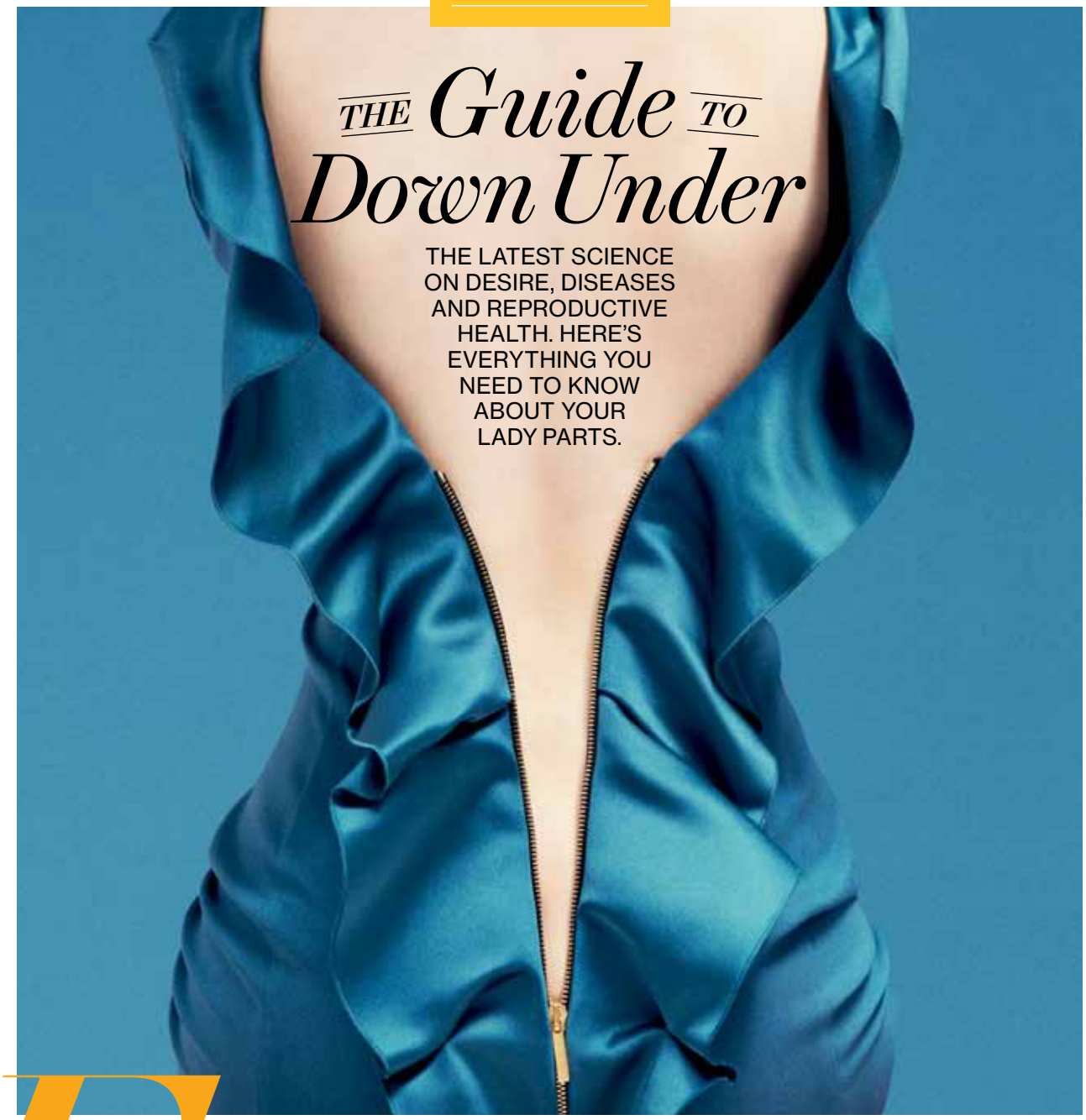


THE Guide TO Down Under

THE LATEST SCIENCE ON DESIRE, DISEASES AND REPRODUCTIVE HEALTH. HERE'S EVERYTHING YOU NEED TO KNOW ABOUT YOUR LADY PARTS.

