



YOU AND
YOUR
HEALTH

A WOMAN'S
GUIDE

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You and your health : a woman's guide



YOU AND
YOUR
HEALTH

A WOMAN'S
GUIDE

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Welcome

This guide will help you to understand women's health and what you can do to be healthier.

As women, we have some health concerns that are unique to us and some that come from the way we are treated by others. Our health also depends on where we live and who we live with (if anyone); if we work, what work we do and what we are paid; whether our homes are safe and what our communities are like; what roles we play in our families, workplaces, and communities; and what care we provide to others and the time we have to take care of ourselves.

You and Your Health: A Woman's Guide uses this broad approach to women's health. It includes information on women-specific health concerns as well as the links between our health and the health of our communities. It has recommendations for ways to improve your health and suggests ways for us to work together to improve the health of our communities and families. Working on both of these together can make a huge difference — for ourselves, our daughters, and our neighbours.



YOU AND YOUR HEALTH
A WOMAN'S GUIDE

Introduction

Focusing on Women's Health

Whether a newborn is male or female has a profound effect on the course that infant's life will take. Take, for instance, a girl named Susan. Over her lifetime, Susan is more likely than a boy to have her career interrupted by children or household responsibilities, and she is less likely to hold a full-time job. She is more likely to have a modest income and lower socioeconomic status, and to provide care to children, people with disabilities, and seniors than if she were a boy. She may also encounter expectations about taking certain jobs, having a family, or choosing her life partner. Each of these life events and social factors will affect Susan's health. As she encounters them, she will experience how being female plays a role in determining her health.

Some health problems are unique to women while others are experienced differently by women than by men or by some women more than others. Cancers of the reproductive system are an example of women's unique health concerns. In contrast, health problems such as heart disease, stress, and sexually transmitted infections are conditions that both women and men experience, but women's symptoms, responses to treatment, or the age at which symptoms develop may be different in women than men.

Some women's health issues such as menopause, puberty, and pregnancy have been treated more as medical problems than as normal developmental stages in a woman's life. It is important to be able to distinguish what are normal changes associated with these life stages from what could be actual health problems.

Women's health concerns have also historically been minimized or discounted by some health-care practitioners. We need to know that we have the right to ask questions about our health, to challenge assumptions that something is not important when it seems important to us, and to seek second opinions if necessary —



for ourselves or on behalf of others.

Women also need to know the things we can do to protect our health or to detect problems early when treatment is most likely to be successful. Screenings for breast and cervical cancer, for example, help identify many cancers in the early stages and increase the likelihood of a positive outcome from treatment.

Your health depends on recognizing the warning signs of disease and also on protecting your well-being. Did you know that having a vibrant social network and being involved in your community can positively affect your health? Research is increasingly demonstrating the value of positive relationships, meaningful activities, and spiritual practices in promoting health as well as the importance of things like peer support groups to help with issues ranging from addiction to isolation to living with a chronic condition.

It can be difficult to sort through the wide range of medical and



health advice available in today's multi-media world. This guide aims to be an everyday resource that approaches women's health from a broad perspective and recognizes that health is a product of personal history, genetics, social and physical environment, and good fortune. Each section provides a summary of a topic, written by experts with an eye for practical recommendations. Qualified health professionals have checked all the material in this guide for accuracy at the time of publication. If you want to know more about a specific topic, additional resources are suggested at the end of most sections.

How to Use This Guide

You and Your Health begins with a discussion about how to maintain your health and then discusses how health is shaped by social factors. This background information is followed by sections organized from adolescence to mid-life to senior years. While topics are assigned to the life stages in which they are more common, many affect women of other ages as well, so feel free to scan sections of the guide that interest you wherever they are. The next section is on mental health, substance use, and addiction — important for girls and women because our smaller average size, different hormones, and proportion of body fat, among other factors, may mean that tobacco, alcohol, and other substances affect us differently than men. Knowing this can help us to avoid problems in the future and make informed decisions about our use of these substances.

The next section of the guide covers a number of relatively common diseases, disorders, and life experiences. The last portion of the guide is a general resource section that can help you find more information on topics that interest you.

To make the best use of this guide, we recommend that you read through it to become familiar with the general concepts. Afterward, return to sections you feel are important to you or those close to



you. You will find strategies for maximizing your physical and mental well-being, protective techniques to help you be alert to changes in your body, and resources for more information.

Being healthy lets us to do the things we want to do. We hope that this guide informs you about the factors that influence your health and helps you live the healthiest possible life.

Beyond this Guide

You and Your Health: A Woman's Guide is not a comprehensive or exhaustive manual. It is a good place to start learning about women's health. If you identify potential personal health issues based on the descriptions in the guide, you should do more research or contact your health-care practitioner directly. The Finding Additional Help listings at the end of most sections can help you locate further health-care information and services.



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Understanding your health



Health Literacy

Know the Facts

Health literacy is a person's capacity to obtain, process, and understand basic health information and services in order to make appropriate health decisions. Health literacy is a set of skills, including the ability to understand instructions on prescription drug bottles, appointment slips, medical education brochures, doctor's directions, and consent forms, and the ability to negotiate complex health care systems. Health literacy is not simply the ability to read. It requires using reading, listening, and decision-making skills to make the best-informed health decisions for both you and your family members — every day. It can link your health and learning throughout your life.

Why Is Health Literacy Important For My health?

The more health literate we are, the more sources we get knowledge from, the more choices we have, and the better decisions we make about own health and the health of those we care about. Having health literacy can also help prevent mistakes and increase safety.

As women, we not only care for ourselves but we often go to appointments with our children or other family members and keep track of their medical histories. Our health literacy helps us to safeguard and manage our own and our family's health and health care by making the best possible decisions.

Improving Your Health Literacy

You can improve your health literacy by following advice from the experts.

- 1 Read every day.** This is important for women at all ages. Daily reading, whatever you read, is the strongest factor in helping your health literacy.
- 2 Take opportunities for learning throughout your life.**

Education keeps the mind flexible and open to new information.

- 3 Communicate with health-care practitioners.** Taking notes, preparing your questions ahead of time, and reading about your condition between appointments may help you to talk to your health-care practitioner. While it may not always be easy to ask your questions, it is your right to questions them and to learn about your health problems. You might also want to bring someone with you — a friend or family member can help remember the answers or ask follow-up questions.

You may also want to check if the information you are given has been confirmed to be true for women. Some health and illness information comes from research that has only been conducted on men, or only reported the results for men. Also remember that we know our bodies best and should be the ones telling our health-care

Communicating with Health-care Practitioners

Asking questions of your nurse, doctor, pharmacist, or other health-care practitioner is key to improving your health literacy. Here are some suggestions:

- What is the problem?
- How serious is it?
- Why is it a problem?
- What does that word mean?
- What are my choices?
- How and when will you know the results of the tests or treatment?
- How will I know if the treatment is/is not successful?
- What happens to me with the test or treatment?
- What are the benefits/drawbacks?
- What happens if the test is positive or negative?

You can also ask your health-care practitioner to draw a picture or give written information you can take home to help you remember what was said.



practitioner about our experience of taking a prescription or trying a new form of exercise.

Finding Additional Information

NATIONAL

Canadian Council on Learning (English and French)

www.ccl-cca.ca/ccl

Health Canada's Community Action Program for Children
(English and French)

www.phac-aspc.gc.ca/dca-dea/programs-mes/capc_main-eng.php

Canada Prenatal Nutrition Program (English and French)

www.phac-aspc.gc.ca/dca-dea/programs-mes/cpnp_main-eng.php

Canadian Women's Health Network

www.cwhn.ca

National Aboriginal Health Organization (English and French)

www.naho.ca

PROVINCIAL

British Columbia's Health Literacy Network

www.bccpd.bc.ca/prgograms/wdi/healthliteracynetwork.htm

LOCAL

Local Libraries. At www.bclibrary.ca/home you can find your closest library. At <http://askaway.org> you will find a link to get help from a librarian. They are available to chat online and answer your questions. They can help you navigate the Internet, your library's catalogue, and other online resources.

Provincial Language Services — Interpreters available 24 hours a day in over 150 languages

604-675-4099 or -877-BC-TALKS (228-2557)

www.phsa.ca/AgenciesServices/Services/PLS

Nutrition and Healthful Eating

Eating well provides the building blocks for our bodies to be healthy, now and in the future. You may have heard that as women, we have different nutritional needs than men, and this is true, but there is more to the story. In fact, women have different risk factors for a number of nutrition-related diseases including diabetes, osteoporosis, and heart disease. By improving how we eat, we can live healthier and help lower our risks of disease. There are also specific times in women's lives where our nutritional needs may need special attention, such as during adolescence, pregnancy (see Page 73), and in our senior years.

Healthful Eating

Start by using Health Canada's Food Guide (see Finding Additional Information) to figure out how many servings of each food group to eat each day. Note that the number of servings for women and men are different.

The Health Canada website also offers some great tips for choosing





the healthiest foods. A good rule of thumb is: the fresher the better. Choose fresh fruits and vegetables over canned and when cooking, bake, steam, or stir-fry instead of deep frying.

Limit the amount of foods and beverages you consume that are high in calories, fat, sugar, or salt.

Eating healthfully is one of the best things we can do to maintain a healthy weight and prevent diseases such as osteoporosis, type 2 diabetes, and some types of cancer.

Healthful Eating Throughout Your Life

ADOLESCENCE

Adolescence is a time of emotional, social, and physical change (see Adolescence, page 45) during which some young women restrict their energy and nutritional intake in a desire to meet unrealistic weight goals. At an extreme this can lead to disordered eating, but in any situation, restricting nutritional intake below the Canada Food Guide recommendations can hurt the development of an adolescent's body. See Body Image, page 46, for information on encouraging healthy self-image and eating habits.

PREGNANCY

During the time when you are planning a pregnancy, pregnant, or after delivering, nutrition is particularly important. See Healthy Eating during Pregnancy on page 75 for more information.

SENIOR YEARS

As we get older, our bodies need fewer calories; however, we need as much, or more, of certain vitamins and minerals such as fiber, calcium, and vitamin D. As at any age, a balanced diet begins with Health Canada's Food Guide. In selecting your foods, choose options that are lower in calories but high in vitamins and minerals. Senior women might also be facing new barriers to healthful eating, such as limited budgets, limited mobility, or adjusting to cooking for one.

The Finding Additional Information section has resources to help you meet these challenges and develop healthful eating habits.

Healthful Eating to Help Prevent Osteoporosis

To help reduce your risk for osteoporosis, it is important to get adequate amounts of calcium and vitamin D. Both help your bones stay strong and healthy.

For adults age 19-50 (including pregnant and lactating women), Osteoporosis Canada recommends a daily intake of 1000 mg of calcium and 400 IUs of vitamin D3. Adults over the age of 50 should increase their daily intake to 1500 mg of calcium and 800 IUs of vitamin D3.

Some foods that are high in calcium include milk, cheese, salmon, sardines, yogurt, tofu, soy beans, kale, mustard greens, broccoli, almonds, figs, and oranges.

Some foods that are high in vitamin D include cod liver oil, fatty fish such as salmon, tuna, mackerel, and sardines, and egg yolks.

It can be difficult, particularly for seniors, to get enough vitamin D. Your health-care practitioner might recommend a vitamin D supplement to make sure you have enough.

Finding Additional Information

Women's Health Matters — Eating for Cardiovascular Health

www.womenshealthmatters.ca/centres/cardio/prevention/enjoy.html

Women's Health Matters — Osteoporosis Health Centre

www.womenshealthmatters.ca/Centres/osteop/prevention/nutrition.html

Health Canada — Food Guide

www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

ActNowBC — Healthy Eating

www.actnowbc.gov.bc.ca



Dietitians of Canada — Senior Friendly Factsheets

www.dietitians.ca/resources/resourcesearch.

[asp?fn=view&contentid=2359](http://www.dietitians.ca/resources/resourcesearch.asp?fn=view&contentid=2359)

Physical Activity

People used to feel they had to spend many sweaty hours in the gym in order to be physically active, but research has shown that just 30 minutes a day of moderate physical activity can have a big impact on your physical and mental health. It can strengthen your heart and lungs, increase energy levels, reduce stress, and help you achieve and maintain a healthy body weight.

Know the Facts

Benefits of regular physical activity for your physical health:

- Helps maintain a healthy body weight
- Builds stronger bones and tones muscles
- Helps control blood pressure, cholesterol levels, and reduces your risk of a heart attack
- Increases your resistance to disease, including type 2 diabetes

Benefits of regular physical activity for your mental health:

- Reduces stress, anxiety, and depression while increasing relaxation
- Improves self-esteem, confidence, and overall mental state
- Helps you sleep better
- Gives you more energy to tackle your day

Getting Started

If you are not physically active already, the biggest challenge might feel like figuring out where to start. Below are a few easy steps to guide you through the process.

- Find an activity that you will enjoy doing. If you are enjoying yourself, you are much more likely to stick with it. Explore the

activities on ActNowBC and other websites listed below for lists of fun physical activities.

- Decide if you would like to be on your own or with others. Some women find that social groups, such a walking group, make physical activity more fun.
- Before you start any new exercise routine, check with your health-care practitioner to make sure you don't have any medical or physical limitations to consider.

Finding Easy Ways to be Active

If you have a hard time finding 30 minutes a day to be physically active, break it up into three 10-minute spans and sneak it into your busy day. Here are some suggestions:

- Take the stairs instead of the elevator
- Park farther away from your destination and walk the rest of the way
- Take breaks during the day to stretch, take a walk with colleagues to get a coffee, or take a quick bike ride
- Keep busy around the house with active tasks like gardening or housework

Finding Additional Information

Health Canada — Healthy Living

www.hc-sc.gc.ca/hl-vs/index-eng.php

Canada's Physical Activity Guide to Healthy Active Living

www.phac-aspc.gc.ca/pau-uap/paguide/index.html

ActNowBC — Physical Activity

www.actnowbc.ca/EN/healthy_living_tip_sheets/physical_activity

BC Ministry of Healthy Living and Sport

www.hls.gov.bc.ca/sport/physical_activity



Promoting Your Health

Not all illness and disease is preventable, but many health problems share a core set of risk factors that can be affected by how we live our everyday lives. Scientists and health-care practitioners generally agree that the following five practices can help promote good health for women.

1 Eat well.

Health Canada's Food Guide recommends that we all eat a balanced diet of fruits, vegetables (including leafy greens), whole grains, lower-fat dairy products, and leaner meats or alternatives. Eating well helps our bodies to function well and resist disease.

2 Keep moving.

A minimum of 30 accumulated minutes of moderate exercise almost every day can improve your health significantly. Regular physical activity helps to maintain a healthy body weight, control cholesterol and blood pressure, and relieve stress.

