the diaphragm.
- 9.2. **Hormonal methods:** the combined pill, the contraceptive ring, the contraceptive patch, the mini pill, sub dermal contraceptive implants and hormonal contraceptive injections.
- 9.3. **IDU**
- 9.4. **Emergency contraception.**
- 9.5. **Irreversible methods:** vasectomy and tubal ligation

9.1. BARRIER METHODS

9.1.1. THE MALE CONTRACEPTIVE/THE CONDOM

It is a very thin latex sheath placed on the erect penis during intercourse, which retains the semen. It must be put on at the start of sexual intercourse.

HOW IS IT USED?

Squeeze the point (deposit) of the condom together and unroll it down the erect penis right to the base. Ensure that the deposit is left free and without any air in it in order to retain the semen without splitting.

After intercourse, remove the condom before the penis loses its erection, holding it firmly by the base to make sure it does not come off in the vagina.

ADVANTAGES

- Easy to acquire.
- Easy to put on.
- **It is the only contraceptive method along with the female condom that is effective in the prevention of HIV/AIDS and SEXUALLY TRANSMITTED DISEASES.**
- It does not require medical supervision.
- If it splits or you did not use one, remember that the **MORNING AFTER PILL** is available at health centres, family planning clinics and pharmacies.
- Requires the male to be responsible



DISADVANTAGES

- 97% effective if and when a correct use is made of it from the beginning. 86% in typical usage . If it splits, if you do not use it in all sexual relations or if you do not use it from the beginning you can become pregnant.
- When its effectiveness is not sufficient, a **DOUBLE METHOD** should be used, for example in adolescence, in an open relationship or if there is a high risk of sexually transmitted diseases. It can be combined with all the other methods.

¹ "Typical use" is defined as how the person uses their chosen contraceptive method and is prone to human error or method error, as a result of a lack of information, usage errors, etc.



9.1.2. THE FEMALE CONDOM

It is a transparent plastic bag, with 2 rings on the ends which adapts to the walls of the vagina and retains the ejaculated semen.

HOW IS IT USED?

It must be inserted at the beginning of intercourse.

Insert it in the vagina holding on to the ring from the outside of the condom.

Insert your finger inside the condom to finish positioning it, leaving the external ring outside.

After intercourse, twist the external ring around a couple of times so that the semen does not come out and remove it.



ADVANTAGES

- You manage and control your barrier contraceptive.
- You are protected from AIDS and other Sexually Transmitted Diseases.

DISADVANTAGES

- It cannot be reused.
- Inserting it is difficult for many women.
- It can be noisy and interfere in sexual relations.
- 90% effective if used correctly, 79% due to errors in use.
- It is difficult to acquire.

9.1.3. DIAPHRAGM

It is a circular cap made of rubber or very flexible latex that is placed at the back of the vagina, completely covering the cervix. It forms a barrier preventing sperm from entering the uterus.

HOW IS IT USED?

A health care professional will tell you what your size is and will show you how to insert it. It must be used with a spermicidal cream which should be spread over the two sides and on the edges of the diaphragm. Once it is in position you must check that the cervix is completely covered.

It must be placed before intercourse and cannot be removed until 6 to 8 hours have gone by. If you have intercourse several times in a row, you do not have to remove it but should apply spermicidal cream directly into the vagina.



ADVANTAGES

- You can manage and control your barrier contraceptive.

DISADVANTAGES

- 96% effective if and when it is used correctly and 82% for typical use.
- It does not protect you from AIDS and other Sexually Transmitted Diseases. It rates highly on the index of careless use.

9.2. HORMONAL METHODS

9.2.1. THE COMBINED PILL

These are tablets made up of 2 hormones (oestrogen and progesterone) that are very similar to those produced by the female body, thereby preventing ovulation. There are different types of contraceptive pills.

Your doctor will recommend the most suitable pill for you and will advise whether this method is the best in your case.

It should be taken on the first day of menstruation, every day at the same time. In the fourth week menstruation occurs.

It is not necessary to take breaks and it does not affect future fertility.

Its health advantages far outweigh the risks.



ADVANTAGES

- More than 99% effective with correct usage. 92% for typical usage.
- Menstrual pain can disappear or diminish and the cycle is regulated.
- It does not interfere with sexual relations.

DISADVANTAGES

- It must be taken every day at the same time whether sexual relations occur or not.
- Effectiveness may be reduced if vomiting or diarrhoea occurs or if taken at the same time as other medication.
- Sometimes minor side effects appear that can be dealt with by consulting your doctor.
- **It does not protect you from AIDS or other Sexually Transmitted Diseases.**

9.2.2. THE MINI PILL

These are tablets that contain only one hormone, progesterone, which thickens the cervical mucus and alters the endometrium, as well as inhibiting ovulation.

ADVANTAGES

- It is the only pill that can be taken by women when breast feeding or women at risk from cardiovascular diseases.
- The same as the combined pill. Menstrual pain disappears with use.
- 99% effective with correct use, between 90% and 97% with typical use.