Modern Methods

HOW BIRTH CONTROL IS EVOLVING TO MEET THE DEMANDS OF TODAY'S WOMEN. **BY JILL BUCHNER**

EIGHT YEARS AGO, Andrea Green* made a life-changing decision: She gave up her monthly pack of birth control pills for a hormonal intrauterine device (IUD). Though she had been on the pill since she was 16, she had recurring migraines that, combined with her age (34), put her at an increased risk of stroke. "I was at a point in my life where I decided I didn't want to have kids," says Andrea. She did her research and found that the Mirena, a hormonal IUD that prevents pregnancy by slowly releasing a progestin-type hormone into the uterus, was 99 percent effective, could last five years and would be less expensive than the pill long-term.

"It's the best thing I've ever done for my sexual health," says Andrea, who is now on her second hormonal IUD and hasn't had a period in eight years. "It's worry-free. I never think about birth control, and I did all the time when I was on the pill." Now she tells all her friends to try the IUD. "I sometimes joke that I should walk around with a T-shirt that says: 'Ask me about my Mirena.'"

Andrea is not alone. Women all over Canada are discovering birth control options that better suit their lifestyles—options that weren't available a decade ago. They're doing the research and they're spreading the word to their friends. "We are talking about all the con-

PHOTOGRAPHY, JULIA NONI/TRUNK ARCHIVE

traceptive choices now, whereas before we didn't have a lot of education, or if we did, it often defaulted to the pill," says Jennifer Gibson, coordinator of community education services at Island Sexual Health in Victoria. The changes may not mean a '60s-scale sexual revolution, but they are offering women newfound freedom. "We're empowering women to listen to their bodies and to realize that they are the experts on their own experiences," says Gibson.

For a long time, the term "birth control" was synonymous with the pill. Since it was introduced in the '60s, the pill has consistently been a leading contraceptive among Canadian women. But today's pill is not your mother's pill. New lower-dose formulations make for fewer uncomfortable (and even dangerous) side-effects. Meanwhile, the demands of modern life have given rise to new, more convenient methods of getting similar hormones. "When you look at our lives in 2014, with all our demands, it's really hard to do something at the same time every day," says Gibson, citing crazy schedules and travel across time zones as some of the big reasons women find the pill a challenge. The solution? Birth control patches that are applied weekly, or vaginal rings that you change once a month. And for those who just need a reminder to take the pill, there are apps to prompt you every day.

But hormonal contraceptives aren't for everyone. Many women experience side-effects such as spotting, mood swings or decreased sex drive on the pill. "Some women are on hormones and they never felt good on them. Maybe they always had bloating or always had nausea when they took their pill. And when they go off, they feel more normal," says Dr. Erika Feuerstein, MD, medical director at the Bay Centre for Birth Control at Women's College Hospital in Toronto. Some of those women might opt for an IUD.

"IUDs are exploding right now," says Dr. Feuerstein. "We can't get people into the clinic fast enough." IUDs may have had a shady history in North America, but they're back with a vengeance. In the '70s, when a particular IUD called the Dalkon Shield hit the market, it brought some alarming complications, one of which was increasing women's risk of pelvic inflammatory disease. The Dalkon Shield was associated with infection, infertility and even death. After that, IUDs fell out of favour in Canada for decades. Doctors were afraid to recommend them and women were afraid to try them. But the Dalkon was just one design. And in recent years, both copper IUDs and the hormonal variety (which releases a progestin-type hormone into the uterus, protecting from pregnancy for up to five years) have been booming. The hormonal IUD may have the effect of lightening periods or even stopping them altogether. And both options offer long-term solutions for the growing number of women who want to remain childless or delay pregnancy until later in life. (If you choose to get pregnant, you can have an IUD removed at any time.) Though the insertion can be a little, ahem, uncomfortable—it has to go through the cervix to get to the uterus (ouch!)—it's a little pain for a lot of gain. "People want to switch to something that they don't have to think about using every day or week or month," says Gibson.

Despite the growing number of birth control options, condoms are still the only method that can reduce your risk of contracting STIs.

The copper IUD may not have the menstruation-mitigating benefits, but it has its share of fans, too. "In Victoria, we do a lot of copper, and it may be that people feel it's more natural," says Gibson. The copper IUD doesn't contain hormones, so it's a great option for those who suffer from side-effects or for those who are just uncomfortable with putting chemicals in their body. "We also have people coming in with environmental concerns," says Gibson. Some women are becoming aware of the impact of introducing estrogen into the water supply or sending contraceptive waste to the landfill every week or month. With some copper IUDs lasting up to 10 years, they are about as low-impact as you can get.

