



WHAT WOMEN THINK OF THEIR BREASTS...

**HealthSmart's
nationwide
research poll
uncovers some
tantalising
(and some
heartbreaking)
results**

BY JOSEPHINE BROUARD

* One in four women consider their breasts to be one of their best physical assets * **Most women prefer their eyes, however** * One in five women consider their bosom one of their *worst* features * **Only a tiny number of women feel “sexy” when they see their breasts exposed** * Six in ten women have no problem with topless sunbathing * **At least one in every two women would, if money were no object, consider breast cosmetic surgery** * One in two women believe “there’s a time and place” for women to display plunging cleavages in public * **Most women own at least six bras** * Nine out of ten women like having their breasts fondled.

breast survey



Research poll

results

WE ASKED Australian women, both flat-chested and buxom and everything in between, to reveal their opinions about their bosom buddies – and we were surprised by the candour expressed. Asked, for example, to describe what they saw when they looked at their breasts in the mirror, a truthful “droopy!” was the overwhelming response.

In an independent survey in March, market research company The Leading Edge polled 500 Australian women aged 18-64 about a wide array of breast-related subjects. Not surprisingly, the research found women with larger breasts were more inclined to complain about sag – while a mere 14% of the

survey group declared their breasts to be “just right”.

Which is perhaps why more than 60% of Australian women expressed an interest in breast cosmetic surgery, whether for its own sake or for health reasons. A breast lift was most often cited as the cosmetic procedure of choice by these women. Even women under 30 and women who had not had children expressed an interest in this

procedure (36% and 42% respectively), while breast implants were a serious cosmetic lure for women with A- and B-cup-size breasts (81% and 52%).

ENVIIOUS

Which cosmetic procedure might you consider if having it done?

	%
Breast lift	46
Breast reduction	23
Breast implants	21
Breast reconstruction	11

The interest in cosmetic surgery notwithstanding, four in every ten women (or 39% of respondents) remain opposed to the idea of cosmetic surgery. These may be the same women (30% of women polled) who label breast implants as “Yuk, not a good look”. Other, more polite respondents (36%) believe implants are “OK for her, but not for me” while another group (15%) are so disinterested they can’t spot an implant in the first place. The younger and more flat-chested a respondent is, however, the more likely she is to admire breast implants. D-cup envy, perhaps?

DROOPY

I consider my breasts...	%
Droopy	39
Too big	20
Unattractive	19
Too heavy	17
Too small	15
Unbalanced	12
Just right/perfect	14
Don't have strong feelings	20

OBSERVANT

Your response to breast implants is...

	%
“They look good”	19
“OK for her, but not for me”	36
“Yuk, not a good look”	30
“I can't pick them”	15

Certainly, when it comes to how we feel about our breasts, it would appear that size counts. Specifically, flat-chested women seem to feel the most unattractive when faced with a reflection of

Bust... bosoms... boobs... bazookas... knockers...

their naked selves (47% of A-cup-sizers), while C-cups express the greatest degree (50%) of comfort with their breasts.

A minuscule 4% of the total 500 respondents felt their breasts were “sexy”. This could be modesty on their part or reinforcement of the majority view (57%) that breasts are merely “part of the overall package” and not, as

two big spoilers. Breastfeeding, however, appears not to be. Asked how breastfeeding affected their attitude to their breasts, 33% felt more comfortable with their bodies after breastfeeding compared with 20% who felt less attractive.

More of an issue is the possibility of breast cancer, with over half our poll respondents confirming “I have regular



and place” for plunging décolletage. A tiny portion of women (7%) will be offended by low-cut necklines and, of these, the smaller-bosomed are typically more appalled by the spectacle.

Ultimately, it would appear that women, whether big or small, simply want their assets to be appreciated. Asked if they enjoy having their breasts fondled, six out of ten said “yes” and a

is commonly believed, the quintessential source of a woman’s sex appeal.

In fact, when asked about the physical assets they most prized, respondents didn’t rate their breasts. More often, it was eyes, hair and their smile that women liked best, while their bellies, thighs and bottoms were typically among the least prized. Breasts usually ranked around the middle, with results suggesting women are more likely to become dissatisfied with their breasts after having children. According to our poll, gravity and weight gain are the

breast cancer checks as a safeguard”.

