

RECLAIMING

Trust Yourself in Health!



OUR

BODIES

Alison
Pankewich &
Leila Wheeler
SOCI 485

MEET THE AUTHORS

EDITORIALS



Snapshot on the Author

Name: **Alison**

Favorite Color: **Yellow**

Fun Fact: **I love reality TV**

Dream Job: **Hockey
Journalist**



In January 2023, when I was 20 years old, I went to my doctor to get prescribed birth control. I had an idea in my head of what to get; my friends all recommended getting an IUD. All of them had been on the pill and switched to an IUD and had nothing but good things to say about it. I was told pain can persist for 3-6 months after the procedure, but all my friends had said it went away in a week for them.

A few months later, I had gained about 20 pounds. I had persistent extreme pain in my uterus, especially around the time of my period. I had never been on birth control before, because my periods were very tame. This was really odd to me, but I never said anything. Then comes summer. I kept having this excruciating pain pop up unwarranted, in any situation. Painkillers wouldn't help. Heat wouldn't help. So I turned to 811 and told them about my problems. All I was recommended for was another ultrasound, my second one in a year. I got it done, and nothing was wrong. I'm told is that my symptoms are abnormal, and it might be something else. So, I tell myself that it's just me, and I keep the IUD. Fast forward to the fall, and I get prescribed heavy painkillers. At this point, I'm driving myself insane. I'm taking more medication to help deal with my IUD and just adding to all the unnatural things in my body. So, after a year with an IUD, I finally got it removed. And to this day, I refuse to use any other means of birth control.

There were about 3 instances where I considered getting my IUD out, yet medical professionals steered me away from that path. One of our goals for this zine is for women to gain a voice in their health care, and about birth control. Advocating for yourself is so important, otherwise you end up in situations where you are suffering, and letting others control your body. Your body is your body, and you know it best!



Snapshot on the Author

Name: **Leila**

Favorite Color: **Purple**

Fun Fact: **My middle name is Sunflower!**

Dream Job: **Teacher**



Have you ever gone to the doctor for a concern unrelated to reproductive care, only to hear the doctor say, "You should try birth control"? Have you experienced an extreme side effect from birth control, brought it up to your doctor, and been told, "That's just part of being a woman"? If you answered "yes" to any of these questions, we have had very similar experiences with birth control and the healthcare system.

When I started taking a birth control pill at 16 years old, I told my doctor that I am afraid of gaining weight, getting acne, or being depressed. I remember his words: "That is very uncommon". The truth is, it's not uncommon. So many women fear these side effects, yet instead of fully informing patients, doctors gaslight them into believing they are the problem, not birth control. Through conversations with friends and family, I realised I am not alone. The real problem is the healthcare system continuously dismissing women's concerns.

The first birth control pill I was prescribed was a new option, according to my doctor. After taking it for 3 months, I hated it, absolutely hated it. The side effects were unlike anything I had experienced before. When I told my doctor this pill was not for me, he responded, "Give it some more time". However, no one knows my body better than I do. I insisted on a different prescription that better worked for my needs. I stayed on the new pill for two years, until a female doctor told me that it increased my risk of having a stroke. At only 18 years old, I was unknowingly put at an increased risk by a doctor that I was supposed to trust. Thankfully, I am now on a birth control pill that works for me.

We request a call to action for doctors and healthcare workers to listen to women's concerns. Medical schools should be teaching future doctors to value patient symptoms and prioritize their health. Additionally, we want women to advocate for themselves, because you know your body better than anyone else.

**IF YOUR
GIRLFRIEND GETS
PREGNANT,
SO DO YOU!**



Planned Parenthood Association of
Utah - 1980

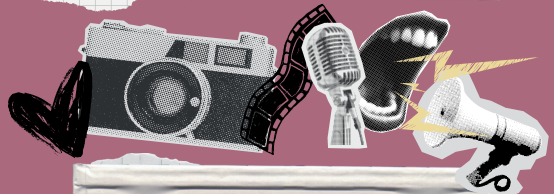
Some Historic Ad Photos



Fundacion Mexicana para la
Planeacion Familiar (MEXFAM) - 1995



Senegal Ministère de la Santé et de
l'Action Sociale (MSAS) - 1996



Another Love-match *Shipwrecked...*



Lysol, advertising their products for "feminine
hygiene" (contraceptive) - 1940s



"WHEN I WENT OFF THE PILL,
MY DOCTOR SUGGESTED DELFEN FOAM."

