FRESH FROM THE

thebodyshop

Reproductive Health & Wellness Program

FRESH FROM THE BODY SHOP
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THIS ISSUE

- *Does Birth Control Affect Cancer Risk?*
- *Does Obesity Reduce Contraceptive Efficacy?*
- *Why is Breast Cancer Awareness Sexualized?*

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BIRTH CONTROL AND CANCER RISKS

There has been a lot of discussion surrounding the use of hormonal contraceptives and cancer rates among women. Many of those who are politically opposed to both contraception and abortion claim that women are significantly more likely to develop breast, ovarian, or uterine cancers if they've had abortions or choose to use a hormonal method of birth control. This blanket assumption is factually inaccurate; unsurprising because it is often used to back a political agenda. These claims do not take into account any of the other major factors that play an arguably larger role in whether or not someone develops cancer. These factors include family history, genetics, environmental influences, and whether or not a woman has had children. Stating unequivocally that cancer is caused by birth control or an abortion is minimizing the complexity of a devastating disease for a political purpose.

It is not recommended for women who have had certain types of cancer to use hormonal methods of birth control. This is because "naturally occurring estrogen and progesterone have been found to influence the development and growth of some cancers"[1] and adding to those naturally occurring hormones with artificial supplements of the same hormones is not wise. While this may be true for women who already have or have had cancer in the past, a study published in the American Journal of Obstetrics and Gynecology states that "recent meta-analyses indicate that there is a reduction in the risk of endometrial and ovarian cancer, a possible small increase in the risk for breast and cervical cancer, and an increased risk of liver cancer."[2] These studies also show that the increased risk of cancer eventually returns to normal after contraceptive use stops. Breast cancer risk is increased also in women who wait longer to have children, start menopause later than the average age, start having periods early, or never have children. This is because their bodies are exposed to hormones for a longer period of time than other women. None of these factors guarantee that a woman will develop breast cancer[1]. Stating that hormonal contraceptives "cause cancer" is false.

A report by the International Agency for Research on Cancer that combined data from 8 studies showed that oral contraceptives increase a woman's risk of developing cervical cancer, but that "virtually all cervical cancers are caused by persistent infection with high-risk, or oncogenic, types of HPV, and the association of cervical cancer with oral contraceptive use is likely to be indirect."[1] This could mean that the hormones in birth control pills are making these cells more vulnerable to cancer causing HPV, or are changing their ability to get rid of existing infections. Ultimately, however, there is no direct causal link between birth control and cervical cancer.

While breast and cervical cancer risks are slightly increased with hormonal contraceptive use, the risk of endometrial and ovarian cancers are significantly reduced during and after the time frame that a woman uses contraceptives. The decreased risk of ovarian cancer was demonstrated by a review of 20 studies which showed that a woman's risk of ovarian cancer "decreased by 10 to 12 percent after 1 year of use and by approximately 50 percent after 5 years of use."[1] An American Cancer Society study showed that "the longer a woman took birth control pills, the lower her risk of ovarian cancer"[3]. Their statistics show that, compared with non-users, women who took the pill for as little as one year saw a 22% lower risk, and women who took the pill for 15 years or longer saw a 58% reduction in their risk of developing the disease. The study notes that "the benefit of the pill got weaker the longer it had been since women took it, [but] the protective effect was still significant even 30 or more years after pill use stopped ."[3] Studies are ongoing, and it should be noted that hormone doses were higher in pills taken during the time period that this data was collected (1960s-1980s,). Nonetheless, researchers assume that lower doses will still be extremely beneficial.

There have been fewer studies on the effects of other hormonal methods of birth control, probably because the pill was so widely used for so long and due to the fear surrounding IUDs that persisted in the US for a number of years. While there are pros and cons to any method of contraception, we ask you not to assume that the pill or any other method will "cause" cancer. You will incur risks with any medication, but in this case, it is wise to not blow those risks out of proportion.

