



## 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 or otherwise contact Professor Timothy Johnson at [trbj@med.umich.edu](mailto:trbj@med.umich.edu) or Professor S. Arulkumaran at [s.arulkumaran@sghms.ac.uk](mailto:s.arulkumaran@sghms.ac.uk) if you have reports or stories 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.

### Cervical cancer

#### Cervical Screening in Developing Countries

Alliance for Cervical Cancer Prevention, January 10, 2005. A consortium of international public health agencies has published a "how-to" manual

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on implementing effective screening programs for cervical cancer in developing countries.

The Alliance for Cervical Center Prevention is a partnership of global agencies, including the World Health Organization's International Agency for Research on Cancer.

For the past 5 years, the alliance has worked in more than 50 countries on identifying, promoting, and implementing effective, safe, and affordable cervical prevention strategies in low-resource settings. The resulting 279-page manual, *Planning and Implementing Cervical Cancer Prevention and Control Programs*, is fully endorsed by the WHO.

In the forward, Catherine LeGales Camus and Joy Phumaphi, assistants to the WHO director general, write that cervical cancer is one of the most preventable and treatable cancers, and that well-organized programs in developed countries have led to a "remarkable reduction in mortality and morbidity."

They add: "Over the same period, however, we have seen little or no change in developing countries. Some of the main barriers here are the lack of awareness among stakeholders, lack of cervical cancer control programs, and absence of country-tailored guidelines for best practice of cervical cancer prevention and control."

According to the manual, which is intended for program managers at regional and local levels in

developing countries, about 80% of all cases of cervical cancer worldwide occur in less developed countries. In these areas, prevention programs are typically either nonexistent or poorly executed.

The forward authors also write: "This general, how-to manual responds to the fundamental challenge of moving from policy to actually organizing, implementing, and monitoring newly developed programs, or strengthening existing cervical cancer prevention and control programs.

The International Network for Cancer Treatment and Research has also endorsed the new manual. The organization's director, Dr. Ian Magrath, said: "Particularly valuable is its emphasis on how to develop a plan that takes into consideration local circumstances, maximizes available resources, and pays due attention to cost effectiveness. This volume will play a vital role in bringing cervical cancer screening programs to those areas and populations where they are most needed."

A PDF version of the manual can be downloaded via the website of the International Agency for Research on Cancer, at <http://www.iarc.fr>.

## Cervical Cancer Prevention and HPV DNA Testing

The Association of Reproductive Health Professionals (ARHP) invites you to download a FREE copy of their latest issue of Health and Sexuality "Cervical Cancer Prevention and HPV DNA Testing."

This up-to-date publication on this very treatable and preventable disease is available online via this link on ARHP's Web site: [www.arhp.org/cervicalcancer](http://www.arhp.org/cervicalcancer). Publication Contents:

- \* Cervical Cancer Prevention and HPV DNA Testing: Targeting High-Risk Virus Types
- \* Genital HPV Infection and Cervical Cancer: Revealing the Link
- \* Shared Decision Making: Understanding HPV Information Needs
- \* Counseling Patients with HPV
- \* Frequently Asked Questions About HPV
- \* The Challenge to Improve Screening
- \* What's in the Future for HPV and Cervical Cancer
- \* HPV DNA Testing: The Legal Perspective, Three Questions for Mark S. Sidoti, Esq.
- \* Resources

Cervical cancer used to be the number one cancer killer of US women. Today, thanks to the Pap test, it

does not have the domestic impact it once did, but cervical cancer remains on the global public health agenda. Worldwide, more than 250,000 women die from cervical cancer every year.

Although scientists were able to connect cervical cancer with sexual activity centuries ago, it wasn't until just a few decades ago that human papillomavirus (HPV) was discovered to be the actual link.

HPV is the most common sexually transmitted disease in the world, infecting an estimated 80% of sexually active women at some point in their lives, and probably as many men. For the majority of women who contract HPV, the body's natural defenses are enough to beat the virus. But we now know that persistent infection with certain high-risk types of HPV actually causes cervical cancer.

