

RUTH BENEDICT

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Birth Control, out of Our Control

In May of 1960 a pill was introduced to the American society which launched a frenzy of moral, religious, medical, and governmental debates. This "small wonder" is known as the oral contraceptive: the birth control pill. As the pill stretches past 50 years of existence, oral contraceptives have most notably been hailed as one of the key factors in women's rights and the most common words to describe this pill are those such as "revolutionary" and "liberating". Indeed, as women sought control over their reproductive cycles, they were enabled with the ability to make new career, relationship, and marital choices which were somewhat improbable before. While oral contraceptives, henceforth referred to as OCs, have greatly encouraged women's sexual liberation and control over their bodies in a reproductive sense, it has also caused a sense of loss of control wherein the woman's body has become steeped in medical language and has become the test-subject for many a pharmaceutical company.

The era before the introduction of the birth control pill experienced new cultural movements which emphasized women's sexuality. Women of the 1950s struggled with confusing and conflicting messages as to how sexual they should be. Wini Breines documents the strife that many women experienced in her book "Young, White and Miserable". She writes that "for girls of the fifties generation who were positioned between the world of their mothers and the world of women's equality and autonomy, the sexual story encoded in American culture was simultaneously punitive and permissive" (88, Breines) Girls of this era struggled with being sexually attractive, but at the same time attempting to retain their

virginity. Not only did women of this era find difficulty in defining appropriate sexual behavior in relationships, there was great difficulty in the objective behind being sexually attractive: becoming a wife. Breines further writes that in the 1950s the housewife and the woman's role as a wife and mother were glorified as the epitome of femininity (99, Breines). The glorification of such a position was not enough to satisfy women of the era. According to Betty Friedan women were unsatisfied with the monotonous life of a housewife. "I began to see new dimensions to old problems that have long been taken for granted among women: menstrual difficulties, sexual frigidity, promiscuity, pregnancy fears...the menopause crises..." (27, Friedan). Concerns of the average American housewife in the post-war generation were consumed with thoughts about their bodies: how to use their bodies to secure a husband and then their bodies as a reproductive entity. How a woman might escape from such a life came in the 1960s with the Women's Liberation Movement and certainly with the help and encouragement from OCs. According to Claudia Goldin and Lawrence Katz, co-authors of "The Power of the Pill", there was great risk involved in pursuing both a career and sexual life before the emergence of OCs, and it was often believed that a person must sacrifice one for the other. With the FDA's approval of the pill, however, the use of contraceptives most positively affected women by eliminating the possibility of an accidental pregnancy and thus the worries about having a sexual life in addition to a career (Goldin, 2000). Women were more able to pursue careers, delay marriage, and thus advance economically by earning their own income. The sense of empowerment given to women by OCs can be observed today as women still face the issue of sexuality. It can be said that more explicit images of the desirable woman and her sexuality are presented in the media today. This is most telling in the video *DreamWorlds 3* (2007, Media Education Foundation) in which MTV's music videos are investigated and analyzed. One theme proliferated throughout the documentary- that women are, and should be hypersexual and submissive to

man's sexual desires. In this aspect, OCs act in the same manner as they did for women generations ago in that women are able to be sexually active without the worry of pregnancy and therefore less conflicted about the limits of their own sexuality. Another pressure young women face today is what Courtney Martin claims as "effortless perfection". While her book addresses the issues and pressures around the weight and shape of a woman's body, it is easily relatable to the aspects of a woman's sexuality and what society demands of her. "We must not only be perfect-as in accomplished, brilliant, beautiful, witty-but also appear as if we achieve all this perfection through an easygoing, fun-loving approach" (6, Martin) Today women are met with the challenge of being incredibly sexually attractive, though they are not expected to use their appearance for attracting husbands, as was the implication of the 1950s. Rather women today are expected to pursue higher education, careers; as Martin puts it, to be "perfect". Once more, as the case with its earliest users, OC has proved an incredible resource for women striving to fit the demands of American society. It is a resource which allows women to prevent that which might keep her from pursuing or a career and a life autonomous from men all the while enabling her to engage in sexual activities without compromise through an unwanted pregnancy.

