

WE HAVE A RIGHT AND RESPONSIBILITY TO KNOW

Daphne Ferdinand/AHIDIANA (1979)

Black Women have a right and responsibility to know our bodies, ourselves. We need to claim our rights and responsibilities for ourselves. Our rights govern actions we take to find out about our bodies and learn how to take care of ourselves, our health. It is our responsibility to maintain our health at its optimum level. If we don't maintain optimum health for ourselves, nobody will. Also, keeping strong will prepare our bodies for protracted struggle.

Knowledge of ourselves is liberating. It offers us the independence we need to take control over our lives. With this knowledge of our bodies, we are in a good position to free other women, and also some men, from ignorance about women and also, we can develop ourselves to be active decision makers in determining our health care.

The socialization process in America makes it exceedingly difficult for many of us to assert our rights as women. This society teaches women to become passive onlookers in regard to their health. Our rights and responsibilities are forfeited to the medical profession. We have misconceptions that our health is being taken care of by the medical profession and is protected by the government agencies, e.g., Food and Drug Administration (FDA).

This presentation will explore the importance of knowing our bodies and ourselves and will explain the process of taking control. First, we will discuss learning about our bodies. Second, we will discuss methods of planning pregnancies. Third, we will explore how we can keep ourselves healthy by good diet and exercise. Fourth, we will discuss smoking – “a hard habit to break.”

I. BECOME FAMILIAR WITH YOUR BODY

Many women are vague as to the specific parts and functions of their sexual organs. Knowing the structure and function of our body helps us to become more familiar with ourselves. Although our external genitals are almost entirely hidden, they are not difficult to find. Learning about our bodies can be done by us with self-examination.

Examine yourself in a comfortable, private environment. The use of a light or lamp and mirror will facilitate our view. Get a book about the body, such as *Our Bodies, Ourselves*, to follow along or guide this exam. Not only can we see and feel our

external genitals, but we can feel our internal organs also. Our vagina and our cervix can be manually examined. To reach the cervix insert your finger as far back into the vagina as possible. The cervix feels like the tip of your nose with a dimple in the center. We can also see the cervix with an instrument called a speculum. This is the same tool your doctor uses to see your cervix. This is a painless procedure when you are relaxed and probably much easier when you are doing a self-examination because you are the one in control.

Become familiar with the speculum prior to insertion. Then arrange a light and mirror beneath your vulva so you'll be able to see your internal organs. Then gently insert the speculum, open it and your cervix can be seen. This is a part of our body seen by others and not by us. The cervix is pink and smooth, shaped like a dome with a dimple in the center.

Many of us are not accustomed to manipulating and studying our genitals like this and see this as being an offensive thing to do. Don't be afraid to explore your body. No one has more right than yourself to investigate your physical self. We openly allow others such as our mate and our doctor, to explore our bodies. But we are the only ones who should take this right and decide who will be permitted to examine or explore our bodies.

By performing periodic self-examination, we become more comfortable with and learn how our female sexual organs look. In this way, we will begin to know what is normal and recognize any unusual changes as they arise, in order to seek medical advice if necessary.

II. PLANNED PREGNANCY

In discussing planned pregnancy, first ask yourself, do you want to get pregnant? If you do, birth control methods may not be of concern to you at this time. But, for those of us who are not ready to become pregnant, this discussion may be of interest.

Since our bodies are designed to have children it is still felt by some that this is what we should do above all else. Stereotypes like this were bred into us from the moment we are born female. Also, many of us are raised with the idea to become wife and mother first and anything else second. But we have a right to make choices of our own and not be pressured to meet this society's expectations that puts most of us into a rigid traditional role of wife and mother.

Whenever we engage in a sexual relationship with a man there is always that possibility of pregnancy. Pregnancy means there is a child involved. Planning our pregnancy will ensure that we are investigating and studying our reproductive system and birth control methods will enable us to determine whether we will get pregnant or not.

