

Chapter 2 - Health of Women of Childbearing Age

Healthy living by women in their reproductive years (15 to 44 years of age) can set a foundation for good maternal and infant health. Chapter 2 describes elements for a healthy life: healthy diet, regular exercise and adequate rest, avoiding obesity, avoiding tobacco or drug use and avoiding or moderate use of alcohol, and recognizing and seeking help with mental health or abusive relationships. Women may also lengthen their lives through regular screening for cancer and other illnesses. Women can promote their well-being and avoid unplanned pregnancies and sexually transmitted diseases. Leading causes of hospitalization and death hint at prevention ideas. Healthy habits through the childbearing years improve birth outcomes, life-long health, and may prevent premature death for women.

Wellness

Healthy Diet

While human food supply in the United States is generally safe and even abundant, food cost and availability affects the nutrition of some women of childbearing age. Major nutrition-related health problems in the U.S. may be caused by eating too much fat, saturated fatty acids, cholesterol and sodium. Women of reproductive age may prevent some neural tube birth defects through diet (See chapter 5, page 5.12 for information about birth defects). Utah women 25-44 years of age are more likely to report healthy diets than younger women 18-24 years. For best health, women can eat the recommended daily food intake for Americans¹:

- 6-11 servings^A of grains
- 3-5 servings of vegetables
- 2-4 servings of fruits
- 2-3 servings of dairy
- 2-3 servings of meat/eggs
- few/no sweets, fats or oils¹

Exercise and Rest

The Utah Behavioral Risk Factor Surveillance System (BRFSS) estimated that 47% of women (15-44) in Utah reported a sedentary lifestyle in 1994. Sedentary lifestyle was defined as exercising less than 20 minutes per day on fewer than three times per week in the month before answering the survey.² Daily physical activities may fall below this measure of healthful exercise.

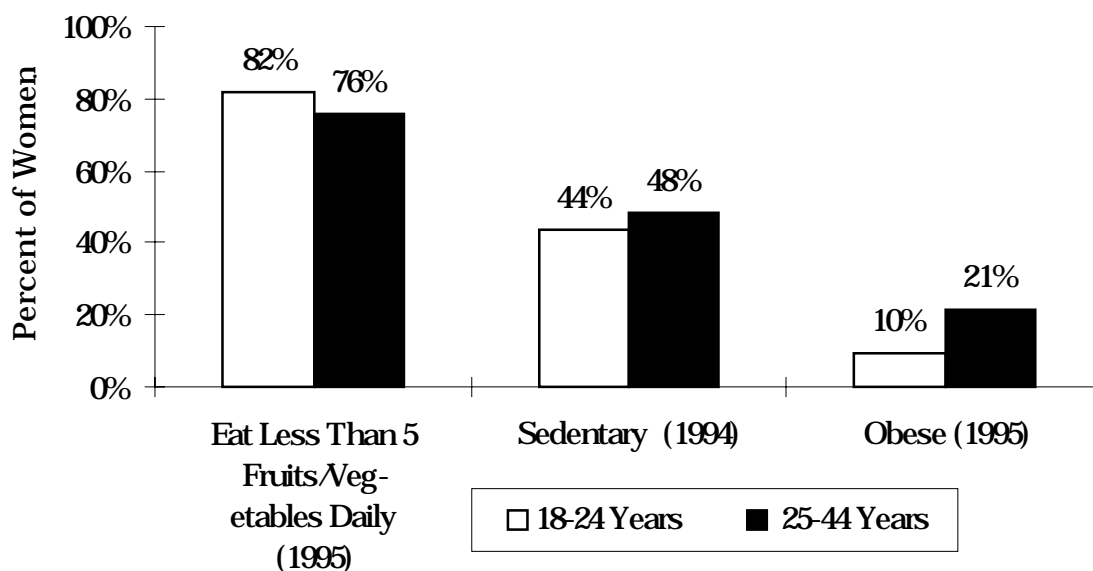
A ten-year study in California showed that adults who slept seven to eight hours daily generally had better health and longer lives than people without this habit.³ Regular exercise and adequate rest improve health.