DISADVANTAGES

- Irregular bleeding. No period, only small blood loss without this affecting health.



9.2.3. CONTRACEPTIVE PATCH

This is a patch applied to the skin around the buttocks, stomach, arm or back.

The patch releases hormones that are absorbed through the skin and prevent ovulation.

HOW IS IT USED?

One patch is used per week for three weeks and then a break is taken for one week for menstruation.

It should be placed on clean and dry skin. It must be checked daily to ensure that it is properly in place.

ADVANTAGES

- The same as the combined pill.
- Although if vomiting or diarrhoea occurs, it is still effective.
- Comfort and discretion.
- Menstruation is regular.



DISADVANTAGES

- The same as the combined pill.
- Sometimes, minor side effects occur.
- It does not protect you from AIDS and other Sexually Transmitted Diseases.

9.2.4. THE CONTRACEPTIVE RING

This is a flexible plastic ring that is inserted in the vagina which contains hormones similar to those found in the contraceptive pill.

Small pores in the ring release the medication, which is absorbed by the vaginal mucus.

The side effects and effectiveness are the same as those of the pill.

HOW IS IT USED?

It is inserted into the vagina like a tampon on the first day of menstruation and should be left there for 21 days after which it should be removed. A 7 day break is taken for menstruation and then it is inserted again.

ADVANTAGES

- It is very comfortable. Unnoticeable, not bothersome.
- Reduces blood loss and pain during menstruation.
- As effective as the combined pill.



DISADVANTAGES

- Sometimes some minor secondary side effects occur.
- It does not protect you from AIDS and other Sexually Transmitted Diseases.

9.2.5. SUBDERMAL CONTRACEPTIVE IMPLANT

This is a flexible plastic rod placed under the skin of the arm. This implant releases low dosages of a hormone (progesterone). It does not contain oestrogen.

The one that is currently been used here lasts 3 years.

HOW IS IT USED?

A doctor inserts the implant into the upper part of the arm. After a period of three years, it is removed and can be replaced by another. It may be removed at any time but should only be used if there is no desire to become pregnant for 3 years.



ADVANTAGES

- It is a long term, comfortable and discreet method.
- It has a near 100% effectiveness rate.
- It can be used by young women with high fertility and those for whom an unwanted pregnancy would be a very serious problem.
- Fertility recovers immediately after the implant is removed.
- It can be used while breast feeding.

DISADVANTAGES

- Irregular bleeding with a variable pattern depending on each case. Some women will have no period and for others the pattern will be unpredictable without this affecting their health.
- Can cause weight gain.
- A doctor must insert and remove the implant.

9.2.6. HORMONAL CONTRACEPTIVE INJECTIONS

The three monthly injection contains one hormone (progesterone). It works in a very similar way to that of the mini pill. It is a very effective method but it is essential to seek medical advice as to whether it is suitable for each individual or not.



ADVANTAGES

- Only need to remember to have the injection once every 3 months.
- It has an almost complete effectiveness rate of above 99% if it is used correctly and a 97% rate for habitual use.

DISADVANTAGES

- Irregular bleeding can occur at the beginning, then spotting or absence of menstruation. This frequently occurs but does not imply risk.
- Weight gain
- Once injections have been stopped, it can take several months to become pregnant.
- **Condoms must be used to protect against HIV/AIDS and STDs.**



9.3. INTRAUTERINE DEVICE (IDU)

The IDU is a plastic device that can have a copper thread or a capsule that contains progesterone, depending on the type of IDU used. It is shaped like a T or an anchor so that it can adapt to the uterine cavity. Medical advice is necessary in each case.

The copper IDU makes it difficult for sperm to move through the uterus, thereby avoiding fertilisation.

ADVANTAGES

- Highly effective, less than 1 pregnancy out of 100 women per year. Effectiveness above 99%.
- Long term between 5 and 12 years.
- It can be used as emergency contraception for up to 5 days after unprotected intercourse.
- Very comfortable.
- No weight gain.
- Do not have to remember to do anything.
- Does not prevent subsequent pregnancies.
- Not abortive.

DISADVANTAGES

- Abundant and lengthy bleeding during menstruation
- Increase of pain during period
- Does not regulate the cycle nor lead to its absence
- Some women expel it or are intolerant to it. Abnormal pain or bleeding should be consulted with doctor as it might be a symptom of expulsion.
- Piercing of or penetration of the flesh occurs very rarely.



