

Stuck in a *Body Literacy* Gap

by Deborah Witwicksi

As you may recall, we began discussing in the last issue (*Fall 2005*) of *Femme Fertile* the notion of *body literacy*, a term that Justisse Healthworks for Women Director Geraldine Matus and Planned Parenthood Alberta Executive Director Laura Wershler coined at a 2005 conference for the Society for Menstrual Cycle Research. Since then, we have been planning how we might design an open collective for women and their health care providers to explore what *body literacy* means to each of them and build a body of knowledge together. We decided this issue of *Femme Fertile* would focus on *body literacy*.

One of the reasons I immediately warmed to the term, *body literacy*, had to do with my appreciation of literacy. For me, literacy is the tool that allows me to make sense and meaning of my life. I see it as developmental: beginning with the ability to read and write and, then, articulate, discuss, discern and build information from a wealth of sources. It is a domain that holds treasure, romance and mystery for me. So, as we pondered and discussed *body literacy*, my imagination roamed.

Then, I received the three main articles for *Femme Fertile* by Geraldine Matus (pg. 2), Laura Wershler (pg. 4) and Lisa Leger (pg. 6), all of which identify the fundamental of *body literacy* for women as the ability to read and understand our menstrual cycle signs. This should not have come as a surprise to me. I have been working with *Femme Fertile* publisher Justisse Healthworks for Women for over a year now so I have become quite familiar with the advantages of fertility awareness and the many concerns about artificial hormones used for birth control, menopausal supplementation and, now, menstrual suppression. I am even getting used to all the talk about vaginal mucus, although I haven't explored my own. This newsletter is a voice for fertility awareness and we are speaking of *body literacy* primarily from a sexual and reproductive health point of

view, although the overall health implications for women are extensive.

Yet somehow in the context of a collective view of *body literacy*, the essence of these articles came as a shock to me. I was well in my forties, past the need to manage my reproductive life, before I even came to know that fertility awareness could provide a highly effective means of birth control and fertility enhancement. Like many women my age, I have seen several doctors over the years to monitor and manage my sexual and reproductive health. I have seen women doctors and men doctors, older doctors and younger doctors. Not one ever uttered a word about fertility awareness.

In grappling with this issue of *Femme Fertile*, I was forced to realize that the fundamental language these three writers proposed as *body literacy* was one that was utterly foreign to me and one that I believe is foreign to most women.

How did that happen? How did there come to be such a gap in our collective knowledge? I have struggled with this question restlessly and although I have threads of answers, I can't yet begin to address what it means. I only know one thing. We women need to talk. We need to share with one another without judgment. We need to build our understanding of ourselves and our bodies and bridge the gaps. And we need our health care providers to get on board with us and help us bear the enormous responsibility for caring for our health in a time where there are so many conflicting views...a time when, remarkably, given the information freeways, there is too little of the information and understanding we really need. Please join in the discussion.

Please Keep in Touch

We welcome your questions, comments, story ideas and expressions of joy, pique or outrage.

By e-mail: editor@justisse.ca

By landmail: Editor, *Femme Fertile*



Justisse Healthworks for Women

10303 -65 Avenue, Edmonton, AB., T6H 1V1

A Forthright Women's Magazine for Maids, Mothers and Crones

Femme Fertile



Are You Managing Your Reproductive Health Care with Informed Consent?

By Geraldine Matus

It is a generally accepted health care principle that we have the legal and ethical right to *Informed Consent* in managing our health care and directing important decisions that affect our bodies. To truly honour this principle, we should have full information on the affects of any drugs or procedures recommended by our health care providers and be given the opportunity to inquire about alternatives before we consent to these approaches. It is the ethical duty of those involved in our health care to facilitate informed consent by educating us about our choices regarding the particular care or service they are recommending. It is generally accepted that complete informed consent includes a discussion of the following:

- The nature of the care or service.
- Reasonable alternatives to the proposed care or service.
- The relevant risks, benefits, and uncertainties related to each alternative.
- Assessment of the patient's understanding of what it means to either accept or refuse the care or service.
- And, finally, the acceptance or rejection of the care or service.

How often do we believe we have given our informed consent to later find out that we didn't have full information? The reality of our health care systems is that informed consent can rarely be realized within the confines of our usually all-too-brief consulta-

tions with our health care providers. We have to do much of the work ourselves to acquire knowledge about all the alternatives from which we have to choose and determine what is best for us. That is why I am such an advocate of *body literacy*. The better you come to know how your body works as a woman and research the effects of various reproductive health treatments, the more you will be empowered and informed in such a way that you can operate with informed consent. Sarah's story illustrates this.