There are a number of choices available and some of them are safe and effective while others are effective but possibly harmful. There is no perfect birth control method. However, we have a right to know the various methods of planning pregnancy and see that these methods are made available to us. We have a responsibility to practice birth control carefully and consciously.

Much of the available information about safety and effectiveness of various contraceptives is researched and published by drug companies. We should be aware that their interest is primarily profit, which tends to come before truth. So, we should be careful where our information comes from. These companies will sell to the doctor that method that makes the most money, and what makes the most money for the companies will make the most money for the doctor. So many times, your doctor will push his own particular brand method from these drug companies without considering our own needs.

The most objective thing a doctor could do is give you a choice. It may be that doctors don't keep up to date with the recent information or objective data or more likely they neglect to tell us what they do know. By not questioning we allow the doctor to do and say what he pleases. We are being manipulated and this is an outright violation of our rights to be informed.

Women do not get pregnant by themselves. Our men should share the responsibility of effective birth control with us. Yet this doesn't always happen, especially in this society. The ultimate responsibility of birth control falls on women. This is so because we bear the children, therefore birth control is more important to women than men. Also, most of the methods available are for women. We are the ones who have to bear the burden of possible injury to our bodies from unsafe methods of preventing pregnancy. We have to bear the burden of taking heavier risks that are involved. Ultimate responsibility means that we are forced to accept the risks involved when we are pressured to have intercourse without some type of birth control. It is up to us to say no because we are the ones who are blamed for unwanted pregnancies.

Communicate to your partner about birth control. There is no right when there is no responsibility. This should be a shared experience for us. When this becomes a collective responsibility versus an individual one, birth control can become less burdensome and you may be on the road towards developing a better relationship.

To become better users of birth control methods, we need to investigate what is available to us. Once we have collected our research let us study it. We should share our data with other sisters and brothers and teach one another about the methods available. By helping each other to be informed on birth control we can learn to recognize when doctors aren't thorough in their explanation and examinations and also, we form support systems for each other. By being better informed about birth control we will be in a better position to insist that change occurs in the attitudes and practice of doctors, clinics, drug companies and other agencies that influence our health. This initiative in determining these issues for ourselves will help us reach our ultimate goal of taking control over our bodies.

When choosing a birth control method, we want to consider a number of factors about each method: effectiveness, what is the failure rate involved; and safety, what are the risks and side effects. Additional factors are, how often you engage in intercourse, and how comfortable and convenient a method is for you.

CONTRACEPTIVE METHODS. The pill is an immensely popular method of controlling birth. It is also a very convenient method if you remember to take your pills, which some women forget to do. There are two types of pill: the combination pill, which contains estrogen and progestin, and the progesterone are hormones normally secreted by the ovary in the female body. However, in the pill contraceptive pill, these hormones are artificially made. The combination pill alters natural bodily processes in two ways. It inhibits (stops) ovulation (prevents the release of the egg from the ovary) and also, causes the uterus to develop improperly, so implantation wouldn't occur. The progestin only pill is supposed to change uterine conditions.

The pill changes several mechanisms in our bodies and sometimes it takes months and years before our bodies go back to their natural course.

The pill is contraindicated in women who have a history of predisposition to bloodletting, cerebral blood vessel damage, liver malfunction, heart disease, or cancer of the breast or reproductive system. General problems some women experience due to taking the pill are nausea, weight gain, and mild headache. Other effects include irregular menses, spotting between periods and temporary cessation of menstruation. Pill users are also more susceptible to vaginal infection than non-pill users. Women are placed at a great risk of developing life-threatening conditions, such as blood clots, heart attacks, liver tumors and gall bladder disease, when taking the contraceptive pill. Also, some women's desire for sexual intercourse is lessened when taking the pill. The long-term effects of the pill requires that you know the risks you may be taking.