While the pill has given power to women, OCs also have a more constraining aspect than one might think. In one lecture from the course entitled *Woman and the Body* delivered by Professor Susan Greenhalgh of the University of California, the slogan "The Personal is Political" coined by Carol Hanisch in 1969 was given. This quote sums Hanisch's argument that issues which we believe to be personal, such as sex and gynecology, actually have many political implications (January 11, 2011). While a feminist slogan from the 1960's and 70's Women's Liberation Movement, it still holds true today. As women have found control over sex and their sexual relationships through the use of OCs, gynecologists have become ever-more the authority on the woman's body and her sexual and reproductive functioning. This is

due, in large part, because women rely on their gynecologists for the prescription of OCs. However, this dependency holds much deeper roots in the medicalization of the woman's body. In Catherine Kohler Reissman's "Women and Medicalization: A New Perspective" it is argued that due in part of the rise of woman's desire to be free of particular pains and constraints, and in part by the increase of physicians and medical knowledge, the woman's body has become defined completely in medical and therefore treatable terms. In doing so, the woman's body is observed and experimented upon by a field largely dominated by men. In 2007 it was recorded that only about 41% of all gynecologists and obstetricians were female (AMA, 2006). While this is quite an improvement from previous years, much of the medical knowledge is predominantly produced by males in scientific terms that often dehumanize the female body. The doctor's authority lies in the rhetoric produced about the body, what we as a society should perceive as normal or abnormal, and thus what actions must be taken to maintain a "normal, healthy state". Just as Reissman demonstrates how pregnancy has become a medical process, so too have most processes of the woman's body and maturation become medical "issues". For instance, by defining occurrences experienced just before menstruation such as tender breasts, irritability, increase in acne et cetera as symptomatic of a syndrome, the "Pre-Menstrual Syndrome" (PMS) one is essential redefining a normal process of the female body as a medical problem which must be eradicated and controlled. The same can be said for adolescent acne. As evident in the increased rise of the prescription of OC for acne and PMS, these normal processes of the woman's body are now undesirable and something that should be treated with medications.

There is a slight irony, however, in the attempt to "control" these undesirable aspects of the female body. Many, if not most OCs, warn against adverse effects, which by definition are the same as those listed "symptomatic of PMS". Take the 2009 YAZ television commercial for example. The commercial begins with beautiful, young women going happily

about their daily lives to the beat of the song “Goodbye to You” by The Veronicas. Swiftly, brightly colored balloons float into the air inscribed with words such as “bloating, fatigue, muscle aches, headaches, irritability, moodiness, feeling anxious, increased appetite”. The narrator is quick to tell viewers that YAZ treats against all these symptoms which can severely impact your life, at the bottom of the screen it is noted that “Symptoms occur regularly before a woman’s menstrual cycle.” In the next scene a new balloon floats past a radiantly clear face with the word “acne” as the announcer happily states that “it even keeps skin clear!” (Bayer, 2009) This commercial leaves the female viewer interested in the “cure-all pill” and bewildered by how women could possibly function before hormonal birth controls. The commercial, and many other OC commercials which promise the same effects from their pills, is arguably attractive to any menstruating female. Conversely, upon buying an OC, further attention to the inserted pamphlet provides a different aspect to the pill. If one were to read the YAZ insert, as well as any other OC insert, one can find a list of possible reactions to the pill. It is stated that

“The following adverse reactions have been reported in patients receiving oral contraceptives and are believed to be drug-related: nausea; breast changes: tenderness, enlargement, secretion; migraine, mood changes: depression, change in weight or appetite” the list goes on (RxList, 2011).