Sarah, a very bright and responsible 17-year-old young woman, had a strong desire to start having sex. Her best girlfriend told her that the Pill was the way to go, and that she could even stop her periods if she wanted. Sarah wanted to check things out for herself, so she spent hours googling Pill websites so she could make an informed choice. She decided a combined oral contraceptive (synthetic estrogen and progestin) would be her "safest" choice and she wasn't concerned about side effects because she had excellent health, normal menstrual cycles, and didn't smoke. After several months on the Pill she discovered that sex did not feel like fireworks as she thought it would even though she really liked her boyfriend and, based on all she'd read in magazines about sex, he was a good lover. She felt bitchy all the time, and she kept getting colds and yeast infections.

Five Steps to Informing Yourself



1. Learn as much as you can about your body as a woman.
2. Assume that your body's natural rhythms and processes are there for a reason.
3. Research all health care alternatives -- remember that ads (and top internet sites) speak to who has the money not necessarily who has the best answers.
4. Pay attention to how you feel -- follow your instincts.
5. Consult wise, health-conscious women about how they manage their reproductive health.

One day, a close friend of her mother's suggested Sarah talk to Jill, a fertility awareness practitioner who knew about the side effects of the Pill and how to deal with them. Out of curiosity, Sarah talked to Jill and discovered all sorts of information she never found on the websites of sellers and advertisers of hormonal contraceptives. She learned that the reason she was not liking sex so much might have to do with how taking the Pill can reduce or erase a woman's sex drive and that new evidence suggests this loss of sex drive may persist even after a woman stops taking the Pill. Sarah learned that, in taking the Pill, she had a significantly increased risk for various cancers, cardio-vascular disease, irritable bowel disorders and HPV infection, which can lead to cervical cancer. She was shocked to learn that taking the Pill gave her the sex hormone profile of a menopausal woman which can

bring with it other disturbing health problems such as suppressed thyroid function.

Sarah told Jill that one day she wanted to have children and she wondered if taking the Pill would hurt her fertility. Jill gave her information to read that informed her that if she stopped the Pill to become pregnant she would be two to three times less fertile than if she had never taken those hormones. But the most interesting thing Sarah learned was that she could chart her menstrual cycles and use what she learns about her cycles to avoid pregnancy without having to risk any of the side effects of the Pill or any other hormonal contraceptives. Jill gave Sarah a fertility awareness introduction to charting menstrual cycle events and invited her to come back in a few weeks to review her chart. Sarah went home after that visit wondering if her choice to use the Pill had really been made with informed consent.

Young women are usually not given adequate information about the full range of options when seeking contraceptive care or services. Fertility awareness, cervical barrier methods, menstrual cycle charting, and simple consistent use of condoms may be mentioned but often they do not receive full disclosure on use and benefits. To be fair, this often happens because practitioner time or resources are limited. Those providing contraceptive care and service are primarily concerned with one issue — avoiding pregnancy. Most practitioners consider hormonal birth control as the most effective and simple to use for the client, and most cost-efficient for them to deliver. Few resources are allocated to educate women about the importance of good menstrual cycle (reproductive) health to assure lifelong health. This reality results in lost opportunities to help young, and older, women acquire *body literacy*.

Geraldine Matus is Director of Justisse-Healthworks for Women and a Holistic Reproductive Health Practitioner and Psychologist who advocates for and supports body literacy in her work with clients and students.

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Valued Contributors:

**Lisa Leger
Geraldine Matus
Laura Wershler
Deborah Witwicki**



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Geraldine Matus, Director

Deborah Witwicki, Editor

Healthworks Bldg #210, 10303 – 65 Avenue
Edmonton, AB T6H 1V1

phone 780.420.0877
tollfree 1.866. Justisse (587.8477)



Charting My Way to Body Literacy

by Laura Wershler

I have been charting my menstrual cycle in one way or another since I was 27 years old. Over the years, I have developed an easy self-awareness of the ebb and flow of my fertility, creativity, vitality and mood. This awareness, in particular the familiarity and predictability of my cyclic hormonal changes, has grounded and informed my experiences as a woman, both in my day-to-day life and through vital reproductive decisions.

My cycle has been a touchstone for both my sexual and reproductive health, and my overall well-being. In the last few years I've been astonished to find just how valuable my cycle awareness has become. At age 52, looking back, I cannot imagine having lived without it. To me, it is as essential to *body literacy* as understanding words is to linguistic literacy.