For women with big breasts, playing sport is something of an issue. While most women don’t feel their breasts get in the way of anything they want to do, buxom women are less fortunate. Roughly 60% of E-cups reported that their breasts stopped them from running and wearing strapless dresses.

Most women own seven bras on average, and spend \$136 a year on these essential items. The average cup size is somewhere between a C and a D, with smaller-breasted women wanting to be bigger, bigger-breasted women wanting to be smaller and C-cups tending, on the whole, to be satisfied with their breast size.

Women, it seems, appear to opt overall for comfort rather than titillation, with two-thirds of respondents more often wearing “functional” bras in preference to pretty, sexy or sporty bras.

This may go a way to explain why, when faced with another woman’s cleavage, one out of every two women will hold the view that “there’s a time



further three in ten said “sometimes”. Whatever your age or size, there’s no doubt a little loving goes a long way.



“Some people think having large breasts makes a woman stupid. Actually, it’s the opposite: a woman with large breasts makes men stupid.”

RITA RUDNER

balloons... bee-stings... berthas... cans... coconuts...

breast fashion



History of the bra

“**T**O BRA or not to bra” has been a question women appear to have asked themselves consistently through the ages. As early as 1700

BC, Minoan women had a choice: to wear robes open to the navel, leaving their breasts exposed, or to cover their chests with strapless fitted bodices, thereby facilitating their participation in the popular sport of the time, bull-leaping.

Was this an advanced version of the modern sports bra? No-one knows for sure, but there’s no doubt that the debate rages today still about the role of women’s undergarments. Are they for fashion or for function?

In more modern times, Napoleon Bonaparte’s empress, Josephine, focused attention on this anatomical appendage when she asked her tailors to fashion dresses to disguise her pregnancies. The result was a style that beguilingly

accentuated the bosom – and gave rise to fashion’s “Empire” line. Across the English Channel, Victorian women tended to emphasise both breasts and hips by tightly lacing the waist in a corset, often at the expense of breathing. It was only at the end of Queen Victoria’s reign, as more women participated in physical activities, that separate undergarments started to make their appearance.

By the end of the 19th century, Frenchwoman Herminie Cadolle had invented an upper garment with shoulder straps to support the breasts – and emancipationists were delighted by women’s liberation from corsetry.

Then, in 1917, the US War Industries Board asked women to stop buying corsets to free up metal for war production. They rallied around and saved enough metal to build two battleships.

Corsets, meanwhile, continued to shrink and by the early 1920s, brassieres were little more than slightly shaped bandeaux holding the bust by means of a clip attached to the corset. Then the boyish silhouette of the “flapper” era came into fashion – and bra styles followed the trend. Small-chested women had few issues, but

“Anybody offended by breastfeeding is staring too hard.”

DAVID ALLEN

larger-breasted women had to resort to special, side-lacing designs to pull in and flatten their breasts.

Fortunately, good sense prevailed when Maidenform bras were developed in New York in the 1920s and product developers recognised that women did not come in just one size. The notion of cup size was introduced and, better still, bras created to uplift and flatter women’s breasts. Twenty years later, post-WWII, military terminology infiltrated bra design and actress Jane Russell was the poster girl for the conical “bullet” or “torpedo” bras.

By the ’60s, writer Germaine Greer was decrying bras as “ludicrous” and US feminists rallied to bra-burning events. At one Atlantic City convention in the late ’60s, a “Freedom Trash Can” was filled with bras, stiletto heels, false eyelashes, girdles, curlers, hairspray and



puppies... sugarplums... beachballs... hooters...

PHOTOS: (BIFLEX AND MADONNA) PHOTOLIBRARY; (INTIMATE SECRET) COURTESY OF BRAS 'N THINGS

other “instruments of torture”. Bra manufacturers got in a tizz, but in the end bra sales didn’t dip significantly.

Whatever the catchcry of the age, women always need support. And yet, as brands such as Elle Macpherson, Wonderbra and Victoria’s Secret testify, there remains a place, too, for the physical allure that a bra can manufacture. Science may be reducing breast bounce to the benefit of active women, but the fashionable function of this essential undergarment remains.

Madonna pushed the style envelope in the early ’90s with her Jean Paul Gaultier-inspired bra-as-

outer-garment stunt;

that fad faded, thank goodness, and these days there’s a bra for everyone, no matter their shape, whether they’re Twiggy or a Playboy bunny.

