



What Remains: Eco-Feminist Pursuits

Developed and Edited: Knowledge Workshop

Between Ovaries and Food Systems

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This is a personal piece, but it is also a collective one.¹ It is personal in relaying my own and other people's raw experience with PCOS (polycystic ovarian syndrome), a medically mystifying, frustrating illness that begins to show symptoms at puberty, which in itself is a mystifying, frustrating period for so many. It is collective in its attempt to aggregate this singular syndrome to a multiplicity of other phenomena caused, at least in part, or worsened by the world food and agriculture system.

“The paradigm of industrial agriculture is rooted in war: it very literally uses the same chemicals that were once used to exterminate people to destroy nature. It is based on the perception that every insect and plant is an enemy to be exterminated with poisons, and is constantly seeking new and more powerful instruments of violence, including pesticides, herbicides, and genetically engineered pesticide-producing plants. While the technologies of violence grow more sophisticated, the knowledge of ecosystems and biodiversity shrinks. The deeper the ignorance of the planet's rich biodiversity and ecological processes, the greater the arrogance of corporate destroyers who claim to be creators. Life is thus redefined as an invention of those whose only desire and capacity are to poison and kill it.” -Vandana Shiva, *Who Really Feeds the World: The Failures of Agribusiness and the Promise of Agroecology*

¹ Heartfelt, bottomless thank you-s and deep appreciation to people who this piece wouldn't have been without, from those who took the time to share their personal stories, to Deema & Safaa for their support and understanding even when things got frustrating, and their insightful comments, and Talah for her lending her beautiful and uplifting touch to this text and me.

I'm Lovin' It

The first Mcdonald's opened in Lebanon in 1998. I was born in 1997. My parents' generation remembers their "first time." I sit in my bed as my then-partner shares with me their first time. It feels very intimate because I remember mine too; I wait eagerly to recount it: the story of having my very first happy meal, and how there weren't many other places to go to in Saida if you were 4 years old, and you wanted to have fun. The McBurger meant nothing to me, but the McSlides were iconic.

My jeddo first called the Ham Burger a "hingerbinger" because it was such a foreign concept to the old farmer, then he stuck with it as his way of saying "this isn't real food." He said that it wasn't blessed and that it was bad for you. He said the western world is trying to invade our kitchens. I laughed it off as "old man talk." Mjaddara and soup were his two favorite foods, he told us that they were not the same since teta died of liver cancer.

Of course, it wasn't just the hamburgers. It would start at what the animals in it ate in the first place, how they were brought up, how their meat was treated, and the processing journey they went through before they sat on my plate, and how I consumed them: how often did I eat what foods, and why?

I frequented the hospital as a child due to a mixture of severe tonsilitis and severely anxious parents. In the hospital, they would inject me with a lot of cortisone. I was young but I'd realized everyone started to treat me differently now that I got "bigger." My friends, my teachers, relatives, strangers. Illness began to shape my relationship with my body and surroundings, and I associated illness with shame, and fat with illness, so fat with shame and illness. Later I would get diagnosed with PCOS.

Learning about Polycystic Ovarian Syndrome

PCOS is a disease affecting 4%-20% of individuals of reproductive age who have a uterus (Deswal, Narwal and Dang A 2020). The main culprit of PCOS, other than having an increased number of follicles that arrest during growth and stay in the ovaries constituting cysts, is the hyper-secretion of androgynous hormones in affected people's bodies, which in turn causes hirsutism (excessive hair growth), acne, and adiposity (becoming overweight or obese). It also is responsible for menstrual dysfunction such as erratic periods, sub-infertility due to anovulation, as well as miscarriages. Some bodies experience high insulin resistance and become at risk for developing type-2 diabetes, nonalcoholic fatty liver disease, and potentially decreased cardiovascular health. The cherry on top of all of this is that PCOS also causes depression and anxiety in those affected. Recent studies suggest that PCOS is genetic, with contributing gestational or lifestyle factors, but the direct causes are still unknown. (Norman, et al. 2007)

Confusion surrounds the origin and history of PCOS. The origins of PCOS are still unknown to our healthcare system, and this results in there being no specialized treatment for this syndrome, the medical approach for treatment is targeting the symptoms only (Barthelmess and Naz 2014). In *Undrowned*, Alexis Pauline Gumbs dissects how the by-product of a system is never isolated from the inner acting of the system. PCOs are allowed to exist as a by-product of our food and healthcare systems because our food systems created it, and our patriarchal healthcare systems allow it to continue to exist. Just as our agricultural system creates waste and destroys landscapes— as well as our relationship to land, so does it create excess hormones and destroys women's relationships with their bodies. Just as our healthcare systems continue to ignore the seriousness and commonness of PCOs, so it is complicit in more and more people getting it.

