



First love & Sexuality

Information from Patentex oval

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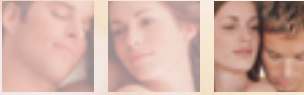
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Answers to the most important questions

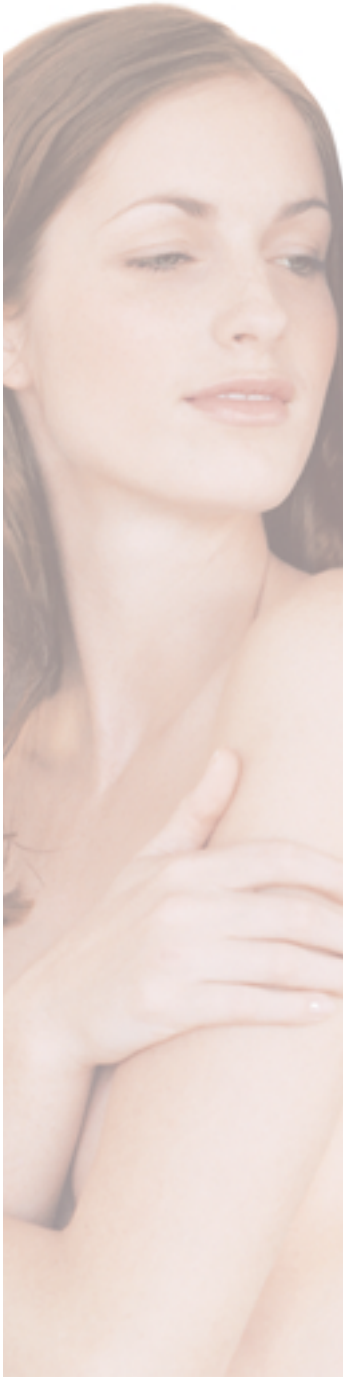


Their own bodies, love and sexuality are subjects that concern every girl and every boy from a certain age upwards – and can no longer be quickly brushed aside. How does my body alter during puberty? What happens the first time you make love? How can I protect myself from an unwanted pregnancy and sexually transmitted diseases?

This leaflet provides answers. At last you will find out what you have always wanted to know – about you, your partner, about sexuality. Important facts to give you the information and reassurance needed when starting on the adventure of first love.

Take plenty of time to read the following pages. And if you want to know more about contraception, you can find details about this important topic in the next leaflet “Contraception at a glance”, which can be downloaded free from www.patentex.com.

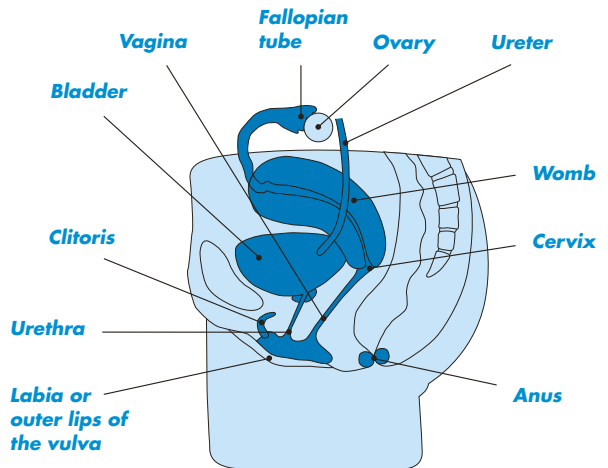
The female body



The menstrual cycle

The female menstrual cycle is the time between two periods. It begins on the first day of one period and ends on the day before the next one. The length of the cycle varies from woman to woman and also from one cycle to another. In general, it can take up to two years after the first period before the length of the cycle settles down properly. Normally it lasts between 21 and 35 (average 28) days.

The female reproductive organs





Ovulation

When they are born, girls have about 400,000 unripe egg cells or “ova” in their ovaries. It is not until puberty that these eggs ripen, at least one per menstrual cycle. As soon as this egg cell or “ovum” has reached a certain state of maturity, the Fallopian tube drapes itself over the ovary. The egg bursts free and passes directly into the Fallopian tube—a process called ovulation.

Ovulation occurs about 14 days before the start of the next period. Some girls can tell when ovulation happens by a dragging pain in the lower abdomen. After ovulation, the mature egg is capable of being fertilised for about 24 hours. If this happens, over the next 4 to 5 days it travels to the womb or “uterus”, which in the meantime has built up a nutrient-rich lining. The fertilised egg now burrows into this lining. If fertilisation does not occur, the womb’s lining, which is well supplied with blood, disintegrates after about 2 weeks and is shed through the entrance to the vagina or “vulva”.