Then there are the women who have given up on all of these methods. For various reasons—health, lifestyle, environmental—a small subset of Canadians is going au naturel. A recent study published in the *Journal of Obstetrics and Gynaecology Canada* found that 12 percent of 20-something women and 10 percent of 30-something women who used contraception had used withdrawal as a method of birth control over a six-month period. The trend of using withdrawal, often combined with the rhythm method, has lead the current generation to be labelled "the pullout generation." Though pulling out might be a viable option for those in committed, trusting relationships, experts agree it's not a method for those who are serious about avoiding pregnancy. And while new apps based on the rhythm method claim to help couples better plan their lovin', Dr. Feuerstein warns that no app can measure the physiological signals for ovulation; all they can do is track

3 Myths About Birth Control Pills

1 They affect your fertility even after you go off them.
Maybe you've heard a friend complain she was on the pill for 15 years and now can't get pregnant. The problem isn't the birth control; it's that she's 15 years older. "The eggs are still aging when they're on the pill," explains Dr. Feuerstein.

2 They're 99.9 percent effective.
This may be true in theory, but in practice it's almost never so. That stat is based on perfect use, meaning you take the pill at the exact same time every day, without any mitigating circumstances (such as vomiting or antibiotic use).

3 They cause cancer.
While certain breast cancers are estrogen sensitive and some are progesterone sensitive, there is conflicting data about whether hormonal contraception can increase the risk of breast cancer, says Dr. Feuerstein. Meanwhile, there are potential health benefits. Women who have the BRCA1 or BRCA2 genes (mutations of which are linked to breast and ovarian cancers) might be put on the pill for a few years when they're young, because the estrogen is known to protect against ovarian cancer. Still, long-term oral contraception wouldn't be recommended for BRCA patients or others at high risk of breast cancer; estrogen might not cause breast cancer, but it could stimulate existing cancer cells, even before you know they're there.

the calendar. Furthermore, even the most regular of cycles can be thrown off by stress, illness or travel.

Luckily, the biggest trend in birth control right now is education. Experts agree that access to information has improved enormously—largely thanks to the Internet. "That's how I got all the information about my Mirena," says Andrea. "It's where I learned about other women's experiences. I wouldn't have had that 20 years ago." Gibson says women coming into her clinic are much better informed than before, and they know all the right questions to ask. "In 2014, we have such dynamic lives," she says. "The choices we have now can help fit that dynamism. And we have the ability to access education and make choices that work for us."

**Name has been changed.*

Is Your Birth Control Safe?

This past year, the media has been abuzz with concerns about birth control pills. Two of Canada's most popular brands, Yaz and Yasmin, are subjects of class action suits after a number of users experienced strokes, blood clots and other adverse reactions, some resulting in death. Blood clots have long been associated with the pill, but some formulas may carry a higher risk than others. Neither brand of pill has been recalled, so you can decide for yourself whether to use them. The good news is that many women are now thinking more carefully about their own birth control. "If a certain pill is talked about in the media, anyone who's on that pill starts asking questions," says Dr. Feuerstein. Gibson says that her clinic takes those questions as an opportunity to discuss and reassess a woman's birth control choices. "We look at the method they're choosing to make sure it offers the least amount of risk with the most amount of benefit." Talk to your doctor to ensure that other factors (such as smoking, migraines or a history of blood clots) don't put you at higher risk.

What's Going On Down There?

NO NEED TO BE EMBARRASSED. WE'VE GOT HELP FOR THE MOST COMMON GYNECOLOGICAL ISSUES. **BY KATE DALEY**

Yeast Infection

What is it: Yeast is normally present in the vagina and the gut, but various triggers—illness, antibiotic use (particularly penicillin), diabetes—can lead to an overgrowth. Approximately 75 percent of women will have a yeast infection at some point in their lives, and almost half of all women will have two or more.