This knowledge brings cervical cancer firmly into the category of preventable diseases. We should be able to lower rates of cervical cancer even further. In lieu of the traditional Pap smear, liquid-based Pap technology shows promise as a more sensitive means of testing for abnormal cell growth. And HPV DNA testing allows clinicians to screen for the high-risk HPV types that can cause cervical cancer and assess those abnormal Pap test results that are not related to high-risk HPV.

Yet technology alone will not prevent disease. We need to increase access to screening and find those women who haven't been screened. The first step is to educate clinicians, patients, and the general public about cervical cancer screening and prevention. Informed, shared decision making about increasing choices in care and management is the next step. For this reason, we timed this issue of Health and Sexuality to coincide with National Cervical Cancer Awareness Month.

This is an exciting time in the field of cervical cancer screening and prevention. For the past decade, two major pharmaceutical companies have been vying to develop a vaccine against HPV, and now they are nearing that goal. In addition to injections, an oral vaccine is in development, an HPV vaccine is being tested in men, and new ways to detect HPV are being perfected. There is even a revolutionary gel in development that would destroy cervical cancer cells.

HPV vaccines could have special impact in the developing world, where cancer screening is not widely available or accessible and more than 80% of deaths from cervical cancer occur. In the United States, such vaccines may be a harder sell because they may be initiated in girls as young as 10, to ensure they are protected before the onset of sexual activity. Convincing society of the need to vaccinate young girls against what is

essentially a sexually transmitted disease will be a hurdle.

For more information: <http://www.arhp.org>.

## New Publications from WHO

### Selected Practice Recommendations for Contraceptive Use, 2nd edition, 2004

This document aims to improve access to quality care in family planning by providing guidance on the safe and effective use of contraceptive methods once they are deemed to be medically appropriate. The document is intended to be used by policy-makers, program managers and the scientific community, and aims to provide guidance to national family planning and reproductive health programs in the preparation of guidelines for service delivery of contraceptives.

The document contains 33 specific questions with recommendations, including 10 new questions for this second edition. Recommendations are given on initiation/continuation of methods; incorrect method use; problems during use, such as vomiting and/or diarrhea, menstrual abnormalities, pelvic inflammatory disease, and pregnancy; and programmatic issues, such as exams and tests required for method use. Recommendations are based on the latest clinical and epidemiological data, and developed through consensus at an International Expert Working Group meeting. A summary of changes from the first edition is available on page 16 of the "Executive Summary and Overview".

The document covers the following family planning methods: combined oral contraceptives, combined injectable contraceptives, progestogen-only pills, DMPA, NET-EN, levonorgestrel implants, emergency contraceptive pills, copper-bearing IUDs, levonorgestrel-releasing IUDs, fertility awareness-based methods, and male and female sterilization.

The latest edition of this evidence-based guideline is now available online. It can be downloaded from: <http://www.who.int/reproductive-health/publications/spr/index.htm>.

This document is the companion guideline to WHO's Medical Eligibility Criteria for Contraceptive Use [http://www.who.int/reproductive-health/publications/RHR\\_00\\_2\\_medical\\_eligibility\\_criteria\\_3rd/index.htm](http://www.who.int/reproductive-health/publications/RHR_00_2_medical_eligibility_criteria_3rd/index.htm).

### The Effects of Contraception on Obstetric Outcomes

This document, prepared for WHO by Cicely Marston and John Cleland, reviews the available information

on the contribution of contraception to reducing obstetric mortality and morbidity. It shows that effective contraception contributes to better maternal and child health beyond simply reducing the percentage of births that are unintended. The document contains three papers which review the demographic, biomedical and epidemiological evidence related to the effects of contraception in three areas:

- (1) Relationships between contraception, composition of childbearing, and obstetric outcomes  
This paper reviews evidence on the effects of pregnancy avoidance or delay on obstetric outcome in very young or older women, due to increased birth intervals, and due to fewer overall births.
- (2) Effects of unwantedness on pregnancy outcomes: pregnancies that end in live births.  
This second paper analyses data from five recent Demographic and Health Surveys (DHS) to test the hypothesis that unwanted pregnancies that end in live births will have poorer health care health-related outcomes than wanted pregnancies. High birth order was a stronger predictor of negative outcomes than unwantedness except in Peru. Thus the transition from six or so births per woman to two or three births, due to increased contraceptive use, brings large benefits both for obstetric care and children's welfare.
- (3) Relationships between contraceptive use and abortion rates  
Lastly, this paper examines trends in and relationships between contraceptive uptake and abortion rates. It is demonstrated that contraceptive use and resort to abortion can increase simultaneously but only in settings where fertility is falling rapidly. In other situations the expected relationship holds: increases in contraceptive use and/or effectiveness of use leads to a reduction in abortion.

