



## CONTEMPORARY ISSUES IN WOMEN'S HEALTH

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The editors of Contemporary Issues in Women's Health solicit reporters and correspondents from throughout the world to make contributions to this section. Beginning with this issue, we will be making editorial changes. Dr. S. Arulkumaran, Secretary General of FIGO and a founding editor of this section, will be departing as one of our authors and we will be adding colleagues from around the world to provide broad correspondence. This month, Richard M.K. Adanu, FWACS, MPH, Lecturer in the Department of Obstetrics and Gynecology at the University of Ghana Medical School, will be joining as a full-time contributor. Dr. Adanu qualified in Medicine at the University of Ghana, completed his training in Obstetrics and Gynecology in the well known Carnegie Ghana Training Program, and has recently completed the Masters of Public Health at the Johns Hopkins University as a Gates Scholar. We look forward to his participation. Please feel free to email or otherwise contact Professor Timothy Johnson at trbj@umich.edu or Doctor Richard Adanu at rmadanu@yahoo.com if you have reports or items that you would like to have included. We would be happy to attribute the items to those reporters and correspondents who

give permission in their transmittal. Otherwise, we will share those reports that we think are of the greatest interest to our readership without attribution.

### Depo-Provera to Increase in Popularity

A self-administered form of Depo-Provera (medroxyprogesterone acetate) has been recently developed and this could lead to an increase in the popularity of the long-acting progesterone contraceptive. The new form of Depo-Provera is a self-administrable subcutaneous injection similar to the insulin injection. This would reduce the number of medical visits required for Depo-Provera users to one visit per year.

A recent study by Fatim Lakha and others (1) from NHS Lothian Primary and Community Division in Edinburgh, Scotland, conducted among current users and non-users of Depo-Provera suggests that the new form of the contraceptive would be more popular than the current intramuscular injection form.

Two-thirds of current users preferred to self-administer while the new form of Depo-Provera would lead 26% of never users and 40% of ex-users to consider using Depo-Provera.

Depo-Provera is a highly effective contraceptive and the self-administrable form would be very

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helpful in most parts of the world where it continues to be difficult to have easy access to medical services.

### Reference

1. Lakha F, Henderson C, Glasier A. The acceptability of self-administration of subcutaneous Depo-Provera. *Contraception* 72 (2005) 14–18.

### Resource for Emergency Contraception Advocacy

The International Consortium for Emergency Contraception (ICEC) has developed a new emergency contraception (EC) resource. The EC Advocacy Presentation is a PowerPoint presentation on the benefits and value of emergency contraception. The presentation provides general information about EC such as what EC is and the various available methods. It also highlights the importance of EC and includes facts about current access to EC. The accompanying Users Guide provides instructions on how to customize the presentation using locally relevant data to make the advocacy presentation most meaningful to an audience. The intended audience is policy makers, donors, program managers, and others who are in a position to introduce or increase the focus on emergency contraception within their programs. The presentation includes many useful links to materials and organizations that work in emergency contraception.

**Resource:** the ICEC website, <http://www.cecinfo.org>

### Patient Choice Cesarean Section Could Have a Bad Impact on Neonatal Health

Obstetricians in both developing and developed countries currently have to face the issue of patient choice cesarean sections. The safety of cesarean sections in developed countries makes the increased maternal risk of a patient choice cesarean an acceptable one. A recent report in the *American Journal of Obstetrics and Gynecology* (1) highlights the possible effect of patient choice cesareans on neonatal health. Comparing elective repeat cesareans with data on women who planned for a vaginal delivery showed poorer neonatal outcomes among the women with elective cesareans. Neonates born

by elective cesarean sections were four times more likely to be admitted to advanced care nurseries than infants of women intending to deliver vaginally. Women who had intrapartum cesarean sections had babies who fared better than those infants born to women with elective cesarean sections. This raises the possibility of a beneficial effect of the process of labor on neonatal outcome. In this study, all the pregnancies were accurately dated, so the possibility of iatrogenic prematurity can be excluded. This leads the authors to suggest that women considering elective cesarean sections should be counseled about possible neonatal effects.

### Reference

1. Fogelson NS, Menard MK, Hulsey T, Ebeley M. Neonatal impact of elective repeat cesarean delivery at term: A comment on patient choice cesarean delivery. *Am J Obstet Gynecol* 192 (2005) 1433–1436.