The IUD or intrauterine device is also effective in preventing pregnancy. The device is inserted into the uterus making the uterus unsuitable for implantation or the reaction may be toxic hasn't been in use long enough. Even though it is convenient, and you don't have to remember to take a pill or use a device prior to intercourse, there are some hazards and disadvantages.

Researchers have found that there is a five time higher than normal risk of developing various pelvic infections in IUD users. These infections are sometimes hard to treat and lead to sterility. Those IUD users under twenty-five years, who never had children, who have a previous history of pelvic infection, or who change sexual partners frequently are more susceptible to a condition called pelvic inflammatory disease. Other hazards associated with the IUD is the danger of the device perforating or tearing through the uterus. If we become pregnant while using the IUD, we are in danger of having a spontaneous septic abortion.

Some common side effects are severe menstrual cramps, unusually heavy menstrual flow and/or spotting between periods. A certain amount of discomfort is experienced during menstruation. Sometimes the body rejects the device and spontaneously expels the IUD so you should check periodically for the string that is connected to the IUD.

The diaphragm, condom, spermicidal foam and jelly, and Encare Oval (spermicidal vaginal suppository) are classified as barrier methods of contraception. These methods place a barrier between sperm and egg, thus preventing their union. They can be highly effective when used correctly – ninety-seven to ninety-eight percent effective. However, there is a failure rate based on the potential for human error which results in an eighty percent effectiveness for women using the diaphragm, sixty-four percent effectiveness with condoms, and seventy-one percent effectiveness with foams and jellies.

The diaphragm is one of the oldest methods of birth control. You need not worry about experiencing unpleasant side effects. Some of us find disdain in using the diaphragm, "it is messy or a hassle" or interrupt spontaneity or because we do not like to manipulate our bodies to insert it.

Using the diaphragm teaches us to learn about our vagina and cervix since this is where the device must go to prevent pregnancy. We are the ones who insert it; thus, we are the ones in control. The diaphragm must be used with spermicidal cream or jelly.

Some of our doctors do little to encourage methods like this. In order for women to be fitted for the diaphragm and learn how to use it properly takes time for a doctor to do, and this time they do not always include us. They also make decisions for us by assuming that the pill and IUD are better methods and that it is a hassle to use the

diaphragm every time there is intercourse. The doctor's attitudes on birth control can have a strong effect on our attitudes also. We need to choose methods that are based on reliable research and be aware of the consequences at hand.

The condom can be used alone for 99 percent effective birth control. When the condom and spermicides are used together its effectiveness increases. This is a temporary method of birth control used by your male partner and is one way the man can share the responsibility of birth control with women. The condom is good as a protection against VD and other infections. However, men and some women may not want to deal with it because it may interfere with spontaneity of sex, cut down on their sensation and have an adverse effect on their enjoyment of sex.

Encare Oval, a spermicidal suppository, is nearly one hundred percent effective according to European studies. This method of contraception was introduced to the US in 1977, and, so far, it has been considered to be the equivalent to foam according to the FDA.

NATURAL FAMILY PLANNING. Some of us today seek more natural means of preventing birth. This means depending on our bodies to tell us when we are fertile or not and not depending on devices or pills to keep us from getting pregnant. The woman and man have to work together and develop cooperation in this plan. They must share the responsibility required. There are two primary indications of fertility – observing the variations in cervical mucus, and the variation in basal body temperature.

IN observing the cervical mucus, women must learn their mucus pattern to determine whether it is a safe or unsafe day for unprotected intercourse. Making daily records of mucus changes is necessary to using this method.

Their temperature method is based on slight temperature changes during ovulation. It doesn't offer safe protection before ovulation. It alerts you to when ovulation has occurred due to drop in temperature. From three days after the rise in temperature until the period starts (approximately ten days) you are safe.

These methods do encourage us to learn more about our physical self by becoming more aware of our cycles. Natural family planning can be used along with other methods. Natural family planning has no side effects.