Symptoms: Thick white discharge and intense itching

What to do: If you're experiencing symptoms for the first time, visit your doctor to confirm the diagnosis with a swab. If you're prone to yeast infections and know the signs, over-the-counter antifungal medications are safe, says Dr. Ellen Giesbrecht, MD, department head of obstetrics and gynecology at the BC Women's Hospital. (But if you don't respond, don't continue to self-medicate—see a doctor.) To help prevent future infections, Dr. Giesbrecht recommends wearing cotton underwear, frequently changing pads and tampons, using nonscented, pH-neutral bath products, and eating a balanced diet that's low in processed sugar and caffeine.

Bacterial Vaginosis (BV)

What is it: This infection is caused by an overgrowth of normal bacteria in the vagina due to a number of possible factors, such as a new sexual partner or douching.

Symptoms: Greyish discharge, a fishy smell, itching or burning

What to do: After confirming your suspicions with a swab, your doctor may prescribe antibiotics. "It's a nuisance, but it's not dangerous," says Dr. Giesbrecht. If you're pregnant, in pain or have bloody discharge, make sure to see a doctor immediately.

Vulvodyna

What is it: This disorder results in a chronic, painful burning sensation in the genital area, and as many as 15 percent of Canadian women may suffer from it. Doctors don't know what causes it, but it may be triggered by chronic yeast infections, muscle spasms or a genetic predisposition. It can often make sex, sports or even sitting uncomfortable.

Symptoms: Burning sensation, stinging, rawness, itchiness and pain around the genital area

What to do: First, see a doctor to make sure you're not missing a bigger issue. Sometimes, initial vulva pain can be caused by a skin irritation like contact dermatitis from a detergent or a scented product, says Dr. Amanda Selk, MD, an obstetrician-gynecologist at Women's College Hospital in Toronto. If the pain persists, talk to your doctor about lifestyle and prescription solutions, which can include topical and oral medications.

Polycystic Ovary Syndrome (PCOS)

What is it: This complex syndrome is characterized by a hormonal imbalance in which the ovaries produce more androgens (typically known as a male hormone) than needed. This can interfere with egg production and can cause cysts to grow on the ovaries. It affects around six to 10 percent of Canadian women. PCOS tends to be found in patients who are overweight, though not exclusively.

Symptoms: Irregular periods, acne, excess hair on the face or body, multiple fine cysts on the ovaries and potential fertility issues

What to do: Treatment of PCOS depends on age and fertility. If you're not trying to get pregnant, your doctor will likely start you on the pill to help control your menstrual cycle. If you are trying to get pregnant, your doctor can work with you on alternative treatments to manage symptoms.

Endometriosis

What is it: Endometriosis occurs when tissue that normally lines the uterus (called the endometrium) grows outside of the uterus. It affects 176 million women and girls worldwide and can impair fertility.

Symptoms: Heavy periods with pelvic cramping, painful sex, painful

Bringing Sexy Back

WE'VE GOT THE LATEST RESEARCH TO HELP YOU KEEP THE LUST ALIVE. **BY KATE DALEY**

Fact or Fiction:
A man's desire for his partner decreases over time.

FICTION: Research has shown that, in a relationship, a woman's desire actually decreases while a man's remains the same, says Robin Milhausen, PhD, an associate professor in the Department of Family Relations and Applied Nutrition at the University of Guelph. There are lots of reasons why a woman's desire may lag behind her male partner. Many women have busy careers yet play a more active role in child rearing, for instance, leading them to feel too busy or tired for sex. "This decrease in desire is tiny, but over time it adds up," says Milhausen. Some women may feel they have a diagnosable sexual dysfunction that requires medication, but Milhausen says that's often not the case. "If your body can respond to thinking about someone new [for example, the idea of a new partner or a celebrity fantasy], then you may not have a generalized dysfunction," says Milhausen. "It's likely more of a relationship issue—something to do with routine and lack of surprise."

Fact or Fiction:
Foreplay is important for both partners.

FACT: Blood flow is necessary for men to have sex, but blood flow is also necessary for women to achieve climax, says Milhausen. Couples should take the time to engage in foreplay, and lots of it. "We assume men don't want a lot of foreplay and that women do," says Milhausen. But in research done by Karen Blair, PhD, in the Department of Psychology at the University of Utah, women and men in both heterosexual and same-sex relationships reported wanting more sensual activities such as holding hands, being held and kissing. Blair's research also found that everyone wants more cuddling. A study done at the University of New Brunswick showed that, on average, women and men both want around 18 minutes of foreplay, but get only 12.

