WOMEN'S REPRODUCTIVE HEALTH, *3*(2), 109–112, 2016

ISSN: 2329-3691 print / 2329-3713 online
DOI: 10.1080/23293691.2016.1196085

Routledge
Taylor & Francis Group

No Justice, No Pill/Know (Reproductive) Justice, Know the Pill

Elizabeth A. Kissling
Eastern Washington University, Cheney, Washington, USA

This article is a commentary on Prior's (2016) article "Adolescents' Use of Combined Hormonal Contraceptives for Menstrual Cycle–Related Problem Treatment and Contraception: Evidence of Potential Lifelong Negative Reproductive and Bone Effects." In this article I comment on emotional side effects of the pill, environmental damage as a result of the widespread use of synthetic hormones, and current public discourse about whether or not health insurance (especially when provided by employers) should cover contraceptives. Reproductive justice requires both knowledge about the effects of various forms of contraceptives and access to the contraceptives of choice.

Keywords *the pill, moodiness, side effects of oral contraceptives, environmental effects, insurance coverage*

I am not against the pill. I do not endorse it either. I do not want to see it removed from the market, but I would like to see women and girls have access to comprehensive information about its benefits and risks, so they can make informed decisions in the context of a reproductive justice framework (Ross, 2007). That is, the decision to take combined hormonal contraceptives should be considered in terms of their complete physical, mental, spiritual, political, social, and economic well-being.

I am ambivalent whether adolescent girls should use the pill. Of course, I have a lot of opinions. But they are not medical opinions, as I am not that kind of doctor (as Randy Pausch [2008, p. 24] famously said in his last lecture, "the kind who helps people"). I have great respect for Dr. Prior's work, and I trust her judgment. But I am a humanities scholar, so when I think about the pill, in capital letters, it is from the perspective of cultural studies. I am thinking about the many discourses in which the pill is tangled: medical, personal, public, private, legal, political, and more. (I use discourse in the broad Foucauldian sense, to describe "bodies of knowledge that form the objects of which they speak" [Phillips, 2004, p. 402], to frame and position who it is possible to be and what it is possible to do.)

I (Kissling, 2014) recently examined the discourse of young women quitting the pill, as they shared in online forums their struggles with the emotional and psychological side effects of both the drug and its aftermath. Physical side effects of oral contraceptives, such as spotting between periods, bloating, breast tenderness, and weight gain, are well known. The spotting, also known

Correspondence should be sent to Elizabeth A. Kissling, PhD, Women's and Gender Studies Program, 207 Monroe Hall, Eastern Washington University, Cheney, WA 99004. E-mail: ekissling@ewu.edu

as "break-through bleeding," drives many women to quit the pill. Mood changes and decreased libido are also frequently cited side effects, so common that the pill's effectiveness is sometimes attributed to them. Depression, a principal theme in many online discussions of quitting, was first identified as a side effect in the early 1960s and is the most frequently cited reason for quitting the pill (Kulkarni, 2007). It was also the most frequently cited reason in the online discussions in my study:

> Some women report feeling overly emotional, like Kast1: "I'm an emotional MESS. And I mean a mess. Everything makes me sad, I feel like I subconsciously search for things to be upset about," the anonymous commenter who "was way beyond moody," or Kelseynk, who says that on the pill, "Everything makes me sad, I cry at the drop of a hat." Others describing a flattening of affect, such as DBRN, who writes, "now I feel like emotions are dulled. I'm not on an emotional rollercoaster, but I don't feel joy anymore. I feel sort of paralyzed emotionally." Danakscully64 said that she "didn't realize how terrible I felt when taking the pill until I got off." (Kissling, 2014, p. 247)

Depression was cited again and again in the trending hashtag #MyPillStory, which dominated Twitter for several days in the spring of 2016, in support of British journalist Holly Brockwell, who fought the National Health Service for 4 years to have her tubes tied (Brockwell, 2016; Griffiths, 2016). Like many young women who have difficulty tolerating combined hormonal contraceptives, Brockwell was advised to give it another month, then to try another formula. Hundreds of women all over the world chimed in on #MyPillStory to share experiences of depression, migraine, nausea, strokes, blood clots, and more in 140 characters or less:

> "Among other side-effects I suffered multiple minor strokes that devastated my life, yet still pill was only option given to me. #mypillstory"
>
> "I'm pretty sure I take mini psycho pills every day instead of contraception. #mypillstory"
>
> "It made me lose my mind. I wasn't myself. Suicidal and scared. Seems I'm not alone. #mypillstory is amazing, thanks @holly" (all quoted in Griffiths, 2016)

But depression is not considered a contraindication for a pill prescription, in part because depression, depressive symptoms, and mood changes are defined and measured inconsistently across studies (Böttcher, Radenbach, Wildt, & Hinney, 2012). In my nonmedical opinion, these risks seem to be even greater to the developing brains of adolescents, given the widespread belief that depression is largely due to brain biochemistry.

In addition to the use of oral contraceptives by increasingly younger adolescents, as documented by Prior (2016), since 2012 the American Congress of Obstetricians and Gynecologists (ACOG) has recommended long-acting reversible contraceptives (LARCs), such as implants and IUDs, as the first-line contraceptives for sexually active adolescents (ACOG, 2012). (In the accompanying protocols, IUDs include levonestrogel-releasing IUDs and nonhormonal copper IUDs. The contraceptive implant is a matchstick-sized rod inserted in the woman's upper arm, where it slowly releases progestin [ACOG, 2012].) These are also hormonal contraceptives, and as Higgins (2014) astutely pointed out, the benefits of LARCs to women themselves are not emphasized nearly as frequently as the financial benefits for their communities and governments. LARCs that rely on hormones also have potential physiological and emotional side effects.

Another muted discourse is the ecological impact of widespread hormone use. With so many women and girls using pills, patches, rings, and LARCs, we know that pharmaceutical products

are continually being released into the environment, where they bioaccumulate and affect aquatic and terrestrial ecosystems. Between 50% and 90% of the active ingredients in medications are not absorbed by our bodies ("lost to digestion" in the medical vernacular), and they are thus excreted into the sewage system as biologically active substances (Fears, 2015). Used patches and rings still contain substantial residue of hormones after their disposal (Batt, 2004). Synthetic hormones can also enter the waste stream during the manufacturing process or disposal of unused drugs. The negative effects of excreted estrogens on fish and other aquatic life has been well documented (Winter, 2009). It is unknown how these increases in synthetic estrogen in the environment will impact human health.

And I have not even started on the political discourse concerning birth control pills in the United States. As I write this essay, the U.S. Supreme Court is hearing arguments against the birth control benefit in the 2010 Affordable Care Act (ACA), for the second time. In the 2014 *Burwell v. Hobby Lobby Stores* case, the court ruled 5-4 that the Free Exercise Clause of the First Amendment and the Religious Freedom Restoration Act of 1993 apply to a closely held for-profit company. If such a corporation is forced to fund "what they consider abortion, which goes against their stated religious principles, or face significant fines, it creates a substantial burden" to the company. This exemption applied only to the contraceptive mandate, and it did not matter that contraceptive pills do not and cannot cause abortion, only that the corporation believes, sincerely believes, that they do (*Burwell v. Hobby Lobby Stores*, n.d.). In the current case (actually seven cases consolidated), *Zubik v. Burwell*, the plaintiffs contend that filling out the paperwork to obtain that religious exemption imposes an undue burden on their religious freedom, not that providing contraception for their employees is burdensome, because they are not doing so. The previous case required the Department of Health and Human Services to implement a system by which corporations and others with sincerely held religious beliefs against contraception can submit a certification to indicate such a belief, and then a third-party insurance company will provide contraception for employees who require it. The complaint is that completing the form to request an exemption is too burdensome (Gandy & Pieklo, 2016; Peiklo, 2016). The form requires the name of the organization, the name of the person within the organization authorized to make the certification, the company's mailing address, and a signature. That is all.

These discursive formations, these conversations about the pill that we are not having with pill users (e.g., about how who gets to take the pill, who cannot take the pill, what happens when someone, anyone, everyone takes the pill) rarely intersect. That is why we need to put these conversations into a larger, reproductive justice framework and start assessing the pill in terms of "the complete physical, mental, spiritual, political, social, and economic well-being of women and girls, based on the full achievement and protection of women's human rights" (Ross, 2007). We can accept nothing less.