And few women forget the thrill of their first trainer bra. Breasts, it seems, will always define womanhood.



HealthSmart pick

FOR FUNCTIONAL yet sexy bras, you can’t overlook the moulded push-up bras from Bras ‘n Things’ new Intimate Secret range. Seam-free, they mould to your body, cost only \$49.99 and best of all, specialist fitters are on hand in every store to help you pick the correct bra cup size for your body. Colours include hot pink, mocha, siren red, black, daffodil yellow, and more. Visit www.bnt.com.au.

{ **BUSTS THROUGH THE AGES** }

Minoan tribeswoman

Venus de Milo

Empress Josephine

1920s flapper girl

Jane Russell

Marilyn Monroe

Ursula Andress

Playboy bunny

Sophia Loren

Twiggy

Madonna

Eva Herzigova/Wonderbra

Halle Berry

Pamela Anderson

Kate Moss

Salma Hayek

boobies... funbags... the girls... melons... curves...

Breast cancer

research

It's come a very long way – but it throws up complex ethical dilemmas

MAGINE you're 34 years old and yearning to marry one day and have kids. Then your mother dies of ovarian cancer after battling stage II breast cancer. You subsequently take the test for BRCA mutation, the genetic marker for breast and ovarian cancer, and discover to your horror that you have a 50% chance of developing breast cancer before the age of 50, and a 44% chance of getting ovarian cancer in your lifetime (where most women have a 1-2% chance).

What would you do? Would you commit to a lifetime of vigilant screenings and fight the disease if it came to pass? Or would you take the radical step of preventative surgery that includes mastectomy (surgical removal of the breasts) and oophorectomy (surgical removal of the ovary or ovaries)?

In her book *Pretty Is What Changes*

(Vintage Australia, \$29.95), Jessica Queller chronicles the harrowing true story of a journey in which doctors provide plenty of survival statistics, but leave the hard decisions to her.

Still waiting for her Mr Right to come along, the television scriptwriter undergoes a double mastectomy (with reconstruction) and delays the removal of her ovaries until she turns 40. A passionate believer in using biotechnology to optimise her chance of a long and healthy life, Queller also considers safeguarding her future offspring from inheriting the deadly breast cancer gene she inherited from her mother. By a process of preimplantation genetic diagnosis, or PGD, Queller allows for the possibility of her embryos (created with the help of a sperm donor) being tested for the BRCA mutation.

Sounds like science fiction? It's not. For Queller, her mother's suffering was enough to galvanise her into action.

"We are living in a DNA age in which scientific advances give us opportunities to live. Seize them," she says simply.

More about the BRCA mutation

Everyone has BRCA-1 and BRCA-2 genes, also known as the tumour-suppressor genes. The BRCA genes repair DNA and control cell division, but when cells divide without normal control they accumulate into the mass of extra tissue known as a tumour. When BRCA genes are defective, they

fail to do their job properly and to prevent such tumours.

BRCA mutations are rare; only a small percentage of people wind up with a BRCA gene that is defective. One estimate suggests that BRCA-1 mutations occur in about one out of every 800 people in the population, while BRCA-2 mutations are even less frequent. Of all breast cancers diagnosed, BRCA mutations account for only 5-10%.

When mutated, each gene carries a different degree of risk – a lifetime risk of breast cancer up to 85% and up to 60% for ovarian cancer. Preventative double mastectomy reduces a BRCA-positive woman's risk by around 90%, but not to zero. See www.nbcc.org.au for more about breast cancer.

"Who thought up the word 'mammogram'? Every time I hear it, I think I'm supposed to put my breast in an envelope and send it to someone."

JAN KING



PHOTOS: (SELF-EXAMINATION PACK) ALAMY IMAGES; (WOMAN) GETTY IMAGES; (WOMAN AND CUCUMBER) PHOTOLIBRARY

puppies... mountains of love... teats... tweeters... wo

{ BREAST HEALTH }

PAINFUL BREASTS? You're not alone. Breast pain, otherwise known as mastalgia, is the most common breast complaint among women, affecting most of us at various life stages.

Typically, mastalgia is either cyclical (linked to the menstrual cycle) or non-cyclical. When breasts become tender or painful just before a period, a warm shower or hot compress to the chest can reduce painfulness; alternatively, some sufferers prefer an icepack to reduce the fluid retention that hormonal activity triggers.