"I found the Delfen foam on a list that the many
ready to work immediately, with no waiting. Delfen

Delfen Foam Birth Control -
1978

RECIPE FOR A DOCTOR'S VISIT



Serving size: 1 Woman

Ingredients:

- 1 Strong-willed woman
- 1 Cup of confidence
- 2 Massive cups of patience
- 3 Teaspoons of hope
- 1 Detailed list of symptoms
- 3 Affirmations (for garnish)
- 1 Pre-measured dose of self-advocacy
- 1 Google search (optional, but enhances self-advocacy)

Instructions:

1. Start with making your list of symptoms, a list of the Google findings, and hope.
2. Arrive early with pre-measured dose of self-advocacy, check-in, and use your patience.
3. Once the Doctor arrives, add confidence, and stir in the list of symptoms, one at a time to not overwhelm the mixture.
4. Garnish with affirmations and Google research, ensure they are not ignored.
5. Leave with a smile, knowing you did everything you could to advocate for yourself.



The Truth About Birth Control: *What Doctors Won't Say*



Birth control is a widely used medication by women all over the world as a way to protect against unintended pregnancies. Since its legalization in 1969 in Canada, there are many different methods of contraception that are popularized, including the IUD, pill variations, the patch, implants, etc. (Black, 2019). Yet, birth control still seems to be a point of contention in regards to the effects, and the medicalization of it. Women are often pressured to start at an early age, and face various challenges that extend from choosing the right method for them, all the way to race and socioeconomic status (Manzer & Bell, 2022; Small et al, 2023). The goal of this essay is to examine issues that women face when choosing birth control, problems with representation, stereotyping, medical mistrust within the contraceptive world, and to emphasize to all women that they need to develop their own voices, and trust their instincts when the world is working against them.

Historically, women's bodies have always been seen as 'atypical' to a man's 'normal' (Balch, 2024). This has led to a multitude of issues, mainly a lack of representation in medical testing (Balch, 2024). Often being placed in 'special populations' categories, women are excluded from clinical trials which led to devastating effects. In 1962, the usage of medication for morning sickness in Australia and Europe resulted in 10,000 deaths and birth defects in babies, which stems from how women were excluded from clinical trials for the medication (Balch, 2024). Even today, amongst trials for common diseases, only 40% of participants were women (Balch, 2024). This describes a lack of representation of women in the healthcare sphere. This is harmful to women, as many medications are not properly tested on women, which can lead to unknown side effects. Kinsberg et al. (2022), found that every woman has different experiences with birth control. Despite the large number of women who use hormonal birth control, there is little research done on the side effects and long term side effects of it (Cravatts, 2021). This is why women need to have their own voice in health care, because until this representation can be more equalized, understanding that your gut feeling about symptoms is enough to raise a concern, and to stand firm on what you know about yourself and your body.

Women face severe side effects from birth control, which are often downplayed by medical professionals, forcing women to advocate for themselves. In the medical system, women experience medical mistrust, which is when individuals do not have much confidence in the healthcare system (Small et al, 2023). At doctor appointments, women will express concerns about symptoms that they believe are caused by birth control, but doctors dismiss the concerns and say they are not related to birth control (Cravatts, 2021). However, it is confusing for women to have no lifestyle changes, besides starting birth control, and experiencing new symptoms. According to Kinsberg et al, (2022), women are most concerned about "blood clots, headaches, dizziness, libido, and nausea" (p. S9). These concerns make many women hesitant to use birth control (Kinsberg et al, 2022). When applying a reproductive justice view, patients should be fully informed about all potential side effects of birth control when consulting with a doctor (Manzer & Bell, 2022). Women have reported that doctors downplay the potential side effects, taking away a woman's reproductive autonomy and ability to make fully informed decisions (Manzer & Bell, 2022). All women struggle to have their concerns acknowledged in a healthcare setting, and cultural identities make it even harder for women to receive proper reproductive healthcare with having their voices heard (Small et al, 2023).