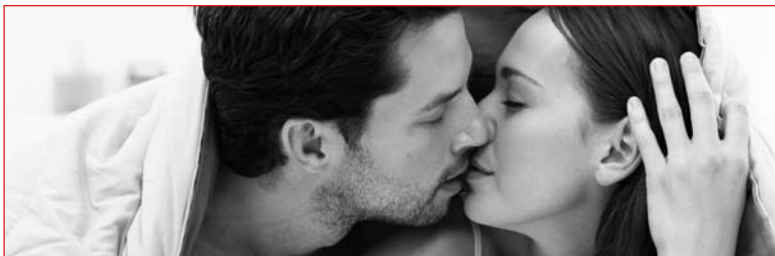
The Progesterone IDU is a T-shaped piece of plastic that is placed inside the uterus, which slowly releases progesterone, thereby inhibiting the movement of sperm and reducing the size of the endometrium. It is effective for 5 years.

ADVANTAGES

- Reduces excessive bleeding and so can be used in the prevention and treatment of anaemia.
- Reduces menstrual pain.
- Effectiveness higher than 99%
- Similar effectiveness to that of tubal ligation but reversible.

DISADVANTAGES

- First months an almost constant bleeding occurs and after that there may be no menstruation whatsoever.
- It might be expelled spontaneously.
- **It does not provide protection against AIDS and other Sexually Transmitted Diseases.**





9.4. EMERGENCY CONTRACEPTION

It can be used after unprotected sexual relations take place: when a condom splits, after forgetting to take the pill, if rape occurs, etc.

Emergency contraception can prevent the majority of pregnancies when taken after sexual relations.

There are two methods of emergency contraception: emergency contraceptive pills and the copper IDU.

9.4.1. THE MORNING AFTER PILL

The sooner it is used the more effective it is.

HOW IS IT USED?

Preferably, it should be taken within 72 hours of unprotected sexual intercourse. The sooner it is taken, the more effective it is. The best time to take it is within the first 24 hours.



ADVANTAGES

- Reduces the risk of pregnancy between 58% and 95%.
- Does not interrupt a previous pregnancy.
- Does not produce foetal damage.
- Does not affect subsequent fertility.

DISADVANTAGES

- Possible mild side effects
- The morning after pill does not avoid fertilisation on other days of the cycle, so it is important to continue using other contraceptive methods, however, the placing of an IDU as a post intercourse contraceptive method avoids pregnancy during that part of the cycle and in the long term.
- It does not provide protection against AIDS and Sexually Transmitted Diseases.

It is currently available free of charge at health centres, family planning clinics and in pharmacies (must be paid for at the pharmacy). Therefore, it is **NOT** necessary to go to the hospital emergency department.

9.4.2. THE COPPER IDU

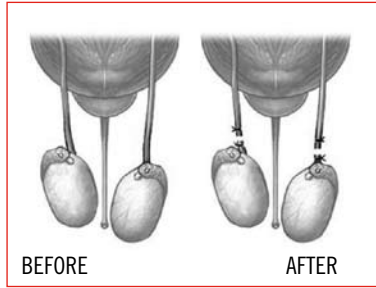
If it is placed five days after unprotected sexual relations take place, it is the most effective emergency contraceptive method and it also provides long term contraception.



9.5. IRREVERSIBLE METHODS

9.5.1. VASECTOMY

This is a minor surgical procedure carried out on men with a local anaesthetic. It involves severing the two vasa deferentia in order to prevent sperm from being expelled during ejaculation. Neither hospitalisation nor a general anaesthetic is necessary, so the risks are small. Its effectiveness is close to 100%.



ADVANTAGES

- Along with male condoms it is the only contraceptive method for men.
- It does not reduce sexual desire, nor does it affect erection or ejaculation
- Its effectiveness is above 99%, if a check up is carried out at 3 months. 97-98% if there is no check up.
- It is irreversible.

DISADVANTAGES

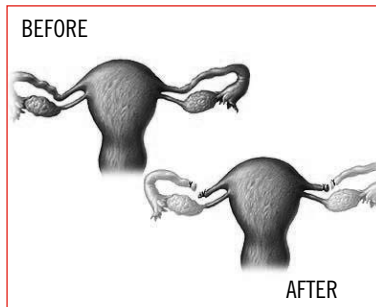
- It is irreversible. Although there are occasions where vasectomy reversal surgery is possible, the results are poor and the procedure is expensive.
- Condoms must be used to provide protection from STDs or HIV/AIDS.

9.5.2. TUBAL LIGATION

This is a simple surgical procedure but does involve the risks of surgery and general anaesthetic; this procedure severs and or ties the Fallopian tubes, thereby preventing the ovule from meeting the sperm.

Highly effective, above 99% but does not reach 100%.

There is also the possibility of implanting some small spring clips in the Fallopian tubes without the need of abdominal surgery.



ADVANTAGES

- This is a safe and comfortable method if one is completely sure that there is no desire for more children.

DISADVANTAGES

- BOTH TUBAL LIGATION AND THE VASECTOMY ARE IRREVERSIBLE METHODS.





VOLUNTARY TERMINATION OF PREGNANCY

Currently (December 2012), in our country, according to Law 2/2010, 3rd March on Sexual and Reproductive Health and the Voluntary Termination of Pregnancy, if an unwanted pregnancy occurs, a voluntary termination of the pregnancy can be requested (IVE in Spanish). This Law guarantees the possibility of making a free and informed decision about voluntary termination of the pregnancy without the interference of third parties.