Withdrawal is when the man removes his penis from the vagina just before ejaculating. It is not a very effective method. Fluid that seeps from penis after an erection and before ejaculation may contain sperm and can be enough to cause pregnancy. Secondly, you are dependent on the man, he is the one in control because he is

responsible for this method. This requires you having faith in him that he will withdraw when it is time.

Do not douche to prevent pregnancy, this will only help you to get pregnant by pushing the sperm up into your uterus. There is nothing you can douche with that will kill sperm.

OTHER METHODS. If you decide that you do not want to have any more children or that you do not want to have any children at all, and the other methods mentioned to not meet your satisfaction, you may want to consider sterilization. This is a failsafe, highly effective, although irreversible method of preventing pregnancy.

Choosing sterilization is not an easy decision to make. You have to deal with your own feelings and how other people see you. In the eyes of some, to be sterilized is not to be a whole woman because we can no longer bear children. Stereotypes such as this may prevent some women from making decisions about their lives and, thus, keep women from developing their potential to expand into other areas of self-development.

Female sterilization is done by tubal ligation. The fallopian tubes are cut then tied, thus preventing the egg from uniting with the sperm. The most common method, laparoscopy, is performed by inserting a tube with a mirror and light into the abdomen to visualize the fallopian tubes and making a second incision to sever and tie the tubes. This is a relatively safe procedure which is a quick and has a low rate of complications. Another method, called mini laparoscopy, can be done in less than one hour under local anesthesia. The tubes are viewed and severed through a single incision. The traditional method called the laparotomy involves the use of general anesthesia. This method of sterilization is performed in the operating room with possible risks involved due to reactions to the anesthesia.

Long term effects of sterilization on a woman's health haven't yet been determined. However, there have been reports of increased menstrual flow during a woman's cycle.

Sterilization in men is known as a vasectomy. This is a quite simple and safe procedure that requires no hospitalization. The tube that carries the sperm is cut and tied. Vasectomies just like tubal ligations, have no direct effect on one's ex life. Sexual activity immediately following a vasectomy should probably be protected until the sperm already in the reproductive tract are ejaculated.

Hysterectomy and abortion are sometimes thought of or used as methods of birth control. Hysterectomy is the removal of the uterus. If the uterus is not in an abnormal or diseased condition, there should not be any need for a hysterectomy. Hysterectomies require four to ten days in the hospital compared to a few hours to two

days for tubal ligation. With hysterectomies the loss of blood is greater, and risk of complication is slightly higher.

Abortion is not a true method of preventing pregnancy. Abortion removes a fetus rather than prevents a pregnancy.

These are the most widely available methods of birth control. Pregnancy should be planned by utilizing safe and effective birth control. Birth control should be a shared experience between a woman and man. If your partner is not committed and cooperative in your sexual relationship, you need to struggle with your partner a little more. It will take more of an effort to make this a shared responsibility, but that little extra effort is important for your self-development and the development of a happy and productive relationship.

III. DIET AND EXERCISE SELF-DETERMINE YOUR HEALTH

We women have the primary responsibility in taking care of our health. Our participation in taking care of ourselves is the key element to our good health. Often, we fail to meet this obligation because we assume that the medical profession has total responsibility for our health and that we are protected by government agencies. Assumptions such as these can create major health problems for us.

When we are sick or ill, we seek the doctor to perform cure-alls and make all our problems and "ill wills" go away. The doctor becomes the only person who can do the job for us. Assuming no obligation in our care encourages doctors to make all decisions without us questioning them. Some doctors encourage this type of behavior in women with condescending and patronizing attitudes, and as a result make it harder for many women to receive good health care. This drags us deeper and deeper into dependency. A dependency relationship reinforces stereotypes that have been defined by the sexist society we live in. Women are characterized as passive, dependent and weak. Men, who constitute the overwhelming majority of medical doctors, are characterized as aggressive, independent and confident. Dependency on males and especially doctors perpetuates these defined roles that we women must attempt to change.