The document is available online and can be downloaded from: [http://www.who.int/reproductive-health/publications/2004/effects\\_contraception/index.html](http://www.who.int/reproductive-health/publications/2004/effects_contraception/index.html).

Hard copies of either document from WHO can be ordered from: Documentation Centre, Department of Reproductive Health and Research, World Health Organization, 1211 Geneva 27, Switzerland Direct Fax +41 22 791 4171 Phone +41 22 791 4447, Email: [rhrpublications@who.int](mailto:rhrpublications@who.int).

Other new publications in reproductive health from WHO can be found online at <http://www.who.int/reproductive-health/new/index.html>.

## Update from IRH Med Ed

### New Resources from MADRE

MADRE, an international women's human rights organization, has developed a set of ten concise position papers on key issues of women's human rights. MADRE is using the documents to advocate for government accountability to women's human rights at the ten year review of the United Nations World Conference on Women held in Beijing in 1995. Please visit <http://www.madre.org/articles/b10/main.html> to access MADRE's position papers on armed conflict, sustainable development, sexual and reproductive rights, and other key issues of women's human rights.

For more information, please contact: MADRE 121 West 27th Street, #301, New York, NY 10001, Ph. 212-627-0444, fax. 212-675-3704, [madre@madre.org](mailto:madre@madre.org) [www.madre.org](http://www.madre.org).

### New Resource from Women of Uganda Network (WOUGNET)

WOUGNET is a non-governmental organization initiated in May 2000 by several women's organizations in Uganda to develop the use of information and communication technologies (ICTs) among women as tools to share information and address issues collectively. The goal is to improve living conditions for women by enhancing their capacities and opportunities for exchange, collaboration and information sharing. In as much as WOUGNET's initial emphasis was directed towards Internet technologies, there has always been a strong interest and need from members in how these technologies can be integrated with traditional means of information exchange and dissemination including radio, video, television and print media.

The WOUGNET CD is in response to the call to increase the diversity of media with which information is exchanged and disseminated. The CD includes the entire WOUGNET website (as of December 31, 2004), the 2004 WOUGNET Update Newsletters, and reports of the WOUGNET workshops held in 2004. It is expected that a new edition of the WOUGNET CD will be produced annually. Production of the WOUGNET CD has been made possible with the generous funding of the Humanist Institute for Cooperation with Developing Countries (Hivos).

For information on how to obtain a copy, contact the WOUGNET Information Officer at [info@wougnet.org](mailto:info@wougnet.org) or call +256-41-256832 or [www.wougnet.org](http://www.wougnet.org).

## Women's Information Technology Transfer (WITT)

Women's Information Technology Transfer (WITT) has launched a portal site to link women's organizations and feminist advocates for the internet in Eastern and Central Europe. [www.witt-project.net](http://www.witt-project.net) is both a website, providing Information Communication Technologies (ICTs) strategic information to all, and supporting, in a collective way, Central and Eastern European women in developing a web as an instrument in their social activism. WITT is committed to bringing women's actions, activities and struggles to the spotlight, promoting the use of free software as a way to highlight women's voices. WITT is one of the first organizations of its kind to train women's non-governmental organizations in Central and Eastern Europe to use ICTs in their communication strategies.