Fact or Fiction:
Few women have orgasms regularly during sex.

FACT: It might seem like everyone is having orgasms all the time, but at least one-third of women have difficulty achieving orgasm, and only one-quarter of women have orgasms regularly during sex. "Typically, women have orgasms with clitoral stimulation, and during standard intercourse they often don't get that," explains Milhausen. (Interestingly, women in same-sex relationships are the most likely to report multiple orgasms.) New research shows that a woman's ability to achieve orgasm via intercourse may have to do with the distance between the clitoris and the vaginal opening—if they're close together, penetrative sex may provide more stimulation to the clitoris, both internally and externally. If you're not able to hit your peak, Milhausen suggests prolonging foreplay, asking your partner for manual stimulation, or adding a vibrating toy to the mix. ●

Spice It Up

Good vibes
Invented by a Canadian couple, the We-Vibe is the world's best-selling couples vibrator. Use it to help you both hit a high note.
We-Vibe 4, $160, wevibe.com.

Double duty
A massage oil that doubles as a lubricant is the perfect way to prolong foreplay.
K-Y Touch 2-in-1 Warming Oil and Personal Lubricant, $22, k-y.ca.

Surprise discovery
Using lasers in a clinical trial to help treat overactive bladder disease and pelvic pain, a urogynecologist inadvertently created the first adult pleasure device that utilizes both lightwave technology and vibration to enhance arousal.
Afterglow, US$250, afterglow science.com.

urination and painful bowel movements during menstruation

What to do: Your physician will study your history, then perform a physical exam and may even confirm the extent of the condition via a laparoscopy. Once diagnosed, patients typically try treatments such as hormonal therapies. If those treatments fail, doctors may try surgery to remove endometrial tissue.

Sexually Transmitted Infections (STIs)

What they are: Diseases like gonorrhea, chlamydia, syphilis and trichomoniasis are infections spread through sexual contact with an infected person.

Symptoms: A sudden change in discharge, bloody discharge, painful sex, painful urination, abdominal pain, sores, rashes, or unidentifiable bumps. STIs can also be asymptomatic.

What to do: Get an STI screening every year (or more frequently if you're high-risk). A regular HIV test is also recommended if you're sexually active or an IV drug user. While some STIs respond to treatments like antibiotics or antivirals, others can become life-long chronic illnesses or even lead to death. ●

Exam Prep

WHETHER YOU'RE VISITING YOUR FAMILY DOCTOR OR A GYNECOLOGIST, HERE'S WHAT YOU NEED TO KNOW BEFORE BOOKING YOUR NEXT CHECKUP. **BY KATE DALEY**

Time of the month matters

The first day of your period marks the first day of your menstrual cycle, and the ideal time to get a pelvic exam is in the middle of your cycle, says Dr. Ellen Giesbrecht, MD, department head of Obstetrics and Gynecology at the BC Women's Hospital. She recommends scheduling your appointment for a week after your period. Doctors can still do an exam if you're menstruating, but you won't get clear results on your Pap smear or on any swabs, so you'll end up having to come back. It's also best to have a breast exam after your period, when your breasts are less tender, says Dr. Giesbrecht.