Aerobic activities such as brisk walking, jogging, dancing, and swimming are best for strengthening the heart and lungs. Weight bearing activities strengthen muscles and bones.

3 Live smoke-free.

Avoiding tobacco smoke or quitting smoking has tremendous health benefits. Most scientists agree that smoking is the number one cause of preventable illness and disease. Quitting smoking improves your own health as well as the health of those around you.

4 Stay social.

Being part of a supportive social circle of family and friends who care for and respect each other protects against isolation and depression and can help improve your mood.

5 Avoid illicit drugs and excessive alcohol.

Many health problems are associated with the overuse or abuse of alcohol and/or illicit drugs.

Protecting Your Health

Screening

Screenings are searches for early signs of disease. By catching disease in its early stages, screenings can decrease distress, reduce the cost of treatments, and save lives.

Because no test is 100% accurate, we have to understand that sometimes a test will be right and sometimes a test will be wrong. A positive or abnormal screening test result just means that further testing is needed to establish what is actually happening. Occasionally a screening test suggests disease when that disease is not actually present — this is called a false positive.

The following screenings are recommended for all women.

BLOOD CHOLESTEROL

Having some cholesterol (fat) in your blood is normal, but having too much of a certain kind of fat known as low-density lipoprotein (LDL) (so-called “bad” cholesterol) increases your risk of heart disease and stroke. However, high levels of high-density lipoprotein (HDL) (the so-called “good” cholesterol) can help protect against heart disease.

If you are over 55 or have a family history of high blood cholesterol or heart disease (before age 55 in your father or brother or before age 65 in your mother or sister), you may need a test to establish your blood cholesterol level. Other reasons for testing blood cholesterol are high blood pressure, smoking, too much abdominal body fat, diabetes, and a high-fat diet. Your total cholesterol level should be below 5.2 mmol/l, and your HDL should be above 1.1 mmol/l. Anything between 5.2 and 6.2 total cholesterol is borderline high risk. Above 6.2 is high risk.



BLOOD PRESSURE

To protect yourself against strokes and heart attacks, have your blood pressure tested whenever you visit your health-care practitioner or every two to three years, whichever comes first. Normal blood pressure is around 120/80. The numbers refer to the pressure that builds up in your blood vessels when your heart contracts (the first number) and relaxes (the second number). Anything over 140/90 is considered high enough to need attention. Because blood pressure can go up and down for a number of reasons, you may want to have it checked a few times to determine whether or not you have a problem.

If you take the birth-control pill or if you are over 65, however, you should have a blood-pressure test once a year. It can also be helpful to check your blood pressure occasionally at a drug store with a blood-pressure monitor. If the drug-store monitor gives a high reading, give your health-care practitioner a call for a test in the office.

BLOOD SUGAR/BLOOD GLUCOSE

New Canadian guidelines suggest that women over 45 should have a blood-sugar test every three years to detect late-onset diabetes. You may need the test more often if you:

- Are obese
- Have a family history of diabetes
- Are the mother of a nine-pound or heavier newborn
- Have a history of pancreatic disease
- Are a member of a high-risk population (Aboriginal, Hispanic, Asian, African)
- Have been diagnosed with coronary heart disease
- Have previous indications of high blood sugar or glucose intolerance

BREAST CANCER SCREENING

When breast cancer is discovered early, treatments are more likely to be successful, less disfiguring, and less disruptive to you and your family. There are three ways to detect breast changes that might be cancerous. (For more information on breast cancer, see page 133.)

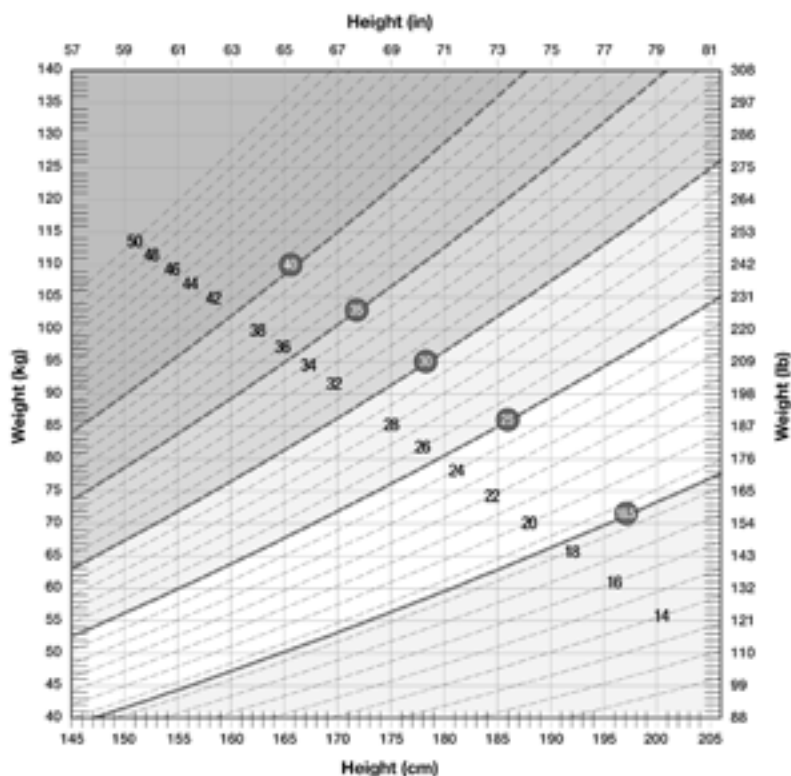
- 1 Know your breasts and what's normal for you. If you are not sure how to check your breasts, ask for help from your health-care practitioner or contact your local Cancer Society office. See the Breast Cancer section of this guide for more information and resources.
- 2 Have a clinical breast exam once a year from your health-care practitioner.
- 3 Have a mammogram yearly once you are 40, and every two years from age 50 to 79.

MONITORING YOUR WEIGHT

Having too much or too little fat can have dangerous health effects. Healthy weight helps protect against health problems such as high blood pressure, heart disease, diabetes, gall bladder disease, osteoarthritis, gout, and cancer. For more information on healthy eating and physical activity, see page 17 – 21.

One way to check on your weight is with the Body Mass Index (BMI). The BMI is the ratio of height to weight. A BMI of 20 to 25 is good for most people. For example, a healthy weight for a woman 170 cm (5 ft 8 in) tall would be anywhere between 54.4 kg (124 lb) and 71 kg (156 lb). Consult the BMI chart below to see where you are.

Keep in mind that BMI is not a perfect measurement; it is useful because it is simple and all people can be measured by it. However, it does not account very well for the changes that happen as we age, and some people, such as those who are very muscular or who are shorter, may have a higher BMI but can still be perfectly healthy. Start with your BMI, but also speak with your health-care practitioner about a healthy weight for you.



Health Canada. Body mass index nomogram. 2003

CERVICAL CANCER SCREENING

The Papanicolaou (PAP) smear is the current screening test for cervical cancer. Women who have cervical screening regularly up to age 69 with negative results will have a very low risk of developing cervical cancer. The Canadian Cancer Agency currently recommends that women start having cervical screening when they become sexually active. You should have a test every year for three years and if all of those are normal, then you can start having the test every two years. If you have a new partner, or have many partners, talk with your health-care practitioner because they may want to repeat the test more frequently. Of course, if you have any concerns or

symptoms like unexpected vaginal bleeding, you should see your health-care practitioner.

PELVIC EXAM

A pelvic exam performed by a health-care practitioner can help detect abnormalities in your reproductive organs, such as sexually transmitted infections (STIs), uterine fibroids, or ovarian cancer. The exam involves an external examination of your genitals, a cervical screening test, and an internal check of your uterus and ovaries. This exam should be done annually, though if you have three normal annual pelvic and PAP tests in a row, you may need them less often.

STI (SEXUALLY TRANSMITTED INFECTION) SCREENING

Screenings for STIs (for more info on STIs, see page 65) are a critical part of maintaining sexual health. If you have been sexually active with two or more partners in the previous year, or you have any abnormal vaginal discharge, or if your partner has had multiple partners, you should request tests for chlamydia, human papillomavirus (HPV), and gonorrhea. There are also blood tests for syphilis, hepatitis B and C, and HIV. Chlamydia, gonorrhea, and syphilis can be treated with antibiotics. Hepatitis B can be prevented by having a vaccination but some other diseases such as hepatitis C and HIV cannot and do not have cures. Using the safe sex guidelines on the Public Health Agency of Canada's website, www.phac-aspc.gc.ca, can help prevent the transmission of STIs.

Immunization

Many of us think that immunizations (or vaccinations) are only for kids. But immunizations don't end in childhood. Adults need vaccines to either boost childhood immunity or because of new risk factors for infections from travel, or work, or new disease conditions. Depending on where you have lived in the world, you may have been exposed to some diseases that people who have lived all their lives in Canada will not have been exposed to and



will not likely have immunity for. Some occupations, such as working in health care, also require regular immunizations so that we do not infect the people we care for at work. As well, some immunizations decrease in strength over time and require “boosters” to ensure that they are still effective. Every visit to a health-care practitioner is an opportunity to review and update your immunization status.

Most adults will have received childhood vaccination against tetanus, diphtheria, pertussis (whooping cough), polio, measles, mumps, and rubella. Keep your immunization record in a safe place and take it to your health-care practitioner when you go for vaccination to ensure it is updated. If you have no record and believe you may not have received a childhood series of these vaccines, tell your health-care practitioner. Vaccines recommended for the routine schedule are provided free to all adults in BC. This schedule is posted at www.immunizebc.ca.

WOMEN-SPECIFIC IMMUNIZATION INFORMATION

- A booster dose of whooping cough vaccine, called **pertussis**, is recommended once in adulthood and is best given prior to pregnancy or immediately following the birth of the baby, because adults can get whooping cough and spread it to young infants who are most at risk of complications.
- **Measles, mumps, and rubella** vaccines are given in a combined vaccine called MMR. Women will be tested for rubella immunity in pregnancy by a blood test because rubella is a serious disease for the fetus and can cause malformations. If you are found not to be immune in pregnancy, you should be vaccinated with MMR vaccine immediately after the birth of the baby and before leaving hospital.
- **Influenza (flu)** vaccine is recommended for women who will be in their last trimester of pregnancy during influenza season, and it can be given during pregnancy. Members of households with children under age two should also be immunized to protect those children, including before the birth of a baby.

Finding Additional Information

ON THE WEB

www.immunizebc.ca and www.bccdc.org

Two sites maintained by the BC Centre for Disease Control, containing information for the public and for health-care providers.

HealthLink BC

www.healthlinkbc.ca

Canadian Coalition for Immunization Awareness and Promotion

www.immunize.cpha.ca/en/default.aspx

IN PRINT

Canadian Immunization Guide. 7th Edition. (2007) Public Health Agency of Canada. Available at www.phac-aspc.gc.ca/naci-ccni/index-eng.php

Violence, Sexual Abuse, and Injury

VIOLENCE AND SEXUAL ABUSE

Violence and sexual abuse against women is the most common cause of injury to women — it happens more often than motor vehicle crashes, muggings, and sexual assaults by strangers combined. The health impacts of violence against women, like the violence itself, can take on many forms. Health impacts that are easier for women and their providers to identify include physical injuries such as cuts, bruises, or broken bones, but all forms of abuse can seriously impact women's physical, mental, and emotional health. Some women develop mental health issues such as depression, anxiety, post-traumatic stress disorder, eating disorders, or sleep problems as a result of abuse. (See box on this page for more information). The health effects can multiply as abuse continues and can last even after the abuse has ended. Some women turn to alcohol, drugs, medications, or other strategies to help cope with abuse.

Because the terms of sexual activity can be difficult to negotiate by women in abusive relationships, and because infidelity can be one



Potential Health Impacts of Violence and Sexual Abuse

- depression, anxiety, suicidal thoughts, and suicide
- eating disorders
- alcohol and substance abuse
- sleeping disorders, chronic fatigue
- chronic pain (eg, headaches, back pain, arthritis)
- numbness, tingling, fainting, seizures
- 'shaken adult syndrome' (blurred vision, vomiting, confusion, headaches)
- chest pains, hypertension
- worsening of existing chronic medical conditions
- lack of control over reproductive decision-making
- sexually transmitted infections
- pain during intercourse, vaginal bleeding or infection, decreased sexual desire, genital irritation
- unplanned/unwanted pregnancy (forced sex, lack of reproductive control)
- threat to maternal and/or fetal health and risk of death of the mother, fetus or both from trauma
- complications of pregnancy and childbirth

aspect of the abuse, there is also an increased risk of contracting sexually transmitted diseases and AIDS, having unwanted sex, pregnancy, and/or abortion.

FINDING HELP

There are support groups across BC to help women who are the victims of abuse. Below is a list of some of those organizations.

VictimLink

1-800-563-0808

BC Association of Specialized Victim Assistance and Counselling Programs — Find a Service

(604) 633-2506

www.endingviolence.org/find_a_service

Women Against Violence Against Women (WAVAW)

1-877-392-7583 or (604) 255-6344

www.wavaw.ca/index.cfm

BC/Yukon Society of Transition Houses

www.bcysth.ca/

604-669-6943

Woman Abuse Response Team at BC Women's Hospital

(604) 875-3717

[www.bcwomens.ca/Services/HealthServices/](http://www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/default.htm)

[WomanAbuseResponse/default.htm](http://www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/default.htm)

UNINTENTIONAL INJURY

Researchers talk about “unintentional” injuries as opposed to intentional injuries that are the result of abuse or violence. Unintentional injuries occur by accident, for example, by motor vehicle collisions, drowning, or falling. We have many strategies for preventing them by taking precautions, wearing protective devices, or avoiding certain situations. This section of the guide addresses injuries that are unintentional and what you should know about preventing them.

At all ages, women generally have lower rates of death from unintentional injuries than men. However, these injuries are still a major burden on the lives of women. The differences in injury rates between women and men vary depending on the type of injury. Women are less likely to be involved in accidental shootings and injuries from some highly risky sports activities like mountain climbing, car racing, or heli-skiing. This is because generally fewer women than men participate in these activities.



KNOW THE FACTS

Many chronic conditions (such as heart disease and disabilities) affect the elderly disproportionately. Injuries, however, are more likely to affect people during their peak working years and result in lost wages, pain, and disability.

Among women in British Columbia, unintentional injuries were the sixth leading cause of death from 2002 to 2006.

The three leading causes of unintentional injuries for women in BC between 2002 and 2006 were related to:

- motor vehicle collisions
- falls
- unintentional poisoning

PROTECT YOURSELF

There are many ways you can reduce your risks.

- Preventing injuries from falls is an important issue for women because women are more likely to have osteoporosis (brittle or thin bones) than men and to fracture when they fall. To learn more about fall-prevention strategies, please refer to the section on Bone Health and Falls of this guide (p. 106).