Minority women experience a compound of challenges in accessing fair treatment in the reproductive healthcare system. Overall, there is a lack of research for women of colour in all areas of healthcare (Balch, 2024). Applying the critical race theory, coined by Kimberlé Crenshaw, we can examine the inequality issues in reproductive healthcare (Small et al., 2023). Doctors reinforce racial hierarchies by examining patients not based on their symptoms, but based on the colour of their skin (Small et al., 2023). A major racial disparity found by Manzer and Bell (2022), is that "Black and Latina patients have identified an implicit pressure to accept contraceptive methods favoured by their providers" (p. 83). This quote highlights how minority women are often prescribed birth control methods based on a doctor's preference, rather than their individual needs. Every woman has different experiences with birth control (Kinsberg et al., 2022). These women, particularly Black women, have generational medical mistrust, typically with white doctors (Small et al., 2023). The systemic racism in the healthcare system reinforces negative stereotypes about minority women (Small et al., 2023). For example, one unfounded stereotype is the belief of Black women having hypersexuality and hyperfertility (Manzer & Bell, 2022). Minority women typically have a lower socioeconomic status, limiting their access to reproductive healthcare (Small et al., 2023). These experiences of stereotyping and doctor biases limit their ability to make fully informed choices.

Healthcare barriers to birth control can also be an issue for women. In Manzer and Bell's research, they found that healthcare providers, like family doctors, influence decision-making, but also operate as barriers to women choosing their birth control (2022). Providers will often pressure patients to choose a birth control method, even if the appointment is not related to that (Manzer & Bell, 2022). Providers also influence their patient's decisions about birth control, shaping patients' opinions on contraceptive methods to what the doctor feels they should be using (Manzer & Bell, 2022). There is also a gap in knowledge among providers who are not familiar with women's health, which leads women to have to do their own research, usually through online sources (Balch, 2024; Manzer & Bell, 2022). Women often express feeling uncomfortable when it comes to discussing contraceptive issues, as they feel like they are pressured into choosing one, having their choices scrutinized by their providers, and feeling that their voices are often disregarded (Manzer & Bell, 2022). There has to be a change in providers and how they discuss contraception with their patients to allow women to feel in control of their bodies. The relationship between doctors and patients must become an equal one, rather than providers becoming gatekeepers of birth control (Manzer & Bell, 2022).

In conclusion, birth control is an essential part in women's health, but women continue to experience challenges with accessing it. The politicization and underrepresentation of women's health, side effects and medical mistrust, racial inequalities, and challenges with decision-making are all contributing factors to how the healthcare system continues to fail at prioritizing women's autonomy. Some doctors ignore women's health concerns about the side effects of birth control, and others admit that it needs more research because there is still much unknown about it (Cravatts, 2021). We recommend that all women advocate for their health, seek second opinions, and push past systemic barriers in women's healthcare.



B I N G O

Doctor dismisses concerns	Not told all the side effects	Scared to use birth control	Brought someone to convince your doctor	Argued with a doctor
Side effects down-played	Doctor down-played pain of procedure	Long wait times at the hospital	Had a bad experience with birth control	Been told "it's apart of being a woman"
Doctor doesn't listen	Doctor visit cut short	FREE	Tried the best I could	Dieted to control health
Limited access to proper care	Tried multiple different birth controls		Stayed on medication despite the pain	Prescribed medications to deal with other ones
Told "that doesn't normally happen"	Male doctor doesn't understand	Suffered a "rare" side effect	Cried after a doctor's appointment	Researched a side effect

MARK OFF WHAT YOU'VE EXPERIENCED!

WOMEN'S CLINICS IN CALGARY



1. Calgary Well
Women Clinic
4640 17 Ave NW

2. Calgary Women
Health Centre
1441 29 St NW

3. Kensington
Clinic
2431 5 Ave NW

4. Calgary
Sexual &
Reproductive
Health Clinic
1213 4 St NW

5. Peter
Lougheed Centre
Abortion Clinic
3500 26 Ave NE

6. Women's
Health Clinic
4250 109 Ave NW

7. The IUD & NE
Women's Clinic
3223 5 Ave NE

8. Sundance
Clinic
31 Sunpark Plaza SE

9. PrISM Medical
Group
1600 90 Ave SW

10. Rosie Health
2204 2 St SW

SOME POETRY FOR YOUR THOUGHTS

DOCTOR'S OFFICE

BY MICHAELLAC

WHAT BRINGS YOU HERE TODAY?

(LEAVE ME ALONE)

DATE OF BIRTH?

(SAME AS LAST TIME)

FILL OUT THIS FORM, PLEASE.

(AGAIN. JOY)

STEP ON THE SCALE.

(IF IT IS HIGH, I WILL NOT EAT)

I'M GOING TO GET A QUICK BP AND PULSE.

(MUST I GO THROUGH THIS EVERY TIME?)