Menstruation

Bleeding, by which the lining of the womb is expelled, is called menstruation, menstrual flow, or periods. To enable the lining to flow out through the vulva, the muscles of the womb contract. Most girls have their first period, known as the menarche, between the ages of 8 and 14. It marks the end of puberty, because the reproductive organs are now fully mature. The first period is heralded some 6 to 12 months beforehand, by a whitish, glassy discharge from the vagina, sometimes called “the whites”. Menstruation and the entire cycle are controlled by natural changes in the balance of the female sex hormones. The most important of these hormones are called oestrogen and progesterone and they are produced in the ovaries.

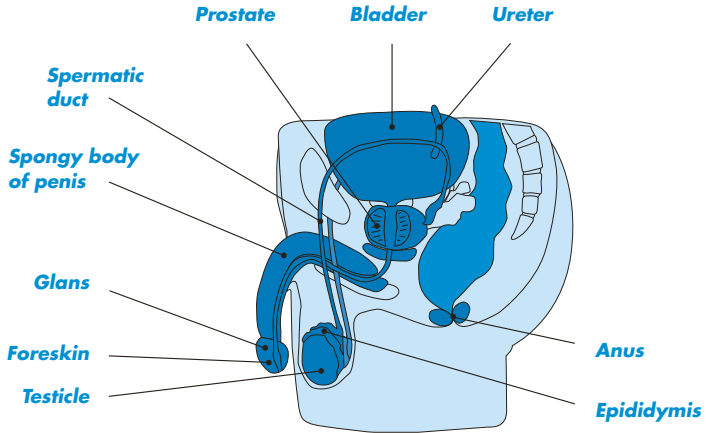
The male body



Changes during puberty

As in the woman, sexual development in the man is controlled by sex hormones. During puberty, the male hormone testosterone causes big changes to the body: a boy's muscles grow, his voice changes and growth of hair under the arms and in the pubic region is stimulated. In addition, the male reproductive organs, consisting of the penis, testicles, epididymis (a mass of twisted tubes in each testicle where sperm are stored) and vasa deferentia (a pair of ducts through which sperm cells pass before they are released on ejaculation) begin to mature at the start of puberty. Penis and testicles now grow, and millions of sperm cells are produced every day and stored in the epididymis. At the same time as the changes to his body, a boy develops his sex drive.

The male reproductive organs



If a boy becomes sexually aroused, the spongy tissue in his penis becomes full of blood. This makes the penis stand up and it becomes longer and hard – the boy has an erection. At the same time, the foreskin at the tip moves downwards and frees the enlarged end of the penis or “glans”. At this moment, a clear fluid called love drops or “the pre-cum”, which can already contain sperm cells, often escapes onto the glans. If, through petting or sexual intercourse, it enters the girl’s vagina, it may even result in a pregnancy.

Ejaculation – the visible sign of sexual maturity

At orgasm, the peak of sexual excitement, ejaculation occurs. 200 to 400 million sperms are now expelled from the penis by muscle contractions. With this huge number, nature ensures that at least a couple will manage to make their way to the egg.

A boy’s ejaculation is the visible sign of his sexual maturity, i.e. from the first ejaculation onwards, he can father a child.

The first time



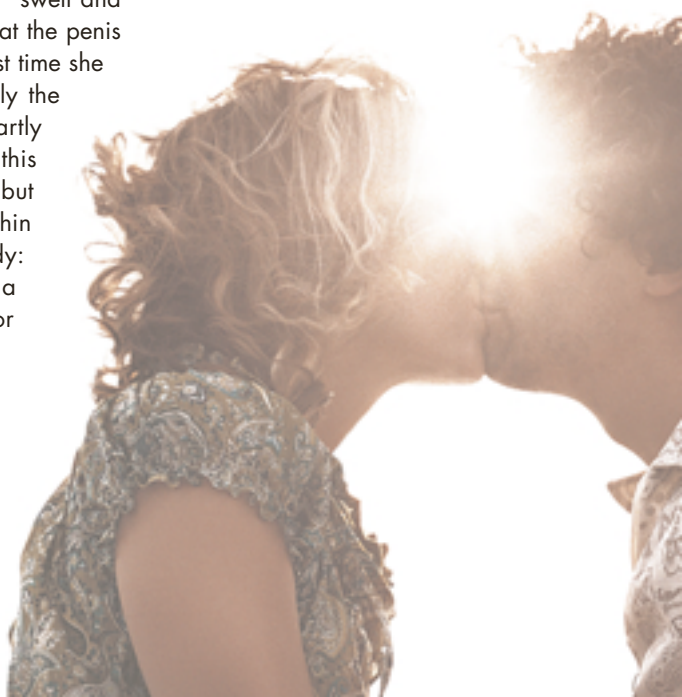
First experiences with sex

Naturally, everyone has his or her own ideas about what their first experience of sex will be like. As a rule however ... there are no rules! Not about when, how or with whom.