To avoid being injured in a motor-vehicle collision:

- Wear a seat belt every time you ride in a car.
- If you have used alcohol or drugs, don't drive! Avoid getting in a car if the driver has been using drugs or alcohol.
- Drive safely and at the speed limit.
- Avoid driving when you are tired and not alert. Avoid distractions while driving, such as talking on a cell phone.

When you are cycling:

- Wear a Canadian Standards Association (CSA) approved bicycle helmet that fits properly.

- Use reflectors or lights and wear clothes that make you visible.

When you are a pedestrian:

- Be aware of traffic, use crosswalks, and stay visible.

To protect against unintentional poisonings:

- Take medications only as prescribed.
- Avoid drinking alcohol together with prescriptions or over-the-counter medications.
- Check with your health-care practitioner or pharmacist about possible interactions when taking more than one medication.

Where you work and the type of work you do may also influence your risk of injury. Be aware of hazards in your workplace such as equipment, stairs, or places with poor lighting and seek out information about workplace safety for your workplace.

Finding Additional Information

INJURY PREVENTION: GENERAL

BC Injury Research and Prevention Unit

www.injuryresearch.bc.ca

The Community Against Preventable Injury

www.preventable.ca

Safe Communities Canada

www.safecommunities.ca

POISONING

BC Drug and Poison Information Centre

www.dpic.org

BC Centre for Disease Control

www.bccdc.org



MOTOR VEHICLE SAFETY

BCAA Traffic Safety Foundation

www.tsfbcaa.com

Insurance Corporation of BC

www.icbc.com/road_safety

SPORT SAFETY

BC Injury Research and Prevention Unit

www.injuryresearch.bc.ca (“Sport & Recreation Injury Prevention Resource”)

SportMedBC

www.sportmedbc.com

CHILDREN’S INJURIES

Safe Start at BC Children’s Hospital

www.bcchildrens.ca (Search for “Safe Start”)

Safe Kids Canada

www.sickkids.ca/safekidsCanada

WORKPLACE SAFETY

WorkSafe BC

www.worksafebc.com

Understanding the Determinants of Health

Simply by living our day-to-day lives, we are subject to “determinants of health” that affect our health as women in specific ways. For example, having a low income or living in poverty is a determinant of health because, even though the government covers the cost of care, there are additional costs such as transportation, time away from work, and child care that can limit a person’s access to health services. Women are more likely to have a low income or to live in poverty, so this issue is especially important for us. Likewise, the effects of violence, trauma, sexual abuse, and abuse can determine our health and have a greater impact on women. For

example, women are more likely than men to experience violence from people they know, including intimate partners. Some women worry about their children's and their own safety because home is not a safe place. Violence and trauma can impact physical and mental health in the short and long term.

Caregiving and unpaid labour are other examples of determinants of health. Though they can bring meaning, a paycheque, and social relationships into our lives, these tasks create stress and mental health challenges that impact our health. The following sections detail a few of the determinants of health that have important consequences for women.

LIVING WITH DISABILITIES

Among Canadian women, most disabilities are related to the ability to move around. Such mobility impairments are a result of a number of conditions that are more common among women than men such as arthritis, lupus, chronic fatigue, multiple sclerosis,





and osteoporosis. Even common chronic diseases such as diabetes, which affects about 2 million adult Canadians, and results in activity limitations for 56 percent of people, affect more women and affect women differently. For example, women with diabetes, regardless of age, are more likely to have activity limitations than men with diabetes.

Having a disability does not necessarily mean that a person is unhealthy. It is entirely possible to have an impaired ability to move yet still be fully functional and free of disease or illness. Nevertheless, people with disabilities are high consumers of health services because impaired mobility, for example, may increase the risk of some kinds of infection, require monitoring, and in some cases be associated with other health concerns. Additionally, people with disabilities face challenges associated with lower incomes, access to transportation and housing, and safety, all of which result in a higher overall stress level.

STRESS

We do not fully understand how stress affects our body or minds, but there is an increasing understanding that the mind and body are linked and that mental health and physical health are related to one another. What is known is that feeling in control, having a sense of optimism, and feeling that you can manage life challenges is good for you — both mentally and physically.

Taking time to talk to a friend, go for a walk, read a book, watch television, listen to music, or sit on the porch and watch the dog play may be the antidote for a difficult day. Having enough money to get through the month without worry, having safe playgrounds in your neighbourhood, and knowing that you have people you can rely on to help you out — each of these can help you manage stress. While some of these factors are not within our direct control, being able to recognize these stressors and find appropriate social and professional supports can reduce the stress you feel and its impact on your health.

CAREGIVING

Caregiving is a prominent part of most women's lives. Whether raising children, caring for family and friends, visiting a sick relative, or hosting the kids visiting from overseas, most women have responsibilities that involve caring for others. Some people view caregiving as more natural for women than men, contributing to the stereotype that caring is a woman's activity and unusual among men. This has led to women being more likely to interrupt their education or employment to provide care and in many households, women work part-time in order to manage the household and child care. This arrangement lowers women's lifelong earnings and future pensions, and can cause higher stress and other negative health consequences. However, caregiving can also be a source of meaning and pleasure for many women and this can help buffer the negative health impacts.

DISCRIMINATION

Our health can be affected by being excluded from social groups, prevented from entry into occupations or education, ignored or misunderstood, verbally abused, or from having assumptions made about who we are. Some women are more likely to experience discrimination than others including visible-minority women, poor women, lesbian, bisexual, and transgendered women, and women with disabilities. Experiences of discrimination can damage our self-esteem, our mental health, and our confidence. Sometimes women may even be physically or sexually assaulted for being different.

As a society, we need to continue to learn how to live in diverse communities. As individuals, we need to strive to be inclusive of difference and to build healthy communities. If we are victimized, we need to access legal, medical, and emotional support and learn how to keep ourselves safe.



POVERTY

Research shows that being poor is not good for your health. Even in Canada, with our universal health care system, low-income people have more illnesses and a shorter life expectancy than high-income people. This is partly because having an adequate income usually means that you live in adequate housing, have a healthy diet, live in relative safety, have access to transportation and recreation, and are able to pursue an education and have a job. It's also because living in poverty and living well is hard: it is difficult to take two buses to the grocery store and healthy, fresh food can be more expensive than processed and packaged food. Struggling to make ends meet can also be difficult emotionally. For these reasons, poverty is a determinant of health.

Women are more likely than men to be low income earners, to work part time, to not have worked long enough to have a pension, or to earn less for the work that they do.

ACTIONS YOU CAN TAKE

Not all social determinants of health are negative. By participating in civic life — joining clubs, volunteering for causes that are important to us, voting, learning about our community's history, attending public events, or following current affairs — we can actively contribute to making our communities healthier places to live, work, study, and play.

Research has shown that a sense of belonging — being known and having relationships with people — is good for our health. It makes us feel better to have someone to tell about the events of our lives; it makes us healthier to be involved — with our children's schools, with our faith communities, or with others who enjoy the same activities.

Through our political processes we create the policies and programs that we provide in our communities. While some factors in life are indeed beyond our control, we can do something about others, like

whether there is a stop sign on the corner to make it safer for kids to play and neighbours to cross the street. When we encourage recycling, use public transit, turn off the lights, buy locally produced products, read labels, plant a community garden, or clean up the riverbank, we are helping to support a healthier environment which can improve our own and our neighbours' health.

Here are a few ways you can be more involved and bring additional happiness and health into your life:

- **Join a social group** — book clubs, outing groups, or co-ops are usually listed in the local newspaper.
- **Volunteer your time** — hospitals, social agencies, libraries, museums, social organizations, and community groups are always looking for more help.
- **Become an advocate** — identify a cause that is important to you and find out how you can help out.



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2

Health issues emerging for young women



Puberty/Adolescence

Between the ages of 8 to 19, girls and young women experience a range of changes to their bodies that are generally referred to as puberty. In addition to a growth spurt, changes include breast development, the appearance of pubic hair, hair growth under the arms and on the legs, and the start of menstruation. Although the sequence of events is usually the same, when puberty starts and how long it takes is different for everyone. This is particularly the case for youth with chronic illness or youth involved in vigorous athletic training, both of which can interfere with the hormones involved with puberty.

In contrast, adolescence refers more broadly to the transition period from childhood to adulthood. This includes the physical development of puberty, but also covers psychological and social development. Adolescence progresses through a number of stages that do not always match up with specific ages. The Canadian Pediatric Society generally defines adolescence as happening between 10 and 19 years of age.

Puberty

For most girls, puberty starts with breast growth. An overall growth spurt coincides with breast development. This is followed by pubic hair several months later, with menstruation typically occurring two years after breast budding. Following menstruation, most girls can expect to grow an additional two or three inches.

- 1 Breast Development** (8 to 14 years). When the breasts begin to develop, small tender lumps appear under one or both nipples. Over the next two years prior to menstruation, the breasts and nipples will increase in size and shape, including the area around the nipple, called the areola, which becomes more prominent and slightly darker in colour. Breasts go through several stages of growth before they reach their full maturity so it's not unusual for one breast to be larger than the other. Once a girl's

menstrual periods are well established, her breasts will have reached their “adult” size and appearance and will not grow any further. Breast size and shape are determined by heredity and are unique for each woman.

- 2 Growth** The average age for girls to start their growth spurt is about 9 years and reaches a peak at about 11.5 years of age. The growth spurt occurs at about the same time as the development of pubic hair and breasts. During puberty the majority of girls will gain much of their final adult height. Weight increases and peaks in the 6 to 12 months after the growth period. In fact, during puberty most girls gain 50 percent of what will be their ideal adult body weight as women. Body shape also changes and the waist may appear smaller in relation to a girl's wider hips.
- 3 Hair Development** Shortly after breasts begin to grow, hair develops in the pubic area, under the arms, and on the legs. Hair under the arms usually appears one year after pubic hair. Gradually more hair grows on all the other areas of the body and becomes more noticeable with age. The amount and distribution of hair on the body is influenced not only by hormones but also by genetic factors so it sometimes helps to look at other members of the family to get an idea of what to expect.
- 4 Menstruation** (9 to 16 years). Periods typically begin two years after breast-bud development. The average age for a girl to begin menstruating is 12.5 years. Menstruation is related to height and weight growth — it usually occurs one year after peak height growth. Regular cycles (with ovulation) may not be established for another two or three years. Additional effects of hormones such as mood swings and PMS (pre-menstrual syndrome) may accompany these changes. (Additional info on PMS can be found on page 52)



Self Quiz

For a quick assessment of your own body image, answer the questions below with one of the three options:

RARELY / NEVER 1 SOMETIMES 2 OFTEN / ALWAYS 3

When you are done, add up your score to calculate your body image score

- 1 Does my mood affect the way I feel about my body?
- 2 Is it hard for me to accept compliments about the way I look?
- 3 Do I avoid situations where others would see my body, such as swimming or exercising?
- 4 Do I think that I look bad on days when I have not exercised?
- 5 Do I make negative remarks about my body to myself or others?
- 6 In thinking about my body, do I focus on the parts I believe need improvement?
- 7 Do I feel threatened or depressed by individuals whom I perceive as more attractive than myself?
- 8 How often do I find myself asking family, friends, or partners how I look?
- 9 How often do I worry about my weight?
- 10 Am I self-conscious about how much I eat in front of other people?

SCORING

- 10-15 Great! You have a positive body image.
- 16-23 You are in the average range. Work on reframing your body image so that you can learn to appreciate your body.
- 24-30 Body image is a struggle for you. Try improving your body image. Read the steps you can take towards building a better body image in the Body Image section on page 47.

Adolescence

Adolescence is the process of developing psychological and social maturity that happens alongside the physical growth and development of puberty. The tasks that characterize this developmental period include:

- forming a personal identity, including an acceptable body image
- establishing intimate relationships, including sexual expression
- moving away from parental control and towards some level of independence
- defining one's role in the community

Adolescence typically happens in three stages:

- **Early adolescence, 10 to 14 years** Characterized by a focus on puberty, sexual maturation, and body image, and the beginning of the shift from dependence on parents to independent behaviour.
- **Middle adolescence, 15 to 17 years** Characterized by the rise in importance of peer-group values, the formation of a sense of individuality, and increasing independence and separation from parents. Conflict with parents often reaches a peak during this stage.
- **Late adolescence, 18 to 21 years** The final stage in the shift towards identity and separation involving the transition into roles and responsibilities of adulthood in work and relationships.

Risk-taking Behaviour during Adolescence

Adolescence is a time of growth and development — the majority of adolescents are healthy. Because of their developmental level, adolescents have a sense of uniqueness and invulnerability. This, coupled with a desire to test and master their newly emerging physical and mental capabilities, can lead to risk-taking behaviours.

The major cause of death for adolescents is motor-vehicle accidents, more than half of which are related to drug or alcohol use. Other sources of difficulty or ill health in adolescents include



unwanted pregnancy, sexually transmitted infections, and stress and depression. Adolescents are also at a higher risk for suicide than the rest of the population.

It is helpful for adolescents to have access to accurate and current information about nutrition, physical fitness, mental health, sexuality, contraception, sexually transmitted infections, substance abuse, and other topics related to their biological development and psychosocial needs. This information can help adolescents recognize that the process they are going through is normal. It can also start them on the path towards health literacy as an adult.

Body Image

The relationship between a woman's body and her body image is complex. A woman's body image is her mental picture of her outward physical appearance, which may include feelings and judgments about her own body. Some women who have a healthy body weight may have a negative body image because we live in a society that tends to glorify slender body shapes.

Body image distortions are very common in women with eating disorders who believe their body shape and size are larger than they actually are. Having a positive body image is not necessarily related to being slim or slender. Women with positive body images are comfortable with their bodies, regardless of their shape or size whereas women with negative body images often feel ashamed, anxious, or self-conscious about their bodies. Although it is common to have some level of dissatisfaction with your body, an important part of staying healthy is developing a positive body image.

Know the Facts

- A poor body image can lead to emotional distress, low self-esteem, dieting, anxiety, depression, and eating disorders.
- Among other things, body image can be affected by:

- media and popular culture
- experiences of physical or sexual abuse
- natural physical changes at different life stages, such as puberty or pregnancy

Building a Better Body Image

(Reprinted with permission from *Our Bodies Ourselves*¹)

Our society is obsessed with looks and weight, but that does not mean we have to passively accept the negative messages we receive about our bodies. Here are other ways to empower yourself:

- Experiment with what weight feels comfortable to you, rather than trying primarily to be thin. Find your “set point,” a weight where your body feels comfortable and accept weight variations throughout the life cycle.
- Most of us judge each of our body parts individually — my thighs are too fat, my breasts too droopy, my lips too thick. Try experiencing your body as a whole, rather than as separate parts that need improvement.
- Instead of trying to conform to the rigid beauty ideal promoted in the media, experiment with finding a style or look that expresses something about yourself and feels good to you. When you exercise, pay attention to the rhythms and sensations you experience as you move. While exercise is often promoted as a way to lose weight and achieve an idealized body shape, it also often helps us feel good in our bodies, which in turn can help us accept and even celebrate how we look.
- Reject the imposed ideal that there is only one attractive body type. If you have a curvy body, embrace your curves as symbols of power and pride.
- Notice how much time you spend worrying about your looks instead of being aware of what is going on inside of you or

1 Our Bodies Ourselves. *Building a Better Body Image*.
www.ourbodiesourselves.org/book/companion.asp?id=6



around you. Try practising mindfulness, a technique used in meditation and yoga.