When requested by a pregnant woman, the IVE (Voluntary Termination of Pregnancy) is legal within the first 14 weeks of pregnancy.

For medical reasons, two situations are contemplated: until the 22nd week if and when there is a serious risk to the life and health of the pregnant woman or when there is a serious risk of or serious foetal abnormalities. Under exceptional circumstances, when foetal abnormality is detected incompatible with life or when an extremely serious and incurable illness is detected in the foetus.

It is essential for your health to attend a consultation with a midwife or gynaecologist and there you will be provided with all the necessary information to carry out the procedure.

Remember that a voluntary termination of a pregnancy is not an easy decision from any point of view. Try to avoid having to take this decision by using contraceptive methods.

10. SOME RECOMMENDATIONS

There are many contraceptive methods. Choose the most suitable one for you. Consult with your family doctor, gynaecologist or go to your nearest family planning clinic. There you will be given help to make a choice based on your needs.

If you wish to become pregnant, days 8 and 19 of each cycle are the most fertile, the chance of becoming pregnant rises on these days.

If you have been looked after by health care professionals in other places here or in other countries, it is important to bring all medical information and documents that you may have.

Do not go to the hospital emergency department for minor reasons. If you need to go to hospital, it should be on medical advice. If in doubt, telephone OSAKIDETZA (information at the end of this Guide) where you will be given health advice on when and where to go.

If you are considering an irreversible method, take the future into account. You could be in a different relationship to the current one and in the new relationship you might want to have children in common.

There can be quite a price difference between some methods and others. Consult with the health care professionals or at a pharmacy about this.

Do not be embarrassed. Explain to your doctor how you feel and ask for advice on what is worrying you. It is important to go as soon as you feel unwell.

Before choosing a different method to a condom, it is important to make sure that your partner is not a carrier of the HIV virus. The test can be done at health centres, pharmacies or the Anti-HIV Commission (Comisión Anti-SIDA). Contact details at the end of this Guide.

THE CONDOM IS THE ONLY METHOD THAT PREVENTS AIDS



11. RESPONDING TO MYTHS AND FREQUENT DOUBTS

With regard to the topic of sexuality, there are many myths and false beliefs that confuse us and lead us to partake in risky conduct which endangers our health.

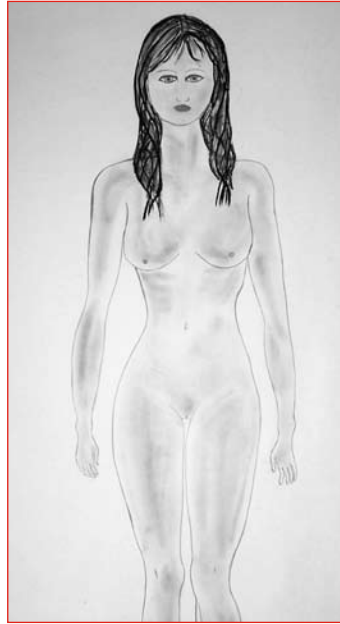
11.1. ABOUT PERIODS/MENSTRUATION

Is it bad not to have a period when we use hormonal contraceptives? What happens to the blood that is not expelled?

To not have a period due to the use of contraceptives is not bad for the health. Progesterone ensures that the mucus that covers the inside of the uterus does not increase or flake off. There is no blood retention. It does not indicate that you are having the menopause and neither does it have an adverse affect on future fertility.

Is it normal to have large blood clots during my monthly period?

- Large blood clots mean that there is abundant bleeding. If bleeding lasts many days and is very heavy it can cause anaemia. A doctor should be consulted, to find out why and what can be done to reduce the bleeding.
- It is common but wrong to think that light menstrual bleeding is something bad. In fact, it is usually more harmful to have heavy bleeding as it weakens the body.



I am afraid that I will not be able to become pregnant when I want because of using contraceptives for a long time. Do contraceptive methods cause sterility?

- Contraceptives do not reduce fertility but it should be taken into account that AGE does, in women as well as men.
- Only female sterilisation and the vasectomy are permanent.
- With all the other methods, women return to their normal fertility.

I don't want to use contraceptive methods because they have "many contraindications"!!

It is very common to confuse contraindications with side effects.

The contraindications are those situations in which a certain medication should not be taken. Your doctor is aware of these situations and will advise you on whether to use the contraceptive or not.