Learning about our health care and medicine is no mystery. Taking the initiative on our own behalf will make us decision makers and doers in taking care of ourselves. To make the wisest independent decisions and to exercise good judgment, we need to know certain information. We need to gain information by reading and studying books and material that will help us maintain a high level of wellbeing, and we also need to

take certain actions that will reduce our chances of illness and possibly death. These actions fall under the heading of preventive health. Preventive health means those measures we take to keep healthy. We need a natural nutritious diet, regular exercise, and a progressive (positive) and dynamic (developmental) lifestyle and practicing good health habits.

WE ARE WHAT WE EAT. A natural diet is one composed of food without coloring, flavoring, refining or additives and eliminates the eating of dyed animal corpses which are sold as food in American meat markets. A natural diet also eliminates refined bleached grains and white flour, soft drinks, canned fruits and vegetables, and ready-to-eat dinners and most fast-food take-outs.

The American diet is a major contributor to disability, illness, and death for Black people in this society. We are victims of a diet that has too much meat, too much fat, too much cholesterol, too much salt, and too much sugar. As a result, we have a high rate of disease.

“The cancer rate among black Americans has risen by eight percent in the last twenty-five years, whereby the cancer rate for whites has dropped by three percent in the last quarter century. Statistics compiled in a report by the American Cancer Society show that everyday 121 black Americans die of cancer. If the present trend continues, one black person in every four will have cancer. The report also said that 44,000 blacks in the United States would die of cancer this year; that the death rate today in black males was almost three times what it was 40 years ago, and that roughly 400 black children under 15 years old would die from cancer this year,” (The New York Times, June 16, 1979).

In the Black community cancer of the colon (large intestine) has doubled from 1935 to 1970. This disease is rare in rural Afrika and non-westernized societies where high fiber, whole grain food and less fat is the rule. Seven Day Adventists, a religious group which abstains from flesh eating, have much less colon cancer than New York Jews who eat plenty of meat and fat. Groups who leave areas of little colon cancer and come to America, soon after adopting the American diet, get an increase in colon cancer. Meat-laden, fiber deficient diets have demonstrated prolonged fecal transit time.

Breast cancer also seems related to high fat intake and is the most common cancer and leading cancer killer of women. It is the most frequent cause of death among women thirty-seven to fifty-five. One factor is the nitrates, potent carcinogens (cancer causing chemicals) added to prepared dead flesh to make it red or pink versus its true corpse-gray color.

Some investigators point to possible protective factors in fresh leaf vegetables and fruits against intestinal cancers. While the second most common cancer, cancer of the colon, can be greatly decreased by a natural vegetarian diet, the leading cancer killer, lung cancer, can be equally decreased by eliminating smoking.

Another major killer of Black people is high blood pressure or hypertension. While certain inherited factors and overwhelming stress that Black Women are under in this society may be underlying causes, most Black people aggravate and worsen their blood pressure by salt poisoning and meat eating. Blood pressures of people eating little, or no meat are significantly lower than those of flesh eaters and especially among Blacks where salted pork and prepared meats, i.e., sausage, luncheon meats, are regular parts of a diet. Hypertensive patients regularly go to the doctor for pills and they go to the dinner table to counteract the medication.

Heart attacks are rare in Afrika and societies where people eat little cholesterol and fats. Stress and lack of exercise play major roles but perhaps, most of Black people's heart disease is the result of suicidal eating patterns with fat laden diets. Consumption of table sugar also correlates strongly with heart attacks and obesity.

Adult-onset diabetes is rare in Afrika but rampant among Blacks in America. The overwhelming majority of adult-onset diabetics who are treated with sugar-lowering pills, oral hypoglycemics, could be controlled with diet alone by decreasing sugar and increasing fiber.