It seems ironic that the exact symptoms OCs claim to treat can also be increased and experienced as a direct result from the pill’s use. While seeking to control, regulate, and “normalize” the female body, according to medical terms, women may be faced with the same issues deemed as “abnormal”. The medicalization of the body defines the human into two categories: normal and abnormal, it gives little consideration to social causes behind experienced symptoms. When a body is categorized into medical terminology, it negates any control or authority that the human has, medical researchers and doctors are the individuals who create and possess the knowledge to tell individuals about their bodies. As mentioned

before, women depend upon their doctors to provide them with an OC prescription and ultimately the thing which will “regulate and normalize” them in congruence with medical beliefs.

In addition to something which should be regulated, the woman’s body has also become a test-subject for gynecologists and pharmaceutical companies alike which strive to provide effective forms of contraception, a demand often fueled by women. However, what have been overlooked by many female consumers are the relationships constructed by her OC. A rising conflict of interest between the medical field and the pharmaceutical industry should further cause us to question “medical authority”. In a study conducted by The New England Journal of Medicine, about 94% of more than 3000 physicians have some sort of relationship with pharmaceutical companies (Takeshita, 2007). Doctors routinely prescribe their patients with OCs based upon what their pharmaceutical relationships are and not by what OC and hormonal combination might be best for their patients. In fact, as a result many women try multiple pills before finding the “right one”, often undergoing stressful “experimentation” as their bodies are flooded with different levels of estrogen and progesterone with each new OC. If one were to look online and search for a list of available OCs, they would be able to count at least eighty-six different pills with a wide range of hormonal combinations. It is important to note the influx of pharmaceutical companies and their drugs into the consumer market after the passing of “The Drug Price Competition and Patent Restoration Act of 1984”. With this act, The Food and Drug Administration as well as the Patent and Trademark Office oversaw the tailoring the Patent Act of 1952. This would prove to ensure ample competition for new emerging generic-brand pharmaceutical companies while also protecting the leading pharmaceutical companies conducting research on new drugs. This Act granted companies extensions on the amount of years which their patents were worth, though it also allowed other companies to replicate the drug on the eve of

the patent's expiration (Schacht & Thomas, 2005). In short, many companies can reproduce a drug that has already been approved by the FDA once the original patent, during which replication of the drug is prohibited, has expired. Translate this to the female consumer and this means that she has a wide array of OC choices, each with slight differences in the balance of hormones. Just as women have no control over the balance of hormones pharmaceutical companies use in their drugs and thus are ingested by the user, they have no power over how their bodies might react to any one particular OC. Short-term reactions, often similar to the symptoms of PMS, are usually minor and while a few severe symptoms have been reported, the effectiveness and safety of OCs are emphasized by doctors, pharmaceutical companies, and many websites providing information about OCs alike. What have been lightly skimmed until recently are the long-term effects of OCs.

Little research into the long-term usage of new OCs has created a young generation of test-subjects for pharmaceutical companies and medical researchers, the results of which are conflicted and largely unknown. Just as OC advertisements present the pill as a "magic, cure-all pill" emphasizing the positive aspects of OCs – of which there are many- so too do online medical sites and research papers lightly touch upon possible long-term serious effects. I recall sitting nervously in my gynecologist's office at about age twenty struggling with the decision to return to OCs. I had previously started when I was about seventeen, but after experiencing some of the more frustrating side-effects I decided to stop. Upon asking my physician what his thoughts were he was quick to tell me that "you shouldn't go on and off the pill every time you do or don't have a boyfriend, - that's irresponsible" I agreed and said I wasn't even sexually active at that time and that I was considering the OC for other reasons. "Oh, that's great. Good for you!" he replied. Then I asked about my biggest concern, the one though plaguing my unsteady mind, "aren't there any long-term effects of being on the pill?" His response was short, "no, I've had patients on the pill for years, none of them