REFERENCES

American Congress of Obstetricians and Gynecologists (ACOG). (2012). *IUDs and contraceptive implants safe for teens*. Washington, DC: Author. Retrieved from http://www.acog.org/About_ACOG/News_Room/News_Releases/2012/IUDs_and_Contraceptive_Implants_Safe_for_Teens

Batt, S. (2004). *Pharmaceuticals in our water: A new threat to public health?*. Toronto, ON: Women and Health Protection. Retrieved from http://www.whp-apsf.ca/en/documents/pharmWater.html

Böttcher, B., Radenbach, K., Wildt, L., & Hinney, B. (2012). Hormonal contraception and depression: A survey of the present state of knowledge. *Archives of Gynecology and Obstetrics*, *286*, 231–236.

Brockwell, H. (2016, March 24). I fought a four-year battle with the NHS to be sterilised at 30—and won. *Telegraph*. Retrieved from http://www.telegraph.co.uk/women/life/i-fought-a-four-year-battle-with-the-nhs-to-be-sterilised-at-30/

Burwell v. Hobby Lobby Stores. (n.d.). *Oyez*. Retrieved from https://www.oyez.org/cases/2013/13-354

Fears, D. (2015, March 30). Fish don't want birth control, but scientists say they get it from your pill. *Washington Post*. Retrieved from https://www.washingtonpost.com/news/speaking-of-science/wp/2015/03/30/fish-dont-want-birth-control-but-scientists-say-they-get-it-from-your-pill/

Gandy, I., & Pielko, J. M. (2016, March 21). The Right's ongoing battle against the birth control benefit. *Rewire*. Retrieved from https://rewire.news/article/2016/03/21/birth-control-benefit-timeline/

Griffiths, J. (2016, April 4). Producing breast milk for a year and falling ill with depression: Women expose the traumatic side effects they've suffered from taking the pill. Retrieved from http://www.thesun.co.uk/sol/homepage/features/7049432/Producing-breast-milk-for-a-YEAR-and-falling-ill-with-depression-Women-expose-the-traumatic-side-effects-theyve-suffered-taking-the-Pill.html

Higgins, J. A. (2014). Celebration meets caution: LARC's boons, potential busts, and the benefits of a reproductive justice approach. *Contraception*, *89*, 237–241.

Kissling, E. A. (2014). What does not kill you makes you stronger: Young women's online conversations about quitting the pill. In M. Nash (Ed.), *Reframing reproduction: Conceiving gendered experiences in late modernity* (pp. 236–250). London, England: Palgrave Macmillan.

Kulkarni, J. (2007). Depression as a side effect of the contraceptive pill. *Expert Opinion on Drug Safety*, *6*, 371–374.

Pausch, R., with J. Zaslow. (2008). *The last lecture*. New York, NY: Hyperion.

Phillips, N. (2004). Foucaldian discourse analysis. In M. S. Lewis-Beck, A. Bryman, & T. F. Liao (Eds.), *Encyclopedia of social science research methods* (pp. 402–403). Los Angeles, CA: Sage.

Pielko, J. M. (2016, March 21). Everything you need to know for the Supreme Court birth control case. Retrieved from https://rewire.news/article/2016/03/21/everything-need-know-supreme-court-birth-control-case/

Prior, J. (2016). Adolescents' use of combined hormonal contraceptives for treatment and contraception: Evidence of potential lifelong negative reproductive and bone effects. *Women's Reproductive Health*, *3*, 73–93.

Ross, L. J. (2007). What is reproductive justice?. In *Reproductive justice briefing book: A primer on reproductive justice and social change*. Sistersong Women of Color Reproductive Health Collective and the Pro-Choice Public Education Project. Retrieved from https://www.law.berkeley.edu/php-programs/courses/fileDL.php?fID=4051

Winter, A. (2009, June). Estrogen in waterways worse than thought: Risk greater for disease, death and intersex traits. *Scientific American*. Retrieved from http://www.scientificamerican.com/article/estrogen-in-waterways/

Submission received: 4-13-16; Accepted: 4-18-16