The WITT website has been developed for women to share their experiences with ICTs, to learn about training events provided by WITT and to develop expertise in advocacy on gender and ICT issues. Women can publish on the website in their own language (8 languages are available to be used as the site develops). During the annual WITT Trainers Exchange Event (TEE 2005), held in Ohrid, Macedonia from 12–15 February 2005, WITT trainers learned how to operate this collective website, learning how to write efficiently for the web and how to publish live using the GPL (General Public License) Publication software Spip (the site has been totally created by WITT members). Participants in WITT trainings will need only a few hours to be able to appropriate the technology for using the website effectively. This is a great strength both of the Spip system and the WITT philosophy that technology is a tool to be used, not feared.

The Trainers Exchange Event, hosted by Akcija Zdruzhenska, a Macedonian organization of feminist trainers, was attended by 16 women from Bosnia and Herzegovina, Bulgaria, Croatia, the Czech Republic, France, Moldova, Macedonia, the Netherlands, Poland and Serbia and Montenegro. All these trainers are active within the women's movement or social movements in the region, many in the area of ICTs. The purpose of these events is to build powerful partnerships between the trainers and for WITT to maintain a pool of women who will not only promote ICT use but also promote a feminist analysis of ICT use. WITT was initiated in 2002 by ENAWA—European North American Women Action as part of its training program. It will become an independent entity early in 2005, with its seat in Croatia and Focal Points throughout the region. Focal Points are women working within

organizations who represent WITT and organize local WITT trainings.

To learn more about WITT, please visit <http://www.witt-project.net> or contact [kristina@witt-project.net](mailto:kristina@witt-project.net) or [info@witt-project.net](mailto:info@witt-project.net).

### **Microbicides: New Potential for Protection (report)**

This INFO Project publication concerns the protective potential of microbicides, substances that are designed, when applied vaginally, to reduce transmission of HIV or other STIs.

<http://www.infoforhealth.org/inforeports/microbicides/index.shtml>.

### **Africa: Health Ministers Pledge on Reproductive Health**

Ministers of Health of the Southern Africa sub-region have committed themselves to working with other sub-regions on the continent to integrate sexual reproductive health and rights goals and targets into the New Partnership for Africa's Development framework.

<http://allafrica.com/stories/200502280945.html>.

### **How do Women Identify Health Professionals at Birth in Ghana?**

This study explores how women in Ghana identify health professionals attending their births. Role, prior knowledge, and uniform are the most common means by which women identify their attendant. These means of identification do not distinguish accurately between different types of health professional.

[http://www.sciencedirect.com/science/article/Midwifery 21\(1\), 2005, 36–43.](http://www.sciencedirect.com/science/article/Midwifery%2021(1),%202005,%2036-43)

### **Women's Sexual Control within Conjugal Union: Implications for HIV/AIDS Infection and Control in a Metropolitan City**

This study attempts to examine the extent to which women have control over their sexuality within marriage and its implication for the spread of HIV/AIDS. The survey was carried out in metropolitan Lagos. The study shows that women have some control over their sexuality, especially during certain occasions such as during menstruation, breastfeeding, pregnancy, and when they are sick. However, only few women could negotiate with their husbands especially by insisting on safe sexual

practices. The study therefore shows that women need to be educated on the need for safer sex practices, especially in this era of HIV/AIDS.

<http://www.demographic-research.org/volumes/vol12/2/12-2.pdf>.

### **Improving the Reproductive Health of Youth in Mexico**

This project assessed the impact of the Mexican Foundation for Family Planning's Young People Program on: a) the attitudes of community stakeholders (such as parents, school teachers, and health service providers) towards informing youth about reproductive health issues and towards making reproductive health services available for sexually-active youth; b) the sexual and reproductive health knowledge, attitudes, and behaviors of adolescents; and c) the way that providers offer reproductive health services to adolescents. In addition, the project determined whether adding a school-based sex education component increased the impact of community interventions on the knowledge, attitudes, and behaviors of adolescents.

[http://www.dec.org/pdf\\_docs/PNADB577.pdf](http://www.dec.org/pdf_docs/PNADB577.pdf).