- Give up the media for a week. Forego reading magazines (especially fashion magazines!), watching television, or surfing the Internet. When you get the urge to click the remote control, go for a walk or invite a friend over for tea and conversation. At the end of the week, notice if you feel differently about yourself.
- Include women of all ethnic and racial groups, age groups, sizes, abilities, and sexual orientations in your circle of friends. When we expose ourselves to the rich and varied experiences of all women, our narrow ideas about beauty and bodies often change.
- Kill your inner supermodel. If you have an image of perfection in your head to which you're constantly comparing yourself, get rid

Self-Test

- Does thinking about food, eating, and/or shape and weight interfere with my daily functioning (e.g., my ability to focus on a task or do things I enjoy)?
- Do I often worry about gaining weight and/or experience feelings of “fatness”?
- Do I restrict what I eat (e.g., portions, types of food, calories) and ignore feelings of hunger?
- Do I feel guilty if I eat something I consider “unhealthy” or “bad” for me?
- Do I compensate for eating by making myself sick, using laxatives, fasting, or exercising beyond what feels comfortable?
- Do I have episodes of overeating in which I experience a loss of control?

If you answered “yes” to more than one of these questions and are concerned about your relationship with food, it might be helpful to talk to someone you trust or a health-care practitioner.

of it. You think your nose is too big? Compared to whose? You consider your stretch marks “flaws”? Where is it written that our bodies should be free of lines or marks or scars? Such bodies do not exist in real life.

Finding Additional Information

ON THE WEB

The Canadian Women’s Health Network
www.cwhn.ca

IN PRINT

Boston Women’s Health Book Collective. *Our Bodies Ourselves: A New Edition for a New Era*. New York: Simon & Schuster, 2005.

Eating Disorders

Girls and women living with an eating disorder experience eating, body shape, and weight as primary focus points in their life. They may feel compelled to eat, to restrict their food intake, or to compensate for eating in order to control their body size. These behaviours are physically and emotionally harmful and damaging to overall well-being. Although many women have concerns about their weight or shape, these typically occur along a continuum, with women who have diagnosable eating disorders (Anorexia Nervosa, Bulimia Nervosa, and Eating Disorder Not Otherwise Specified) experiencing the most severe concerns. If untreated, eating disorders can lead to hospitalization or even death. It is possible to recognize when you might be overly preoccupied with your weight or eating habits and to take steps to alter your attitudes before you damage your health.

Know the Facts

- Eating disorders usually develop during adolescence or early adulthood, but can emerge at any point across the lifespan, particularly at midlife.



- Eating disorders affect physical, mental, and emotional well-being.
- Eating disorder behaviours usually indicate an underlying struggle (e.g., emotional, interpersonal, or life challenge) that exceeds a girl's or woman's coping resources.
- Symptoms include intense fear of weight gain or becoming “fat,” feelings of “fatness,” and excessive focus on shape and weight.
- Eating disorders involve extreme restriction of food intake, attempts to lose weight or maintain very low weight, binge eating (i.e., overeating), and compensatory behaviors such as purging (e.g., self-induced vomiting and use of laxatives and/or diuretics) and excessive exercise.
- Girls and women struggling with an eating disorder often experience depression, anxiety, or difficulty with substance use.

Prevention

- Think critically about unhealthy influences. For example, challenge media messages that promote an unrealistic beauty ideal for women.
- Engage in activities that foster self-esteem and develop a sense of identity independent of appearance.
- Connect with other women and social support networks. Foster relationships in which you feel comfortable expressing your thoughts and feelings.
- Prioritize self-care. For example, seek opportunities to balance your needs and responsibilities.
- Manage stress by getting sufficient rest and finding time for relaxation and leisure activities.

If someone you know appears to be struggling with disordered eating, try to use a caring, non-judgmental approach. Offer to listen and be mindful that eating disorders reflect an underlying struggle and are not about eating or food.

Understanding Treatment Options

Many girls and women with eating disorders feel ambivalent about making changes to their eating and/or exercise habits. It is therefore important to explore the function of the eating disorder. Understanding the underlying roots of the issue will go a long way toward healthy change.

Eating-disorder treatment typically includes:

- psychological education
- individual and/or group therapy
- nutritional counselling
- medical monitoring

Treatment programs:

- In British Columbia, St. Paul's Hospital and BC Children's Hospital are the provincial programs for adults (for 18 years and older) and children/youth (18 years old and younger), respectively.
- Other treatment options include community mental-health eating disorder programs, private practitioners and organizations, and peer-support groups.





If you are struggling with an eating disorder, maintain regular contact with your health-care practitioner to make sure that your health needs are being addressed.

Finding Additional Information

IN PERSON

Speak to your health-care practitioner who may refer you to specialized services.

ON THE WEB

The National Eating Disorder Information Centre
www.nedic.ca

Kelty Resource Centre at BC Mental Health and Addictions Services
www.bcmhas.ca/supportcentre/kelty

Looking Glass Foundation
www.lookingglassbc.com

Jessie's Hope Society
www.jessieshope.org

IN PRINT

Gurze Books (a California-based organization with self-help resources) www.gurze.com

Menstrual Cycles and Premenstrual Experiences

The menstrual cycle is a natural part of women's lives from puberty, through the changes of perimenopause (see page 85), until menopause (see page 98) when periods stop completely.

The menstrual cycle involves the development of an egg and the environment in which it can grow into a fetus but it also provides you with estrogen and progesterone levels that you need for optimal bone, heart, breast, and general health.

Know the Facts

- Menstruation typically occurs from menarche (the first period) until menopause.
- The menstruating phase of women's lives lasts an average of 30 to 40 years.
- First menstrual flow is usually light and lasts a few days. Young women at their first period will usually have small breasts that are growing and tender, may have acne, and have usually just finished their biggest growth spurt since they were babies.
- In the first year of "reproductive life," menstrual cycles are usually irregular and unpredictable. However, it is still possible to become pregnant during this time.

Understanding Menstruation

- Menstrual cycles average approximately 28 days in length, but any cycle length between three and five weeks apart can be normal.
- Cycles in younger women tend to be longer and those in older or perimenopausal women are shorter (see perimenopause page 85).
- Normal menstrual flow lasts between three and six days and involves between eight and sixteen soaked regular-sized pads or tampons.
- Most women experience cramps before their flow is about to start.
- Some women may have cramps of sufficient intensity that they need to take ibuprofen (two pills or 400 mg initially followed by one as soon as the heavy feeling returns).
- A heavy flow that is longer than seven days or soaks more than sixteen pads or tampons may cause iron-deficiency anemia (low blood count). Ibuprofen taken a few times a day during heavy flow will decrease the flow.
- Women commonly experience some changes in how they feel across the menstrual cycle. For example, bloating and water retention are most intense on the day flow starts. Women may



also note that their breasts become mildly tender. Some women become more sensitive to emotional issues (either happy or sad) in the days before flow. All of these experiences are normal.

Premenstrual Syndrome (PMS)

The increased emotional sensitivity in the week before flow is called “Premenstrual Syndrome” (PMS). A recent study found that less than 1 percent of women had disruptive premenstrual symptoms. It is easy to associate the stresses of work, relationships, childcare, and finances with PMS because they bother us most before our flow. It is healthier to acknowledge our feelings (“I feel. . .”) and make an agreement with ourselves, or the person we are in conflict with, that we will discuss the issues constructively at a later time. This approach can help solve most of the menstrual-cycle-related emotional issues.

Midlife women may first believe that they have severe PMS before they and their health care practitioners realize that the higher estrogen and lower progesterone levels of perimenopause (see page 85) are causing these increased symptoms. For women troubled by breast tenderness, fluid retention, increased appetite, and moodiness before flow, it can be helpful to record your experiences in a daily journal. Regular exercise, weight loss (if needed), increasing calcium from food or supplements to over 1000 mg a day, and talking with a trusted friend, health-care practitioner, or counsellor can also help with troublesome premenstrual symptoms.

Contraceptives

Most women who need contraception can safely use any of a number of effective methods. When you're choosing a birth-control method, find out:

- Is it hormonal or non-hormonal?
- Is it taken daily or non-daily?

- How safe is it and are there side effects?
- Do you want to have (menstrual) bleeding once a month, every couple of months, or not at all?
- How would unpredictable bleeding or amenorrhea (i.e., the absence of regular periods) affect your life?
- Are there any secondary benefits you are looking for (e.g., reducing acne, lessening menstrual cramps)?
- What would a pregnancy mean to you?
- What does your mother, sister, or best friend recommend or not recommend?

Answers to these questions can help you choose a method that is best suited to you. The following descriptions of birth-control methods will assist you in answering these questions.

Understanding Contraceptive Methods

Barrier methods of contraception include physical barriers (male and female condoms, diaphragms, caps) or chemical barriers (spermicides) to block the passage of sperm into the female genital tract. Each method provides variable protection against both unplanned pregnancy and sexually transmitted infections. They are relatively simple to use and do not cause any broad side effects or alter a woman's hormone pattern. However, they do require cooperation between partners and can interfere with intercourse. Because the typical failure rate for the barrier methods is between 15 and 30 percent, a woman's ability to accept an unplanned pregnancy may be an important factor in her decision to choose these methods.

Hormonal methods contain estrogen and progestin in combination or progestin alone. Methods containing both estrogen and progestin include the birth-control pill, the patch, or the ring. These are highly effective with few side effects and there is a rapid return to fertility once you stop using the method. If used consistently and correctly, the failure rate ranges from 0.5 percent to 1 percent.



Some women may wish to take advantage of the non-contraceptive benefits that these methods provide, for example, protection against heavy painful periods, acne, pelvic infections, ectopic pregnancy, and ovarian and endometrial cancer.

Progestin-only methods are available in an injectable form or as pills. These methods can be used by women who have unwanted side effects with the use of combined hormonal methods or women with medical conditions that prevent the use of estrogen, for example women over age 35 who smoke, women who experience severe migraine headaches, or women who are breast-feeding. Progestin-only pills have a typical failure rate of 8 to 10 percent and the injectable form has a typical failure rate of less than 3 percent.

Intra Uterine Device (IUD). An IUD is a small plastic device placed in the uterus by a health-care practitioner. Failure rates are typically less than 1 percent. IUDs can be used in women of all ages, including women who have not had children. Once they are inserted, IUDs provide five years of protection but they are also easy for a health-care practitioner to remove. Because they do not require regular administration, they may be especially suited for women who either cannot or prefer not to take a pill or change their ring or patch.

Sterilization is considered an irreversible method of birth control. Female sterilization (tubal ligation) involves cutting, clipping, or plugging the fallopian tubes to prevent the egg from travelling down to the uterus. Male sterilization (vasectomy) involves tying off or plugging the vas deferens (the tubes that carry the sperm from the testicles). Because these procedures should be considered permanent, sterilization is not the best option if you have any uncertainty about future desires for children.

Natural family planning depends on abstaining from sexual intercourse during the fertile period of the menstrual cycle. There are a number of ways to identify the fertile period of the cycle, for example, the temperature method, cervical mucous method, and calendar method. Its typical failure rate is 25 percent or even higher

in women who have irregular cycles. It is often used for religious or cultural reasons or because it is under the control of the woman with no physical side effects.

Withdrawal is the practice of withdrawing the penis from the vagina before ejaculation. This method of contraception is available in any situation and requires no hormones or devices but the typical rate of failure is 27 percent.

Emergency contraception is a method used after unprotected sex to prevent pregnancy. There are two methods: a hormonal method that involves the use of pills that are available at your pharmacy without a prescription or the insertion of a copper IUD. Both methods are extremely effective when used within five to seven days of unprotected sex, however they work best within 48 hours.

Postpartum contraception. Since breast-feeding is encouraged for all mothers, it is critical that a contraceptive method is safe for breast-feeding or infant health. The use of combined hormonal contraceptive methods (pill, patch, ring) decreases breast-milk production and should be delayed until breast-feeding is well





established, usually by six weeks postpartum. All the other methods listed above are safe options for postpartum women whether they are breast-feeding or not.

Although most women can safely use all of the methods described here, there are some health conditions that might limit the safe use of certain methods. Talking with a health-care practitioner can establish that you are not at undue risk and ensure that you are offered the most medically appropriate methods.

Except for abstinence, there is no perfect contraceptive method and sometimes you find the right fit only by trial and error, blending the most appropriate method from a medical perspective with the personal preferences of you and your partner.

Abortion

If you have an unplanned or unwanted pregnancy, or have received results of prenatal testing that show fetal abnormalities, you may face the decision to either carry through with your pregnancy or have an abortion. Dealing with your feelings can take time and there is no right or wrong way to move through this process. Though the decision to have an abortion is rarely simple, you may experience a range of emotions depending upon your personal situation and the support you receive. Give yourself credit for making the best decision you can for your life.

Know the Facts

- 50 percent of Canadian women faced with an unplanned pregnancy decide to have an abortion.
- In Canada, abortion is legal and regulated in the same way as other medical procedures.
- Though there are no legal restrictions on abortion, hospitals and clinics generally provide abortions up to 20 weeks of pregnancy and beyond that only for severe fetal abnormalities.

- Abortion is a very safe procedure with an estimated complication rate of less than 1 percent.
- Abortion does not cause mental illness or increase cancer risk.
- Women who have abortions come from all racial, ethnic, socioeconomic, and religious backgrounds.
- The majority of abortions are obtained by women who are over 20 years of age.

There are two types of abortion — medical and surgical. The type of procedure may depend upon the service available, how far along you are in your pregnancy, and your own preference.