^A One serving size differs by type of food. Please refer to Leaflet No. 572, Human Nutrition Information Service, U.S. Department of Agriculture, August 1992. Also see Appendix B.

Obesity

Carrying more than 20% excess weight increases risks for diabetes, stroke, heart, gall bladder or other health troubles. In 1995, 10% of Utah women 18-24 years of age and 21% of women 25-44 years of age were obese. Women 18 and older living in America are likely to carry extra weight; 31% were obese in 1995.² Obesity among women refers to a body mass index (BMI) measurement of at least 27. BMI is figured by one's height and weight.^A A slightly higher proportion of Utah women 25 to 44 years of age are overweight and are physically inactive compared with Utah women between 18 and 24 years of age (Figure 2.1).

**Figure 2.1 Diet and Exercise Behaviors of Women 18-24 and 25-44 Years of Age
Utah, 1994 or 1995**



Note: Percentages of women who are obese are calculated from self-reported heights and weights. These may be under-estimates because some people report taller heights and lower weights for themselves.

Source: Behavioral Risk Factor Surveillance System, Utah Department of Health

Tobacco, Alcohol and Other Drug Use

In Utah, women are less likely to use or abuse tobacco, alcohol or other drugs than women nation-ally (Table 2.1). A higher proportion of young women use drugs than women who are older than 34 years of age.⁴

^A To figure your BMI follow either Metric or English formula given.

Metric: Divide your weight in kilograms by the square of your height in meters.

English: Multiply your weight in pounds by 705. Then divide this result by the square of your height in inches.

**Table 2.1 Tobacco, Alcohol and Other Drug Use Behaviors Among Adult Women
Utah and United States, 1994 or 1995**

Behavior	Utah Women 18 and Older	U.S. Women 18 and Older
Current Smokers	11% (1995)	21% (1995)*
Binge alcohol use: drinking more than 5 drinks on one occasion during past 30 days	5% (1995)	7% (1995)*
Illicit drugs used during past 30 days	2% (1995)	4% (1994)
Psychotherapeutic drugs used during past 30 days	1% (1995)	1% (1994)

Percentages given are approximate. Real values may be up to three percentage points lower or higher than the number in Table 2.1. * U.S. values for smoking and binge drinking are median values of states' percentages.

Note: Illicit drugs include the non-medical use of marijuana, cocaine, inhalants, hallucinogens, heroin or prescriptions. Psychotherapeutic drug reporting refers to any prescription-type stimulant, sedative, tranquilizer, or pain medications used for non-medical reasons.

Source: Utah Behavioral Risk Factor Surveillance System, Utah Department of Health and 1995 Household Survey on Substance Abuse, Utah Department of Human Services

Domestic Violence

Women's health and quality of life can be harmed by violence against them. In domestic violence, the perpetrator and victim are in an intimate relationship, where both are supposedly peers with equal rights and responsibilities within their relationship. The perpetrator has no legitimate role for disciplining or controlling the other, yet shows a pattern of coercive behaviors that may include battering, psychological abuse, sexual assault, increasing isolation, deprivation, intimidation or economic coercion.⁵ In both Utah and the U.S., ten percent of residents have been victims of domestic violence.⁶ In 1995, domestic violence accounted for 32% of all assault reports filed and 33% of all homicides in Utah.⁷ In the nation, 30% of female murder victims were killed by a partner/spouse.⁸ Violence committed against women results in physical and emotional harm. Abused women may be less likely to seek health care or make other healthy choices for themselves.