HPV VACCINATION AND SEXUAL ACTIVITY

Since the introduction of the HPV vaccination (Gardasil®), there have been persistent questions among the public about the ripple effects of vaccinating near- or pre-pubescent girls against the U.S.'s most prevalent sexually transmitted disease. Many parties have claimed that HPV vaccination leads to earlier sexual initiation and more sexual activity among young women. — these claims have been unsubstantiated by research evidence. One particularly high-powered study by Bednarczyk and colleagues assessed sexual activity among HPV vaccinated and HPV unvaccinated women[11]. They found no significant difference in sexual behavior between the two groups. This finding is a testament to the importance of substantiating claims through research before advocating for the discontinuation of beneficial public health interventions.

ARE WE MAKING BREAST CANCER AWARENESS TOO SEXY?

Every year during the month of October, we are bombarded by the color pink. From NFL penalty flags to the chin straps on helmets to the labels on Campbell's Soup cans, it seems that everything turns pink for breast cancer awareness month. My question is this: What exactly are we making people aware of? Yes, some of these products tell you to do a monthly self-exam or get a mammogram, but for many women fighting, dying from, or surviving breast cancer is a reality that transcends product labeling. While it seems that we are embracing women by empowering and supporting them in a cause that is considered to be feminine in nature (although around 2,240 men will be diagnosed this year[4]), we support breast cancer awareness with a traditionally feminine color. Aren't we further perpetuating gender stereotypes of feminine beauty by sexualizing this cause to the point of absurdity? Organizations use names and slogans including, but certainly not limited to the following: "Save Second Base", "I (Heart) Boobies", "Save the Ta-Tas", "Boobs: They could use your support", "I'm here for the boobies", "I am a breast man", "Save the Hooters", and "a feel a day keeps the doctor away".

Many of these campaigns and slogans are advertised next to a picture of a busty young woman in a pink bikini. Others use a picture of a woman simply covering her breasts with her hands. This bikini ad (see below) goes so far as to remove the woman's face from the photo. These fundraisers are no longer raising money to save a woman; instead they are raising money to save only a part of her that makes her sexually desirable to men. Women who advocate for breast cancer patients and survivors, such as Karuna Jagger of Breast Cancer Action, feel that these messages minimize the issue and insult the real women who deal with it every day. She says that "the implicit message in these campaigns is that it is breasts that are sexy; sexy is what is important; and we should care about breast cancer because it takes those lovely, sexy breasts out of the world."[5] Women are conditioned in our society to believe that their physical beauty and sexuality (i.e. breasts) are what give them worth and make them feminine. Writer Peggy Orenstein, who has survived breast cancer twice, writes that "on one hand, women with cancer are told---or have to learn—that we are not our breasts, that our sexuality, our femininity are not located in the mammary gland. That's a complicated, sometimes painful reckoning. Then these organizations come along and reinforce the notion that boobs are the most important things about us, particularly if they're hot..."[5]

Ad for a breast cancer awareness fundraiser at a bar in Las Vegas. Those attending were encouraged to wear bathing suits, allowing them access to a free open bar. Susan G. Komen was listed as the beneficiary, but the organization never approved the event, and therefore turned down the money.

Breast cancer in younger women presents unique challenges. According to the American Cancer Society website, these challenges include a lack of effective screening tool for women under 40, fertility issues, generally more aggressive forms of the disease than those that older women face, and a much higher rate of cancer in African American women than in Caucasian women that is most likely due to the difference in quality health care available."[6]

Cancer can't be tied up in a little pink bow. Cancer means things like chemotherapy, painful radiation, removal of all or some of the breast tissue, draining of fluid after a surgery, stretching of the skin for implants (if the woman chooses reconstructive surgery), bright red scars, catheters for chemotherapy, hair loss, extra surgery to remove ovaries because their presence may increase chances of survival despite sparking early menopause, loss of sex drive, and serious psychological issues related to the loss of parts of female physical bodies that make them inherently attractive in the eyes of an appearance driven society.

The Scar Project is a portrait series that utilizes the slogan "Breast Cancer Is Not A Pink Ribbon". Their mission is to "raise public consciousness of early-onset breast cancer, raise funds for breast cancer research/outreach programs and help young survivors see their scars, faces, figures and experiences through a new, honest and ultimately empowering lens."[7] This series of photos include women who have had all or parts of their breasts removed at a young age. The photographer, David Jay, says that "For these young women, having their portrait taken seems to represent their personal victory over this terrifying disease. It helps them reclaim their femininity, their sexuality, identity and power after having been robbed of such an important part of it. Through these simple pictures, they seem to gain some acceptance of what has happened to them and the strength to move forward with pride."[3] Next time you consider buying a NFL jersey splashed with pink, think about how much of that $60 will actually go to breast cancer research. Instead, consider donating your money to a cause that truly empowers patients and survivors.