Medical abortions:

- use medications to empty the uterus
- are usually done in the first 8 weeks of pregnancy
- require 3 or 4 visits to the doctor's office
- if unsuccessful, require a surgical abortion

Surgical abortion:

- use instruments to empty the uterus
- done after the first 5 or 6 weeks
- require 1 or 2 visits to clinic or hospital
- are done under local or general anesthesia

Finding Additional Information**ON THE PHONE****Pregnancy Options Line**

(604) 875-3163 or 1-888-875-3163

Options for Sexual Health

(604) 731-7803 or 1-800-739-7367

IN PERSON

Your physician or walk-in clinic



ON THE WEB

Pro-choice Action Network

www.prochoiceactionnetwork-canada.org

Pregnancy Options Workbook

www.pregnancyoptions.info

Healthy coping after an abortion

www.abortionconversation.com/healthycoping.pdf

Peace After Abortion

www.peaceafterabortion.com

The Choice Linkup

www.choicelinkup.com/index.html

Inner Healing After Abortion

www.mgryteinnerhealing.com

Pro-choice connection

www.prochoiceconnection.com/psb.html

In BC, abortions are free if you have coverage under the Medical Service Plan (MSP). If you are not eligible for MSP coverage, ask the abortion clinic or provider about payment options or contact the National Abortion Federation (NAF) Hotline at 1-800-772-9100 for assistance.



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3

Health issues
emerging for
midlife women



Healthy Sexuality

Our sexuality is tied to many aspects of our life, including our emotional, physical, and social well-being. Healthy sexuality is about more than just preventing sexually transmitted infections (STIs) or unwanted pregnancies. Depending on our lives and how we feel about ourselves, our sexual relationships can give us energy, confidence, pleasure, and deep connection with our partners. We can also experience powerlessness, frustration, and shame. Whatever our age, marital status, or sexual orientation, it's therefore important to learn as much as we can about our own sexuality.

Being knowledgeable about your own body will help you feel more comfortable communicating with your sexual partner(s) and entering into mutually respectful, consenting sexual relationships.

Understanding the Connection between Health and Consensual Sex

- Sex helps to relieve stress.
- Sex boosts your immune system.
- Sex burns fat and increases blood flow in your body.
- Sex strengthens your pelvic muscles and reduces incontinence later in life.
- People who have sex often have higher levels of naturally produced sex hormones, which help to stimulate sexual desire.
- Sex can increase your self-esteem and intimacy with your partner.

Maintaining Sexual Health

Maintaining sexual health requires attention. You should stay informed about safe choices, healthy behaviours, and how your body works.

- Learn how to protect yourself against sexually transmitted infections (see the next section on STIs).

- Practise safer sex by using condoms, dental dams, or other safer sex measures.
- Make sure there is mutual respect between you and your partner.
- If you are being forced or coerced into sexual activity in any way, speak to someone right away. Choose a counsellor, a close friend, or even the police. If you don't feel safe talking in person, there are anonymous hotlines such as Women Against Violence Against Women (contact info below).
- Make sure to have regular check-ups and screenings (see screenings on page 23).

Understanding Sexuality and Aging

Beginning around mid-life, women will begin to experience changes in their bodies that may affect their sexuality. The majority of this change is due to hormone fluctuations, which are part of the normal aging process. These processes may change the way you feel about your body and your sexuality. However, if you are otherwise healthy, these changes should not limit your sex life.

The majority of Canadians between the ages of 50 and 80 continue to be sexually active, but with less emphasis on penetrative intercourse. Older individuals report that their sexual activity during this period is often more meaningful and intimate than at any other time of their lives. Many women report that the sex they have later in life is some of the most enjoyable because contraception and fertility concerns are no longer an issue.

Overall, maintaining a healthy sexuality as you age can increase emotional satisfaction and overall health. All of the health benefits listed above, such as relieving stress and increasing intimacy, are true for women of any age and may be even more important for women as they age.

To learn more about the changes that will affect your sexuality as you age, refer to the Perimenopause (page 85) and Menopause (page 98) sections of this handbook.



Understanding Sexuality and Sexual Orientation

A person's sexual identity is made up of a number of components including how an individual identifies as male, female, masculine, feminine, or some combination of these. A person's sexual identity forms over time and provides guidelines on how to engage in socially and/or sexually appropriate behaviour(s). A person's sexual identity is a unique experience.

Sexual identity also includes sexual orientation — a person's sexual and/or emotional attachment to the sex and gender of a sexual partner. Sexual orientation usually includes a predisposition, or preference, for particular sexual partners, activities, and behaviours, which may be heterosexual, homosexual, bisexual, or some combination.

Establishing a sexual identity is a lifelong process and can be very stressful at times, especially if you feel that your sexual identity is contrary to social expectations. There are a variety of resources available to help you explore and deal with the emotions you may encounter in healthy ways (see below).

Finding Additional Information

ON THE PHONE

Women Against Violence Against Women (WAVA)

1-877-392-7583 (24-hour hotline)

Vancouver Rape Relief and Women's Shelter

604-872-8212 (24-hour hotline)

1-800-SEX-SENSE (739-7367)

ON THE WEB

Sexualityandu.com: Your Link to Sexual Well-being

www.sexualityandu.ca

Won't Get Weird

<http://bc.wontgetweird.com>

Health Canada — Sexual Health and Promotion

www.hc-sc.gc.ca/hl-vs/sex/index-eng.php

Canadian Rainbow Health Coalition

www.rainbowhealth.ca

The Centre — A Community Centre Serving and Supporting Lesbian, Gay, Transgendered, Bisexual People and Their Allies

www.lgtbcentrevancouver.com

Sexually Transmitted Infections (STIs)

Most women who have a sexually transmitted disease don't notice any symptoms, but if left untreated some STIs can cause pelvic inflammatory disease and infertility. STIs include chlamydia, HPV (human papillomavirus), gonorrhea, herpes, genital warts, syphilis, and HIV/AIDS. Some STIs can be cured, such as chlamydia, gonorrhea, and syphilis, but others are viral, such as herpes, warts, and HIV, and can stay in your body for a long time, or, in the case of HIV/AIDS, lead to death. For more detailed information on HPV and HIV/AIDS, see the Communicable Disease section on page 140.

Know the Facts

- Some of the highest rates and increases in STIs are in young people aged 15 to 24.
- You do not have to have vaginal or oral sex to be infected — sometimes touching and kissing can expose you to STIs such as herpes or genital warts.
- While birth-control pills protect against pregnancy, they do not protect against STIs.

Protect Yourself

- Don't have unprotected sex (vaginal, anal, or oral). Make sure your partners always use condoms to prevent STIs, including HIV/AIDS.



- Talk to your partner(s) about their STI status. Their sexual history will be part of your sexual history as well. Consider going in together to get tested.
- If you've had unprotected sex, request a screening test for STIs.
- If you're diagnosed with an STI, be sure to follow your health-care practitioner's treatment plan and recommendations. It is easy to get re-infected if your partner has not been treated.

Finding Additional Information

ON THE WEB

Spiderbytes

This website is designed to respond to sexual-health issues and provide information on health sexuality.

www.spiderbytes.ca

SexualityandU.ca: Your Link to Sexual Well-being

www.sexualityandU.ca

STI – Sexual Transmitted Infections Pamphlet

www.phac-aspc.gc.ca/publicat/std-mts/pdf/sti_pamph_e.pdf

Public Health Agency of Canada - STIs

www.publichealth.gc.ca/sti

Infertility

Infertility is the failure to achieve a pregnancy after 12 months or more of regular unprotected intercourse. After one year of unprotected intercourse, an estimated 85 percent of women will conceive, a number that rises to 95 percent after two years. This section discusses potential causes of infertility and introduces the initial solutions a woman or a couple experiencing infertility might pursue. It is important to remember that dealing with infertility can be extremely difficult for women, their partners, and their

relationships. Reaching out for support from counselors, health-care practitioners, friends, and support groups can be very helpful.

Know the Facts

Compared to other species, humans are surprisingly poor at reproducing. If 100 heterosexual couples have regular unprotected intercourse, only 20 will conceive in the course of one menstrual cycle. This is likely due to the frequency of ovulation rather than to the frequency of intercourse.

Causes of infertility

- **Infertility can affect men, women, or both.** In most heterosexual couples, a combination of factors delays or prevents conception.
- **Ovulation disorders.** Some women ovulate irregularly or not at all.
- **Tubal factors.** The fallopian tubes allow the transport of the egg towards the uterus and the sperm toward the egg. One or both tubes may be blocked, which delays or prevents fertilization of the egg by sperm.
- **Male factor.** Male causes of infertility include poor sperm quantity and/or quality or even a complete absence of sperm. Most often, the cause is unknown.
- **Other.** Uterine abnormalities (such as polyps and fibroids), endometriosis, or cervical factors affect 10 percent of women. Any of these factors may prevent the egg and sperm from meeting in the female reproductive tract.

Female Age and Infertility

The probability of conception decreases with age. Female fertility begins to decline many years before the start of menopause and becomes more pronounced after age 37.

The risk of miscarriage also increases with advancing female age. After age 40, almost 50 percent of all conceptions end in



miscarriage.

Know the Signs

Possible signs of fertility problems include:

- Irregular cycles, especially if longer than 35 days or shorter than 24 days.
- Severe pain with your periods, ongoing pelvic pain, or severe pain with intercourse.
- A history of pelvic inflammatory disease, chlamydia, or gonorrhea infections in the past.

If you have any of these problems and have also been unsuccessful in conceiving despite regular intercourse in the past six months, you should consult with a health-care practitioner to have a basic infertility evaluation. Before you see your health-care practitioner, it can be helpful to chart your cycles for three to six months. It is important to note the date your period begins as well as its length. Including the days on which you have intercourse may be helpful.

Protect Yourself

- If at all possible, do not delay childbearing into your late 30s because pregnancy rates decline with age.
- Adopt a healthy lifestyle with a balanced diet and exercise and decrease your stress as much as possible.
- Obesity can lower the chances of conception and can bring on additional risks in pregnancy so women should strive for a healthy weight.
- There is not enough information at this time to recommend dietary changes solely to enhance fertility. However, it is recommended to limit caffeine intake to less than 250 mg or two 6-to-8-ounce cups of coffee per day because excessive caffeine intake may increase the risk of miscarriages (see page 71).
- Limit your alcohol intake.

- Avoid cigarette smoking because it accelerates the loss of egg supply and it is especially harmful during pregnancy.
- If you are trying to become pregnant, supplement your diet with 1 mg of folic acid daily as well as a multivitamin. This will help to prevent neural tube defects (like spina bifida).
- Protect yourself against sexually transmitted infections. Chlamydia and gonorrhea are “silent” and can cause irreversible damage to fallopian tubes and prevent fertility.

Finding Additional Information

ON THE WEB

Fertility.com

www.fertility.com

Society of Obstetricians and Gynecologists of Canada

www.sogc.org

Infertility Awareness Association of Canada

www.iaac.ca





Assisted Conception

Women who need assisted conception techniques now have many options available to them. These are always evolving and you will need to search out the latest information before making a decision. As with any treatment, carefully consider the risks and benefits for yourself and your family.

Know the Facts

- The term assisted conception refers to any situation where there is medical assistance with the conception process.
- Assisted reproductive technologies (ART) involve helping gametes (eggs or sperm) come together in larger numbers to increase the chance of fertilization.
- The use of assisted reproduction technologies has been increasing steadily in Canada.

Understanding Treatment Options

- Don't underestimate the stress involved in pursuing assisted conception. Most fertility centres have excellent counselling resources to help you through the process — successful or not.
- Assisted conception is typically used to treat infertility in steps. This does not mean that a couple will try every option one after the other. Each couple determines which step in the treatment path best fits their current situation, taking into consideration the reason(s) for the infertility, the woman's age, the couple's financial status, and personal preference. The more invasive the treatment is, the higher the cost, the stress, and the associated risks. However, this is balanced by the increase in the chances of success of a single cycle of treatment.
- There are four main options:
 - Wait. For couples with one year of unexplained infertility, 20 percent will conceive within six months (if the woman is less than 30 years old).

- Take an oral medication. This increases the number of eggs to between two and four produced in a cycle (women usually produce one egg every cycle). This is called superovulation and can be combined with intrauterine inseminations (IUI), a procedure in which a sperm sample is given by the man and then introduced with a very thin catheter inside the uterus of the woman.
- Have injections of gonadotropins. This is another method of achieving superovulation and can also be combined with IUI.
- In vitro fertilization (IVF). This process involves fertilizing egg cells with sperm outside of the womb then transferring the fertilized egg to the patient's uterus.

Protect Yourself

To ensure the highest possible rate of success for any of these treatments, it is important to establish a healthy lifestyle. Sensible eating and regular exercise are important aspects of any fertility treatment. Supplementation with a multivitamin and 1 to 5 mg of folic acid are also helpful. Avoid alcohol, drugs, and certain types of medications that are potentially harmful substances to an embryo. If you take a prescription medication, make sure you mention it to your health-care practitioner prior to trying to conceive to make sure that it is safe to take during fertility treatments as well as during pregnancy.

Finding Additional Information

ON THE WEB

Assisted Conception Taskforce

www.assistedconception.ca

Making Choices/Taking Chances: Lesbian/Bi/Queer Women, Assisted Conception and Reproductive Health

www.bccewh.bc.ca/publications-resources/documents/makingchoices.pdf



Miscarriage

A miscarriage is the loss of a pregnancy within the first 20 weeks of gestation and is very common — approximately 25% of pregnancies end with a miscarriage. Though there are some risk factors to avoid, miscarriages are not caused by stress, exercise, or sex. They are typically your body's way of ending a pregnancy that has had a bad start. Most miscarriages cannot be prevented.

The experience of losing a pregnancy can be very physically and emotionally difficult. There is no “correct” way of coping with a miscarriage; each woman will feel differently. Some women experience grief, wonder what went wrong, or have intense feelings of sadness or anger. These are normal reactions and are most likely part of the healing process. Support from partners, family, or friends can be helpful during this time, as can advice from health-care practitioners.

Know the Facts

- The chances of a miscarriage increase with age. Women past the age of 35 have an increased risk of miscarriage. For women over 45, 50% of pregnancies end in miscarriage.
- If you have had one miscarriage, your risk of experiencing another is the same as a woman who has never had a miscarriage. However, if you have had three or more miscarriages, your risk in the future could be higher.
- The reasons for miscarriages are varied, and in most cases will be unknown. If you are interested in finding out more, explore the resources listed in Finding Additional Information.

Protecting Yourself

While most miscarriages are unavoidable, there are some risk factors to avoid. They include smoking, drinking, using drugs, drinking large amounts of caffeine (over 3 cups of coffee a day), and certain medications. A complete list can be found at www.HealthLinkBC.ca.

Finding Additional Information

HealthLinkBC (Search for “miscarriage”)

www.HealthLinkBC.ca.