Health Screening and Other Preventive Behaviors

Preventive health activities are important for reducing illness and detecting disease in early, treatable stages. Women can conduct monthly breast self-exams and watch for changes in skin, weight, and body function. Women should also seek annual clinical exams to increase their odds of early detection of cancer and other illnesses. Adult women in Utah are more likely to visit a dentist annually, but are less likely to get blood cholesterol or Human Immuno-deficiency Virus (HIV) screening or to always wear a safety belt in motor vehicles than women across the nation (Table 2.2).²

**Table 2.2 Health Screening and Other Preventive Behaviors Among Women
Utah and United States, 1994 or 1995**

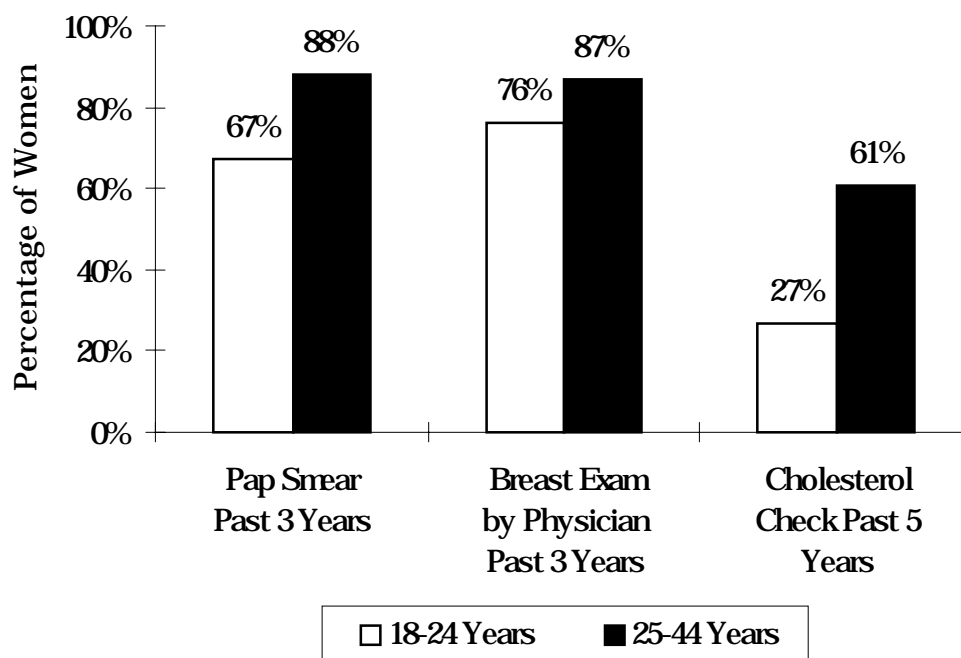
Preventive Behavior	Utah Women 18 and Older	U.S. Women 18 and Older*
Had routine medical checkup within 2 years (1994)	84%	84%
Visited a dentist within 1 year (1995)	76%	68%
Had a cholesterol check within 5 years (1995)	62%	68%
Had a blood pressure check within 2 years (1995)	95%	95%
Ever had a blood test for AIDS virus infection (1995)	29%	35%
Had a Pap smear within 3 years (1994)	83%	84%
Ever had a breast exam by a physician (1995)	91%	89%
Always wear a safety belt in motor vehicle (1995)	68%	74%

Percentages given are approximate. Real values may be up to three percentage points lower or higher than the number in Table 2.2. * U.S. data are median values of states' percentages.

Source: Utah and U.S. Behavioral Risk Factor Surveillance System, Utah Department of Health.

Utah women 25-44 years of age are more likely to report cancer screening than younger women 18-24 years (Figure 2.2).²

**Figure 2.2 Health Screening Behaviors Within the Past Three or Five Years
Among Women 18-24 and 25-44 Years of Age: Utah, 1995**



Note: Percentages given are approximate. Real values may be up to four percentage points lower or higher than the number listed in Figure 2.2.