I know from the conversations I have had with women of all ages that many of us, for a variety of reasons, struggle with body-and-mind health issues related to our menstrual cycles. I've also learned that most women have an intuitive connection to their bodies and are open to information and suggestions that can strengthen this connection. Tuning in and learning to read our menstrual cycles can help us accomplish this. Perhaps my own experience can help other women imagine the possibilities for themselves.

I began my quest for body literacy at 26 after quitting the

Pill. I was married at the time but my husband Cleve and I had not yet decided if we wanted to have children. Like many of my peers I was an "on-and-off" user of the first generation of hormonal contraception, which was many times stronger than the so called "low dose" pills of today.

To me, it (my cycle awareness) is as essential to *body literacy* as understanding words is to linguistic literacy.

My friends and I stopped taking the Pill for the same reasons young women do so today: to alleviate adverse side effects and/or to respond to an intuitive desire to restore our bodies' natural cycles. The last time I stopped, I didn't menstruate for over a year, a year which was filled with uncertainty and concern for my health and fertility. I saw an endocrinologist who, at that time, could offer no treatment for my amenorrhea. (Today, I would be given Prometrium.) When I finally got my period, I knew I would never use hormonal birth control again.

By then I had read everything I could get my hands on about birth control. This included Barbara Seaman's 1977 eye-opening book: *Women and the Crisis in Sex Hormones*. It confirmed everything I had thought about and experienced with the Pill, and much more. I had also researched natural birth control methods and was determined to learn and use *fertility awareness*.



Cleve, an environmental biologist and naturalist, was an enthusiastic ally in my commitment to manage our fertility without drugs or sterilization. We diligently followed the rules of fertility awareness to avoid pregnancy until we chose to conceive our baby. Since our son's birth, we've used the method successfully to support our decision to be parents of only one child.

For 20 years, I kept track of my most obvious fertility signs – slippery "egg white" cervical mucus, heightened interest in sex, abdominal rumblings and mittelschmerz (pain of ovulation) – by making cryptic notes in my daytimer.

In my early forties, I began to anticipate the mid-life cycle changes that I had heard and read about in the growing public discourse about menopause. But little changed for me. I kept on *ovulating* regularly, although my cycles shortened from around 32 to 26 or 27 days, and I began to experience sleep disturbances such as waking at 4:00 am and not getting back to sleep.

I become aware in my mid-forties of an escalation in the intensity of my normal cyclic mood swings. Instead of feeling blue, I felt depressed. Instead of feeling cheerful I felt manic. My PMS became progressively more distressing to me and to Cleve but knowing to expect it and that it

would pass made it easier to cope. At this time, I was under a lot of stress at work and constantly considering an exit strategy to a new career.

In early 2000, I quit my busy, stressful downtown job and within weeks my sleep disturbances went away. I took time to rest, restore my body and psyche, and plan for my mid-life future. I also began to connect, for professional reasons, with a few women who had worked extensively in the field of fertility awareness and menstrual cycle charting. I was to learn much from them that would impact me personally.

At 47, I began to keep formal charts of my cycles. This included taking my basal body temperature and learning how to more fully interpret my menstrual cycle events. I became intrigued by my journey through perimenopause, pleased and surprised to discover that cycle awareness had much to contribute to my well-being at this stage of life. Charting was becoming more important as I aged, not less so as I had anticipated.

Formal charting revealed I could expect a mini-depression around Day 7 of my cycle and extreme pre-menstrual breast tenderness. My ongoing research suggested alternative treatments that addressed both these symptoms. Glitches in a couple of cycles alerted me to adrenal fatigue and prompted supplementation, and a switch to decaf coffee, to support my adrenal and thyroid function.

At the same time, I was listening to friends' stories about much more serious perimenopausal woes and reading in earnest about the effects of mid-life hormonal changes on women's health and experience of their



Laura, Cleve and son Jake Wershler

bodies. I came to realize that my own relative good health and physical well-being were in large part due to the fact that I was still ovulating and menstruating regularly. I resolved to do everything I can – as regards diet, exercise, stress reduction and charting – to keep it that way for as long as possible.

My *body literacy* provides me with the information I need to monitor and understand my perimenopausal experience. It helped me weather the impact of my work-related stress and realize what it will take to preserve my health and wellness through mid-life and beyond.

I have learned that, to make fully informed health decisions, I need to combine what I know about my body with what I learn from the books I read, the experts I encounter and the health care providers I consult.

I sometimes wonder if the decision I made at 27 to use my menstrual cycle as the touchstone for my well-being has contributed to my continuing cycle health and

a relatively carefree perimenopause to date. It will be interesting to see how it all turns out.