11.2. ABOUT GENITAL HYGIENE

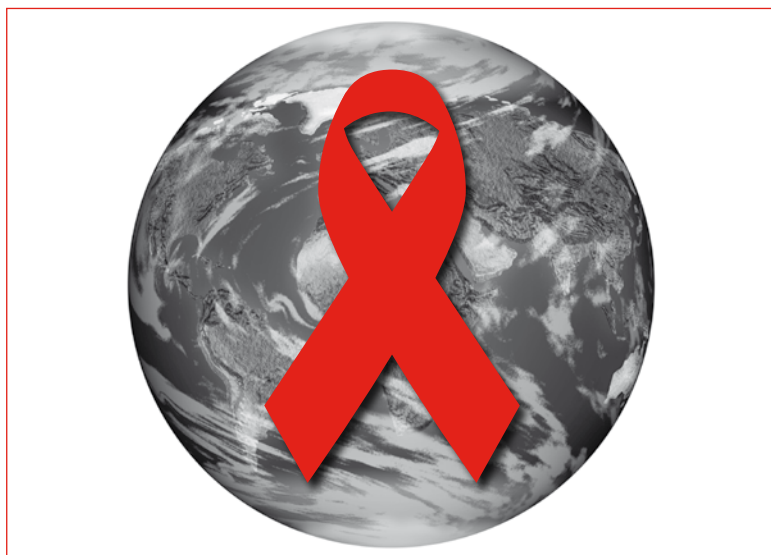
Many women regularly wash inside their vagina. This is not a recommended practice. Vaginal flow is normal and washing inside does not prevent infections and neither does it serve as a contraceptive method.



11.3. ABOUT HIV/AIDS:

- HIV (Human Immunodeficiency Virus) infects the immune system's cells resulting in its progressive deterioration and weakening its function of fighting infections and illnesses.
- AIDS (Acquired Immunodeficiency Syndrome) is the term applied to the most advanced stages of the HIV infection and it affects millions of women, men and children all over the world.
- The majority of women suffering from HIV were infected by their partners because they were not aware that they were infected or if they were, they did not use condoms.
- Hiding the infection from your partner for fear of rejection, means that your partner will be infected or that you will be infected and both of you will have a chronic infection that will condition the rest of your lives.
- The obscurantism surrounding this topic and the rejection of people who are HIV carriers is not only unjust and unacceptable but also makes the fight against the disease more difficult.
- AIDS can be treated and the treatment means you will live longer and not pass on the infection to your children.
- Before engaging in sexual intercourse without using condoms, it is essential to be tested for AIDS and also at the start of a new relationship if you are not intending to use condoms.
- The HIV tests can be done for free and confidentially at your local health centre, the sexually transmitted diseases unit and the Anti-AIDS Citizens' Commission in Bizkaia. (See addresses at the end).
- AIDS can be transmitted by BLOOD, SEMEN and VAGINAL SECRETIONS.
- Tears, saliva, perspiration, urine and faeces do not transmit the AIDS virus.

Using a condom is a decision for both of you





11.4. ABOUT PLEASURE

It is false that:

- A woman should never take the initiative in bed.
- An adult woman should have an orgasm during penetration.
- Women do not masturbate.
- A woman who has condoms in her hand bag is a whore.
- The woman should wait for the man to give her an orgasm.
- After menopause, women are no longer sexual beings.
- The man should hold on until the woman has reached orgasm.
- It is in men's nature to have more desire than women.
- A man should always have a more active role in sexual relationships.
- When the man ejaculates, sex is over.
- Sexuality is the same as intercourse. If penetration has not taken place then the sexual relationship has been incomplete.

Mutual orgasm is the ideal for all couples.

Orgasm is obligatory in the sexual relationship.

- Non genital sexual relations are not as exciting or as satisfying as genital ones.
- All of a couple's problems can be solved in bed.
- While having sex, one should not mention one's own desires.
- It is unnatural to have sexual fantasies about another person during sexual relations.
- Masturbation is only for adolescents.
- People who have a partner do not masturbate.
- Physical and mental incapacity causes a lack of sexual desire and sexual feelings.
- Sex Education leads to increased sexual activity.

FALSE





12. DEFINING VIOLENCE AGAINST WOMEN

Currently, a wide number of concepts are being used to refer to the phenomenon of violence in different forms that is used against women because of their gender. The definition is provided in Law 4/2005, 18th February on the Equality of Women and Men:

Violence against women is considered to be any violent act committed on the grounds of gender that causes or could cause physical, sexual or psychological damage, or the suffering of women, including threats to carry out acts, coercion, or the arbitrary deprivation of liberty, which occur in public or private life.

Violence within the partner relationship, expressed in any of its forms, is a **CRIME** and must be reported. However, various studies confirm that women wait on average 7 to 10 years before filing a report. In 1980, the United Nations admitted that **violence against women is the most common covert crime in the world.**



13. THE CIRCLE OF VIOLENCE

When it occurs repeatedly, violence manifests itself as a circular process, with the phases happening more or less in the same order.

Aggressive Phase

- Some type of mistreatment occurs.
- Physical, sexual, economic, social or psychological-emotional.
- **The woman's feelings:** Fear, hate, impotence, loneliness, pain, bewilderment, shame, anger with herself.

Regret and reconciliation phase

- The aggressor asks for forgiveness in words or gestures.
- The victim forgives the aggressor.
- **The woman's feelings:** Fear, pity, pain, shame, confusion, guilt, hope, recovery of confidence.