One study tries to trace it back to hunter-gatherer societies (Azziz, Dumesic and Goodarzi 2011), another calls it a “20th century phenomenon” (Rodgers, et al. 2019). The later study questions that if PCOS existed in the early 1900s as dominantly as it does today, then why were polycystic ovaries not described in autopsies done much earlier, like the 30,000 done by the famed Bohemian pathologist Rojitansky (1804 – 1878), especially as he described his chances of examining ovaries as “very extensive.” This study raises an important vantage point on the origins of PCOS: “Many new industrial processes, dietary constituents, food preservation, and cooking methods, and new environmental chemicals, toxins, and drugs have emerged and permeated human culture since then [beginning of the 21st century]. Any one of these, alone or in combination, might be a candidate causal agent – and several have features, biological actions, and exposure patterns that warrant investigation” (Rodgers, et al. 2019).

In his book, *Diet for a Large Planet: Industrial Britain, Food Systems, and World Ecology*, historian Christopher Otter explains how as the nineteenth century’s dominant world power, Britain, through controlling immense global resources, and creating long-distance food chains to supply quantities of meat, wheat, and sugar, created the foundations of the modern food systems. It systematized the idea of using the entire planet as a food source (Otter 2020). The historian:

does not assume any kind of firm break dividing past from present. Many of the phenomena it studies- atherosclerosis, the anthropogenic nitrogen cycle, food processing, meat love, metabolic disorders, tooth decay, economic development, climate change— have no precise point of emergence. They unfold slowly within bodies and across planetary space. Their effects are incremental and cumulative, and they take decades, even centuries, to become fully apparent.

In the same way, the divide between past and present is not very accurate for describing the aetiology of PCOS and attributing it to the contemporary food

systems only. I do, however, propose that contribution of these food systems in the emergent spread of PCOS, especially since the surge conveniently comes after the establishment of current food systems, and places it in the same class as different phenomena tied to diets high in sugar, meat, and processed grains.

In Action: Inescapable Food System

As of 2019, only four corporations: Bayer, Corteva, ChemChina, and Limagrain, have amassed control of over 50% of the world's seeds, creating a monopoly of ever-merging suppliers that control the world's seed supply (Schauenberg 2019). The same corporations also control the world's pesticide market. Although their genetically modified seeds have a higher yield than diverse indigenous crops, they are more susceptible to disease and require pesticides to grow. (Schauenberg 2019)

Both food and healthcare do not exist in a political vacuum, and neither does fatness. Agriculture, Big Pharma, and the dieting industries are worth billions, in some cases trillions, with their ability to manipulate the public and monopolize markets. The mundane act of eating carries the weight of who was involved in putting that food on the table and how. The food we eat becomes part of us, and we become part of the food system we cook up with each meal-or don't.

Lebanon imports 85% of its food, according to the WFP (WFP 2020). This 85% of food is shipped from other countries (contributing to climate change, as well as economic dependency). They are shipped from first world countries that exploit resources, lands, and peoples, while local farmers suffer to find appropriate means of living.

Another example, according to a 2016 report by Blom Bank (Mikhael and Daou 2016), shows that even where Lebanon's poultry industry produces enough to satisfy the local market, there remains a sizable chunk of both frozen and

livestock poultry imports from countries such as Brazil and France. This oversaturation of the poultry market is due to competitive prices afforded by these countries' ability to feed their livestock from local grain, unlike Lebanon, and to the lack of regulations protecting local producers.

Locally, only 4 producers together control more than 50% of the poultry market: Hawa Chicken, Wilco, Shuman, and Tanmia. According to FAO, up to 70% of the cost of poultry production goes to cover the cost of feed (Ravindran 2013). In Lebanon imported feed constitutes 95% of what our chickens eat. Raw materials of barley, oats, corn and soybeans are all imported from Argentine, Eastern Europe, and the USA.

Even when we do intend to eat local, it is a very tricky process, because most of the seeds of the vegetables we eat are imported, and all of the grain that goes to feeding the livestock we eat are imported from the same monoliths controlling the world's food supply and polluting its waters, lands, farmers, and peoples.

The same agricultural system that is okay with polluting our food sources and our soil for profit is the complicit product of the same patriarchal capitalist system that consents to giving its very workforce all kinds of illnesses for the sake of profit. PCOS is profitable for big pharma, insurance companies, privatized healthcare services, the fashion industry, and the dieting industry. It is profitable for encouraging an unhealthy body image. It gets more profitable if you want to have a baby and seek treatment. It gets still more profitable by giving affected people depression and anxiety. And finally, it gets even more profitable when it gives people with PCOS type-2 diabetes. In turn, this profit-oriented and profoundly patriarchal healthcare system ignores women's pain and profits off the illnesses created by the industrialization of everything, including agriculture.