As I chart my body's inevitable course towards menopause, my determination to help women of all ages acquire *body literacy* through menstrual cycle charting grows stronger. I want young women to realize they have choices beyond hormonal birth control and menstrual cycle distress. I want older women to know that charting their cycles in mid-life can create order out of the seeming chaos of perimenopause. And I want all of us to freely and openly share our knowledge and experience – with friends and family of all ages – so that *body literacy* becomes the norm, not the exception, for girls and women.

Laura Wershler is a dedicated menstrual cycle charter who writes, speaks and advocates on sexual and reproductive health issues. She is the Executive Director of Planned Parenthood Alberta.

A Baby Born to Body Literacy

By Lisa Leger

Our daughter was born at home with midwives. Not because I was brave, but because I was chicken. I had heard too many maternity-ward horror stories and besides, I was confident; I trusted my baby to do her part and felt safe with my husband and midwives by my side. My baby daughter came straight to my breast and grew up nursing on demand without ear infections, fevers, constipation, or sniffles. My husband and I taught her how to live by explaining everything to her; how food was fuel; why we wash our hands and wipe our bums. We demonstrated body hygiene with casual intimacy in the bathroom. She saw my mucus and menstrual blood and loved pulling the strip off my disposable pads. The whole family marveled over my new Diva cup (a small, soft plastic cup that is inserted in the vagina to capture menstrual blood).

Bra shopping and the early rituals of puberty were all dealt with straightforwardly. Because I teach fertility awareness, I was full of information and eager to go into detail so my daughter knows far more about sex and fertility than her peers.

My daughter's first period arrived shortly after her 12th birthday. She noticed it during girl guides, told a friend and asked a leader for a pad. When she got home, my husband presented her with a small polished crystal that a women friend of ours had given him for when his daughter became a woman. I then ran to get a blank chart and we filled in the date of her first Day One together. Since then, I have

been revealing more details about the adult world, welcoming her into the "blood mysteries" with stories both mythical and personal. She was surprised that the story of *Little Red Riding Hood* has a darker theme about the theft of innocence and abduction of a young woman and appreciated knowing why cherries appear on slutty tee shirts. We rented the movie *Carrie* (based on Stephen King's first novel about an adolescent girl who encounters her first period in ignorance and amidst bullying) and she read the book, appalled that Carrie's mother didn't tell her anything.

My daughter and I have charted about eight cycles, complete with mucus observations, abdominal pains, cramps and clots. Her charts are next to her bed and we chart during story time as part of our evening routine. I find that she's reporting more sensations than finger testing mucus. Her main interest is in knowing when to expect her periods in relation to swimming trips or sleep-overs.

In our family, stuff to do with the body is no big deal; we can joke around easily. Once, on a particularly heavy day, she asked from the toilet "is this normal?" and I answered in my serene teacher voice, "anything that happens is normal for you." She replied impatiently, "yeah right, so a dinosaur comes out and I'm like – ah, mom?"

Of course, like any girl, my daughter will become her own woman with her own approach to her body's miracles and mysteries. She was quite pleased with



Her charts are next to her bed and we chart during story time as part of our evening routine.

herself that she had come up with the idea of wearing an extra pair of underwear during her period to cover the pair that the pad is stuck to so that the girls in the gym change room wouldn't see her wings. I think that's kinda funny and innovative of her but I'd rather she felt free to let them see the wings. Ah, well, the tweens are tender and I don't want to push.

I feel that we have given our daughter a good foundation of *body literacy*; she trusts that her body functions are normal. I'm thrilled that she is charting; it will keep her grounded as she enters womanhood. Fertility awareness education has been shown to delay sexual activity, reduce teen pregnancy, and discourage risky behavior. Our best outcome is a sensible young woman who knows her own body.

Lisa Leger, B.A., is a Holistic Reproductive Health Practitioner on Vancouver Island. She teaches the Justisse Method of fertility awareness in a pharmacy setting where she works as the Natural Health Consultant.



Woman to Woman

Holistic Reproductive Health Care Practitioners Answer Your Questions

Why do your periods change as you get older? I never used to have any problems with my periods; they came every 28 days for years. Now I get sore breasts in the middle of the month, and have longer times between periods. I get PMS and cramps that I never had before.

Puzzled and a Bit Crabby

Dear Puzzled

As women age they experience greater fluctuations in the normal rhythmicity of pituitary (FSH, LH) and ovarian (estrogen and progesterone) hormones. It is these fluctuations that are responsible for changes in the normal unfolding of the menstrual cycle events. The seven to ten years during which these changes occur is called the perimenopause, premenopause, or climacteric.