Breast expert Dr Benjamin Norris of Silkwood Medical recommends that women drink as much water as possible, and cut down on caffeine intake, if they wish to reduce fluid retention and breast pain around period time.

Other common breast problems are:

Fibroadenomas

If you're checking your breasts in the shower and you feel a small lump or two, don't panic. A biopsy could easily reveal benign masses of fat and fibrous tissue known as fibroadenomas. Commonly found in women under the age of 30, they also occasionally occur in older women. Typically they are small and firm to the touch, but painless. Patients can opt to have them removed – it's a straightforward procedure, although a general anaesthetic is required.

Benign fibrocystic disease

Commonly found in women whose breasts are particularly sensitive to the menstrual cycle, benign fibrocystic disease is the most common cause of non-cancerous lumps, thickening of the breast tissue, and cysts.

Cysts can be painful and are caused by fluid trapped in

breast tissue. Although harmless, they should be checked by your doctor, who may recommend removal of the fluid using a syringe with a fine needle. If cysts recur, more permanent surgical removal may be necessary. Typically, an ultrasound is used to determine if the lumps are fluid or solid.

Nipple discharge

When breastfeeding, it is normal for milk to leak from the nipples, but if a discharge

occurs at any other time, and particularly if the discharge is watery or bloodstained, see your doctor for advice. Similarly, any inversion (pulling in) of the nipple should be checked. Although often caused by harmless conditions, these symptoms can also indicate a breast cancer.

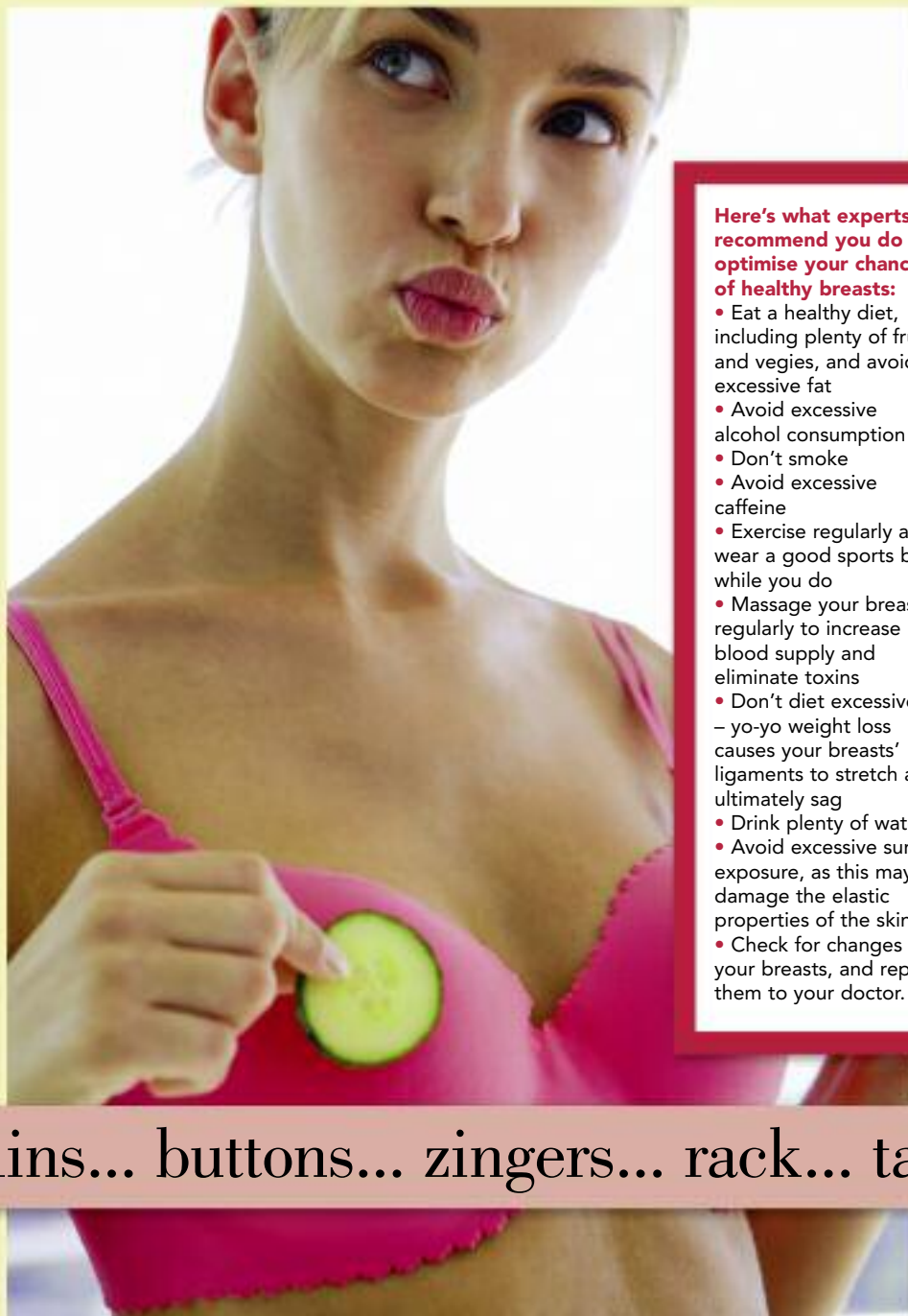
Inflammation of the breast (mastitis)