Much of the improper eating habits can be attributed to the lack of good nutritional education in this country. The food industry is responsible for much of this miseducation in this country. The food industry is responsible for much of this miseducation due to their distorted advertising media campaigns. We may assume that the food industry has our interest at heart, but they do not. It is our money more than our hearts/our bodies that they are interested in. They advertise high profit foods and we have been conditioned to like those kinds of foods. Many of these foods are prepackaged in order to have a longer shelf life. Additives and coloring agents have been added to them, and natural nutrients removed and artificially replaced. These additives and coloring agents such as MSG and Red #2 food dyes are implicated as being cancer causing agents or carcinogens. However, foods which contain substances such as these are allowed to be sold and eaten by the public despite their harmful effects. We can't trust our health to government agencies like the FDA and the U.S. Department of Agriculture. For example, maraschino cherries that have Red #2 are still allowed to remain on grocery store shelves until all the bottles that were produced before the ban sold out.

Additionally, research is discovering that the effects of these chemicals are cumulative, that is, we store these chemicals in our bodies over the years until enough is present to have a serious effect on our bodies. It is important to read the labels of packages before we purchase food items.

A high meat-laden, highly refined carbohydrate (white sugar, bleached flour, and bleached grains) diet is directly related to illness. Consuming a more natural diet is a preventive practice for good health.

BE ACTIVE – GET EXERCISE. Exercise is just as important as a sound diet. Daily exercise keeps the body system healthy and increases strength, vitality, and endurance. However, many Black Women do not get the proper exercise to maintain good body health. Our energy is often expended in repetitive exhausting motion such as household chores, or jobs in which we work in relatively stationary positions which offer little opportunity for exercise. Some of us may feel that our female bodies are too fragile to do “strenuous” physical activity, but quite the contrary, it is our lack of physical development which makes some activities risky for women. If we take part in a planned regular exercise program, we can depend on our bodies to be strong, quick, and flexible.

We need vigorous exercise like running or swimming which causes deep breathing and maximum oxygen consumption. These total exercises expand the working ability of our lungs so we can develop a larger capacity for air. Total exercises will also improve blood circulation in the body by exercising the heart to pump blood that is pooled in body organs throughout the body. This is important to our wellbeing and survival because with vigorous activity the muscles and organs will receive a fresh oxygenated supply of blood. Regular total exercise also aids in weight control by curbing your appetite and increasing a sense of well-being and concern for one’s body. Lactic acid, a breakdown product of muscle activity, decreases appetite. It is released into the system when regular running (or other strenuous exercise) is done. On average, 100 calories are burned up for every mile you run.

Not only is running or any total exercise good for the body, but it is also good for the mind. It can help alleviate anxieties and depressions. It can be relaxing to the mind and enables you to sleep better. Although running is the most accessible total exercise, you should work on other areas of the body. For example, there are exercises we can do to build a strong back and maintain correct body posture. Stronger lumbar paraspinal muscles reduce likelihood of back problems. There are a number of strengthening exercises that can be done that will stretch and build other parts of our body.

When exercising wear loose comfortable clothing that will allow your body full range of motion. Do not stop exercising if your joints become stiff and sore the next day. Follow with moderate exercise and heat and massage to that specific area. The more you exercise muscles the more accustomed they will become to being worked. Strenuous physical activity can usually be done during menstruation, and also during early pregnancy. Though often uncomfortable or difficult under these circumstances, total exercise is important, and we must train ourselves to continue a regular, moderate program even during menses and early pregnancy.

Exercise is not easy and can be discouraging at times, but determination and discipline turns our weaknesses into strengths, thus helping us to work toward developing a strong body.

IV. SMOKING – HAVE WE COME A LONG WAY?

It is unclear to what extent sex differences in illness and death are genetically versus environmentally determined, but there is at least one disease induced through environmental means that has plagued men and is now affecting women at an increasing rate: lung cancer. Some 10,000 Black Americans will die from lung cancer this year, a rate that is 20 times higher than it was 40 years ago. The death-rate for lung cancer for females in the United States doubled over the short period 1965 to 1974, so that the mortality trend for females is beginning to look similar to that of males four decades earlier, for whom a steep and dramatic rise began about 1935. It continues to climb. These changes in death rates are due to increased cigarette smoking.