During this time reproductive capacity fades and is marked by a gradual decline in ovarian function leading to menopause. Perimenopause begins when a woman first notices cycle changes, usually in her mid-thirties with more dramatic changes noticeable in her mid-forties. Genetic influence and general health, nutrition, and lifestyle determine the age at which the changes begin.

Signs of Perimenopause include:

- Menstrual cycles vary widely in length between short and long
- Menstrual flow is very heavy with “flooding” episodes
- Menstrual flow is very light and for fewer days

- Spotting between periods
- Cervical (fertile) mucus, associated with ovulation, decreases in quantity and quality
- Ovulation becomes sporadic, with long anovulatory episodes
- Post-ovulatory phase of the menstrual cycle gets shorter
- Appearance of and/or coarsening of facial hair, and rebel coarse hairs elsewhere on the body (e.g. nipples or inner thigh)
- Breasts become tender and lumpy
- Stress incontinence (leaky bladder), and greater susceptibility to bladder infections
- PMS worsens (e.g. greater mood swings, anxiety, bloating, cravings, depression, fatigue, irritability)
- Vaginal dryness and thinness, discomfort during intercourse

Many of the discomforts of these changes can be alleviated with improved nutritional intake, some nutritional supplements, bio-identical hormone replacement, stress management, life style changes, and emotional and spiritual support.

Menstrual cycle charting can also help. Once you have learned how to observe, chart and interpret your menstrual cycle you will have a powerful tool for helping yourself manage symptoms and have discussions with health care providers. You can learn more by reading any of the following books:

What Your Doctor May Not Tell You About Premenopause, Dr. John Lee
New Menopausal Years: The Wise Woman Way, Susan S. Weed
Natural Hormone Replacement, Jonathan V. Wright & John Morgenthaler
The Estrogen Alternative, Raquel Martin

Clinic Corner

Here are some tidbits from the Bio-identical Hormone Society conference held in Seattle last month. bio-identicalhormonesociety.com

■ **Sex Binding Hormone Globulin (SBHG)** levels rise in women using hormonal contraceptives. HGB binds (captures) free testosterone, making it unavailable. This is why women on hormonal contraceptives experience a lowered sex drive that sometimes remains even after discontinuing use. But there might be hope. Some alternative medicine health care providers are using *Urtica Dioica* root (stinging nettle) to unbind bound testosterone. This is good news as testosterone is not only important for a healthy sex drive, but also for brain, bone, and heart health in women and men. Eklektic Institute is reputed to be an excellent *Urtica Dioica* product -- recommended dose is three capsules twice a day.

■ **Hyperemesis in pregnancy**
 It has been known since 1952 that 2 gm of vitamin C and 20 mg of vitamin K3, taken one to two times daily, will arrest nausea and vomiting in pregnancy. This combination helps the liver deal with the sudden increase in estrogens that happens with the onset of pregnancy.

If you have questions you would like to ask a Holistic Reproductive Health Practitioner, please contact us:



**Woman to Woman
Justisse Healthworks
for Women**
 Healthworks Building
 #210, 10303 - 65 Ave.
 Edmonton, AB
 T6H 1V
 info@justisse.ca



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are Many Other
Wise Women***

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***Help Your Women
Patients Map their
5th Vital Sign***

Health care providers will discover how helping women to monitor and identify patterns of ovulation and menstruation can enable them to provide more holistic care and better assist women with wise health choices at a professional workshop:

***Mapping the
5th Vital Sign of
Women's Health
Saturday, March 18
1 pm to 4 pm
Healthworks Building
10305 - 65 Avenue
Edmonton, Alberta
To Register:
Phone 780.420.0877
Email:info@justisse.ca***

The workshop will be led by Justisse Healthworks for Women Director Geraldine Matus, Midwife, HRHP, MA Counselling Psychology. Since 1978, Ms. Matus has counselled and educated women in the field of sexual and reproductive health. She founded the secular-based Justisse Method for Fertility Management and designed the Justisse Holistic Reproductive Health Practitioner (HRHP) training program. She is an advocate and activist for sexual and reproductive health rights. Ms. Matus has written and published in the field of holistic sexual and reproductive health, and led workshops and presentations internationally.

Ms. Matus' work is based on current and cumulative research that shows that normal patterns of ovulation and menstruation are the hallmarks of women's reproductive health. More importantly, they are the 5th vital sign of whole body health, vitality and longevity.