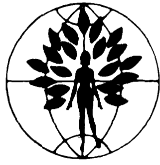

International Journal of Gynecology and Obstetrics 78 (2002) 3–5

International Journal of
GYNECOLOGY
& OBSTETRICS

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Contemporary issues in women's health

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Afghanistan: The Revolutionary Association of the Women of Afghanistan (RAWA) http://rawa.false.net/abcnews.html

Following the terrorist attack of September 11, 2001, in the U.S. and the fall of the Taliban in Afghanistan, international recognition and knowledge of the demeaning role of women in Taliban society have been widely recognized. These included the exclusion of women from basic education and elimination of their jobs as teachers and health care facilitators. (Forty percent of the physicians in Afghanistan were women in 1995.) Not only were these women forced from their jobs, females could not be treated by male physicians. Therefore, RAWA provides a mobile health team for Afghan women. This courageous organization also runs schools, orphanages, and workshops to teach women income-generating skills. The key to RAWA's hidden success has been their website (www.rawa.org). Reporters were not allowed inside Afghanistan; therefore women wore tiny video cameras under their burkas to capture the extent of the violence victimizing women and male citizens alike. Some of these pictures are shown on rawa.org in 'streaming video'. The web is and has been a way for Afghan women to show the world that Afghanistan needs help. Internet-generated foreign contributions have what kept this grassroots organization running in an underground fashion. www.rawa.org is an award-winning website that is well worth viewing. Its extensive written and graphic visual content gives the viewer an upfront example of the restriction of women's rights. The high quality of information, video streaming, and up-to-date web revisions have earned international recognition as an outstanding model for the type of 'web-based' feminist activism we will see increasing throughout the world.

Hormone Replacement Therapy

Following a recent statement from the American Heart Association (www.americanheart.org) that there is no evidence to support hormone replacement therapy in the prevention of cardiovascular disease in perimenopausal and postmenopausal women, further confusion has been added to the controversy about hormone replacement therapy. A recent article in the *Journal of the American Medical Association* (www.ama-assn.org) reports that women who take hormone replacement therapy for five years or more after menopause have an increased risk of breast cancer, especially lobular cancers. This contributes further evidence to other studies which have shown a similarly moderate but consistent increase in the risk of breast cancer in

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PII: S0020-7292(02)00143-1

women taking hormone replacement therapy. The role of hormone replacement therapy in prevention of cardiovascular disease, osteoporosis, and improvement of cognitive function, as well as associated risks of breast cancer, receive almost daily attention by American women and their physicians. To add to the confusion, a recent study on levels of a selective estrogen receptor modulator commonly used in the treatment of osteoporosis shows that it may significantly lower the risk of heart attacks in the short term. This lack of definitive 'scientific knowledge' has made the counseling and treatment of patients with hormone replacement problematic in the United States and will continue to be a topic of interest to obstetricians/gynecologists and, more importantly, to the women they serve.

Safe Motherhood/Safe Abortion in Kenya

The efforts of Dr Solomon Orero on Mfangano Island in Kenya in introducing and teaching manual vacuum aspiration and the management of first trimester complications of pregnancy and abortion were recently highlighted in the *New York Times*. (www.plannedparenthood.org/FPIA/repkenya20011015.html). This very interesting article highlighted the rapid integration of manual vacuum aspiration for management of complications of abortion, spontaneous and elective, 'legal' and 'illegal'. Before introduction of this technique, women tried many dangerous tactics to electively end their pregnancy, including sharp objects (tree branches, coat hangers, etc.). Incomplete spontaneous abortions caused women pain and excessive bleeding and worse symptoms. Although the population of Mfangano Island is 20,000, unfortunately, the island has a total of only seven nurses and one clinical officer, forcing the island women to take a boat to the mainland for care. The article makes the interesting point, noting, 'Dr Orero travels as part of an organization called Kisumu Medical and Educational Trust to teach health practitioners how to complete botched abortions. If his trainees want to use this knowledge to perform abortions themselves, Dr Orero does not object.'

Manual vacuum aspiration is a technique that has clearly suffered under-use and disuse for political, ideological, and religious reasons. It has much to offer the developing and developed worlds alike. With over-crowded hospital services in many parts of the developed world, manual vacuum aspiration for the management of incomplete abortion in physicians' offices has the potential to play an increased role. Further information on manual vacuum aspiration (MVA) is available at www.ipas.com

Mammography

A recent study that appeared in the *Lancet* (October 20, 2001) created uncertainty about the role of mammography (www.thelancet.com). For decades, it was an article of medical faith that for women over age 50, regular mammography screening would reduce mortality. The recent meta analysis in *Lancet*, however, as well as a recent independent panel of experts at the National Cancer Institute (http://newscenter.cancer.gov/pressreleases/mammstatement31jan02.html), raise concerns about recommendations on screening. In 1977, the National Cancer Institute stopped encouraging mammograms in younger women (because of their denser breast tissue), but reversed this decision in the late 1980s with the citations of new research. Then, in 1993, new research led the organization to yet another inconclusive stance—not to recommend mammograms, a position that was based on such factors as that mammography is a screening tool and misses tumors; what mammography does find may not be cancer, but the findings could lead the woman to unnecessary surgery, radiation, and chemotherapy; and the concern that research on mammography is skewed and flawed. Both sides of this debate have significant information to warrant discussion. In the United States, the breast cancer diagnosis rate is one in eight women; therefore, having a reliable means of diagnosing breast cancer and reducing mortality is a priority. The United States Preventive Service Task Force and the National Cancer Institute have most recently decided to stand by the recommen-

dation that women aged 40 or older should be screened every one to two years.

To access the latest news and information, please reference, 'NCI Research on Early Detection of Breast Cancer' http://newscenter.cancer.gov/pressreleases/continuingmammographyresearch.html