have had any problems.” I was consoled by this for a while until as I drove home I found myself wondering, just how long was “many years”, how old were these women and how long had they been on OCs? Though more specifically, what OCs were they on? This is where the presence of many pharmaceutical companies significantly affects what information there is on the long-term effects of OCs. Certainly, OCs have been in use for more than fifty years and there have been case studies on women’s long-term use of OCs, though the pills in these studies are different than those that women are on now. Many studies conducted observe the use of high-dose estrogen pills and their possible association with cancers (Brinton et al, 1986) However, more modern OCs are combinations of estrogen and progesterone, as noted before there can be many different hormonal combinations, and the multitude of formulas complicate the most current medical studies. Previous studies have shown that estrogen plays a role in the development of breast cancer whereas the role of progestin is largely debatable. Often, the conclusion is that whatever negative effects these combinations might have, they found positive and even protective effects against cervical and ovarian cancer far outweighs any risks of breast cancer, infertility, et cetera (Cibula et al. 2010). Still, the question of time lies unanswered.

What defines “long term use” in the medical world is substantially changing. With the medicalization of women’s bodies and the establishment that acne and PMS are abnormal and are no longer normal parts of puberty, young girls are given prescriptions starting as early as the age of their first menstruation. Many of these adolescents are not yet sexually active, though gynecologists see this as a way to “catch girls before the act”. It is understandable, with the portrayals of hypersexualized women such as those shown on MTV, that gynecologists would assume that most teenage girls would soon engage in sexual activities. What is even more understandable is how the medical frame of mind views pregnancy, especially teen pregnancy, as a risk and as an abnormal occurrence in the female experience

(Reissman, 1983). With new OCs like Ortho-Tricyclen which are not only approved for contraceptive purposes, but also for the treatment of acne, the gynecologist is then justified in the prescription of OCs to adolescent girls to combat multiple concerns of the medical field (Women's Health, 2009). To the gynecologist, and many parents, an unwanted pregnancy is more dangerous and undesirable for the teenage girl and her future than any possible side effects that the pill might have. This is completely rational and valid thinking, however one must consider how long then, these girls will remain on OCs once they do become sexually active. With an earlier age at prescription there is a new generation of girls who may be on OCs for thirty or more years. This is increasingly so now that gynecologists encourage women to stay on OCs continually until they reach their fifties at which time they may stop to see "where they are with menopause" (Healthywomen.org, 2011). Most women in conducted studies were observed for five to ten years and as mentioned, the OCs observed in these studies are different from those being prescribed today. In a 2010 study on possible relationships between OCs and different types of cancers, it was noted that "long duration of OC use at a young age before the FFTP (First Full Term Pregnancy) seems to be the most important risk factor (for breast cancer), as hormones act on a less differentiated tissue" (635, Cibula et al). Future research may support or refute this; however it is the unfortunate fact that considering the new factors of starting age, duration of use, and the OC formula, young girls who are receiving prescriptions today are ultimately the "test population" whom researchers rely on to produce data that will help create a "better pill" or birth control method.

Oral contraceptives have surely given women the authority to control their reproductive rites. This has led to the possibility for long lasting careers and effective family planning. In it's own right, OCs have proven "liberating" for women,. It is a positive force in the woman's sexual liberation and social and economic advancement, though it also places

even more power in the hands of the medical field and pharmaceutical industries. What I strive to advocate is not a dismissal of OCs, rather an informed decision as to what deeper implications OCs hold in regards to the woman's body. When starting OCs we must think also about the long term effects rather than just the short-term effects that we might endure. Each individual should consider if the chances (remember, no guarantees!) of clear skin and freedoms from symptoms of PMS are worth possibly graver risks that future research may reveal. Reissman aptly writes that "to 'demedicalize' is not to deny the biological components of experience but rather to alter the ownership, production, and use of scientific knowledge" (16, Reissman) Current ownership of the woman's body is held by the medical field who determines what should be regulated and how; the medications produced and their effects are completely in the hands of the pharmaceutical companies. Although we are sexually liberated and free to pursue careers, we are in a way disillusioned that OCs have granted women complete control of their bodies, for ultimately women are bending to the demands for effective birth control by opting to putting something foreign into their bodies.

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