Most commonly, mastitis is caused by an infection during breastfeeding, but if these

symptoms occur when you're not breastfeeding, see your doctor immediately. Treatment with antibiotics needs to be started immediately to prevent abscesses forming. If you're too late, a simple surgical procedure can drain the abscess.

Compiled with the help of the Jean Hailes Foundation for Women's Health. See jeanhailes.org.au.

WWW.SILKWOODMEDICAL.COM.AU
WWW.BREASTFIT.COM/BREASTPAIN.HTM



Here's what experts recommend you do to optimise your chance of healthy breasts:

- Eat a healthy diet, including plenty of fruit and vegies, and avoid excessive fat
- Avoid excessive alcohol consumption
- Don't smoke
- Avoid excessive caffeine
- Exercise regularly and wear a good sports bra while you do
- Massage your breasts regularly to increase blood supply and eliminate toxins
- Don't diet excessively – yo-yo weight loss causes your breasts' ligaments to stretch and ultimately sag
- Drink plenty of water
- Avoid excessive sun exposure, as this may damage the elastic properties of the skin
- Check for changes to your breasts, and report them to your doctor.

obblers... zeppelins... buttons... zingers... rack... tatas...



something about it!"

He says women should update their bra sizes as their life circumstances (and body shape and weight) change.



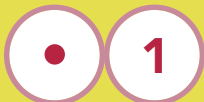
Sculptor Michael Vaynman has been scrutinising women in the nude for years in pursuit of his artistic career. "As a man, I see breasts as an important aspect of a woman's sexuality. As an artist, though, I tend to push the sexual aspects of breasts into my subconscious.

"For me, the female form is more aesthetically pleasing and more conducive to artistic interpretation than almost anything else I could create. I love the fluid curves and soft undulations of a woman's body – they lend themselves to abstraction and interpretation. And the many different shapes of breasts contribute significantly to the sculptural form.

"In my experience, women who pose are either very comfortable with their bodies or are very comfortable with the artist. I'd encourage more women to be comfortable with their body – and to appreciate their breasts. There is enormous variation in the shape and size of breasts but there is beauty, I believe, in all of them."



{ MEN SPEAK OUT ON BREASTS... }



Sydney-based Dr Richard Sackelariou has nearly 20 years of cosmetic surgery experience. About one-third of his procedures are breast augmentation or uplifts, with silicone implants typically used to increase bust size.

Before his career as a cosmetic surgeon, Dr Sackelariou says it wasn't breasts or legs that he found attractive in a woman; it was a woman's face and eyes.

Hundreds of breast procedures later, Dr Sackelariou is more likely today to notice a woman's figure and breasts. "It may sound trite, but it's become an artistic thing with me. I look at nature's handiwork and wonder if I could do better."

Dr Sackelariou believes breasts are women's most "flauntable" assets in life's main game of procreation. "Most of the women I see view their breasts as a way to attract

a mate," he explains. "They come to me either because they want to have the breasts they used to have [before children and breastfeeding], or because they want to have better breasts than they currently have."