### HIV Infection Spreading Rapidly Among Women

The June 10, 2005 issue of the magazine *Science* reports that women represent about half of all HIV/AIDS cases worldwide and the virus is spreading fastest among female populations. The problem is greatest in developing countries, with 60% of HIV/AIDS cases in sub-Saharan Africa occurring in women. The corresponding figures for the Caribbean and Latin America are 50% and 33%, respectively. In the United States, the number of AIDS cases in women increased by 15% between 1999 and 2003, while the corresponding increase for men was 1%.

In addition to being more biologically vulnerable to HIV infection, women are at the receiving end of poverty, gender disparity, lack of education, as well as harmful cultural and sexual norms. All these conditions contribute to the increased spread of the disease among women.

The need for effective preventive methods that are targeted at women cannot be overemphasized. The following statement by Thomas Quinn, one of the authors sums up the main call of the article: “Societal changes will help over the long run, but immediate and faster action requires coordinated efforts to focus on women, develop effective microbicides that women can use themselves and a gender-specific vaccine program that takes into account the different immune responses between women and men” (1).

## Reference

1. Quinn TC, Overbaugh J. HIV/AIDS in women: an expanding epidemic. *Science* 308(5728) (2005) 1582–1583.

## Women's Reproductive Health in Africa

*Africawoman* is a magazine produced by 80 women journalists from Uganda, Kenya, Zimbabwe, Ghana, Tanzania, Malawi, Zambia and Nigeria. The magazine focuses on issues affecting women in Africa.

The April 2005 edition was dedicated to women's reproductive health in Africa and was funded by the Population Reference Bureau. The reports in this edition of the magazine show the extent of the problem of unsafe abortions in Africa, with reports from various countries. The situation in most African countries is the same regarding unsafe abortion and its attendant maternal mortality not receiving enough attention.

The magazine includes accounts of women who have lost their lives because of lack of access to safe abortion and provides a vivid picture of the situation that exists in the gynecology wards of most African state hospitals. The presence of laws that push women to have unsafe abortions is shown in one account, where a woman who could not afford to look after a new baby carried her pregnancy to term and handed the newborn baby to a nurse who was childless. The two women had come to this agreement earlier and the nurse had paid all the costs of the pregnancy. The mother of the new baby was taken to court by relatives and she received an 18-month suspended jail sentence for breaking the law under the country's Child and Adoption Act. It can be assumed that another unplanned pregnancy will lead to an unsafe abortion, since safe abortion services are not easily available in the country.

**Resource:** *Africawoman* can be found on the internet at <http://www.africawoman.net> and the April 2005 edition is a useful resource in the advocacy for provision of safe abortion services in African countries.

## More Than One in Four Non-Elderly U.S. Women Delay or Forgo Medical Care Due to Costs

A new U.S. national survey of women on their health finds that a substantial percentage of

women cannot afford to go to the doctor or get prescriptions filled. Although a majority of women are in good health and satisfied with their health care, many have health problems and do not get adequate levels of preventive care. For those who are sick, poor, or uninsured, the challenges are magnified. The Kaiser Family Foundation report, *Women and Health Care: A National Profile* (resource shown below) is based on a national survey of 2766 women age 18 and older.

As health care costs grow, more than one-quarter of non-elderly (under age 65) women (27%) and two-thirds of uninsured women (67%) report they delayed or went without care they believed they needed in the past year because they could not afford it, compared to 24% and 59%, respectively, in 2001. Among women with private coverage, nearly one in five (17%) delayed or went without care. In addition, 20% of women ages 18 and older say they did not fill a prescription in the past year because of the cost.

Mammography rates reported by women ages 40 to 64 have not improved, falling slightly from 73% in 2001 to 69% in 2004. Only 40% of uninsured women over 40 had a mammogram in the past year, compared to three-quarters of women with private coverage (74%) or Medicare (73%). Pap testing rates reported among women ages 18 to 64 also fell from 81% in 2001 to 76%. Only 38% of women 50 and older say they have had a colon cancer screening test in the past two years, and 37% of women 45 and older say they received a test for osteoporosis in the past two years.

Additional key findings:

- 41% of uninsured women say they did not fill a prescription due to costs, as do one in six women (17%) with private coverage and nearly one in five women with Medicaid (19%).
- One in seven (14%) women also report that they skipped or took smaller doses of their medicines in the past year to make the prescriptions last longer.
- Nearly four in ten women (38%), have a chronic condition, such as diabetes, asthma or hypertension that requires ongoing medical attention, compared to 30% of men.
- Nearly one-third (31%) of women in fair/poor health report concerns about the quality of care they received in the past year, compared to 18% of women in better health.