Miscarriage and Pregnancy Loss: The Facts

(Women’s Health Matters article)

www.womenshealthmatters.ca/resources/show_res.cfm?ID=42252

Canadian Federation for Sexual Health — Miscarriage

www.cfsh.ca/Sexual_Health_Info/Pregnancy/miscarriage.aspx

American Pregnancy Association — Miscarriage

www.americanpregnancy.org/pregnancycomplications/miscarriage.html

Pregnancy

Pregnancy is likely the time when a woman will have the most contact with the health care system. Sometimes, this leads to thinking of pregnancy as separate from the rest of a woman’s life, but in reality, it is only a part of many women’s life experience. However, it is a good time to check-in with your healthful eating and physical activity habits (see pages 17 and 20 of this guide). If you find you have room for improvement, it can be a great time to re-engage with your health goals and remember: healthful eating and regular physical activity are just as important before, during, and after pregnancy. This section reviews some of the guidelines and benefits of healthful eating and physical activity, while including changes you will need to make to accommodate for your baby.

Healthy Weight

Gaining too little weight during pregnancy is unhealthy for you and your baby or babies, but gaining too much weight is also unhealthy. The right amount depends on your body mass index (BMI) before you became pregnant, whether you are having a single or multiple



pregnancy, and other individual factors.

Talk with your health-care practitioner about a healthy weight for you. Generally, health-care practitioners recommend that most women with a BMI less than 20 should gain 12.5 to 18.0 kg (28 - 40 lbs). Most women with a BMI between 20 and 27 should gain 11.5 - 16.0 kg (25 - 35 lbs). Most women with a BMI more than 27 should gain 7.0 - 11.5 kg (15 - 25 lbs). See page 25 for how to calculate your BMI.

Know the Facts

- Gradual weight gain is the healthiest. Contact your health-care practitioner if you gain more than 3 kg (6.5 lbs) in a month or less than 1 kg (2 lbs) in a month.
- Healthful eating following Canada's Food Guide and being active most days following Canada's Physical Activity Guide are the best way to ensure a healthy weight during pregnancy.
- Though some women might experience minor weight fluctuations in their first trimester, weight loss and dieting are not considered healthy during pregnancy.

Physical Activity / Exercise during Pregnancy

Being physically active most days is part of a healthy pregnancy. Unfortunately, many women still hear the old advice of avoiding physical activity during pregnancy.

Being active most days can:

- Improve your mood
- Increase your energy levels
- Promote a healthy weight
- Decrease stress
- Promote better sleep
- Increase your muscle tone, strength, and endurance
- Prepare your body for labour and delivery

- Speed up your recovery after labour and delivery

If you were not physically active before, pregnancy is a great time to start new healthy habits. Use this time to make daily physical activity a habit that you continue for both you and your child as s/he grows up.

Start easy and progress gradually:

- Talk to your health-care practitioner before starting a new exercise program.
- Start with mild activities like walking and swimming. Even five minutes a day will help.
- Gradually increase the time you're active to 30 minutes a session. Build physical activity into your daily routine. The type of activity you choose is up to you — pick activities that you enjoy!

If you were physically active before pregnancy:

- Keep being active most days of the week
- Think about how you can modify or replace weight-bearing activities such as running, high-impact aerobics, hiking, and tennis as your pregnancy progresses

Safety Tips

- Don't overdo it — you should be able to carry on a normal conversation during physical activities.
- Keep cool and hydrated. Drink lots of water before, during, and after physical activity to avoid overheating and dehydration. Avoid being active outdoors on overly hot or humid days.

Healthful Eating during Pregnancy

Pregnancy is a great time to make healthful eating a habit you continue for both you and your child as he or she grows up.



Know the Facts

- The expression “eating for two” is only partially true. You do need lots of vitamins, minerals, and other nutrients for your health and your baby’s growth. But most women need only a few more calories during pregnancy. Typically this means an extra two or three servings from Health Canada’s Food Guide a day. Add them in as an extra snack or as part of your usual meals. For example, have a piece of fruit and yogurt as a snack, or have an extra slice of toast at breakfast and an extra glass of milk at dinner or just before bed.
- Go to Health Canada’s My Food Guide to create a personalized food guide for you during your pregnancy (see the Finding Additional Information on page 77).
- Eat at about the same times each day. This will help keep your energy steady. Breakfast is especially important. Try small meals or healthy snacks every few hours if you are having “morning sickness” or feeling nauseous.
- Health Canada recommends that all women from their first period until menopause take a multivitamin that contains folic acid every day, including during pregnancy. Look for a multivitamin containing between 400 and 1000 micrograms (0.4 and 1.0 milligrams) of folic acid and that also has iron. Some women, including women with a BMI over 30, may need more folic acid. Talk to your health-care practitioner about whether you need more.

Foods to Limit or Avoid

- Avoid unpasteurized cheese.
- Avoid raw and undercooked fish and meats such as sushi and uncooked deli meats. Although fish has many benefits for both you and your baby’s health, some types of fish should be limited or avoided because of high levels of mercury. For more information consult www.HealthLinkBC.ca.

- A small amount of caffeine should not harm you or your baby. Limit caffeine to 300 mg or less a day. An average cup of coffee has about 135 mg of caffeine.
- Use herbal teas with caution. Some herbal teas are safe to drink during pregnancy and others are not. Herbal teas that are likely safe include: ginger, lemon balm, rosehip, blackberry fruit (not leaf), raspberry fruit (not leaf), and strawberry fruit (not leaf). Call 8-1-1 to speak to a dietitian for more information on herbal teas.
- Many cultures have dietary and herbal traditions for pregnant and breast-feeding women. Be sure to check with your health-care practitioner because some traditional practices have benefits, but some could be potentially harmful.

Finding Additional Information

IN PERSON

Dial 8-1-1 in BC to speak to a dietitian for free.

ON THE WEB

HealthLink BC

www.HealthLinkBC.ca

Government of Canada's Healthy Canadians

www.healthycanadians.gc.ca/hp-gs/know-savoir/phys_e.html

ActNow BC

www.ActNowBC.ca

IN PRINT

Eating Well with Canada's Food Guide and My Food Guide

www.healthcanada.gc.ca/foodguide

Or call 1-800-O-Canada for a free copy.

Baby's Best Chance

Pick up a free copy at your local health unit or online at www.health.gov.bc.ca/library/publications/year/2005/babybestchance.pdf



Alcohol and Drugs during Pregnancy

Drugs and alcohol can be harmful to your health at any point in your life (see pages 121-130), but they can be particularly damaging to your baby during pregnancy. Drinking alcohol during pregnancy can result in your baby being born with a disability called Fetal Alcohol Spectrum Disorder (FASD). Children with FASD have problems with speech and vision, learning, memory, and motor co-ordination. They also have difficulty handling emotions. These challenges make it difficult for them to deal with even simple daily life tasks.

Illegal drugs such as marijuana, cocaine, crystal meth, heroin, and inhalants can also be particularly harmful for your developing baby. Like alcohol, these drugs pass through the placenta to the baby. If you use illicit drugs during pregnancy, you increase the risk of miscarriage, stillbirth, and preterm delivery. There are also risks associated with some prescription drugs. Be sure to discuss each prescription you are on with your health-care practitioner.

Know the Facts

- When you drink during pregnancy, alcohol passes from your bloodstream to the baby and can affect its development.



- Daily drinking or binge drinking are especially risky, though there is no safe amount of alcohol during pregnancy.
- Pregnant mothers who use illicit drugs may also eat poorly, not get enough sleep, and be at risk for diseases such as hepatitis and HIV.
- Mothers who use illicit drugs are advised not to breast-feed.

Protect Yourself

- Researchers cannot guarantee that any amount of alcohol is safe during pregnancy, so they recommend that women do not drink at all while pregnant or when thinking of becoming pregnant.
- Contact the resources listed below for support or information in quitting alcohol and drug use in pregnancy.
- If you find it hard to stop using illicit drugs, there are specialized services available to help you quit or reduce harm to yourself and your baby.

Finding Additional Information

IN PERSON

Fir Square Combined Care Unit

Located at BC Women's Hospital & Health Centre, Fir Square cares for substance-using women and substance-exposed newborns in a single unit

(604) 875-2229

Alcohol and Drug Information and Referral Service

(800) 663-1441

ON THE WEB

Motherisk

Provides specific support for pregnant and breastfeeding women.
www.motherisk.com

Healthy Choices in Pregnancy

www.hcip-bc.org



Birthing

As each woman approaches the birth of her baby, there are some personal decisions to be made. Where should I have my baby? Should I be supported in my delivery by a midwife or a physician? Who else do I want to be there for the birth? Will I choose to have an epidural? Below is a short introduction to these issues, questions for you and your health-care practitioner to discuss, and resources for finding out more. In preparing for your birthing experience, it is important to set up a support system that includes friends and/or family, health-care practitioners, and enough information for you to feel informed and prepared. Many women, along with their partners, find it useful to write down their personal choices in a birth plan, which should be shared with your health-care practitioner and the rest of your birth team.

Choosing a Health-care Practitioner

Both physicians and midwives assist women in their childbearing and birthing in British Columbia, though only midwives can legally attend home births. For more information on locating a local physician or midwife, see page 146. When you meet with a physician or midwife, find out their on-call and back-up arrangements and ensure he or she responds constructively to your needs and concerns, and makes you feel at ease.

Who Will Be at the Birth?

It has been shown that continuous support during labour and after childbirth has a positive effect on labour duration and use of pain medications. This support can come in the form of your partner, loved ones, doulas, nurses, midwives, or others. You will want to think about who you want to have present during your labour and birth experiences and to discuss this with them personally as well as with your health-care practitioner.

A doula is a birthing coach who provides emotional and physical support before, during, and after childbirth. A doula does not provide medical services and the cost of a doula is not covered by the Medical Services Plan. For more information on doulas, visit the Doula Services Association at www.bcdoulas.org. When planning your support team, consider that the labour could be longer than you expect, and it might be helpful to have more than one person with you.

Birth Setting

Nearly all women in Canada deliver in either a hospital or at home. Hospitals generally have the most equipment, staff, and pain relief options on hand, though home births offer a less institutional experience. If you are planning a home birth, you will need to be attended by a midwife. Most hospitals offer tours and prenatal classes and you may find it helpful to tour your local hospital to see what options are available and what feels the most comfortable. If problems do occur during labour at home, your midwife will have a plan for transport to the nearest hospital. Talk it over with your midwife so you know what to expect in the unlikely event that transport is needed. It is strongly recommended that women with high-risk pregnancies deliver in hospitals.

Pain Relief Options

A range of pain relief options is available for you during your labour and delivery. These include opioids (narcotics), epidural anesthesia, and others. Each option carries some risks and side effects and should be discussed with your health-care practitioner. Ask questions such as: What are the risks and benefits? When is each option considered? Are there other possibilities? Because labour is unpredictable, it is important to be familiar with all of the options and include as many choices as you can within your birth plan.



Possible Complications

The majority of women deliver their babies uneventfully. However, sometimes it doesn't work that smoothly. Forceps, vacuum extractors, and Caesarean sections are all tools that can help ensure delivery of a healthy baby. Talk to your health-care practitioner about your chances of needing one of these.

Finding Additional Information

BC Women's Childbirth Education

<https://edreg.cw.bc.ca/Prenatal/Default.aspx>

BC Women's Department of Family Practice

www.pregnancyvancouver.ca

HealthLinkBC (Labour, Delivery, and Postpartum Period in the Health Topics area)

www.healthlinkbc.ca

Women's Health Matters — Pregnancy Health Centre

www.womenshealthmatters.ca

Baby's Best Chance

Pick up a free copy at your local health unit or online at www.health.gov.bc.ca/library/publications/year/2005/babybestchance.pdf.

Breastfeeding

Breastfeeding can be a very special time in a mother's life, but as with any new experience, it requires practice before it comes naturally. Don't worry! The process is normal and very common. This section outlines some of the benefits for you and your baby, challenges that might arise during this time, and ways to find out more information. Though most medical experts recommend breastfeeding, the decision to breastfeed or not is yours and should take your thoughts and feelings into account as well as current medical knowledge.

Know the Facts

- The Canadian Paediatric Association, Health Canada, Dietitians of Canada, and the World Health Organization (WHO) recommend that babies receive their food through only breastfeeding for the first six months of life. This means that your baby receives only breast milk, and no other foods or liquids for the first six months.
- The WHO and Health Canada also recommend that you continue to breastfeed your baby along with giving him or her appropriate solid foods for up to two years.
- Your breast milk contains hundreds of antibodies, enzymes, and other factors that will protect your baby from infections and disease. As well as preventing illness early in your baby's life, breastfeeding appears to reduce the risk of your baby getting certain chronic diseases.
- Breastfeeding provides benefits for you — it reduces your risk for breast cancer and potentially for other diseases such as ovarian cancer, diabetes, and osteoporosis. It can also help you return to your pre-pregnancy weight more quickly.
- Breast milk is always handy, changes as your baby grows, and is free.
- Breastfeeding can help create a special bond between you and your baby.

“Breastfeeding is an unequalled way of providing ideal food for healthy growth and development of infants and has unique biological and emotional influence on the health of both mother and child.” (WHO/UNICEF)



Tips on Successful Breastfeeding

- Breastfeed your baby as soon as possible after birth.
- Place your baby on your bare chest as much as possible in the first few days after birth (or have your partner or support person do this). This “skin-to-skin” keeps your baby close to you and helps him or her settle.
- Learn your baby’s signs that she or he is ready to feed. These hunger or feeding cues include bringing her hands to her mouth, rooting (moving her head as if looking for your nipple), or restlessness. Crying is a late feeding cue.
- Feed your baby often — eight or more times a day.
- Give your baby only your breast milk. In the first few days the small amount of colostrum (first milk) your baby will get is the amount she needs until the amount of your milk increases.
- Get comfortable when you breastfeed — this will help with getting your baby to “latch on” to your breast and prevent you from becoming tired from holding your baby up while feeding.
- Consider having someone stay to help you in the first few days after childbirth.
- Relax. Remember it takes time for both you and your baby to learn to breastfeed.
- Ask for help if you have any questions or concerns about breastfeeding.

Where to Find Help

Especially at first, breastfeeding can be a challenge. It may take a few weeks of learning for you and your baby until breastfeeding becomes an easy, natural process. During this time, it is important to find supportive, knowledgeable people who can teach you basic techniques and who will be there if you have problems. Family members are often excellent resources, and most hospitals and public health offices have nurses and breastfeeding consultants. If you had a midwife during your pregnancy, she will be able to

help you as you begin breastfeeding. If you have difficulties it is important to ask for help as soon as possible.

Finding Additional Information

IN PERSON

A Public Health Nurse at your local health unit (many health units have breastfeeding clinics available)

BC Women's Hospital & Health Centre Classes and Milk Bank
(604) 875-2282
www.bcwomens.ca (search for "breastfeeding")

ON THE WEB

La Leche League
www.lllc.ca

Women's Health Matters — Pregnancy Health Centre
www.womenshealthmatters.ca

HealthLinkBC
www.healthlinkbc.ca (search for "Breastfeeding my baby")

Infact Canada — Infant Feeding Action Coalition
www.infactcanada.ca

IN PRINT

Baby's Best Chance Parents' Handbook of Pregnancy and Baby Care (available free from your local health unit)
Can be downloaded for free at www.health.gov.bc.ca/library/publications/year/2005/babybestchance.pdf.