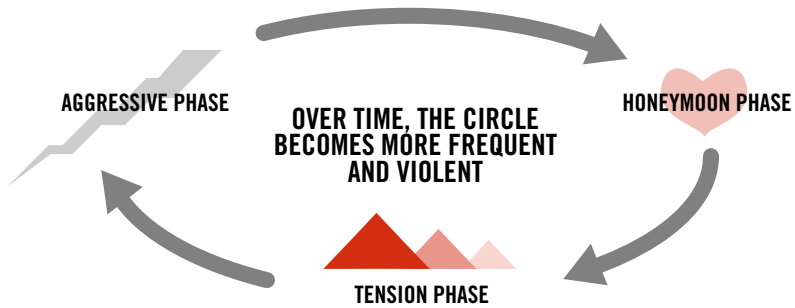
Tension phase

- The arguments begin.
- Tension surfaces again within the family or relationship.
- **The woman's feelings:** Distress, anxiety, fear, disillusionment, disappointment.



THE CIRCLE OF VIOLENCE

- The intensity increases.
- The length of time between phases decreases, becomes more frequent.



We must understand the complexity of violent situations and comprehend that on many occasions, relations with a partner who assaults you are maintained because the person who assaults you is the same one that also shows you care and affection. The internalisation of “Romantic Love” Myths, the concept of marriage as an end in itself, the idea that it is something for life whether good or bad, situations of emotional dependence, economic dependence, social and familial isolation, the subtlety of the expressions of violence and having children are some of the reasons that lead to partner relations even if violent, to be protracted and to not break up.

14. CAUSES OF VIOLENCE

THERE ARE VARIOUS THEORIES THAT EXPLAIN THE ORIGINS OF AN ABUSIVE RELATIONSHIP

Of all the theories, we would like to emphasise the idea that the true underlying cause, **the root, the origin of this criminal act is Socio-cultural**, as this is the only theory which shows that violence is the result of a structural problem that affects the whole system, the existing inequality between women and men. Gender violence, also known as violence against women, is considered to be the most extreme, exaggerated and perverse consequence of political, economic, social and cultural inequality between women and men. It is the result of a gender problem, of an inequality of powers that prioritises, overestimates, gives visibility, and confers prestige and privilege to one of the genders, the male one to the detriment of the female one. This theory explains that violence emerges from a relationship as the consequence of an entire process in which differentiated roles are established, a sexual division of labour, an unfair distribution of time and space, an imbalance in decision making power, etc.





15. USE OF VIOLENCE

Physical Violence

- This can range from being struck to being murdered.
- It causes injury to the body by blows of different intensity, by hand or with objects: It involves pushing, kicking, punching, beating, biting, hair pulling, spitting, burns, cuts, attempted strangling etc. and even murder.
- Female Genital Mutilation is also a clear example of physical violence against women.

Economic violence

- This includes controlling the money, preventing access to and withholding information about the family property, the making of unilateral decisions, that is, you are not taken into account about how the money should be used, the appropriation of assets, being stopped from having salaried employment, being only given a certain amount of money, the spending of which must be justified and blackmail, which is used in exchange for handing over money for basic needs.

Social violence - in public places

- This includes verbal abuse in public, humiliations, being made fun of, a discourteous attitude towards friendships, towards the woman's family; being treated like a servant in front of others, the seduction of other women in front of the partner, etc.
- Control of external relationships and activities.
- This includes the control of documents (passport, residence card, etc.), keeping all the documents and accompanying you in all bureaucratic dealings and paperwork, having decisions made for you.



Psychological and/or emotional violence in private

- This includes insults, humiliations, belittlement and being made fun of, constant criticism, contempt, continuous comparisons with other women, verbal abuse, emotional isolation, economic or emotional threats, control of what is said, done.. Not involved in making the important decisions.
- Intimidation: provoking fear through looks, shouting, gestures...
- Destroying objects of sentimental value, breaking and hitting objects, destroying the woman's belongings and mistreating domestic animals.
- Threatening to hurt the children.
- Blackmailing and threatening to have her sent back to country of origin even if not immigrants.

Sexual Violence

- This involves imposing unwanted sexual relations in the form of positions, gestures, actions or ways of dressing and includes sexual abuse and rape.
- Insults and accusations during sexual relations. Revenge, coercion and threats if the woman does not wish to have sexual relations or carry out the sexual act that is demanded by her partner.
- Forcing a woman to have sexual relations without protection.



16. MOST COMMON CONSEQUENCES OF VIOLENCE

Physical problems

- Chronic pain.
- Unwanted pregnancies
- Sexually Transmitted Diseases.
- Injuries and/or death.

Psychological problems

- Depression, anxiety, insomnia, eating disorders... suicide.
- Posttraumatic stress.
- Alcohol, drug abuse.
- Low self esteem and loss of confidence in coping with one's environment
- Trauma for the children.