The Collective ‘I’

behind this story of increasing industrialized ways of life and patriarchal systems are the stories of many women and non-binary people who have been impacted by this syndrome. These are some of our stories. Below are some accounts of their struggle with PCOS and its underlying symptoms, their chronicles of trying to get the right diagnosis and treatment, as well as their consequent struggles with the most widespread treatment offered to people with PCOS: hormonal birth-control pills.

Aline – Friday, June 11, 2021

The first time I found out I had PCOS was in 2016 or 2017, I was 18, and I’d never heard of it before.

I was very overweight, and no matter how many diets I went on or how much time I spent at the gym, I could not lose any of it. Societal expectations of how my body should look, paired with unrealistic images constantly bombarding my social media feed, all made me grow some body image issues. In turn, I got very depressed and everything I was doing seemed to be in vain and I didn’t know why.

Eventually, I decided to see a doctor about it, and after some tests, I got the news that the reason behind this was me having PCOS, which makes it harder for my body to lose fat. It also made my period very irregular. I was put on medication with many side-effects that were very hard to navigate. I started taking birth-control, as well as something called “Siofor².” This combination had a double effect on my mood and made me very tired all the time. The Siofor pills were supposed to help me lose weight by regulating my insulin levels, imbalanced by PCOS.

² Siofor, Glucophage, and other medicines that include the active ingredient metformin are used to treat type-2 diabetes. PCOS causes insulin resistance, therefore higher blood glucose levels, which metformin helps to regulate.

The first month on medication was tough. I had mood swings, I felt more and more depressed and angry, it was exhausting on the emotional level. Until now, when a health professional tells me I need to go on birth-control again, I break down. I could not move or do anything I enjoyed on medication, I also couldn't eat at all due to feeling nauseous all the time and would have one meal a day only, if any. This went on for 8 months, causing many vitamin deficiencies. I had to do even more tests because of that and take more meds to cover for the loss of vitamins.

Right now, I've stopped taking meds due to the current shortage,³but I still feel the cysts pop in my uterus area when I move or sneeze. It still affects my period and weight, it's not something I'll ever get rid of completely. Whatever we do, I feel like we can't reach satisfaction with PCOS. We're either facing its own side effects, or the side effects of its treatment.

The Dr. told me that I might have trouble getting pregnant or carrying the pregnancy to term in the future, and upon hearing this, my mom cried. Although I don't think about having any children now, I would still like to have that option available, and not have to worry about this, as if pregnancy wasn't hard enough on its own.

Farah – Friday June 11, 2021

The first time I heard about PCOS, it was a conversation between my mom and some relatives of ours, about one of my cousins. They were using the term "عندها أكياس على المبيض" and "عندها ليفة على المبيض" (she has "bags" on her ovaries) and

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This shortage came to an end in November 2021 due to the lifting of subsidies on medicine, and while medicine is available now, most people can't afford it. thenationalnews.com/mena/lebanon/2021/11/16/lebanon-lifts-most-medicine-subsidies/

Nowadays, birth control pills cost anywhere from 161,387L.L. for oral contraceptive combination pill "Yasmine" to 282,666L.L. for the pill YAZ, and (according to the ministry of public health Drugs Public Price List Modified on 13/12/2021: <https://moph.gov.lb/userfiles/files/HealthCareSystem/Pharmaceuticals/DrugsPublicPriceList/7-12-2021/WebMarketed20211207-2.xls>) when they used to cost less than 10,000L.L. before lifting subsidies.

that they were so big, she was going to have to operate to remove them. They had to cut her skin open instead of drain the cyst through her vagina because she was still a virgin, and so they left a permanent scar on her body, and did the operation much more intrusively than medically necessary. This all sounded very scary to me.

I was in my first year of university when I found out I have a related condition. My period was irregular. The doctor told me that what I have is not exactly PCOS, but something that can develop to become PCOS. I still don't know what the pills she prescribed did exactly, she never told me any details, but they were something hormonal. These pills really destroyed me, although the duration of treatment was only 2 weeks long.

I always thought I had depression, but after these pills I felt like what I previously had was a blessing. No one likes to wake up and attend 8 am classes, but I could do that just fine until I started taking them. I couldn't get out of bed. I remember for one of my classes, I was so zoned-out, everything was gloomy, and I couldn't understand what the instructor was saying, I couldn't even see anything, everything was very gloomy. I tried to ask a question, and in the middle of it I paused for 2 minutes, my brain just wasn't working at all, I was dwelling on nothing exactly.

Then that initial "mystery pills" treatment was over and I went on birth-control. I stopped 2 months later without consulting any health professional. Recently, I had to self-medicate by going on birth-control again. There was no point consulting anyone because all they ever do is put you on birth-control.

