



New Dimensions in
**WOMEN'S
HEALTH**

8TH
EDITION

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PREFACE

The eighth edition of *New Dimensions in Women's Health* discusses health issues that affect all women: women of all racial and ethnic groups, of all ages, of different sexual orientations, and with various degrees of physical ability. The text presents unbiased, accurate information free from any specific political agenda while allowing its readers to appreciate the range of perspectives that influence how women in the United States and around the world think about health and make decisions that affect their well-being. Each chapter presents in-depth coverage of an important aspect of women's health and examines the contributing epidemiological, historical, psychological, cultural, ethical, legal, political, and economic influences. This book is written for women, recognizing their outstanding contributions as daughters, sisters, mothers, nurses, doctors, scientists, laborers, advocates, and much more.

Organization of the Book

This book is organized into four parts, each of which covers a different dimension of women's health.

PART ONE, Foundations of Women's Health, takes a population-based approach. It introduces students to the concepts of women's health, public health, health economics, and issues of health across the lifespan.

Chapter 1 provides a brief history of the women's health movement and the political climate around women's health.

Chapter 2 focuses on the economics of health, including the payer system in the United States, various insurance plans, healthcare reform, and the impact on the aging population.

Chapter 3 introduces the concepts of health promotion and disease prevention and discusses how these efforts benefit women through the different stages of life.

PART TWO, Sexual and Reproductive Dimensions of Women's Health, addresses issues regarding sexual health and sexuality, as well as sexual violence as a public health problem.

Chapter 4 defines sexual health and discusses the cultural, economic, and biological factors that influence women's sexual health.

Chapter 5 discusses contraceptive methods and abortion, and provides information that will help inform a woman's decision around reproduction.

Chapter 6 covers pregnancy, childbirth, breastfeeding, and infertility.

Chapter 7 is devoted to the clinical, sociological, and epidemiological dimensions of sexually transmitted infections, including HIV/AIDS prevention, transmission, and treatment.

Chapter 8 explores menopause as a biological and cultural phenomenon, including the benefits, drawbacks, and effects of hormone therapy.

PART THREE, Physical and Life Span Dimensions of Women's Health, comprises Chapters 9 through 12.

Chapter 9 discusses exercise, nutrition, and weight management at the individual and national level, as well as ways women can improve their diet, physical activity, and weight maintenance.

Chapter 10 examines how cardiovascular disease and cancer affect women as well as how these diseases progress and can be prevented, treated, and managed.

Chapter 11 discusses other chronic diseases important to women's health, including osteoporosis, arthritis, diabetes, autoimmune diseases, and Alzheimer's disease.

Chapter 12 offers definitions of mental health and mental illness, explores the reasons why good mental health is essential, and provides information on various mental disorders.

PART FOUR, Interpersonal and Social Dimensions of Women's Health, contains Chapters 13 through 15.

Chapter 13 discusses the political, personal, economic, and cultural dimensions of drug use and abuse.

Chapter 14 provides different perspectives on violence, abuse, and harassment.

Chapter 15 discusses current trends and issues for women in the workforce.

New to This Edition

The eighth edition of *New Dimensions in Women's Health* has been extensively expanded, updated, and revised to include the most accurate and relevant women's health information in an organized, engaging manner. It includes new developments in women's health as well as practical ways women can improve their own health.

Highlights include:

- **New** Personal Vignettes have been added to the beginning of most chapters
- Chapter 4:
 - **New** section on intersectional discrimination of sex workers and policies to protect them
 - Updates on school-based sex education programs
 - Update on gender-neutral options for school enrollment, identification cards, and drivers' licenses
 - **New** material discussing available treatments for female sexual dysfunction
 - Recent updates to female genital mutilation practices in the United States and worldwide
- Chapter 5:
 - **New** discussion of insurance coverage of contraceptive options and institutions that could be exempt from requirements
 - **New** section on global perspectives regarding access to and use of contraception
 - **New** discussion regarding marginalized populations in conversations around sexual health and reproductive health
 - Update on legal issues around abortion
- Chapter 11:
 - **New** material on intersectionality as a lens for studying chronic diseases and analyzing health disparities
- Chapter 13:
 - **New** discussion of the changing legal status, cultural acceptance, and known health risks of marijuana
- Chapter 14:
 - **New** section on the #MeToo movement and its effect on the national dialogue regarding harassment, sexual assault, and sexual violence

PEDAGOGY

Special features distributed throughout each chapter highlight and summarize important concepts and promote healthy lifestyle choices.

It's Your Health highlights key facts that help students improve their own health, such as disease symptoms, screening recommendations, and benefits of healthy behaviors.

Informed Decision-Making provides students with detailed information for making appropriate decisions regarding their health and well-being.

