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## 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. Please feel free to email Doctor Richard Adanu at [rmadanu@yahoo.com](mailto:rmadanu@yahoo.com) or Doctor Maya Hammoud at [immaya@umich.edu](mailto:immaya@umich.edu) if you have reports or items that you would like 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.

### HPV vaccine found to be safe

Currently, 25% of girls aged between 13 and 17 years have received at least one shot of Gardasil, the quadrivalent vaccine for human papillomavirus (HPV). A recent study, in which the recipients of the vaccine were followed up, showed that the HPV vaccine is no riskier than other vaccines on the market today. There is, however, a small chance of fainting after receiving the vaccine.

The study showed that about 23 million shots of the vaccine have been given during the 2.5 years it has been in use. During this time approximately 12 500 adverse events have been reported; however, over 90% of these were not considered to be serious health complaints.

Thirty-two deaths were reported among women who received the vaccine, but there was no definite evidence to suggest that the deaths were directly caused by the vaccine and not merely a coincidence. Fainting was reported in 8.2 cases per 100 000 vaccinations. Local vaccine site reactions were also higher than for other vaccines at 7.5 per 100 000 vaccinations.

Although the vaccine has been shown to be generally safe, the debate continues about whether countries are moving too fast to make it part of their vaccination schedule for girls. Since the progress from HPV infection to cervical cancer takes a long time, the benefit of the vaccine in reducing the incidence of cervical cancer can only be shown in about 20 to 40 years.

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### Reference

<http://edition.cnn.com/2009/HEALTH/08/18/hpv.vaccine.safety/index.html>.

### Private–public partnerships improving maternal and newborn health in India

More than 100 000 women die each year in India from pregnancy-related causes. The level of maternal mortality and the pace at which maternal mortality reduction efforts are progressing have led many to doubt whether Millennium Development Goal 5 can be achieved.

However, there is good news from the western state of Gujarat, which has a population of 50 million people. The state government has linked up with private hospitals and doctors to provide free obstetric care for poor women. The women receive free prenatal care, free delivery services, and free postnatal care. Cesarean delivery is also provided free of charge. Doctors also examine neonates at birth and provide treatment for any problems that are detected. In this partnership, launched in 5 districts, the government pays for the services rendered by private practitioners.

Reports show that institutional delivery rates have increased from 67% to 82% in the selected districts. Its success has led to the states of West Bengal, Madhya Pradesh, and Uttar Pradesh starting similar programs.

### Reference

[http://www.who.int/features/2009/private\\_public\\_benefits/en/index.html](http://www.who.int/features/2009/private_public_benefits/en/index.html).

### Women's stories about HIV

The proportion of women living with HIV globally stabilized at around 50% in the late nineties. The most recent estimates from 2007 put the figure at 50.2%. The World Health Organization estimates that there are about 16 million women living with HIV throughout the world, and more than 75% of these women live in Africa.

In Africa, 60% of adults living with HIV are women, while the Western Pacific has the lowest prevalence of 28%. Compared with men, women are physically more susceptible to HIV infection and are

at greater risk because they are typically the victims of gender-based violence and rape.

The features section of the WHO website contains women's stories documenting their experiences with HIV. The stories reveal how these women were exposed to violence and gender inequality, as well as their experiences living with HIV.

Balabwa, from South Africa, was infected with HIV after she had been raped. At diagnosis she was also found to have contracted tuberculosis and was declared to be beyond help. However, she received support from a nongovernmental organization to treat the tuberculosis and received antiretroviral drugs. She now serves as an advocate against gender-based violence and works with others living with HIV.

WHO is working to scale up the provision of treatment to people living with HIV. In 2007, only 3 million people had access to treatment out of the 9.7 million in low-income nations who needed treatment.

#### Reference

<http://www.who.int/features/2004/aids/en/index.html>.

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#### Expanded antiretroviral treatment shows benefits in Namibia

Namibia has one of the highest rates of HIV infection in the world, with 15% of the adult population diagnosed as HIV positive. However, scaling up of provision of antiretroviral treatment for those infected has begun to show benefits.

The Katutura State hospital started providing counseling and testing services and antiretroviral treatment in 2003. There are many free HIV testing sites established in the Katutura vicinity. It is at these testing sites that people can find out their HIV status. After learning their HIV status, those testing positive are directed to the state hos-

pital where they receive antiretroviral therapy as well as treatment for opportunistic infections.

The service at Katutura State hospital has subsequently grown to the point where 5000 HIV positive adults and 1100 children receive treatment regularly. In addition, about 80–120 newly tested people are enrolled for treatment each month. The hospital also provides counseling, testing, and treatment services for pregnant HIV-positive women.

#### Reference

[http://www.who.int/features/2009/hiv\\_namibia/en/index.html](http://www.who.int/features/2009/hiv_namibia/en/index.html).

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#### Women's health: Useful sources of information

The Database of Abstracts of Reviews of Effects (DARE) is a searchable database for abstracts of reviews and meta-analyses that have been performed on any reproductive health topic. This database is a good starting point for discovering reviews published on a topic of interest. It is also useful for getting a quick summary of the current evidence-based recommendations. DARE can be accessed at: <http://www.crd.york.ac.uk/crdweb/Home.aspx>. A DARE tab then takes users to the search page.

The Geneva Foundation for Medical Education and Research (GFMER) provides a means of access to all published guidelines, reviews, position statements, recommendations, and standards in obstetrics, gynecology and reproductive medicine. Users have access to full text articles and the website is available in English, French, Spanish, Italian, and German. The web address is: [http://www.gfmer.ch/Guidelines/Obstetrics\\_gynecology\\_guidelines.php](http://www.gfmer.ch/Guidelines/Obstetrics_gynecology_guidelines.php).