As soon as the boy becomes sexually aroused, e.g. through touch, rubbing or his own fantasies, his penis stands up: the boy has an erection: If the girl, for instance through caressing, kissing or stroking becomes sexually excited, her clitoris and labia or "outer lips of the vulva" swell and the vagina becomes moist so that the penis can slide in more easily. The first time she has sexual intercourse, normally the membrane (the hymen) that partly covers her vagina is torn. If this happens, it can bleed a little, but because the hymen is very thin it may have been torn already: for example during sport, a gynaecological examination or when a tampon is used.

Both partners will not necessarily have an orgasm either the first time they have sex or at the sex act in general. Often girls and boys first have to find out what gives them pleasure. Whereas men reach orgasm mainly by a stimulation of their penis, women can have either a clitoral or a vaginal orgasm.

In order for both partners to be able to relax completely, it is important to ensure they have no worries about a resulting pregnancy or sexually transmitted diseases. Therefore, despite all the romance, both should together concern themselves about prevention before having sex.



Fertilisation and pregnancy

When the sperm meets the egg

As soon as sperm cells reach the vagina and then travel through the womb to the Fallopian tubes, there is a possibility of fertilisation. For this to happen, the egg and sperm cells must meet at the right time and fuse together. The chances are not small: on its way from the ovary to the womb, the egg remains capable of being fertilised for 24 hours. In addition, sperm can “wait” for a certain length of time for the ripe egg to arrive, because they can survive in the womb and in the Fallopian tubes – i.e. they are still capable of fertilising the egg – for up to 2 hours (in exceptional cases, for even 5 to 6 days). The consequence: unless contraceptive measures are taken, sexual intercourse even a few days before ovulation can lead to fertilisation and pregnancy.

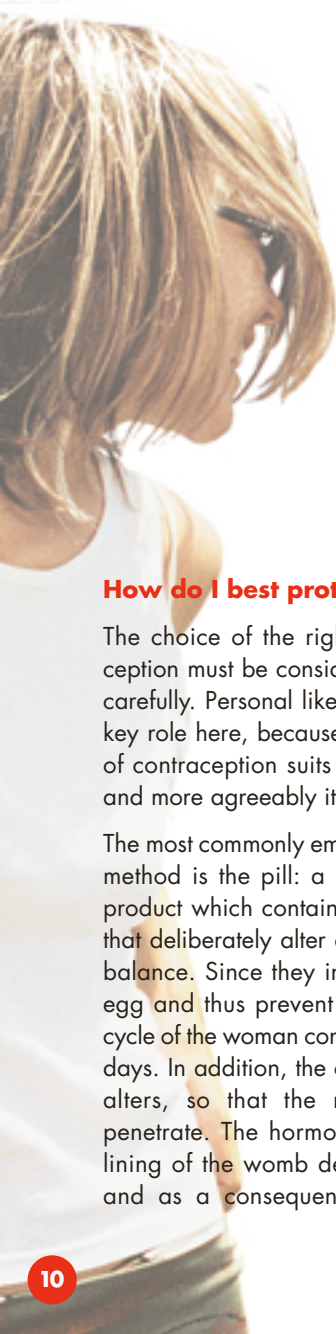


From the fertilised egg to a baby

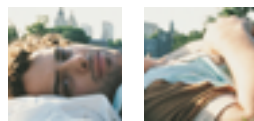
After fertilisation, the egg begins to divide continuously. A small ball of cells develops, which grows very rapidly and travels to the womb. About 7 days after fertilisation, this ball of cells burrows into the lining of the womb. At the same time, the woman’s hormonal balance changes. The body prepares itself for the pregnancy and – as the first sign of a pregnancy – there is no menstrual period.

The fertilised egg grows first to the embryo and later to the foetus. On average, development takes about 266 days (approx. 9 months) until the baby is born, but two weeks earlier or later is not unusual. The first three months of pregnancy represent a key stage in development, during which the organs and limbs of the baby are formed. It is therefore very important that a pregnancy is discovered as soon as possible, so that the mother can take special care of her health and is able to avoid, as far as possible, all risks such as alcohol, nicotine, stress or drugs.

Contraception



cannot become implanted in it. This type of contraception is very reliable. However, in view of the latest scientific research, more and more women have become worried about the possible risk to their health that might be associated with this daily intake of hormones.



How do I best protect myself?