Perimenopause

Night sweats, increased cramps and heavy flow, waking in the middle of night feeling agitated and generally feeling out of control — these characterize symptoms of the the 20 percent of women that have difficulty in perimenopause. Perimenopause is the normal, long,



and varying transition to menopause (which starts one year after the final menstrual flow) that all women experience. It can last from two to fifteen years but usually goes on for six to eight. For more information on menopause, see page 98.

Perimenopause and menopause are as different as chalk and cheese. What continues to confuse women and health-care practitioners/scientists alike is that hot flashes and decreased sexual interest occur in both perimenopause and menopause. Perimenopause has four variable phases starting with changes in regular periods, then variable cycles, then the first skipped period, and the final phase, as the year after the last menstrual flow.

Know the Symptoms

Perimenopause often starts in the mid-to-late 30s in women when regular menstrual cycles become closer together than usual (e.g. 22 to 26 days rather than 28 to 30). Although the changes vary for different women, 13 percent of women will have night sweats, 40 to 50 percent will have at least one episode of heavy flow, and over half will have more problems with sleep. Sometimes the night sweats are intermittent and occur around the period only. Women in early perimenopause who wish to become pregnant may find that they are not regularly making an egg or having the needed 14 days of high progesterone each cycle.

Many women in early perimenopause feel tired, have difficulty coping emotionally or with usual schedules, and have increasing premenstrual symptoms of fluid retention, breast tenderness, or feeling more hungry and moody. Generally, only about 20 percent of women will require medical help for heavy flow, exhausting night sweats, or sleep disturbances.

As the menstrual cycle starts to become irregular, typically in the late 40s, women generally have about four years until they are menopausal. Daytime hot flashes as well as night sweats, palpitations

(being aware of the beating of the heart), headache, and sleep problems may increase. This phase tends to last a year or two.

Even if the months between periods stretch to six or more, a further flow may occur and set the menopause clock back to 12 months again. Night sweats, hot flashes, and sleep problems are often maximal during this phase of perimenopause. Hot flashes may be preceded by a feeling of nausea or rapid heartbeats and are often increased by stress.

Understanding Treatment Options

- Most perimenopausal women will not need treatment. For the 20 percent with a difficult transition who might, hormone use as a treatment is currently being researched. Discuss up-to-date recommendations with your health-care practitioner.
- Ibuprofen helps with menstrual cramps and decreases heavy flow.
- Many women have hysterectomies for heavy flow or fibroids, though this might not be necessary for all cases. Discuss these symptoms with your health-care practitioner to determine if they could be temporarily caused by perimenopause and therefore not require surgery.

Manage Your Symptoms

Though perimenopause can be trying, it can help to understand what's happening to your body and to know that you will eventually move into the calm of menopause. It's especially important to take care of your health. Regular exercise of about 30 minutes daily, emphasizing vegetables and fruit within a healthy diet, having the support of good friends, and increasing calcium from food or supplements to 1500 mg a day and vitamin D to at least 800 IU a day are key strategies. The calcium and vitamin D will help prevent the rapid bone loss that normally occurs when cycles become irregular. Weight gain during perimenopause is common; regular exercise and a healthy diet can help offset this part of the aging process.



Finding Additional Information

ON THE WEB

Women's Health Matters

www.womenshealthmatters.ca (search for “perimenopause” or “menopause”)

MenopauseandU

www.menopauseandu.ca

Well Mother

www.wellmother.com

The University of British Columbia's Centre for Menstrual Cycle and Ovulation Research

www.cemcor.ubc.ca

Continence Health

Urinary incontinence is any unintended leakage of urine: even just a few drops when you cough or sneeze. When left untreated, incontinence tends to worsen over time.

Know the Facts

- Incontinence is common — it affects one in three women. After menopause incontinence becomes more common. By 60 years of age, almost 50 percent of women experience incontinence.
- Though common, incontinence is not a normal part of aging.
- Incontinence can have many negative effects on your quality of life such as preventing you from exercising, traveling, or going out socially.
- You don't have to just put up with it. Most incontinence can be cured, treated, or managed successfully.
- You're never too old to do something about it. Even very elderly women can benefit from treatment.
- Incontinence of urine is one of the main reasons for entry into assisted living.

Understanding Treatment Options

The first step in dealing with incontinence is to tell your doctor, physiotherapist, nurse, or other health-care practitioner about your problem with urine leakage. It's never too early or too late to deal with incontinence.

Treatment Options

Approaches to incontinence include conservative treatment, medication, surgery, or the use of devices. Your health-care practitioner can help you to find what will work best for you.

CONSERVATIVE TREATMENT FOR INCONTINENCE

Conservative treatment, which you should try first, is given by a physiotherapist or nurse with expertise in this area. Side effects or complications are rare. Conservative treatment teaches you how to:

- Retrain your pelvic floor muscles
- Use your pelvic floor muscles to prevent urine loss
- Avoid bladder irritants
- Avoid constipation
- Improve bladder habits, such as daily fluid volume, and how often to use the toilet

5 Tips for Better Bladder Control

- Avoid bladder irritants such as coffee, tea, alcohol, and spicy foods.
- Keep your bowels moving.
- Don't stress your bladder — pee when you feel the urge.
- Exercise several times a week. Learn how to exercise your pelvic floor.
- A small weight loss can improve bladder control for women who are overweight.
- Stop smoking.



- Stop or reduce smoking, treat a chronic cough, or lose weight if obese
- Improve mobility
- Choose incontinence pads and adult diapers

MEDICATIONS FOR INCONTINENCE

There are a number of different medications available for incontinence. Your health-care practitioner can explain how these medications work and whether they'd be effective for you. Often medications are effective with conservative treatment.

SURGERY FOR INCONTINENCE

If conservative treatment doesn't achieve your goals, then surgery might be an option. Your health-care practitioner can refer you to an urologist, a doctor who specializes in urinary problems. The urologist will probably order some standard tests such as urodynamic studies, cystoscopy, and/or a urinalysis. Once a diagnosis is made, the urologist will discuss treatment options with you, including the possibility of surgery.

DEVICES

A pessary is a removable device worn in the vagina to effectively prevent or reduce incontinence for some women. The device reduces the chance of leaking during physical activities such as walking, jogging, soccer, or other high-impact activities. Some women with physically demanding jobs who experience urine leakage with lifting or carrying wear a pessary at work. The pessary can be worn during the job or activity, and then removed later. When fitted correctly the pessary is comfortable and you are unlikely to feel it. Many women put in and remove the pessary themselves. Ask your health-care practitioner if a pessary is suitable for you.

Finding Additional Information

ON THE PHONE

Canadian Continence Foundation

1-800-265-9575

www.continence-fdn.ca

National Association for Continence (USA)

1-800-BLADDER

www.nafc.org

IN PERSON

To find a physiotherapist in BC to treat incontinence:

www.bcphysio.org (click on “Find a Physio”)

ON THE WEB

What Older Women Want

www.wowhealth.ca

Women’s Health Matters — Pelvic Health Centre

www.womenshealthmatters.ca

IN PRINT

Kelli Berzuk. *I Laughed So Hard I Peed My Pants — A Woman’s Essential Guide for Improved Bladder Control* (2003). Winnipeg: Incontinence and Pelvic Pain Clinic.

Pauline Chiarelli. *Women’s Waterworks — Curing Incontinence*.

Online information at www.womenswaterworks.com.au



Hearing, Oral, and Vision Health

Hearing Health

Hearing loss is not typically thought of as specifically a concern for women, however, one specific disorder, otosclerosis, can afflict women twice as often as men. Otosclerosis is the abnormal growth of spongy bone affecting the middle ear bones, usually the stapes. This prevents the structures from working properly.

KNOW THE FACTS

- Otosclerosis tends to run in families and may be hereditary.
- It is more common in Caucasians.
- Women can report an increase in hearing loss during pregnancy or menopause.
- Age of onset varies but can begin after puberty and into the twenties.

KNOW THE SIGNS

- Slow progressive hearing loss is the most frequent symptom.
- It usually affects both ears, but can occur in only one ear.
- Tinnitus (ringing or hissing sounds heard in the ears) often accompanies otosclerosis.
- If you find it easier to understand speech in a noisy environment than a quieter environment (opposite to most hard-of-hearing individuals), you might have otosclerosis.

UNDERSTANDING TREATMENT OPTIONS

- In some cases surgery is an option (stapedectomy).
- Hearing aids can compensate for hearing loss by amplifying sound.

MANAGE YOUR SYMPTOMS

- If you are prescribed hearing aids, use them consistently as recommended.

- Learn new communication strategies to minimize the effect of hearing loss. For example, you need to ask your communication partners to: get your attention before speaking; speak face-to-face; and rephrase the message if it is not understood.

FINDING ADDITIONAL INFORMATION

- An audiologist can conduct a hearing test and determine the type and degree of hearing loss.
- You may want to consult with your health-care practitioner to rule out other disorders and she or he may refer you to an otolaryngologist.

Oral Health

When we think of our overall health as women, our teeth aren't always the first thing we think of. But teeth and gums are susceptible to many diseases and disorders and women face some unique challenges based on our biology. Good oral hygiene such as brushing and flossing daily will serve us well.

KNOW THE FACTS

- During pregnancy you have to be very thorough — your gums may bleed more due to the increase of pregnancy hormones and this could be a sign of gum disease
- Eating disorders such as bulimia can be destructive to your teeth because the purging (i.e., self-induced vomiting) results in an acidic environment in the mouth that can dissolve the protective enamel on teeth.
- During menopause decreased estrogen production can affect the bone required to anchor your teeth into your jaw, resulting in bone loss and recession.
- Some forms of chemotherapy may result in a dry mouth which makes your teeth susceptible to tooth decay.



KNOW THE SIGNS

- If your gums bleed during brushing and flossing or eating, this is not healthy.
- If your teeth are sensitive or start breaking on their cutting surface, it is a sign for concern.
- If your teeth are notched or pitted, this is unhealthy.
- If you are on a drug for osteoporosis, there is a possibility that your teeth might start to feel loose. If this does happen, contact your health-care practitioner immediately.
- If your mouth starts to feel dry during cancer therapy, your teeth will require additional protection.

PROTECT YOURSELF

- Have your teeth cleaned on a schedule prescribed by your dentist or dental hygienist.
- Ask your dentist about additional protective treatment during cancer therapy or when you take a medication that causes dry mouth.
- Avoid purging as it can cause serious damage to your teeth. (Purging is also associated with other serious health risks.)

FINDING ADDITIONAL INFORMATION

ON THE WEB

Canadian Dental Association

www.cda-adc.ca

British Columbia Dental Hygienist Association

www.bcdha.bc.ca

Eye Health

The majority of people who are blind are women! This is partly because women live longer than men so they are exposed to more serious age-related diseases that can result in blindness. However, many women don't realize how important regular eye examinations

are for detecting eye diseases like glaucoma. Hormonal changes throughout a woman's lifetime can also affect how well her eyes function.

PREVENTION

Get regular eye exams, particularly if:

- You are over the age of 40
- You have diabetes or an autoimmune disease (e.g., rheumatoid arthritis, Sjogren's syndrome, lupus erythematosus)
- You have a family history of eye disease, for example, glaucoma

KNOW THE SYMPTOMS

Contact an eye doctor immediately if you have any of the following eye symptoms:

- Redness and fluid discharge
- Loss of vision in one or both eyes
- Persistent eye pain
- Double vision
- Flashing lights or objects that appear to float in your vision, such as small black spots or small fluffy objects resembling cobwebs

PROTECT YOURSELF

- Good diet and frequent exercise result in optimum body weight and prevent type II diabetes, which can result in eye-related illnesses.
- Don't smoke. Smoking increases your risk for eye-related illnesses.
- Wear sunglasses to prevent damage from harmful UV rays.
- Wear protective eyewear for sports and risky work activities involving grinding or exposure to chemicals.



FINDING ADDITIONAL INFORMATION

ON THE WEB

Women's Eye Health

www.womenseyehealth.org

National Women's Health Report: Women and Eye Health at Midlife. October 2003 available at <http://findarticles.com>



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and Falls

4

Health issues emerging for older women



Menopause

Menopause literally means “pausing of menses” (or periods) and is not achieved until one year has passed since your last period. Most women and health-care practitioners tend to mix this term up with perimenopause, which is the time when women experience most changes (like heavy flow and hot flashes). In fact, reaching menopause often means a relief from the symptoms of perimenopause. However, menopause can impact a woman’s emotion and physical health and it occurs differently for every woman. Many women find it helpful to reach out for support during this transition period.

Know the Facts

- The typical age range at menopause is between 40 and 58.
- Women will rarely experience early menopause at an age younger than 40 (less than 1 percent of the time).
- By the time of menopause, the ovaries have finished their reproductive work but continue to make much lower levels of the female hormones. But even these low levels have an important role in our health.
- Most (90%) women do not need treatment for menopause that occurs around the average age. Menopause is a natural part of aging.
- Women with menopause before age 40 do not receive the full amount of positive whole-body effects that normal cycles provide. For these women, ovarian hormone therapy is typically recommended to create these positive effects. Generally women should stay on the hormones until they reach age 51. Talk to your health-care practitioner about the best way to begin and to cease hormone treatments.

Understanding Your Symptoms

No matter what your personal experience of menopause is, you are likely to notice the continuing changes to your body. Some women will experience symptoms such as hot flashes, night sweats, and vaginal dryness. About 80 percent of women have night sweats and hot flashes that typically last for two to five years beyond menopause but aren't disruptive enough to require treatment. Some women, especially if they have stopped and restarted estrogen therapy, will continue to have hot flashes for many years. These symptoms can be troubling, but there are some techniques to help you cope. A healthy lifestyle (quitting smoking and maintaining a healthy weight) plus relaxation, slow yoga-type breathing, regular exercise, and non-hormonal treatments will help most women. Many women also find it helpful to think of these changes as part of the natural aging process and not something wrong with her body that needs to be fixed.

About 20 percent of women who do experience regular, intense night sweats will need hormone therapy. Although estrogen treatment is typical for hot flashes, there are other treatments available. For example, many women have found that progesterone products (creams and pills) can also help.

A third of menopausal women develop vaginal dryness severe enough to cause discomfort during intercourse. Non-hormonal vaginal lubricants can help with mild feelings of dryness. Very low-dose vaginal estrogen cream is often prescribed to help correct painful sex.

Understanding Treatment Options

Hormones or other medications are the standard treatment for menopausal symptoms (see page 100 for more information on hormone therapy). However, these are sometimes over-prescribed. Hormone therapy is not needed if you are not having symptoms.



