she unmuted

EDUCATE.
EMPOWER.
ELEVATE.

A WOMEN'S DAY GIFT
In Honour of *African Women*
9 AUGUST 2026

The Basics Nobody Sat Us Down *and Taught.*

A FREE GUIDE FOR EVERY WOMAN

Simple answers to intimate questions about your body, your health and your well-being.

WHAT'S INSIDE:

- **VULVAR & VAGINAL HEALTH**
  Understand your body
- **DISCHARGE**
  What's normal and what to watch for
- **PERIOD HEALTH**
  Facts, care and confidence
- **BLADDER HEALTH**
  Leaks, urgency and what helps
- **PERIMENOPAUSE & MENOPAUSE**
  Changes, support and solutions
- **SELF-CARE & DAILY HABITS**
  Gentle care. Every day.
- **WHEN TO SEEK HELP**
  Trust your body. Get the right support.

A note from the founder

"Too many women were taught to care for everyone else before they were taught to understand their own bodies. This guide is my gift of knowledge to you."

Tholang Moloi
FOUNDER, SHE UNMUTED

Your body. Your health. Your power.
Let's keep the conversation going.

@sheunmuted

Before we begin

Many women were taught how to hide a period before they were taught how the menstrual cycle works. We learned to call discharge 'dirty', bladder leaks 'just part of being a woman', and menopause 'something you endure'. This guide is a reset.

The goal is not to make you diagnose yourself. It is to help you know your normal, notice meaningful changes, and ask better questions.

Three rules for using this guide

- **Know your baseline.** Bodies vary. What matters is learning what is usual for you.
- **Notice change.** New, persistent, painful, worsening or disruptive symptoms deserve attention.
- **Ask for help.** You do not need to wait until a symptom becomes unbearable before seeking professional care.

Important: This guide is general health education, not a diagnosis or a substitute for individual medical care. Pregnancy, medicines, contraception, infections, surgery and health conditions can change what advice is appropriate for you.

1. Vulva and vagina are not the same thing

Vulva is the name for the external genital structures. **Vagina** is the internal muscular canal leading from the vulva toward the cervix.

Why the distinction matters

• The vagina naturally produces discharge and maintains its own internal environment.

• The vulva is skin. It can become irritated by friction, fragranced products, grooming, sweat and some skin conditions.

• There is a wide range of normal vulvar appearance. Familiarity with your own body makes it easier to notice changes.

You do not need to clean inside the vagina. Douching and deodorising products can irritate the area and may worsen symptoms.

Try this: once in a while, use a hand mirror in good light and become familiar with what your vulva normally looks like. You are learning your baseline, not searching for imperfections.

Evidence: ACOG notes wide normal variation in vulvar appearance and advises against sprays, deodorants and douches. [1,2]

2. Discharge is information - not dirt

Vaginal discharge is normal. It helps keep the vagina clean and moist, and its amount and texture can change through the menstrual cycle.

Often within the normal range

- Clear to white.
- No strong or unpleasant smell.
- May be thick/sticky or slippery/wet.
- May change in amount or texture around different points in the cycle.

Pay attention when it is different from your usual

- A new or strong unpleasant odour.
- A noticeable change in colour, amount or consistency.
- Itching, soreness or burning.
- Pain when urinating, pelvic pain, bleeding between periods or after sex.

Do not diagnose an infection from colour alone. Different conditions can overlap in how they look and feel.

Evidence: ACOG and the NHS describe normal discharge as generally clear/white without a strong odour, and recommend assessment when discharge changes or comes with other symptoms. [1,3]

3. Your period is a health signal

Cycles differ between women and can also change across life stages. Tracking your own pattern can help you notice when something shifts.

Worth discussing with a healthcare professional

- Bleeding or pain that repeatedly disrupts school, work, sleep or daily life.
- Periods that become much heavier, more painful or markedly different from your usual pattern.
- Bleeding between periods or after sex.
- Any vaginal bleeding after menopause.

A useful period note includes: start date, number of bleeding days, how heavy it feels, pain level, clots, medicines used, and whether symptoms interfere with normal activities.

Pain is not a competition. You do not have to prove that you can tolerate it before asking why it is happening.

Evidence: the U.S. Office on Women's Health states that irregular, heavy or painful periods can be health problems; postmenopausal bleeding should be medically assessed. [4,8]

4. Bladder leaks deserve a conversation

Urinary incontinence means urine leaks accidentally. Stress incontinence can happen with coughing, sneezing, laughing or physical activity; urgency incontinence involves a strong urge followed by leakage before reaching a toilet.

Do not quietly reorganise your whole life around toilets

- Leaking with cough, sneeze, exercise or lifting.
- Sudden urgency that is difficult to control.
- Frequently not reaching the toilet in time.
- Bladder symptoms that limit travel, exercise, work, intimacy or social life.

Pregnancy, childbirth and menopause can contribute to bladder-control problems, but urinary leakage is not something every woman must simply accept. Assessment can identify the type and guide treatment.

Pelvic floor muscle training and bladder training are among the treatments that may be recommended, depending on the cause.

Evidence: NIDDK describes stress and urgency incontinence, contributing factors and treatment options. [5,6]

5. Perimenopause changes more than periods

Perimenopause is the transition leading up to menopause. Menopause is reached after 12 months without a period when there is no other cause and hormonal contraception is not masking the pattern.