THE DOCTOR WILL BE RIGHT WITH YOU.

(I DON'T WANT TO TALK ANYMORE)

DID I KEEP YOU WAITING?

(NO. KEEP ME WAITING FOREVER. I DON'T WANT TO SEE YOU)

HOW ARE YOU DOING?

(SHITTY)

HOW ARE YOU FEELING?

(I WANT TO DIE)

HOW DID THIS HAPPEN AGAIN?

(IF I KNEW THAT, I'D FIX IT, WOULDN'T I?)

YOU NEED HELP.

(I DON'T WANT ANY)

YOU NEED TO BE HEALTHY TO FOLLOW YOUR DREAMS.

(Do I?)

PROMISE ME YOU WILL DRINK THIS.

(I'M NOT PROMISING SHIT)

WILL YOU DO THIS FOR ME?

(NEVER GONNA HAPPEN)

I'M GOING TO SEND YOU DOWN FOR LAB WORK.

(POKING, PRODDING, INVASION)

AN EKG AND URINE SAMPLE.

(I DON'T EVEN CARE ANYMORE)

OKAY?

(WHATEVER)

TAKE CARE OF YOURSELF, HONEY.



From Good Grief
By Brianna Pastor

TRUSTING YOURSELF IS A
FIERY THING
HOW FREEING IT IS
TO LET LIFE UNFOLD
AND STILL FEEL SAFE



Standing Up For Myself
By Connie Webb

I will truly accept myself today
No more worrying about what you say
I will do what I really want to do
No longer will I be controlled by you.

I will be more of the real me
You may just not like what you see
But to my own self I will be true
Whether or not it matters to you.

No more me saying yes to please
I will say the word no with ease
Too many times I let those others lead
That is not the way for me to succeed.

I will be who I am right now
And to your ways I will not bow
For I have ways of my own that work just
fine
Because my life is not yours my life is
mine.

I will truly accept myself today
No more worrying about what you say
I will do what I really want to do
No longer will I be controlled by you.

THANK YOU

WOMEN'S HEALTH HUNT

A	W	A	R	E	N	E	S	S	Y	L	L	H	B	P	K	H
X	X	R	E	P	R	O	D	U	C	T	I	V	E	E	S	P
E	R	E	R	O	Y	R	M	S	Q	P	M	B	R	E	X	N
H	B	Y	F	S	A	F	E	S	E	X	L	R	E	Z	C	S
E	A	D	V	O	C	A	C	Y	G	A	S	K	T	L	O	T
A	F	J	S	C	O	N	S	E	N	T	K	C	A	M	J	I
L	W	U	O	N	Y	T	D	Y	A	Q	R	F	X	F	P	S
T	E	A	E	M	P	O	W	E	R	M	E	N	T	U	X	I
H	L	C	Q	J	W	Y	M	K	Z	R	P	A	Q	L	M	N
C	L	Q	A	H	Z	F	E	I	P	S	B	F	G	S	S	M
A	N	R	X	U	B	A	W	V	A	E	I	K	L	R	E	C
R	E	A	H	J	H	W	I	M	C	X	H	B	N	Q	I	F
E	S	X	Y	J	B	V	J	U	N	U	J	E	K	A	Z	M
W	S	C	O	M	M	U	N	I	C	A	T	I	O	N	G	P
Q	P	H	B	K	I	T	F	J	J	L	D	E	N	R	G	L
M	I	M	L	C	K	N	L	K	C	H	G	R	A	I	H	E
L	H	B	J	Y	P	G	V	D	X	E	S	S	U	X	P	A
M	U	R	I	G	H	T	S	C	X	A	A	X	G	P	O	S
E	D	U	C	A	T	I	O	N	N	L	Y	B	I	N	Z	U
Y	X	N	K	G	P	Z	F	X	R	T	U	Z	T	R	K	R
F	J	G	I	S	F	K	G	G	L	H	K	W	A	P	I	E
F	W	R	E	L	A	T	I	O	N	S	H	I	P	S	F	U

SEXUAL HEALTH
AWARENESS
EDUCATION
WELLNESS
REPRODUCTIVE

RIGHTS
CONSENT
SAFE SEX
STIS
ADVOCACY

RELATIONSHIPS
EMPOWERMENT
HEALTH CARE
COMMUNICATION
PLEASURE

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That girl
at fault
their
are bru
choke
That g
at fault
men tak
th
in

courage

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