Source: Behavioral Risk Factor Surveillance System, Utah Department of Health

Menstrual Cycle

A woman experiences nearly 400 menstrual cycles during her reproductive years. An average cycle lasts about 28 days but 25-35 days are normal variations.⁹ Cycles cause physical and psychological changes, which individual women experience differently. For most women, cycles are routine, positive, and a normal part of their health during their reproductive lives.¹⁰ Absence of regular menstruation typically signals a new pregnancy.

Sexual Behavior

Women can reduce their risk for sexually transmissible infections (STIs), unplanned pregnancies, and some types of cancer by limiting their number of sexual partners and always using condoms unless they plan to have a baby. Women and their partners who do not desire a pregnancy should use contraception. The chance of becoming pregnant when not intending to ranges from about 0.2% for male sterilization to 85% for sexually active couples who do not use any contraceptive method.¹¹ (See Chapter 3 pages 3.2-3.5 for information about family planning and contraception.)

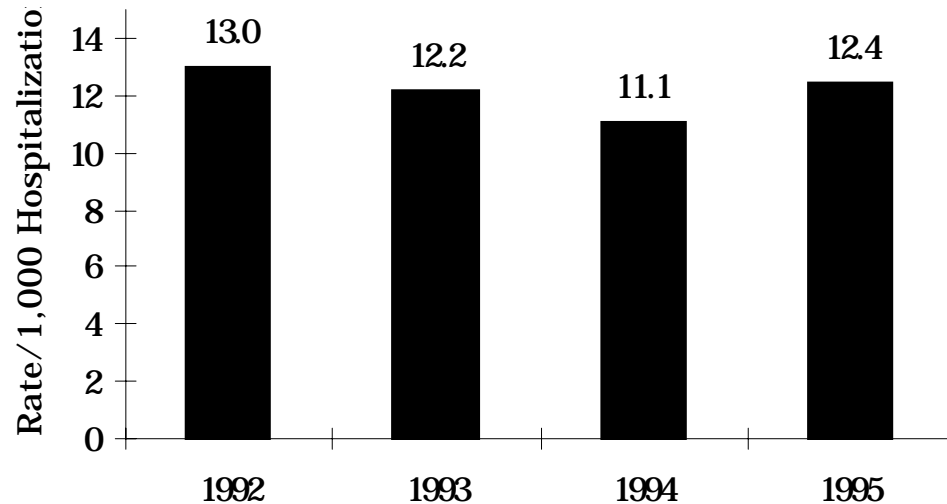
Preconceptional Care and Counseling

Women considering becoming pregnant may want to seek a complete preconceptional medical examination with counseling. These examinations can identify risks influencing pregnancy outcomes such as heart or kidney disease, diabetes, epilepsy, high blood pressure, hepatitis, anemia, weight for height, sexually transmitted infections, and family history of birth defects. Screening can also reveal risks associated with medications, diet, exercise, occupational safety, exposure to toxins, drug and alcohol use, and work and family life.^{11,12} A woman planning for pregnancy may also wish to boost her emotional health by discussing social, financial, psychologic, contraceptive, and birth spacing issues with her partner and her health care provider. Following conception, early and continuous prenatal care helps improve pregnancy outcomes.^{11,12}

Hysterectomy

Permanent sterilization (surgery that renders a man or woman incapable of having children) normally occurs after a hysterectomy (surgical removal of a woman's uterus). In 1995, about 1% of females aged 18-24 and 12% of females aged 25-44 who were hospitalized in Utah reported that they had hysterectomies.¹³ Utah has a relatively high hysterectomy rate among women 15-44 years of age compared with 12 other states that are participating in the Health Care Cost and Utilization Project by the Agency for Health Care Policy and Research (AHCPR) (Figure 2.3).

**Figure 2.3 Hysterectomy Rates Among Hospitalized Women* 15-44 Years of Age
Utah, 1992-1995**



* Note: Women with a diagnosis of genital cancer or pelvic trauma were excluded from this analysis.