As women develop more autonomy and become more self-sufficient, the cigarette manufacturers go to great lengths to induce women to smoke by creating cigarettes designed “particularly” for women and by advertising messages to equate smoking with independence and freedom from male domination. Cigarette advertisers say, “You’ve come a long way, bay,” but if we have, what does it have to do with cigarettes? Although the cigarette packages state that “smoking is dangerous to your health,” the models in the ads appear to be extremely healthy, confident, sexy, and radiantly happy.

Not only are these attempts made to induce adults to smoke, but also young adults. Teenagers, particularly females, are smoking at increasing rates. Young women are beginning to smoke at an earlier age than previously and are smoking more heavily. In 1970 more girls 15 to 19 years of age were self-reported regular smokers of tobacco than males of the same age. Our young people are recruited to the habit of smoking by advertising and peer group pressure as well as by the example of adults in the home

environment. Thus, they begin to fill the ranks of those adults who die from cigarette-caused diseases. The people suffer from smoking and the private tobacco corporations' gain. These corporations receive a multitude of profits from us when we buy cigarettes. Then the state makes its collection from the corporations in the form of taxes which are then used to provide medicine or social services for those individuals and families ravaged by diseases caused by cigarettes.

Smoking has clearly been implicated as a major cause of chronic obstructive lung diseases, of bronchogenic cancer, and of cancer of the oral cavity, and larynx. It has been associated with increased risk for cancer of the esophagus pancreas, kidney, and bladder, and has been implicated as a major independent risk factor in coronary-artery disease. (The coronaries supply oxygen to the heart.) Clearly cigarette smoking far exceeds existing toxins such as saccharin, radioactivity, food dyes, freon propellants, asbestos and the many other environmental toxins and potential toxins that have generated great public and governmental concerns.

Women who use oral contraceptives, the pill, and who smoke are at a greater risk of developing hemorrhage in the brain than women who do not smoke and use the pill. Smoking during pregnancy lowers average baby's birth rate weight and raises the risks of birth death. Smoking while pregnant is also associated with spontaneous abortion. A study done by the New England Journal of Medicine, compared cigarette smoking during pregnancy among 574 women who aborted spontaneously and 320 women with delivery after at least 28 weeks gestation – 41 percent of those who aborted and 28 percent of those who delivered.

The risk of developing subarachnoid hemorrhage was 5.7 times as great in the cigarette smokers as in the nonsmokers, and the risks for current users of oral contraceptives was 6.5 times that of non-users. Furthermore, the relative risk estimates for women who both smoked cigarettes and used oral contraceptives was 21.9 times that of women who neither smokes nor used oral contraceptives.

The two common practices of heavy smoking and the use of oral contraceptives are both harmful in their own right. However, when they are combined the risks multiply. A woman of 35 who uses oral contraceptives and smokes 25 cigarettes or more a day may have a five to tenfold greater chance of myocardial infarction (heart attack) than men who are supposedly more vulnerable. This is an extremely high price to pay for contraception, and it is also a high price to pay for smoking!

We know that smoking has extremely hazardous effects on our health and it is not just a hard habit to break. It is a habit that cannot be overcome with public-health warnings,

stop-smoking groups, and warnings placed on cigarette advertising. Instead, smoking is a peculiar stubborn form of drug addiction – addiction to the nicotine molecule.

The addiction to nicotine by smokers has been proven by a number of scientific studies. In 1942, Dr. Lennox M. Johnson reported in *The Lancet* that he had given modest injections of nicotine to 35 volunteers, including himself. The smokers (volunteers) experience pleasant sensations and were disinclined to smoke for some time thereafter. His findings confirmed his assumption that ‘smoking tobacco is essentially a means of administering nicotine; just as smoking opium is a means of administering morphine.’”