One of many images from The SCAR Project. The series can be found at http://www.thescarproject.org/. The book can be purchased through Amazon, and the website also contains a clip of the documentary, "Baring It All," that was inspired by the project.

THEORETICAL FOUNDATIONS: FOUCAULT & THE HISTORY OF SEXUALITY

How did Western society transform from the sex-repressive culture of the mid 19th century Victorian era into the unselfconscious hypersexualized society that we see today? We can find some answers in the work of Michel Foucault, a post-structuralist French philosopher who died of AIDS in 1984. Foucault posits that our common conception of the Victorian era as being sex-repressive is a fiction. Instead, because sex in the Victorian era was defined by legislation to control sex it was far more interested in sex than any other society that came before it. This repressive interest is manifest even today in conservative attempts to regulate sexual behavior. The discourse surrounding sex (both in the Victorian era and in our own) produces social relationships that serve power. Both repression of sex and resistance to this repression (e.g. acceptance/celebration of sex) are products of the same discursive power dynamic; they also work to reproduce this power dynamic.

In terms of breast cancer awareness, we can see our society's fundamental unselfconsciousness of this process. Sexual repression (our society's compulsory heterosexuality) coupled with our conception that we must resist an overly prudish sexual culture produces garish ads that reinforce gender binaries/hierarchies.

DOES OBESITY AFFECT BIRTH CONTROL EFFICACY?

Obesity is fast becoming one of the most significant health problems facing communities throughout the United States. Research has shown that obesity causes disparate negative health outcomes including increased likelihood of developing diabetes, increased incidence of heart disease, increased likelihood of developing hypertension, and even increased likelihood of developing certain cancers[8]. In addition, to these disparate consequences, epidemiologists have begun to ask whether or not obesity increases an individual's risk of unintended pregnancy. This might seem laughable given our culture's obsessive sexualization of ultra-thin bodies, but it's important to remember that most contraceptive options available for women were never tested on women who had body mass indexes (BMIs) much higher than ideal BMI.

Contraceptive methods that function mechanically to block the sperm from fertilizing the ovum are not affected by obesity in the same way that purely hormonal contraceptives are. As such, methods such as the IUD and sterilization are equally effective among obese and non-obese women[9]. The question of efficacy in obese women comes when dealing with non-mechanical contraceptives that function to affect the hypothalamic-pituitary-ovarian axis, endometrium, and cervix. These contraceptives require a specific hormonal dosage to be present in the body in order to be effective. The logic is that larger bodies require more hormonal dosage to prevent pregnancy.

Studies focusing on the contraceptive failure rates of obese women are not large enough to show statistical differences between obese and non-obese women[9]. However, other studies have shown that more obese women tend to have lower levels of hormones in their bloodstream when using contraceptive methods; these studies have not shown this affect to be associated with contraceptive failure[9]. It is possible that because of this lower overall load obese women are more susceptible to pregnancy risk when they make mistakes while taking hormonal contraception. For example, missing a pill two days in a row could result in a higher risk of pregnancy in an obese woman than in a non-obese woman.

The research does not definitively show that being obesity necessarily reduces contraceptive efficacy. However, one author has suggestions on contraceptive counseling for obese women that might be useful until further research is available:

> "1. Offer the most effective options first — long-acting reversible methods or permanent contraception for those finished with childbearing.
>
> 2. Consider shortening the placebo week for the pill/patch/ring or even eliminating the placebo week in the pill/ring (most experts agree that they would not recommend eliminating the placebo week for the patch).
>
> 3. The use of contraception prevents more pregnancies than the use of no contraception."[9]

TEAM MEMBER SPOTLIGHT: MEET STEPHANIE!

Name: Stephanie Deimling

Hometown:
Cincinnati since age 6. Was born in California and lived in Albuquerque for several years.

Favorite Book:
That is hard, there are so many good books. The best one I have read recently is "State of Wonder" by Ann Patchett.