Social problems

- Lack of communication and isolation.
- High social cost: health care, police, justice and social services.
- Poverty.

17. RESPONDING TO FALSE BELIEFS

17.1. SOME MYTHS AND FALSE BELIEFS ABOUT GENDER VIOLENCE

- “A man does not use violence for the sake of it but because she has done something to provoke him”
- “If a woman is repeatedly mistreated, it is her fault for continuing to live with that man”
- “If there are children, she has to put up with the violence for the sake of the children”.
- “You have to put up with it because it is part of marriage, of life in a relationship”.
- “Men who mistreat others do so because they have problems with alcohol and other drugs”.
- “Men who assault their partners are mad or are under a lot of pressure”.
- “What happens within a couple's relationship is a private matter; no one has the right to get involved”.
- “Gender violence is a momentary loss of control”.
- “Men who assault their partners are violent by nature”.
- “Gender violence only occurs in uneducated families or those with limited economic resources”.
- “Gender violence occurs above all in immigrant families”.



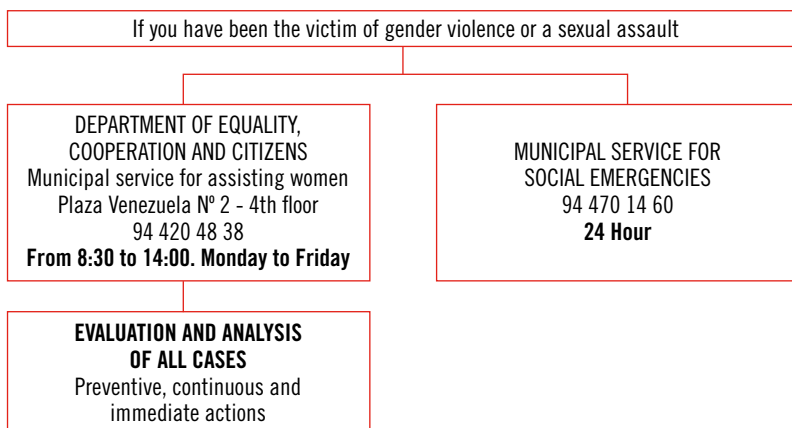
18. INDICATORS TO DETECT IF WE SUFFER VIOLENCE FROM OUR PARTNERS

- When your partner frequently tells you that your opinion is of no importance.
- When your partner is excessively jealous and controls your mobile phone and your social life.
- If your partner tries to keep you away from your friends, sisters and brothers, relatives, etc.
- If your partner is excessively protective of you, making you dependant on him for many things and says he only does it for your sake, to help you and to look after you.
- If your partner has low self esteem, an inferiority complex and feels insecure and compensates by undervaluing you and using this to feel superior to you.
- If your partner is constantly finding fault with your body, with the way you dress, the way you think, your interests or tells you that you are fat or skinny, that you are ugly and that you ought to change in some way.
- If your partner is constantly telling you that you don't know anything, telling you to shut up or making fun of you in public, saying: What would you know about that?, if he speaks instead of you and makes your decisions for you, etc.
- If your partner always puts pressure on you to have sex or always decides what sexual position you practice.
- If your partner forces you to have sexual relations without using a condom.
- If your partner has a sexist and disrespectful attitude towards woman in general.
- If the people surrounding you (friends, family, acquaintances) give the impression that they do not like how your partner treats you because they feel he shows you a lack of respect.
- If your partner insults you, pushes you, slaps you and looks at you with indifference even though it might only be occasionally.
- If your partner has already physically, sexually and psychologically assaulted you in the past.

IF YOUR ANSWER IS YES AND YOU ARE EXPERIENCING THESE SITUATIONS ON A REGULAR BASIS, LOOK FOR A SOLUTION.

(This guide provides the necessary information to do so)

19. WHAT YOU SHOULD DO...





Steps to follow:

1. If you are at risk apply for a **PROTECTION ORDER** and **FILE A REPORT** at the nearest Police Station. A Protection Order prohibits your assailant from coming close to you or contacting you in any way, including entering the family home.
2. **GO TO A HEALTH CENTRE** and tell the medical staff that you have been assaulted so that they can compile a report about the assault you have suffered.

Also:

- If you are a victim of gender violence and are at risk, it is important to be aware that you can avail of **TEMPORARY EMERGENCY ACCOMODATION** to ensure your safety.
- You should also know that there are a series of social benefits available for **RENTED ACCOMODATION** as well as **ECONOMIC BENEFITS**; information available at your local social security office.
- **IF YOU HAVE PROBLEMS...CALL US**

Municipal Police 092/112

Municipal Service for Social Emergencies 94 470 14 60

Municipal Service for Assisting Women 94 420 48 38

24 Hour Telephone Helpline 900 840 111

WE ARE HERE TO HELP YOU!