The choice of the right method of contraception must be considered thoroughly and carefully. Personal likes and dislikes play a key role here, because the better a method of contraception suits someone, the easier and more agreeably it can be used.

The most commonly employed contraceptive method is the pill: a regularly taken drug product which contains synthetic hormones that deliberately alter a woman's hormonal balance. Since they inhibit ripening of the egg and thus prevent ovulation, the entire cycle of the woman consists solely of infertile days. In addition, the composition of cervix alters, so that the male sperm cannot penetrate. The hormones also prevent the lining of the womb developing sufficiently and as a consequence, a fertilised egg

A hormone-free alternative with a similar reliability to the pill is the foam pessary ovule. Inserted 10 minutes before sex, it dissolves into a microfine foam that spreads evenly throughout the vagina. It releases a spermicidal substance which not only forms an impenetrable barrier to sperm, but also reliably kills them. Since this hormone-free method of contraception has virtually no side effects, it is also highly suitable for young girls.

Another method to prevent conception is the condom, a contraceptive method for the man. However, the reliability of a condom is greatly dependent on it being handled correctly.

Further useful information on the subject of "Contraception" is contained in the leaflet booklet "Contraception at a glance" and the leaflet "A brief ABC of Contraception", that can be viewed and downloaded from www.patentex.com.

Sexually transmitted diseases

How do I prevent myself becoming infected?

Just as important as protection against an unwanted pregnancy is protection against sexually transmitted diseases – diseases that are mainly or exclusively caught from sexual intercourse or intimate bodily contact. Therefore you should be especially careful if you know nothing of your partner's previous sex life. It is advisable for example, to use contraceptive methods that at the same time protect against infection with sexually transmitted diseases.

Sexually transmitted diseases (STD) are caused by bacteria, parasites, fungi, protozoa or viruses. Among the most well known STD, are infections with *Neisseria* (gonorrhoeae)

which is also known as “the clap” and syphilis. If someone has become infected with a sexually transmitted disease, the signs are generally obvious: a foul-smelling discharge, burning and itching of the vagina, penis or anus. If an infection is suspected, medical advice must be sought straight away.

The best known STD is AIDS (Acquired Immune Deficiency Syndrome) – a weakness of the immune system in which the body's own powers of defence are weakened by the HI virus so that the body is no longer able to defend itself against harmless diseases. The condom is the only effective protection against AIDS.

The visit to the gynaecologist

The answer to all your questions

When a girl reaches puberty and has her first period, it is not automatically necessary for her to go to a doctor specialising in women's health (a gynaecologist). However, if someone has questions, for example about the subject of sexuality and contraception, then the gynaecologist will gladly advise. The gynaecologist is also the right person to talk to if menstrual problems occur.

After the first visit to the gynaecologist, regular appointments with this specialist are strongly recommended. Every visit begins with an intensive discussion. The actual gynaecological examination is brief and not painful. First of all, the vagina and cervix are

inspected with the aid of two specula (vaginal instruments). In young girls, extra small instruments are used. Then the womb, Fallopian tubes and ovaries are felt – with one hand on the stomach and two fingers in the vagina. If the patient is already grown up, her breasts are also felt. In addition, the gynaecologist takes a smear from the cervix, which is investigated in the laboratory for micro-organisms and cancer cells.

Whatever the questions or uncertainties someone has, the gynaecologist will be pleased to give thorough and expert advice on the matter.

Patentex oval® – safe protection from the first time on

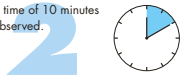
The convincing advantages of Patentex oval

- Patentex oval offers safe protection against pregnancies and is hormone-free (98.4–99.7%)
- Dual protection against pregnancies due to:
 - Nonoxinol-9 the spermicidal active ingredient
 - Formation of a foam barrier impenetrable to sperm
- It has no undesirable side effects
- Problem-free use, even over long periods
- Well-tolerated
- Suitable for young women
- Nonoxinol-9 also protects against bacteria, fungi and the herpes simplex virus
- Easy and convenient to use (see below)

1 One ovule is inserted finger-deep into the vagina at least 10 minutes before intercourse.



2 A waiting time of 10 minutes must be observed.



3 Within 10 minutes the suppository dissolves completely into a microfine foam that spreads evenly throughout the vagina thus releasing the spermicidal active ingredient.



4 A new suppository must be inserted for each new act of intercourse. Although the product is effective for up to 2 hours, in the interest of safety it is recommended to insert another suppository if there has been no ejaculation within 1 hour.



Merz Pharmaceuticals GmbH
Eckenheimer Landstrasse 100
D-60318 Frankfurt am Main
www.patentex.com



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Eckenheimer Landstrasse 100
D-60318 Frankfurt am Main
www.patentex.com*