What do you do at the body shop?
I am a nurse-midwife and work at 3 health department clinics. I spend most of my body shop time educating women on their contraception choices and prescribing/inserting their chosen method. I help with STI prevention and treatment and spend a lot of time trying to encourage young women to make good choices about their health. My favorite line is "you only get one body so make sure you respect it and that other people do too".

What do you love about working in reproductive health?
I love hearing women's stories and learning about what brought them to the place they are and where they want to go next. I have met some fascinating people and I feel a lot of responsibility to help them make the best decisions for them about their reproductive health.

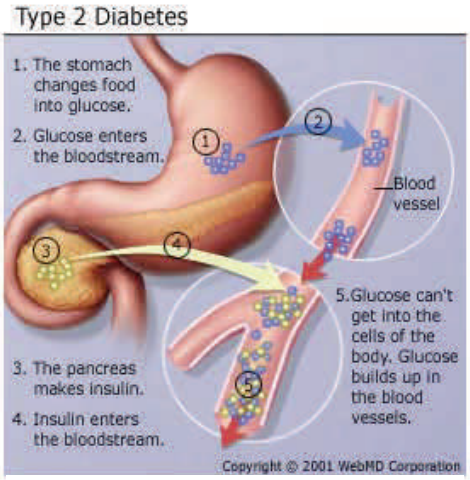
When you're not at the body shop, where might we find you?
Running around town with my 2 girls, Abby (7) and Ava (4). They keep me busy and are a lot of fun!

MEN'S HEALTH

MAN TO MAN:

The Men's Health Initiative provides clinical services to young men at the Clement Health Center! It's located on the corner of Burnet Ave. and MLK. You can walk-in and get an appointment at to see a health care provider for an STI screening. After that, you'll receive a Men's Health Initiative counseling session!

Interested in the Men's Health Initiative for your organization?
Contact the program coordinator:
eric.washington@cincinnati-oh.gov



CORNER FOR THE CAUSE: AMERICAN DIABETES MONTH

It might seem like diabetes is an issue that is beyond the scope of reproductive health, but diabetes during pregnancy, whether it is pre-existing or gestational, is a problem that has serious consequences on reproductive health and birth outcomes. For example, due to the changes in glucose uptake associated with the disease, diabetes has been shown to have negative effects on fetal development[10].

It's important to stay active and eat healthy to prevent diabetes as it is associated with obesity; however, if you already have diabetes don't despair! It is possible to control the disease and still enjoy many of the (healthy) foods that you love.

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REPRODUCTIVE HEALTH & WELLNESS PROGRAM

Reproductive Health Suite
Clement Health Center
Cincinnati Health Department
3101 Burnet Avenue
Cincinnati, OH 45229

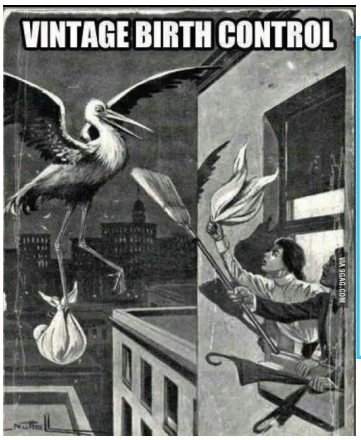
RHWP Hotline:
513-357-7341

Appointment scheduling through the CHD Call Center:
513-357-7320

The Reproductive Health and Wellness Program (RWHP) or the body shop, is a five-year grant awarded by the Ohio Department of Health to the Cincinnati Health Department and is funded by the federal Title X program. The primary objective of this program is to provide access to contraceptives and reproductive health services to the men and women of Hamilton County, especially to the most underserved populations, so as to reduce the number of unplanned pregnancies, unwanted pregnancies, and ultimately, the number of poor pregnancy outcomes. Through these direct services, education and outreach, the program also hopes to cultivate a culture of responsibility, well-being, and empowerment in regards to sexuality and reproductive health. To date, we've enrolled nearly 4,000 individuals, and continue to grow, learn, and serve.

For additional information regarding the project, please contact Dr. Jennifer Mooney at:

jennifer.mooney@cincinnati-oh.gov



November 28th is Thanksgiving!

After you've spent all day wrestling with that turkey-which-you-forgot-to-thaw, give thanks for having a birth control method that doesn't rely on a bird.

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