Track your cycle

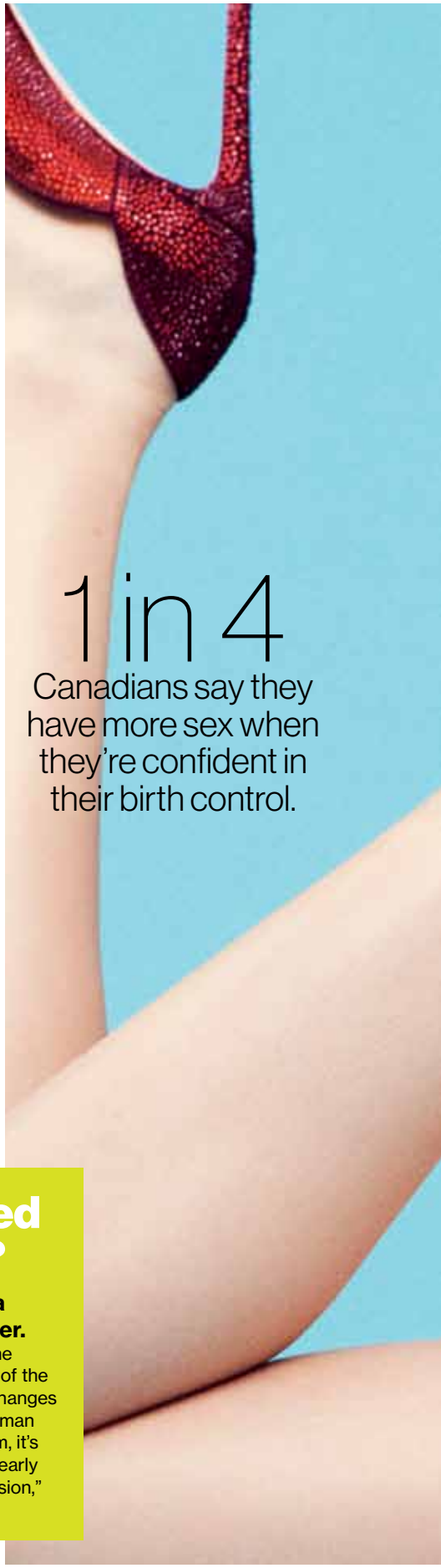
If you're having pain or period problems, monitor your cycle for a few weeks or months leading up to your appointment and record the results. Dr. Giesbrecht recommends using a period tracking app to monitor the frequency, flow and symptoms associated with your period. Bring this information to your appointment to help your doctor identify any possible issues. (Just be mindful not to rely on the app for fertility or reproductive information, warns Dr. Giesbrecht.)

Getting screened

In a typical screening, your doctor will take your blood pressure, then do an abdominal exam. Your doctor may also perform a breast exam, but this is determined on a case-by-case basis. Then comes the external pelvic exam, in which the doctor will look at the vulva for lumps, bumps and discolouration. Following that, the doctor will inspect the vagina and cervix (generally using a speculum to dilate the vagina), then do a Pap smear and swabs if necessary. A Pap smear, which swabs the cervix for precancerous cells (see sidebar, below), should be done by your doctor every one to three years, depending on the screening guidelines of your province or territory. If you're sexually active or have other risk factors, you may require swabs and a urine test for STIs like chlamydia and gonorrhea. The last part of the screening is a bimanual exam, in which the doctor examines you externally with one hand (on the abdomen) and internally with the other, feeling for an enlargement of the uterus or masses on the ovaries, and noting any excessive pain or tenderness.