Changes can include

- Hot flushes and night sweats.
- Sleep, mood, memory or concentration changes.
- Vaginal dryness, burning, irritation or discomfort during sex.
- Changes in urinary frequency, urgency or continence.
- Changes in the menstrual pattern during the transition.

Falling oestrogen can contribute to vulvovaginal dryness and urinary symptoms. Treatments exist, including non-hormonal moisturisers/lubricants and, for some women, prescribed hormonal options. Suitability is individual.

Menopause is a life stage - not a requirement to suffer.

Evidence: current NHS menopause guidance describes these symptoms and treatment options, including vaginal moisturisers, lubricants and prescribed hormonal therapies. [7,9,10]

6. Gentle care beats 'feminine hygiene'

Your genital area does not need perfume, deodorant or aggressive cleaning to be healthy.

A simpler routine

• Wash the external area gently; avoid washing inside the vagina.

• If products irritate you, choose mild, fragrance-free options and stop anything that causes burning or soreness.

• Avoid douches, vaginal deodorants and perfumed products intended to cover natural odour.

• If grooming causes repeated cuts, bumps or irritation, change the technique or take a break.

A natural genital scent is not the same as poor hygiene. A new, strong or unpleasant odour - especially with a change in discharge or discomfort - is a reason to seek advice rather than mask it.

Evidence: ACOG and NHS guidance advise against douching and fragranced/deodorising products because they may irritate the vulvovaginal area. [1,2,3]

7. When your body says: please check this

Most everyday changes are not emergencies. But some symptoms deserve prompt professional assessment.

Arrange medical care if you notice

- Persistent or worsening vulvar itching, burning, pain, swelling, sores, lumps or skin changes.
- Discharge that is newly different in colour, smell, amount or texture, especially with itching, pain or bleeding.
- Bladder leakage, urgency or frequency that is new, persistent or affecting your quality of life.
- Periods that become unusually heavy or painful for you, or bleeding between periods/after sex.
- Vaginal bleeding after menopause.

Seek urgent medical care for severe or rapidly worsening symptoms

- Severe pelvic or abdominal pain, fainting, or feeling very unwell.
- Inability to pass urine.
- Blood in the urine or significant bleeding, especially with weakness or dizziness.

The correct urgency depends on your circumstances, including pregnancy and other medical conditions. When in doubt, contact a qualified local healthcare professional or emergency service.

8. Build your body literacy

You do not need to memorise a textbook. Start by observing patterns.

Once a week, ask yourself

- What is my discharge like compared with my usual?
- Where am I in my menstrual cycle, if I still have periods?
- Any new vulvar irritation, dryness, pain or skin changes?
- Any bladder urgency, frequency or leaking?
- Any sleep, temperature, mood or cycle changes that could fit the menopause transition?
- Is anything affecting my comfort, confidence, work, relationships or daily life?

Your normal is a pattern, not a single perfect day.

If you decide to seek care, bring a short symptom record: when it started, what changed, what makes it better/worse, associated symptoms, medicines/contraception, pregnancy possibility, and what you are most worried about.

The part nobody should have left you to figure out alone

Your body is not embarrassing because it bleeds, produces discharge, changes with age, needs the toilet, experiences dryness or asks for care.

Body literacy is not about obsessing over every sensation. It is about knowing enough to recognise your baseline, ask informed questions and seek help when something changes.

NO FEAR. NO SHAME. JUST TRUTH.

Keep learning. Keep asking. Keep listening.

She Unmuted
Educate. Empower. Elevate.

sheunmuted.org

Trusted sources & further reading

This guide was developed from public patient-education guidance from established health organisations. It was written for education and has not been individually medically reviewed for any reader.

[1] American College of Obstetricians and Gynecologists (ACOG) - Is it normal to have vaginal discharge?
https://www.acog.org/womens-health/experts-and-stories/ask-acog/is-it-normal-to-have-vaginal-discharge

[2] ACOG - Vulvovaginal Health
https://www.acog.org/womens-health/faqs/vulvovaginal-health

[3] NHS - Vaginal discharge
https://www.nhs.uk/symptoms/vaginal-discharge/

[4] U.S. Office on Women's Health - Menstrual cycle
https://womenshealth.gov/menstrual-cycle

[5] NIDDK - Symptoms & Causes of Bladder Control Problems
https://www.niddk.nih.gov/health-information/urologic-diseases/bladder-control-problems/symptoms-causes

[6] NIDDK - Treatments for Bladder Control Problems
https://www.niddk.nih.gov/health-information/urologic-diseases/bladder-control-problems/treatment

[7] NHS - Symptoms of menopause and perimenopause
https://www.nhs.uk/conditions/menopause-and-perimenopause/symptoms/

[8] U.S. Office on Women's Health - Menopause basics
https://womenshealth.gov/menopause/menopause-basics

[9] NHS - Vaginal dryness
https://www.nhs.uk/symptoms/vaginal-dryness/

[10] NHS - Treatment for menopause and perimenopause
https://www.nhs.uk/conditions/menopause-and-perimenopause/treatment/

Version 1.0 • August 2026