Source: AHCPR Health Care Cost and Utilization Project (HCUP-3). Utah Hospital Discharge Database, Office of Health Data Analysis, Utah Department of Health

Illness

Leading causes of illness among American women in their reproductive years are:

- nose, throat, and upper respiratory conditions;
- musculoskeletal and soft tissue injuries - including back, arms and legs;
- viral, bacterial, and parasitic infection;
- acute urinary problems; and
- sexually transmissible infections.¹¹

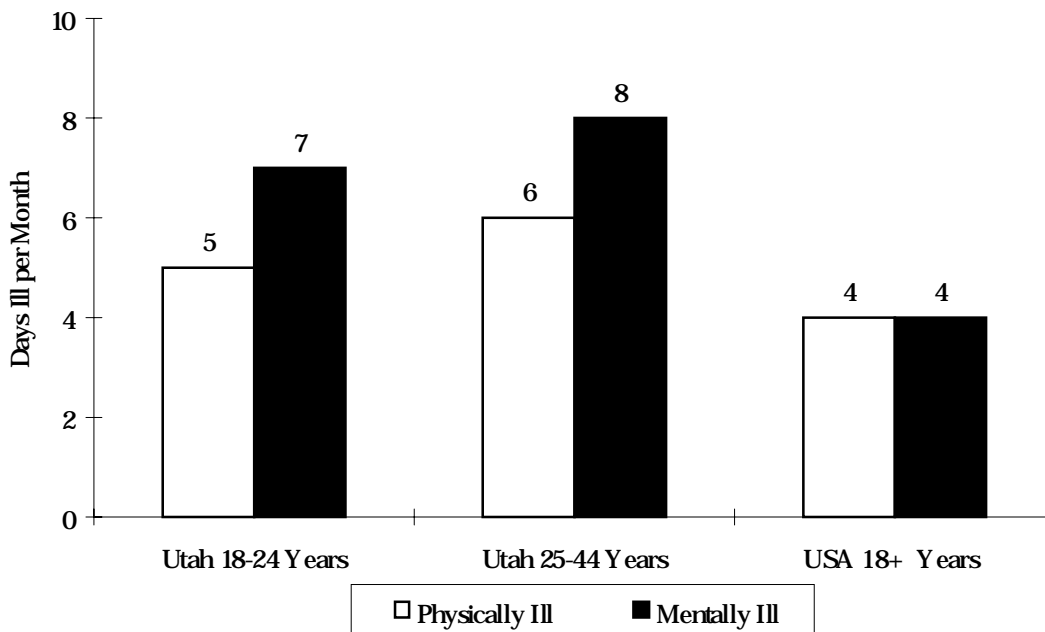
Sexually Transmitted Infections (STIs)

Women may be successful in preventing sexually transmitted infections (STIs) if their partner uses a condom or they use a female condom every time they have sex. Gonorrhea and chlamydia, two STIs, can progress to pelvic inflammatory disease (PID). PID can lead to infertility (inability to have children), higher risk for ectopic pregnancy, and chronic pelvic pain.¹⁴ In 1995, Utah's rate for women 15-44 diagnosed with gonorrhea was 25 per 100,000 women while 270/100,000 women were infected with chlamydia.¹⁵ Human Immuno-deficiency Virus (HIV) is a fatal disease contracted through intravenous drug use, sexual intercourse, contaminated blood products or mother to infant infection.¹⁵ Since 1990, 69 Utah women ages 15 to 44 have been diagnosed with AIDS, an advanced stage of the HIV disease. Of these, 43 are now deceased.¹⁵

Perceived Health

Utah women reported the number of days per month during 1993-1995 that they felt physically ill or mentally ill. Females aged 18 to 24 said they felt physically ill on an average of five days and mentally ill on approximately seven days per month. Females between 25-44 years of age said they felt physically ill on about six days and mentally ill on about eight days per month (Figure 2.4).² Adult American women (18 years and older) reported physical illness on about four days and mental illness on about four days per month.² These days of illness might overlap.