The cosmetic surgeon says women's aspirations are undoubtedly getting bigger. Once, the most common breast enlargement size was a 36B or C, but now it's likely to be a D-cup. "For me, a 'perfect' pair of breasts is one that is in proportion," he says. "If you've got slim hips, you can have smaller breasts. But if you're hippy, you need fuller breasts to balance the body."

And does he enjoy his cosmetic-surgery career? "Absolutely," says the surgeon. "You cannot imagine the delight women express when they finally get the breasts they wanted. For most of them, it's been a long road from imagining what they want to making it happen. When they finally achieve their goal, they're on a high."



At the Australian Institute of Sport, Dr Bruce Mason is something of an expert on breasts. Having researched the biomechanics of breast movement for almost 13 years, he warns women to avoid breast pain and breast tissue deterioration by wearing an appropriate bra.

Just as one wouldn't wear a running shoe to cross-train, or a tennis shoe to jog, he suggests a woman shouldn't consider wearing a fashion bra if intent on playing netball. "A push-up bra is fine if you want to enhance your cleavage or overall shape," he says, "but you need a good sports bra if you're going to go running."

Dr Mason was surprised to discover through the course of his clinical trials how many women suffer breast pain while exercising. The specialist says breast pain is a dead giveaway that something is amiss. "Whether you're breastfeeding or exercising, stop immediately if you feel pain and ask yourself what is causing your discomfort. Then do

betties... chest... beachballs... bazongas... breasts...



All about breastfeeding

TOO BUSY TO BREASTFEED? Perhaps you might like to consider the latest A-list accessory: a wet nurse. In the 18th century, wet nurses were all the rage as noblewomen deputised their responsibilities. Now, Hollywood's rich and famous are doing the same, figuring quite rightly that there's nothing better than mother's milk – they just don't want their bubs to feast on theirs.

In Australia, the wet-nurse phenomenon hasn't caught on yet, and the

shape. Rather, excess weight, a greater number of pregnancies, smoking and age were far more likely to cause sagging.

All of which will be welcome news for the more than nine in ten Australian women who breastfeed in a bid to boost their babies' neural development and immunity to infectious diseases. Here are more breastfeeding myths:

MYTH 1 *Some women fail to produce sufficient milk*

FALSE. Most women do have enough milk supply. If a baby fails to gain (or even loses) weight, this is more likely the result of the baby not latching properly onto the breast or a baby not feeding often enough. The ABA recommends that newborns feed 8-12 times in 24 hours.

MYTH 2 *Mothers who have cosmetic breast surgery cannot breastfeed a baby*

FALSE. Many women who have had breast augmentation or reduction have gone on to breastfeed. It is important, however, that women consider the issue of breastfeeding before going under the knife, as some procedures reposition the nipple and areola. In these cases, breastfeeding may have to be partial rather than exclusive.

MYTH 3 *Mothers who breastfeed cannot consume alcohol or spicy food*

FALSE. Usually, the body digests and processes all the food a mother eats

before the body makes breast milk. An occasional glass of wine or beer would not hurt a nursing baby and the same goes for spicy foods. There is also no conclusive research to support the theory that mothers who consume gassy foods (such as beans or broccoli) will have a colicky baby.

MYTH 4 *Breastfeeding is a great alternative for birth control*

FALSE. While in many instances ovulation is suppressed during breastfeeding, only abstinence will ensure that no little surprises happen. Nursing mothers can safely take low-dose birth-control pills or use barrier methods of contraception without harming their baby. Visit www.breastfeeding.asn.au. †

"An ounce of breast milk is more potent than the finest tequila."

TORI AMOS

Australian Breastfeeding Association (ABA) reckons it's not going to be happening any time soon.

Good news is that women don't have to avoid breastfeeding because they fear their breasts sagging. A recent study by the American Society of Plastic Surgeons has found that breastfeeding does not cause sag, as many women believe.

"Women may be reluctant to breastfeed because they believe that it means the end to youthful breasts," says Dr Brian Rinker, author of the report. His study found that a history of breastfeeding, the number of children breastfed and the duration of each child's breastfeeding had little impact on breast



PHOTOS: (CHECKED BRA, BREASTFEEDING) GETTY IMAGES; (SCULPTURE) COURTESY OF MICHAEL VAYMAN; (CHILD) PHOTOLIBRARY

titties... boozies... the twins... tits...