INFORMED DECISION-MAKING

Women can reduce their risk of **cardiovascular disease** and cancer in several ways. For most women, prevention and taking good care of their daily and long-term health are critical actions. The old adage “an ounce of prevention is worth a pound of cure” is still correct. It is much more effective to reduce your risk of suffering a life-threatening or disabling heart attack at 55 by never smoking, eating a prudent diet, and exercising—all behaviors that should begin in childhood. Although it is better to begin these life-saving behaviors in childhood, changing as one ages can still reduce the risk.

Self-Assessments provide exercises to help students determine their risk of disease and need for modifying behaviors.

It's Your Health



Equal Rights Amendment

The Equal Rights Amendment was written in 1921 by **suffragist** Alice Paul. Although it passed both houses of Congress in 1972, it was not ratified by enough state legislatures to be added to the Constitution.

Section 1. Equality of Rights under the law shall not be denied or abridged by the United States or any state on account of sex.

Section 2. The Congress shall have the power to enforce, by appropriate legislation, the provisions of this article.

Section 3. This amendment shall take effect two years after the date of ratification.

Self-Assessment 3.1

Rate Your Preventive Practices

Answer the following questions:

1. Do you eat a healthful diet consisting of the appropriate servings of fruits and vegetables, grains, protein, vitamins, and minerals?
2. Do you participate in moderate-intensity physical activity at least 4 days a week?
3. Do you get enough sleep so that you do not feel tired throughout the day?
4. Do you avoid using tobacco products and drugs?
5. If you consume alcohol, do you do so in moderation?
6. If you are sexually active, do you use condoms or other barrier contraceptives to protect against STIs?

Gender Dimensions discuss how specific health issues, ranging from breast cancer to obesity, vary between genders.

GENDER DIMENSIONS: Health Differences Between Men and Women



Male Infertility

Problems with male fertility contribute to about one-third of cases of infertility. Many of the same factors that reduce fertility in women also affect male fertility. In most cases, producing too few sperm (oligospermia) or none at all (azoospermia) causes male infertility. Other sperm production problems include issues with sperm motility, such as abnormal structure that prevents sperm from moving correctly, or sperm's inability to fertilize the egg, oftentimes caused by abnormal sperm shape. Other factors that can play a role in infertility include:

- Paternal age.
- Health problems, including sexually transmitted infections (STIs) and various medical treatments, such as chemotherapy and radiation therapy.
- Emotional factors, such as high levels of stress.
- Alcohol or drugs, smoking, and anabolic steroids. For example, studies have shown that smokers' sperm are less likely to bind tightly to an egg—a necessary step for fertilization.
- Environmental factors, such as prolonged exposure to high temperatures, radiation, or heavy electromagnetic or microwave emissions, which can decrease sperm count or affect the viability of the sperm.

Profiles of Remarkable Women highlight individuals who contributed to the health and well-being of all women. These profiles showcase women as champions of health across all ages and life spans.

Profiles of Remarkable Women



Michelle Obama (1964–)

Michelle Obama is a lawyer, community activist, a mother of two, and the wife of the 44th U.S. President, Barack Obama. Since becoming the First Lady of the United States in 2008, she has been a strong advocate for a balanced diet and physical fitness. In 2010, she launched a national initiative called *Let's Move!* to reduce and prevent childhood obesity and improve the health of American children. The *Let's Move!* program improves access to nutritious, affordable foods; increases children's physical activity; provides balanced meals in school; and educates and empowers parents and guardians to improve their children's physical activity.

Mrs. Obama was born and raised in Chicago as the second of two children of Marian and Fraser Robinson. She was an excellent student and went on to study sociology at Princeton University and then law at Harvard Law School. She joined Sidley Austin, a Chicago law firm and met her future husband when she was assigned to be his mentor. Mrs. Obama left Sidley Austin in 1991 to work for the government of Chicago and to direct a Chicago nonprofit that encouraged young people to become socially active and participate in public service. Mr. and Mrs. Obama were married in 1992.

From 1996 to 2002, Mrs. Obama worked for the University of Chicago, where she helped build the university's community service center. She later worked for the University of Chicago hospitals and the University of Chicago Medical Center. Mrs. Obama continued to work part-time while she raised their two daughters, Sasha and Malia, and helped with her husband's Senate, and later, presidential campaigns.

In addition to working to improve children's physical fitness, Mrs. Obama works to help support military families, promote national service, help women balance career goals and family aspirations and encourage education in the arts.



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CASE STUDY

Jill, who is 32 years old, is hoping to become pregnant. She has recently stopped using birth control pills and has been having unprotected sex with her partner for the past 3 months.