Yafa – 14-06-2021:

If I wanted to think about the first memory I have with my body, my mind takes me back to when I hit puberty. Throughout my teenage years, I didn't feel comfortable with my body and my body hair. Puberty hit me a little early and my period was very irregular.

The first time I knew I had PCOS was just last year, when I was 22, although I went to the doctor's around the time I hit puberty for irregular periods. Back then the only thing he said was that I have hormonal problems. I remember a mention of an "ovarian blockage," but there was no mention of PCOS. Actually, when I asked him if that's what it was, he said no, but I have probably had it since then. Some years later, it would be confirmed by a female health professional's diagnosis.

Until I researched my own symptoms at 18 and read a little about it, before I knew I had it. Even when I was told I have it I felt like "okay, but I still don't know exactly what that means for me." I still don't know what it translates to in Arabic. I think it's one of the things we don't talk about, it's hard for me to find the vocabulary to talk about my body in Arabic.

I had a bonding experience with one of my classmates in university who has PCOS too, and it was then the first time I ever had a conversation about it with someone. I had no idea that it was so common. That conversation, which sparked more conversations with other friends who also have it, was an awakening that I am not alone in this. One of the common things that comes up during these conversations is that PCOS is not taken seriously enough, both among the people who have it themselves as well as among health professionals, and this is tied to it not being well-studied. There is also a lot of frustration around how the only treatment offered is always birth control, and why we are given birth control left and right for every single thing a woman goes through. There is also not enough awareness about it.

The first time I took these pills I reacted terribly, I was crying frequently and always nauseous. I had terrible mood swings as well, but to be fair I struggled with depression before the pills, and I didn't know that the pills do have this tendency to make it worse. What I also didn't know before today is that PCOS itself does contribute to depression and anxiety.

None of the health professionals I went to ever bothered to explain anything about anything, from the symptoms of PCOS to the side-effects of the treatment, there was never a conversation. I read the pamphlet that comes with the birth-control pills out of curiosity, and found out what I know alone. The only thing that mattered to the Dr. was telling me not to worry about fertility, and that I'll be able to give my mom the grandchildren she wants, but fertility was not an issue to me at all. I felt like I didn't have a place in this conversation as a person outside of my "reproductive function" I wanted to feel healthy and I wasn't. The Dr. wasn't very cooperative about things either when I would complain about the side-effects of the medication, which also made me feel unwell.

All of this resulted in me trying different brands of birth control before quitting altogether.

Marwa – 15-06-2021:

As a trans person, my relationship with my body was never great. Growing up with the wrong body is quite harsh. I don't have specific memories; I didn't understand what was going on. I felt like a boy all the time and I didn't understand how.

I found out I had PCOS after a trip to the hospital when I was 16. I was in the bathroom, and suddenly I was hit with a bout of low blood pressure, and felt like I was about to pass out. I called on my parents, and they helped me up and to the hospital. I spent 3 hours there, and they thought I had appendicitis, because the symptoms were the same as the ones I was experiencing with my ruptured cyst. I ended up sleeping 3 days in the hospital, which felt like 3 years. Prior to that I'd never heard about PCOS.

I got on meds, and it was okay for me. They gave me many meds, maybe 4 or 5 but I don't really remember what they were. As far as side-effects go, I also do not remember anything happening.

I do feel like PCOS is caused, or at least worsened, by the food we eat. I heard from my nutritionist once that Indomie noodles cause PCOS. I'm not sure how true that is, but I definitely believe foods we consume factor in somehow.

To Conclude...

The common thread between these stories is the lack of conversation around PCOS, whether between those who have it and their health providers, or amongst others who have it, about what this condition means and how it manifests in their bodies, what treatment options are available other than hormonal birth control, and what the side effects of these treatments are. The stories above go to show just how much the experience of having PCOS is isolating. Parents seem to only care about their imagined grandchildren over their existing children's health. Doctors only care to prescribe pills that would help with fertility, assigning the patient's reproductive ability over their physical and mental health, without any explanation as to what these pills do exactly and what their side effects may be, or any attention to the pre-existing health conditions. There exists a reciprocal relationship between the lack of conversations around PCOS, the lack of attention to it by health professionals, and the lack of research about it. As long as these basics are not covered, there would be no space for having wider conversations about the relationship of PCOS to the world food systems.

Food and our bodies are intertwined, and the current food systems place them in a clashing position. We can't separate our bodies from what we eat, and what we eat from how it's sourced. Food sustains us. This very sustenance has a helping hand in also sustaining many inequalities and illnesses that the planet and us as individuals suffer from. One of those is PCOS, a syndrome that's deemed an illness and experienced as an illness. While we need medical spaces that we can feel safe in, medicine is telling us very little about PCOS, besides from its physiological features, and offering us no real solutions. What is "wrong" with our bodies is what is wrong with our systems.

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