Another British researcher at the University of London gave nine male smokers low-nicotine cigarettes on some days. He reported that with low nicotine cigarettes, the results were that there was a shorter time between one puff and the next puff, that there were more puffs taken per cigarette, and that it took less time to smoke the cigarette – plus more cigarettes were smoked during the day.

Yet another British study reported, in 1974, that many smokers leave a shorter butt upon switching to cigarettes with less nicotine. The cigarette itself acts as a filter, holding back tar and nicotine during the early puffs on a cigarette and as the butt shortens, tar and nicotine are delivered to the lungs in greater quantity.

The most recent study came from Harvard Medical School by Dr. Ami Rickin. He attached a recording device to the chests of 10 smokers and found they held the smoke in their lungs when the nicotine content of cigarette smoke was low – no doubt this would increase the efficiency of the nicotine transfer to the bloodstream.

Nicotine addiction is established more rapidly than addiction to heroin. One physician pointed out, “The casual smoking of more than two or three cigarettes during adolescence is almost invariably followed by eventual evaluation to regular dependent smoking which then, in the majority, continues until middle age or beyond.” Unlike an adolescent who smokes experience some 200 successive nicotine ‘fixes’ by the time he finishes his first pack of cigarettes.

Smokers will try to convince you that smoking calms you or it is relaxing, or it helps them work when under stress. Stress is not the reason for you smoking, it is the nicotine excretion that your body must compensate through smoking. Therefore, you smoke to replace the nicotine excreted by the body.

In 1977 the Royal College of Physicians in London reported nicotine withdrawal symptoms: intense cravings, tension, irritability, restlessness, depression, and difficulty with concentration. Objective physical effects were also noted: Fall in pulse rate and

blood pressure, gastro-intestinal changes such as constipation and disturbance in sleep.

If first time smokers continue to smoke, they acquire tolerance to nicotine, and over a period of two or three years the smoking pattern usually changes so as to allow a high intake of nicotine.

Here are some recommendations to stop smoking:

1. To quit – go “cold turkey.” Partial abstinence leads to a relapse or return to previous rates of smoking.
2. Find continual reinforcement. The battle against smoking is not won after not smoking in weeks or even in months. There is a long-term need for supportive reinforcement.
3. If you are pregnant – stop immediately. Smoking can harm your baby and result in a premature or sickly baby.
4. Don't switch to low-tar and low-nicotine cigarettes. Beware. As documented above, low-tar smokers actually smoke more in order to get the needed nicotine fix. Also, tar is poison – at least 2,000 solid poisons, including arsenic and other known cancer causers, not to mention the toxic gases of carbon monoxide, ammonia, and cyanide are released while smoking a cigarette.

It won't be an easy task to master. The billboards and the television commercials which advertise brand names – True, Merit, Fact – have co-opted words for truth and value. Other brands seem to imply health – Virginia Slims – or wealth – Viceroy, Rich Lights. We cannot depend on warnings from the Surgeon General to counteract this subtle appeal to people's desires to improve their lives and self-image. Cigarette ads appeal to men by emphasizing young, virile, strong masculine men in the ads, and appeal to women by showing young, sexy, “feminine” women. The implication is that in order to identify with this look, we must smoke a particular cigarette.

In conclusion, taking the right and responsibility to know ourselves means to take charge over our life, and our health. To make correct decisions in regard to our health we need to gain knowledge about how to take care of ourselves.

First, get to know your body. Becoming familiar with your body enables you to spot unusual changes taking place in order to seek medical attention if needed.

Second, be aware of the available birth control methods. Make careful study and investigation of the choices you make and remember that effectiveness may not always be safe.

Third, we are the ones to determine our health. Treat our bodies right, our bodies are the only ones we have. Eat nutritious foods that are as natural as possible. Do strenuous, vigorous exercise to develop and maintain stamina and endurance.

Fourth, do not smoke! If you do, make up your mind to stop! It is more than a hard habit to break – it is an addiction.

We sisters can determine our health. It is our right and our responsibility to do so.