Questions

1. What are some lifestyle behaviors and medical interventions that Jill may want to consider during this time?
2. What considerations should Jill be thinking about when it comes to preparing for childbirth?

Critical thinking **Case Studies** provide students with thought-provoking, practical applications relevant to their personal lives on a daily basis.

Quotes offer experiences, opinions, and thoughts from women of all ages, races, and cultures.

The reasons for excluding women from clinical investigations are less obvious than one might expect. In spite of a significant body of opinion to the contrary, the reasons have very little to do with male chauvinism or the gender of the investigating scientist—until the 1990s, female scientists were every bit as likely as men to exclude females from clinical protocols. Even at the most sophisticated academic medical centers, senior investigators taught young scientists that data obtained from male subjects could be extrapolated to women without modification. They assumed that women were essentially small men—identical in all respects except for their reproductive physiology. It is astonishing that in a scientific system that prides itself on its critical sense and accepts no hypothesis as true until it has been rigorously tested, we have tolerated such a leap of faith for so long.⁸

—Marianne Legato, founder and director of the Partnership for Gender-Specific Medicine

Topics for Discussion at the end of each chapter encourage students to consider their own opinions on a topic and to explore the philosophical dimensions surrounding issues of women's health.

■ Topics for Discussion

1. How has our medical understanding of menopause changed over the past 50 years? What areas still need improvement?
2. Can you think of any depictions of menopause or women going through life issues associated with menopause in popular culture? How does this compare with popular depictions of men going through midlife crises or other events at a similar age?
3. Imagine that you are going through menopause. What questions would you want to have answered? How would you choose to manage your symptoms?
4. What can a woman do to maximize the effectiveness of her decision-making about menopausal symptom management?
5. What are some of the physical, emotional, and social dimensions of menopause?
6. What are some new areas that merit research in the arena of midlife and maturity for a woman?

NEW Personal Vignettes open several chapters throughout, providing students with a real-world scenario to introduce the topics that will be covered.

PERSONAL VIGNETTE

Jill and her partner have decided they are ready to have a baby. She had been on the pill for 15 years, since she first had sex with her high school boyfriend at age 17. But she recently stopped taking the pill and she and her partner have been having unprotected sex. Jill is slightly overweight and thinks she should lose some weight before getting pregnant. She also drinks a lot after work most days a week and occasionally smokes a cigarette or two when she's out with her friends. She wonders if she needs to stop drinking completely before she becomes pregnant or if she can still enjoy nights out with her friends. She hasn't been to a doctor in years and thinks that she may need to check on her vaccinations and possibly get some other tests as well. Jill and her partner realize they have a lot to discuss and plan before they get pregnant but she's not sure where to begin.

LEARNING AND TEACHING TOOLS

Qualified Instructors will receive a full suite of Instructor Resources, including the following:

Instructor Resources

For instructors teaching this course, resources include:

- A test bank per chapter as well as a midterm and final
- A comprehensive chapter-by-chapter PowerPoint deck
- Instructor's Manual for every chapter, including an outline and additional resources
- Answers to the in-text and Bonus Case Studies are provided

For the Student

- In-text and Bonus Case Studies available online as writeable PDFs
- Animations available within the eBook
- Labeling Exercises to test student knowledge
- OER Resources are provided, linking out to additional sites to enhance comprehension

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This eighth edition of *New Dimensions in Women's Health* builds on the success of all previous editions. The authors remain indebted to family and friends for their support, guidance, patience, and sacrifices as we dissected and reconstructed the entire text again. Lastly, we'd like to acknowledge and remember the following remarkable women: Elizabeth Bennett, EdD, RN (1926–1998); Gail Addlestone, MD (1969–2007); and Lucille Dorey Lewis (1915–1993).

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Dr. Alexander is nationally known for her leadership in women's health advocacy and has published extensively on women's health issues. Her many honors include appointments to national advisory panels on infectious diseases and women's health; she is also a fellow in the American Academy of Nursing. Dr. Alexander holds a baccalaureate degree in nursing, master's degrees in education/counseling and community health, and a doctoral degree in health education.

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Helaine Bader is a health educator and advocacy strategist, with expertise in women's health and public-private partnerships. Ms. Bader has more than 20 years of experience in women's health research, health communications, and health education. She has worked on multimedia and web-based health campaigns in both the public and private sectors and has developed, implemented, and evaluated health education projects for various issues affecting women and children.

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Dr. Garfield has been in the life science industry for over 20 years and has worked with leaders in the pharma, biotech, medical device, diagnostic and healthcare sectors. She was named one of the PharmaVoice 100 top influencers in 2019. She has published numerous articles, chapters and several books on commercial strategy, healthcare payment issues, and women's health. She proudly sits on the Dean's Advisory Board of Boston University School of Public Health.

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