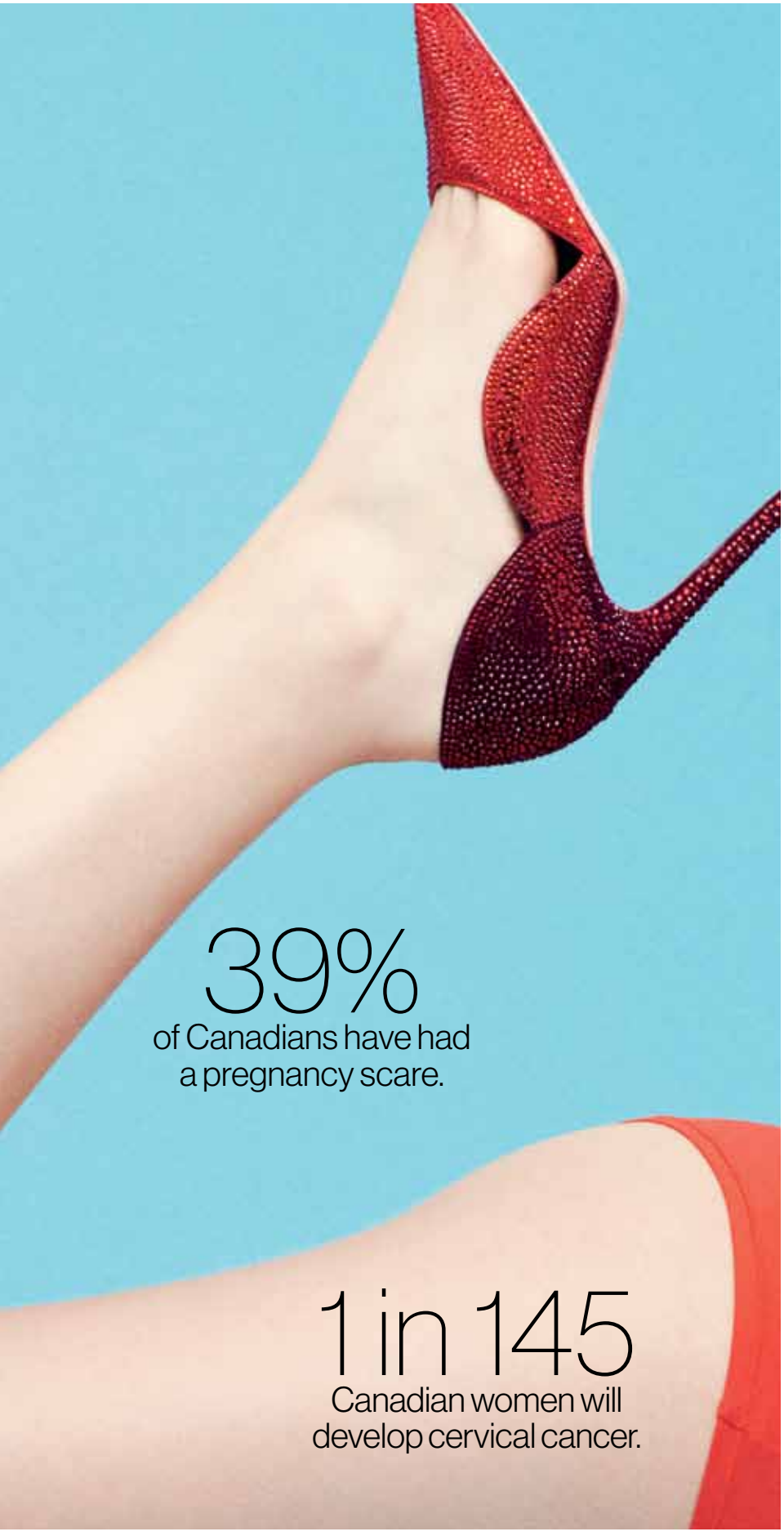
Why Do You Need A Pap Smear?

A Papanicolaou (Pap) smear is a screening test for cervical cancer. A doctor inserts a brush or spatula into the vagina to sample the cells at the opening of the cervix. The test looks for precancerous changes in these cells, one of the effects of the human papillomavirus (HPV). "Like a mammogram, it's a screening test where we can intervene early in the course of a disease to halt progression," says Dr. Giesbrecht.



1 in 4

Canadians say they have more sex when they're confident in their birth control.



HPV News

About one in 145 Canadian women will develop cervical cancer in their lifetimes, and contact with cancer-causing strands of human papillomavirus (HPV) is the biggest factor in determining whether you'll be one of them. A few factors, such as smoking or having a weakened immune system, can worsen your risk, but there's one huge thing you can do to stay safe: get the HPV vaccine. Sure, condoms decrease your chances of getting HPV by reducing skin-on-skin contact, but they don't eliminate the risk. There are two vaccines in Canada that can help protect against HPV: Cervarix and Gardasil. Both safeguard against the two strains that cause most cervical cancers, but only Gardasil protects against the strains that cause genital warts. Gardasil has been approved for use in women up to age 45, but women aren't the only ones who should consider taking it. Since 2010, males ages nine to 26 have been eligible for the vaccine. That's because men too are vulnerable to HPV-related cancers, including anal and penile cancers, though research on whether the vaccine can prevent those is still needed. Plus, both men and women can be at risk for cancers in the mouth and throat when they contract HPV through oral sex. In fact, HPV is linked to about 25 to 35 percent of oral cancers. And remember, even vaccinated individuals need to be screened regularly.

Know your history

Ask your mother or female relatives about your family's history of cancer and reproductive concerns, says Dr. Giesbrecht. This is particularly relevant when it comes to breast, ovarian, uterine or cervical cancer as well as fertility issues or pregnancy complications. This information can help your doctor determine the correct course of action if you're experiencing issues.

Ask questions

"Don't be afraid to ask questions," says Dr. Giesbrecht. Sometimes doctors discover things they may not have noticed otherwise when a patient mentions something they're worried about. "The only bad question is an unasked question." ●

This content is vetted by medical experts at WCH Women's College Hospital Health care for women | REVOLUTIONIZED