**Resource:** The report and materials from the briefing are available online at <http://www.kff.org/womenshealth/whp070705pkg.cfm>.

## Updates from the Society for Women's Health Research

The Society for Women's Health Research (SWHR) is the nation's only non-profit organization whose mission is to improve the health of all women through research, education and advocacy. The Society encourages the study of sex differences between women and men that affect the prevention, diagnosis and treatment of disease.

Order publications from the SWHR on a variety of women's health issues and research topics or sign up to receive the SWHR biweekly e-newsletter, which provides links to the latest research news. Visit <http://www.womenshealthresearch.org> for more information.

Topics recently addressed in the SWHR include:

### MRI can help predict breast cancer recurrence

MRI measurement of breast tumor volume – before, during and after chemotherapy – can help predict whether a patient's cancer will return, a new study shows.

The study, performed at the University of California–San Francisco, of 58 breast cancer patients found that the best way to predict a patient's recurrence-free survival is to review the initial MR examination (before the patient has chemotherapy) and the final MR examination (after chemotherapy has been completed).

Physicians now typically evaluate treatment response by clinical exam and pathology. “But unlike pathology, early changes in tumor volume can potentially be assessed by MRI at a time when chemotherapy regimens can still be modified (1).

### Reference

1. Partridge SC, Gibbs JE, Lu Y, Esserman LJ, Tripathy D, et al. MRI Measurements of Breast Tumor Volume Predict Response to Neoadjuvant Chemotherapy and Recurrence-Free Survival. *Am J Roentgenol* 184 (2005) 1774–1781.

## Women, Space Travel and Infection: Female Immune Response on Extended Missions

A bed rest study with female participants will help scientists understand changes to the immune response and decreased resistance to infection in space.

Investigators with the National Space Biomedical Research Institute (NSBRI) are researching the

immune system as part of the Women's International Space Simulation for Exploration (WISE), a collaborative venture that includes NASA, the European Space Agency, the Centre National D'Études Spatiales (French Space Agency) and the Canadian Space Agency. The study is being carried out by the French Institute for Space Medicine and Physiology (MEDES) in Toulouse, France.

Changes in immunity could have serious effects on an astronaut's ability to resist infection and the development of tumors. Possible causes for a compromised immune system include exposure to radiation and the effects of microgravity. With current expeditions to the International Space Station for extended periods and future exploration missions to the moon and Mars, astronauts will be exposed to chronic radiation that could result in serious health problems.

The study involves 24 healthy, non smoking female volunteers between the ages of 25 and 40. Candidates in the first phase came from the Czech Republic, Finland, France, Germany, Great Britain, The Netherlands and Poland. Recruitment for another 12 volunteers, who are needed for the second campaign, is currently ongoing (<http://www.medes.fr>). Each subject is assigned to one of three groups, which include bed rest alone, bed rest with a series of exercises targeting the lower body, and bed rest with a nutritional supplement. Participants lie with their heads tilted six degrees below horizontal so that their feet are slightly higher than their heads.

NSBRI, funded by NASA, is a consortium of institutions studying the health risks related to long duration space flight. The Institute's research and education projects take place at more than 70 institutions across the United States.

**Resource:** National Space Biomedical Research Institute: <http://www.nsbri.org>.

## Obesity, Smoking Add Years to Cells' Age

The cells of obese women or those who smoke are “older” than those of other women, suggesting that these factors accelerate aging, new research shows.

The age of a cell is indicated by the caps, or “telomeres,” on the ends of chromosomes. With every successive division of the cell, the telomeres get shorter and shorter.

“The difference in telomere length between being lean and being obese corresponds to 8.8

years of aging; smoking (previous or current) corresponds on average to 4.6 years of aging; and smoking a pack per day for 40 years corresponds to 7.4 years of aging,” Dr. Tim Spector, from St. Thomas’ Hospital in London, and colleagues report in *The Lancet* medical journal (1).

Obesity and smoking are associated with oxidative stress, which, in turn, have been shown to promote telomere erosion. The researchers hypothesized that obesity and smoking may be linked to shortened telomeres.

Further analysis revealed that the telomeres of obese women were significantly shorter than those of lean women. Smoking status was also tied to shortened telomeres and each pack year of smoking further shortened the telomeres.

#### Reference

1. Spector TD. *The Lancet* (DOI: [10.1016/S0140-6736\(05\)66630-5](https://doi.org/10.1016/S0140-6736(05)66630-5)) *Lancet*, online June 14, 2005.