**Figure 2.4 Perceived Illness by Women 15-24 and 25-44 Years of Age
Utah and United States, 1993-1995**



Note: Percentages given are approximate. Real values may be up to four percentage points lower or higher than the number listed in Figure 2.4.

Source: Utah and U.S. Behavioral Risk Factor Surveillance System, Utah Department of Health

Mental Health

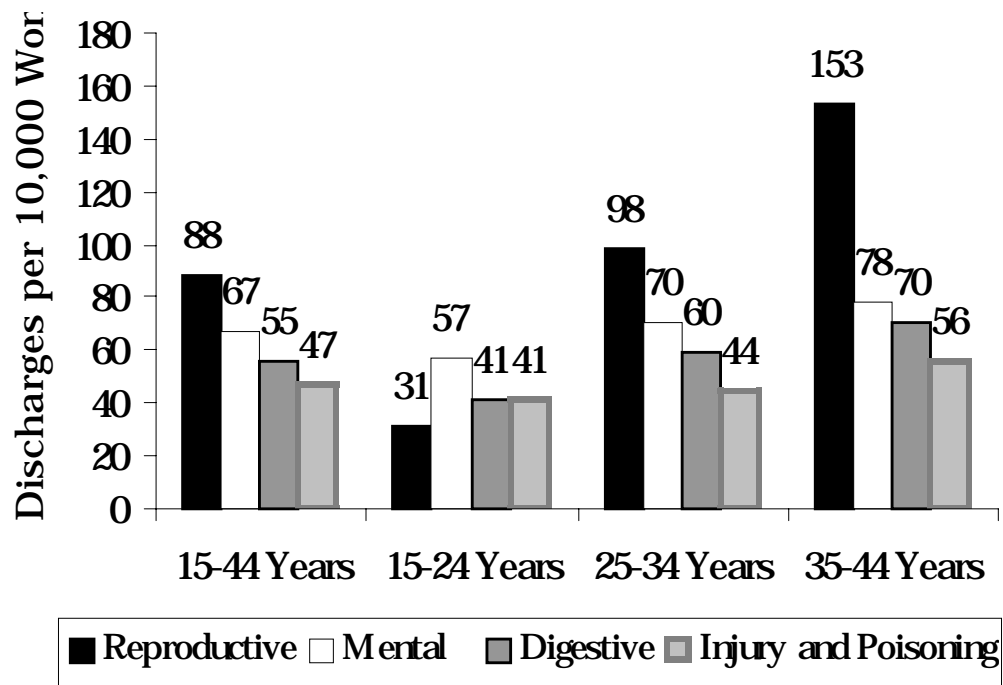
During 1995, more females than males were discharged from a hospital for several medical diagnoses of mental diseases including psychoses (loss of contact with reality) and depression. It is unknown if women's higher use of hospitalization for mental health reflects a higher likelihood for depression, greater tendency to seek care, or greater tendency for health care providers to diagnose depression in women of childbearing age.¹⁴ Young women of childbearing age are at risk for two eating disorders, anorexia nervosa and bulimia nervosa. Without successful treatment, these illnesses can lead to amenorrhea (absence of menstrual periods), reduced fertility, erosion of dental enamel, heart ailments, infections, osteoporosis, suicide and death.¹⁷

Utah men 15-44 years of age had a higher suicide completion rate (35.1 per 100,000 men) than women (7.6 per 100,000 women) in 1995. Yet in Utah between 1992-1993, women's hospitalization rate for attempted suicide (66 per 100,000 population) was 50% higher than men's rate (44 per 100,000).¹⁷ Suicides may be prevented if depression and other mental illnesses are recognized and properly treated.