### **Governments Not Keeping Gender Equality Pledges, Including Availability of Reproductive Health Services**

Countries who signed the platform at the 1995 Fourth World Conference on Women in Beijing are "failing" to keep their pledge to achieve gender equality, including making reproductive health services available to women worldwide, according to a report released on Thursday by the Women's Environment and Development Organization at a two-week U.N. review of the conference, the AP/Kansas City Star reports. The organization compiled work from women's rights groups in 150 countries for the report, titled "Beijing Betrayed," which concludes that many women currently are worse off than they were 10 years ago. Despite the platform goal of making reproductive health services available worldwide, "obstacles" to access and affordability remain and are "compounded by cultural and religious fundamentalism," according to the report, the AP/Star reports. Women and girls also have a higher risk than men and boys of contracting HIV "primarily because of continued patterns of sexual subordination," according to the report (Lederer, AP/Kansas City Star, 3/4). "Governments are ... failing to mobilize the political will and leadership needed to carry out the commitments made to women at Beijing,"

WEDO Executive Director June Zeitlin said, adding, "As a result, many women in all regions are actually worse off now than they were 10 years ago" (Zabarenko, Reuters, 3/3).

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?hint=2&DR\\_ID=28465](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=2&DR_ID=28465).

### **Frustrated Health Worker Bodies Call for Action at the European Union to Stop Baby Milk Advertising**

The baby food industry is advertising breastmilk substitutes with virtual impunity in the UK as enforcement bodies (Ofcom, Advertising Standards Authority, Trading Standards) point to weaknesses in the law. Complaints about advertising of formula on television and radio and in the press are generally dismissed out of hand as the government has failed to fully implement the International Code of Marketing of Breastmilk Substitutes, nearly 25 years after it was adopted by the World Health Assembly.

Although the government promised action to implement the Code after a United Nations Committee on the Rights of the Child report in 2003, nothing has yet been done to improve marketing controls.

Public Health Minister, Melanie Johnson MP, has said the government is pursuing changes to an EU directive being revised this week. The present draft will do little to strengthen the hand of the enforcement authorities and if approved unchanged may force a confrontation with Brussels if the government is to act unilaterally to protect UK infants and mothers from aggressive marketing. Government Minister, Dr. Stephen Ladyman, assured a meeting of health experts at the House of Commons on 21 February 2005 that he will investigate what steps can be taken when Britain holds the EU presidency later this year and what action can be taken if changes cannot be won at EU level.

Patti Rundall OBE, Baby Milk Action's Policy Director, said:

"Thousands of NGOs, MEPs and Member states have been calling over the years for the greater protection of breastfeeding and infant health through the implementation of World Health Assembly market-

ing standards, which ban of all promotion of breastmilk substitutes, as law in Europe. In pushing ahead with proposals that so clearly favour the infant feeding industry the European Commission is ignoring these concerns and the overwhelming scientific evidence that demonstrates the risks of artificial infant feeding and the importance of exclusive breastfeeding. The proposals are also in conflict with the Commission's own advisors and with other Commission initiatives which are designed to tackle the obesity epidemic that is sweeping across Europe. The World Health Organization (WHO) recently published seven-year study shows that babies exclusively breastfed for six months are healthier and leaner than artificially fed babies."

Health worker bodies, representing about half a million UK health workers, including the Royal College of Nurses, Royal College of Midwives, Royal College of Paediatrics and Child Health, National Childbirth Trust, other members of the Baby Feeding Law Group and the National Heart Forum have written or endorsed strong letters to the Food Standards Agency and EU Commission on the draft EU Commission Directive on Infant Formulae and Follow-on Formulae (click here to view a selection of letters). Health experts want a total ban on the advertising and promotion of all breastmilk substitutes, feeding bottles and teats, in accordance with the International Code and subsequent World Health Assembly Resolutions. The Code and Resolutions limit companies to providing scientific and factual information to health workers and give health workers responsibility for advising parents on infant and young child feeding. Health experts are also demanding a ban on the use of health claims. Companies are increasingly claiming formulas boost intelligence and protect against infection, claims which have dubious scientific bases and imply the formulas are equivalent or superior to breastfeeding.

<http://www.babymilkaction.org/press/press7march05.html> for links to supporting documents and to view examples of advertising <http://www.babymilkaction.org/>.

Baby Milk Action is the UK member of the International Baby Food Action Network <http://www.ibfan.org/>.