20. IMPORTANT ISSUES

<p>Tell friends and family, people close to you. Do not keep it a secret. It is important to seek support from other people in order to find solutions.</p>	<p>Remember that filing a report gives you access to more rights to other resources and services.</p>	<p>Getting out of a violent situation will give you peace, well being and health. Many women have escaped from this type of situation and you can too.</p>
<p>If you are a victim of violence do not keep it to yourself.</p>	<p>Sexual relations without protection can lead to an infection from a sexually transmitted disease, AIDS or an unwanted pregnancy.</p>	<p>Remember violence is incompatible with healthy sexuality.</p>
<p>IF YOU HAVE DECIDED TO REPORT THIS SITUATION, get someone you trust to go with you to the nearest police station. You can also go alone if you prefer. It is important that you know that if you go to a police station in Bilbao, whether you file a report or not, you have the right to:</p> <ol style="list-style-type: none"> 1. Legal aid from a free legal aid lawyer. 2. Social assistance from a social worker. 3. Translation assistance from an interpreter. 		



USEFUL TELEPHONE NUMBERS AND PLACES WHERE WOMEN'S RIGHTS ARE GUARANTEED

21. WOMEN WHO ARE VICTIMS OF VIOLENCE SHOULD KNOW THAT THEY HAVE A RIGHT TO:

- Information, advice and guidance throughout the process.
- Help for changing residence for safety reasons
- Protection of their dignity and intimacy.
- Immediate access to schools for their children if residence is changed.
- Professional support and accompaniment.
- Full social assistance.
- Legal guidance and psychological advice.
- If your partner is of the same sex and you are a victim of violence, you have the right to information and assistance.

- **If you are a foreigner and are undocumented and a protection order is ruled in your favour or if you receive a favourable report from the Department of Public Prosecutions, you can be authorised to reside and work on a provisional basis.**
- **If there is a sentence that recognises you as a victim of violence, you will be authorised to reside and work in Spain.**

**For any information call The Department of Equality,
Cooperation and Citizens 94 420 48 38**

22. AND YOU CAN CONTACT:

- **DEPARTMENT OF EQUALITY, COOPERATION AND CITIZENS-MUNICIPAL SERVICE FOR ASSISTING WOMEN (BILBAO CITY COUNCIL):** For women residing in BILBAO Plaza Venezuela Nº 2 - 4th floor. Tlf.: 94 420 48 38
- **WOMEN'S SERVICE (BISCAY PROVINCIAL COUNCIL):** For women residing in the rest of Bizkaia: Camino Ugasko Nº3-2nd floor. Tlf.: 94 406 69 00
- **LEGAL ADVICE SERVICE (Free legal aid lawyers)**
Barroeta Aldamar Nº10 ground floor. Tlf.:94 401 67 12
- **VICTIM ATTENTION SERVICE (for women residing in Bizkaia)**
C/Ibañez de Bilbao Nº5 ground floor. Tlf.: 900 400 028
- **24 HOUR TELEPHONE HELPLINE.** Tlf.: 900 840 111
- **FAMILY MEDIATION SERVICE C/Santutxu Nº69** Tlf.: 900 100 080

FOR SEXUAL AND REPRODUCTIVE HEALTH :

- **PSYCHOLOGICAL-SOCIAL MODULE (FOR FAMILY PLANNING, LEGAL ADVICE, PSYCHOLÓGICAL,...).**
- **AUZOLAN MODULE.** C/ La Naja nº 5 (on the corner of C/ Dos de Mayo). Tlf.: 94 416 36 22
- **DEUSTO MODULE- SAN IGNACIO.** Plaza Aoiz s/n (Opposite the post office). Tlf.: 94 475 94 72
- **REKALDE MODULE.** Camino Villabaso nº 24. Tlf.: 94 444 98 59



- **THE HEALTH CENTRES IN YOUR OWN MUNICIPALITY** have: **SPECIALIST PRIMARY CARE SERVICES** (where you can request Gynaecological Care).
 - **24 hour Health Centres.**
Consult your nearest centre at 944 203 020
 - **OSAKIDETZA's MEDICAL ADVICE TELEPHONE LINE:** 944 203 020 (from 8:00 to 22:00)

LOCAL SOCIAL SERVICES:

Where Advice and Support on a wide range of social issues is available. There is always one close to the area in which you live. If you do not know where your local office is, call Tlf.: 010 and ask for information.

EMERGENCIES:

- **BILBAO MUNICIPAL SERVICE FOR SOCIAL EMERGENCIES** (24 hour service). Alameda Mazarredo Nº22. Tlf.: 94 470 14 60
- **NIGHT COURT.** C/ Ibañeiz de Bilbao Nº4. Tlf.: 94 401 64 81
- **BILBAO MUNICIPAL POLICE.** Tlf.: 092
- **EMERGENCY COORDINATION SOS DEIAK – BILBAO.** Tlf.: 112

OTHER:

- **ANTI-AIDS COMMISSION BIZKAIA.** C/Bailén Nº6 Tlf.: 94 416 00 55