Leading Reasons of Hospitalization Among Women of Childbearing Age

Hospitalizations of reproductive-age women largely are related to pregnancy or childbirth. The top reasons for hospitalization in 1995 among women aged 15 to 44 in Utah, including pregnancy-related but *excluding* childbirth-related hospitalizations, were reproductive (88), mental (67), digestive (55), and injury and poisoning (47 per 10,000 discharges).¹⁸ As women get older, they are more likely to be hospitalized (Figure 2.5).

**Figure 2.5 Hospitalization Rates* by Leading Reason per 10,000 Women
15-44 Years of Age: Utah, 1995**



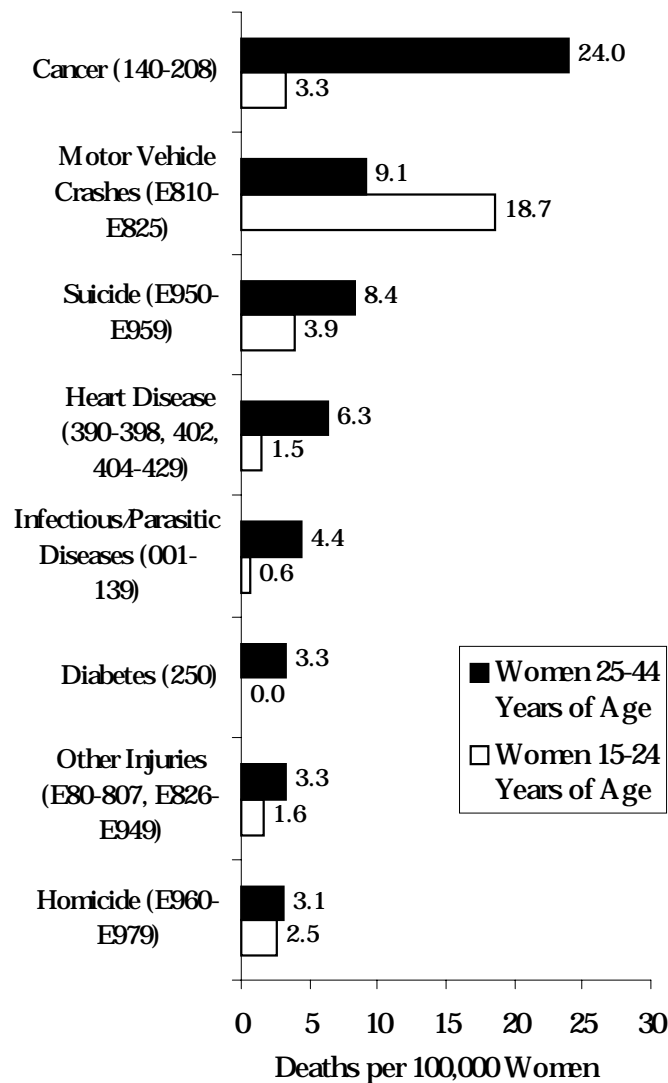
*Hospitalization rates include pregnancy-related conditions but exclude deliveries (DRG 370-375).

Source: Utah Hospital Discharge Public Internet Query Database, Office of Health Data Analysis, Utah Department of Health

Leading Causes of Death Among Women of Childbearing Age

Leading causes of death for women 15-24 years of age are motor vehicle crashes, suicide, cancer, homicide, and other injuries. Leading causes of death for women 25-44 years of age are cancer, motor vehicle crashes, suicide, heart disease, and infectious/parasitic diseases (Figure 2.6).²⁰ Domestic violence accounts for some non-fatal injuries to women and about one-third of all homicides in Utah.²⁰ Both genetics or family health history and healthy life style choices can influence cause of death.

Figure 2.6 Death Rates for Leading Reasons for Death per 100,000 Among Women 15-24 and 25-44 Years of Age: Utah, 1991-1995



Note: Numbers in parentheses show ICD-9 codes.

Source: Action 2000 Mortality Internet Database, Bureau of Surveillance and Analysis, Utah Department of Health

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