



BREAKING THE SILENCE

THE DARK SIDE OF BIRTH CONTROL'S PHYSICAL IMPACT

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Summary

Millions of women have been left in the dark when it comes to oral hormonal birth control (“the Pill”).

Days, months, and years later these women and girls that were misled and misinformed when prescribed this ovulation-suppressing drug are left with a plethora of unexplainable health issues, mental illness, experience medical crises and difficulty with fertility. They don't know the pill they are putting into their bodies every day for years has been altering their body, brain, and society.

Little Known Impacts Of The Birth Control Pill On:

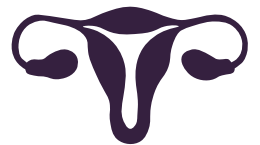
The Body

- The Pill:
 - is a **group 1 carcinogen** (cancer-causing) [4]. Other group 1 carcinogens are **cigarettes and asbestos**.
 - **depletes the body of nutrients** like folic acid, B2, B6, B12, magnesium, selenium, zinc, vitamin C and E [10].
 - causes a **44% increased risk** of breast cancer [6].
 - **shrinks and thins** parts of female genitalia [2].



It is projected that at least **300–400 healthy young women will be dying** yearly in the United States due to hormonal contraception [7].

The likelihood of developing cervical cancer is **nearly tripled** among those who rely on the pill for 10 years or more, compared with the odds among never-users [9].



The Mind

97%

Girls and Women on hormonal contraceptives are **97% more likely** to attempt suicide than those not using the drug [12].

Most suicide attempts were made by young girls who had just begun taking the Pill in the past two months.

- The Pill:
 - **shrinks** the emotion processing center of the brain [3].
 - causes users to be **130% more likely** to develop depression [13].
 - has been shown to **reduce positive well-being**, self-control, and vitality [5].
 - causes its users to prefer mates who are more genetically similar to you [1].
 - has been shown to alter sexual attraction [8] and relationship satisfaction [11].

References:

1. Alvergne, A., & Lummaa, V. (2010). Does the contraceptive pill alter mate choice in humans?. *Trends in ecology & evolution*, 25(3), 171–179.
<https://doi.org/10.1016/j.tree.2009.08.003>
2. Battaglia, C., Battaglia, B., Mancini, F., Busacchi, P., Paganotto, M.C., Morotti, E. and Venturoli, S. (2012), Sexual Behavior and Oral Contraception: A Pilot Study. *The Journal of Sexual Medicine*, 9: 550-557. <https://doi.org/10.1111/j.1743-6109.2011.02597.x>
3. Chen, K. X., Worley, S., Foster, H., Edasery, D., Roknsharifi, S., Ifrah, C., & Lipton, M. L. (2021). Oral contraceptive use is associated with smaller hypothalamic and pituitary gland volumes in healthy women: A structural MRI study. *PloS one*, 16(4), e0249482..<https://doi.org/10.1371/journal.pone.0249482>
4. Grevers, X., Grundy, A., Poirier, A. E., Khandwala, F., Feldman, M., Friedenreich, C. M., & Brenner, D. R. (2016). Cancer incidence attributable to the use of oral contraceptives and hormone therapy in Alberta in 2012. *CMAJ open*, 4(4), E754–E759.
<https://doi.org/10.9778/cmajo.20160046>
5. Johansson, T., Vinther Larsen, S., Bui, M., Ek, W. E., Karlsson, T., & Johansson, Å. (2023). Population-based cohort study of oral contraceptive use and risk of depression. *Epidemiology and Psychiatric Sciences*, 32, e39. doi:10.1017/S2045796023000525
6. Kahlenborn, C., Modugno, F., Potter, D. M., & Walter B. Severs. (2006, October). Oral contraceptive use as a risk factor for premenopausal breast cancer: A meta-analysis - mayo clinic proceedings. *Mayo Clinic Proceedings*.
[https://www.mayoclinicproceedings.org/article/S0025-6196\(11\)61152-X/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(11)61152-X/fulltext)
7. Keenan L, Kerr T, Duane M, Van Gundy K. Systematic Review of Hormonal Contraception and Risk of Venous Thrombosis. *The Linacre Quarterly*. 2018;85(4):470-477. doi:10.1177/0024363918816683
8. Little, A. C., Burriss, R. P., Petrie, M., Jones, B. C., & Roberts, S. C. (2013). Oral contraceptive use in women changes preferences for male facial masculinity and is associated with partner facial masculinity. *Psychoneuroendocrinology*, 38(9), 1777–1785.
<https://doi.org/10.1016/j.psyneuen.2013.02.014>

References (cont.) :

9. Moreno, V., Bosch, F. X., Muñoz, N., Meijer, C. J., Shah, K. V., Walboomers, J. M., Herrero, R., Franceschi, S., & International Agency for Research on Cancer. Multicentric Cervical Cancer Study Group (2002). Effect of oral contraceptives on risk of cervical cancer in women with human papillomavirus infection: the IARC multicentric case-control study. *Lancet* (London, England), 359(9312), 1085–1092.
[https://doi.org/10.1016/S0140-6736\(02\)08150-3](https://doi.org/10.1016/S0140-6736(02)08150-3)
10. Palmery, M., Saraceno, A., Vaiarelli, A., & Carlomagno, G. (2013). Oral contraceptives and changes in nutritional requirements. *European review for medical and pharmacological sciences*, 17(13), 1804–1813.
11. Roberts, S. C., Klapilová, K., Little, A. C., Burriss, R. P., Jones, B. C., DeBruine, L. M., Petrie, M., & Havlíček, J. (2012). Relationship satisfaction and outcome in women who meet their partner while using oral contraception. *Proceedings. Biological sciences*, 279(1732), 1430–1436. <https://doi.org/10.1098/rspb.2011.1647>
12. Skovlund, C. W., Mørch, L. S., Kessing, L. V., Lange, T., & Lidegaard, Ø. (2018). Association of Hormonal Contraception With Suicide Attempts and Suicides. *The American journal of psychiatry*, 175(4), 336–342.
<https://doi.org/10.1176/appi.ajp.2017.17060616>
13. Zethraeus, N., Dreber, A., Ranehill, E., Blomberg, L., Labrie, F., von Schoultz, B., Johannesson, M., & Hirschberg, A. L. (2017). A first-choice combined oral contraceptive influences general well-being in healthy women: a double-blind, randomized, placebo-controlled trial. *Fertility and sterility*, 107(5), 1238–1245.
<https://doi.org/10.1016/j.fertnstert.2017.02.120>