While menopause can be an emotionally-trying transition period, most women do not require treatment. Research in this area is continuing and advice changes frequently so inquire often. Discuss with your health-care practitioner any concerns you might have and reach out for support from your partner, friends, and family. There are also support groups that you can join — many women find it helpful to discuss their personal experiences with other women going through the same transition. You can also stay up to date by visiting the websites listed in the Finding Additional Information section.

Finding Additional Information

ON THE WEB

MenopauseandU

www.menopauseandu.ca

Canadian Women's Health Network (Search for "Menopause")

www.cwhn.ca

Centre for Menstrual Cycle and Ovulation Research

www.cemcor.ubc.ca

IN PRINT

Boston Women's Health Book Collective. *Our Bodies, Ourselves: Menopause*. New York, NY: Simon & Schuster, 2006.

Hormone Therapy

Hormone therapy (also called hormone replacement therapy or ovarian hormone therapy) involves a doctor's prescription of estrogen with or without progestin to relieve the symptoms of menopause such as hot flashes, night sweats, and vaginal dryness. Hormone therapy can be taken as a pill, a patch, a cream or gel, an implant, an injection, or a vaginal ring.

Know the Facts

- Until recently, hormone therapy (especially estrogen preparations) was widely used to treat menopausal symptoms as well as to prevent osteoporosis and coronary heart disease.
- Studies have revealed some potential health risks for the use of hormone therapies, particularly for prolonged use. These risks include higher rates of breast cancer, blood clots, and stroke.
- Studies show that hormone therapy is not an effective method of preventing coronary heart disease, though it does help prevent osteoporosis and colon cancer.
- Hormone therapy is believed to be safe and effective for short-term use (up to five years) for the treatment of moderate-to-severe menopausal symptoms.
- Research is still underway on the long-term effects of hormone therapy. Be sure to check with your health-care practitioner periodically.

Understanding Treatment Options

- Hormone therapy can be effective, but because it carries some risks, it's important that you discuss it with your health-care practitioner.





- If you do choose hormone therapy, it is best to be prescribed the lowest effective dose and duration to minimize risks.
- If you are currently taking hormone therapy, evaluate your situation with your health-care practitioner, especially if you have been on hormone therapy for over five years.
- Hormone therapy can be prescribed for longer than five years, depending on your preference and situation, though you should consult yearly with your health-care practitioner.
- There are alternative therapies to prevent osteoporosis and coronary heart disease. A healthy diet, exercise, and moderation in alcohol and tobacco use are effective, safe forms of prevention.
- Be sure to stay up to date on your mammograms and ensure your health-care practitioner does a clinical breast exam yearly along with your self-examinations.

Finding Additional Information

See Finding Additional Information in the Menopause section on page 100.

Heart Health

Maintaining a healthy heart helps to protect you against cardiovascular disease (CVD), which is the second largest cause of death for women. Women are affected by heart disease in different ways than men because of our biology and the differences in our lives — for example, we usually develop heart disease later than men do and older women more often die of strokes than men. Also, the signs of a heart attack are different in women and men, which can lead to a delayed diagnosis and poorer outcomes for women.

Cardiovascular disease occurs more frequently as we age. While it typically occurs ten years later for women than men, by age 80, equal numbers of men and women are affected. However, the

outcomes in older women with heart disease are often poorer than in men due to other illnesses that occur along with heart disease, including disability and other issues, such as lack of social support and poverty.

Know the Facts

- Women with a family history of heart disease have a significantly greater risk of cardiovascular disease than men.
- Women's lipid profiles (which indicate the health of arteries and cholesterol levels) change as they age, leading to an increased risk for CVD during menopause.
- Hypertension (high blood pressure) is another important risk factor for heart disease, especially in elderly women. Women also have a greater risk of hypertension and CVD during pregnancy.
- Some risk factors are more common for women, such as depression, lack of social support, low socioeconomic status, low job control, and the double load of work and family.
- Certain groups of women are particularly at risk for heart disease. Evidence indicates that Aboriginal and South Asian women in Canada face a greater risk for heart disease.
- Older women often find physical and emotional recovery from CVD more difficult than younger women, especially when they have additional health issues. Suitable rehabilitation programs and adequate social support can help older women in recovery.

Know the Signs

HEART ATTACK: SIGNS AND SYMPTOMS

- Pain or discomfort in the centre of the chest that may move to other parts of the body (including chest, arms, back, neck, shoulder, jaw) and that doesn't go away. This is the predominant symptom in both men and women, but in men it is more common. Women tend to experience a wider range of symptoms, such as those below.



- Pain that radiates down one or both arms
- Irregular heartbeat
- Nausea, indigestion, or vomiting that doesn't go away
- Shortness of breath, light-headedness, paleness, sweating, or weakness
- Extreme feelings of anxiety or fear

STROKE: SIGNS AND SYMPTOMS

- Sudden weakness, numbness, and/or tingling of the face, arm, or leg
- Sudden trouble speaking or understanding speech
- Dimness or loss of vision
- Sudden or severe, unusual headache
- Loss of consciousness, dizziness or light-headedness, fainting, or a sudden fall

If you feel heart attack or stroke symptoms, do not delay seeking help. Call 9-1-1 immediately.

Protect Yourself

- **Diet** Polyunsaturated (e.g., corn and fish oils) and monounsaturated (e.g., olive oils, almonds, avocados) fats may reduce the risk of heart disease, while trans-fat intake (e.g., margarine and vegetable shortening) is associated with an increased risk of heart disease. Avoid processed starchy foods (like white bread, pasta, and rice) and be sure to include whole-grains and foods high in fiber in your diet. Following a Mediterranean-style diet (a diet generally low in saturated and high in monounsaturated fats) or a low-fat plant-based diet reduces your risk of cardiovascular disease.
- **Activity** Moderate activity for approximately 30 minutes per day may reduce heart disease. Even low-intensity activities, such as walking, reduce your risk of cardiovascular disease.

- **Smoking** Quitting smoking greatly reduces your risk of heart disease. More than half of myocardial infarctions (MI, or heart attacks) in middle-aged women are due to smoking. The risk of a heart attack is approximately 50 percent higher for female smokers compared with male smokers.
- **Second-hand smoke exposure** Avoid second-hand smoke as it can increase your risk of heart disease. Women are more often exposed to others' second-hand smoke than men.

Many social factors are also associated with women's risk of heart disease. To read more about the social determinants of health, see page 34.

Understanding Treatment and Rehabilitation Options

Medications may be useful for some women, depending on their risk profile. Aspirin or lipid-lowering medications should be reserved for women with a ten-year risk of heart disease greater than 10 percent (your health-care practitioner can assess this for you). For women with a higher risk, other treatments might include dietary





supplements of omega-3 fatty acids or folate for hyperlipidemia (high fats in the bloodstream). Hormone therapy (see page 100) or antioxidant use may be harmful, rather than useful, for women's heart health. Speak to your health-care practitioner about the treatment and rehabilitation options best suited for you.

Finding Additional Information

ON THE WEB

Heart and Stroke Foundation of Canada

www.heartandstroke.ca

Health Canada — Healthy Heart Kit

www.phac-aspc.gc.ca (search for “healthy heart kit”)

Canadian Women's Health Network

www.cwhn.ca (search for “heart”)

Women's Health Matters — Cardiovascular Health

www.womenshealthmatters.ca

Bone Health and Falls

The health of our bones is critical for maintaining our mobility and independence, especially in later life. Bone loss through aging and disease, in combination with an increased risk of falling, increases our chances of breaking a bone with even minimal force or trauma.

Fractures that occur with minimal trauma are the hallmark of osteoporosis, a disease of the bones that affects more women than men. About one in four women over the age of 50 will suffer an osteoporotic fracture. Spine (vertebrae), hip, wrist, and rib fractures are the most common osteoporotic fractures.

Bone health issues can lead to falls and related injuries, which are a serious health problem for women, especially as we age. Fractures, bruises, or even head injuries can result from falls and the consequences can include loss of independence, permanent

Self Test

Are you at risk for falling? If any of the following describe you, you are at greater risk for falling:

- Poor balance (Do you need to use the arms of a chair to stand up from a sitting position?)
- Impaired walking (Do you stumble when you walk or need a cane?)
- Weak muscles
- A fall in the prior year
- Vision problems
- Arthritis
- Taking multiple medications and/or taking medications that impair balance or cognition (thinking), such as benzodiazepines (e.g. Ativan)
- Depression
- Cognitive impairment (i.e., reduced mental functioning, such as memory loss and confusion)
- Difficulties performing routine acts of daily living
- Aged 80 years or older

Having two or more of these risk factors increases your risk significantly.

disability, and even death. Women, particularly those aged 85 and over, are far more likely than men to be hospitalized for a fall-related injury.

If you are an older woman, or if you are caring for an older woman, it is very important to be familiar with fall-prevention techniques and risk factors.



Know the Facts

- One third of seniors living in their own homes and one half of those living in residential care fall at least once each year. Most falls occur at home, while doing daily activities.
- Approximately 95 percent of osteoporotic hip fractures and 40 percent of spine (vertebral compression) fractures are related to a fall.
- Whether or not a fall results in a fracture depends on a number of factors, including the severity of the fall and the individual's bone health.
- Women are hospitalized three times more often than men for a fall injury.
- Half of long-term care admissions are fall-related.
- Fear of falling leads many people to limit normal activities.

Prevention

The good news is that falls among older persons are not an inevitable consequence of aging, or simply unforeseen “accidents.”



They are predictable and preventable events that have clear, identifiable risk factors and effective solutions for prevention. Solutions to reducing the risk of a fall are all based on making healthy choices in the following areas:

EDUCATION

- Seek information on fall-prevention strategies that address your fall risk profile — see the Finding Additional Information section below.
- Educate other seniors on the fact that falls are not an inevitable outcome of aging and that most are predictable and preventable.

EQUIPMENT.

If you require safety and mobility equipment:

- Obtain the advice of a health-care practitioner to ensure that the equipment is appropriate for your assessed need.
- Install grab bars in the bathroom.

ENVIRONMENT

- If you have a history of falling, have your home assessed for fall hazards and make changes based on the recommendations of an occupational or physical therapist.

ACTIVITY

- Stay socially and physically active.
- Participate in a routine physical activity program tailored to your needs and designed to enhance your balance, muscle strength, and reaction time.

CLOTHING AND FOOTWEAR

- If you're at risk for a fracture, wear hip-protector undergarments.
- Avoid high-heeled shoes and those with smooth soles.



HEALTH MANAGEMENT

- Talk with your health-care practitioner about all falls that you experience in order to uncover any other health problems.
- Have your vision checked annually.
- Have your health-care practitioner or a pharmacist review your medications for those that impair balance or cognition, such as benzodiazepines and tricyclic antidepressants.
- Take vitamin D and calcium supplements.
- Maintain a healthy diet, with adequate water in hot weather. See the Healthy Eating for Seniors guide on the ActNow BC website: www.actnowbc.ca.
- Follow bone-density-screening guidelines on the Osteoporosis Canada website: www.osteoporosis.ca.

Osteoporosis Risk Factors

The risk of suffering a fracture due to a fall increases if you have osteoporosis. You are at risk for osteoporosis-related fractures if:

- You are age 65 or older
- You've had a previous minimal-trauma fracture or a family history of osteoporotic fracture
- You've had a long-term (more than three months) use of glucocorticoid therapy
- You have epilepsy, parathyroid gland disease, or medical conditions that inhibit absorption of nutrients (i.e., celiac disease, Crohn's disease)
- You experienced early menopause (before age 40)
- You've had long periods of immobilization and/or lack of physical activity
- Your lifelong calcium intake is low and/or vitamin D is insufficient
- You regularly drink alcohol (3 or more drinks per day)
- You smoke or are exposed to second-hand smoke
- You've experienced malnutrition, especially in early life

Understanding Treatment Options

Treatment for osteoporosis should always include healthful eating and exercise. A physiotherapist can advise you on the best exercises for you, and a dietitian can recommend appropriate changes and supplements to your eating habits.

Medications are commonly used in the prevention of osteoporotic fractures. Speak to your health-care practitioner about options.

Finding Additional Information

ON THE WEB

BC Women's Health Centre, Osteoporosis Program

www.bcwomens.ca (click on "Services" then "Osteoporosis Clinic")

Osteoporosis Society of Canada

www.osteoporosis.ca

National Osteoporosis Foundation

www.nof.org

Physiotherapy Association of BC

www.bcphysio.org (click on "Find a Physio")

Osteofit

www.osteofit.org

BC Injury Research and Prevention Unit

www.injuryresearch.bc.ca

IN PRINT

Prevention of Falls Injuries Among the Elderly.

Special report of the British Columbia Provincial Health Officer, January 2004. www.health.gov.bc.ca/seniors/initiatives/falls_prevention.html



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5

Understanding mental health, substance use, and addictions



Studies are beginning to show that having a sense of optimism, of personal control, and of meaning in our lives protects our mental and physical health. It can reduce our risk for diabetes, high blood pressure, heart attack, stroke, and infections. By making time for personal relationships, emotional growth, learning, self-esteem, and for engaging in activities that are personally meaningful, we can promote our mental health. This section of the guide uses this approach to look at some of the roadblocks we might encounter in this lifelong effort.

Depression and Anxiety

Know the Facts

Most women experience worry, sadness, stress, or anxiety in their lives from time to time. These are natural responses to life events such as the death of a loved one, problems with our health, financial worries, or issues in our relationships with family, friends, or at work. In other cases, women may find it hard to determine why they are depressed, anxious, or having related symptoms like having difficulty sleeping.

Even though feelings of stress, worry, anxiety, or depression are uncomfortable, they can have an important function in our lives by pushing us to make changes when we are in a negative situation. Sometimes, however, these feelings can lead us to doubt ourselves or to lose hope about our ability to change things, leading to a feeling of powerlessness. There are many effective ways of coping with these feelings and we all have the capacity to change how we feel, even if we are able to take only small steps at the beginning.

Women are more frequently diagnosed with anxiety and depression than men and are far more likely to be prescribed prescription psychiatric drugs. Women who are single parents, unemployed or low-paid, new immigrants, or have many family responsibilities may experience more depression and anxiety. Women who have

lived through trauma or who live in violent or abusive relationships are also much more likely to experience depression. The physical changes that most women experience, such as menstruation, pregnancy, childbirth, menopause, and aging, can also affect emotional balance. Be aware of your particular risk factors and reach out for support and advice when you need it.

Protect Yourself

- There are some over-the-counter and prescription drugs that can cause feelings of anxiety and depression. If you experience anxiety or depression, your health-care practitioner should review any drugs you're taking to see if they could be the cause. This is even more important for older women who are often taking multiple drugs and have less ability to process (metabolize) drugs in their bodies.
- Using substances such as marijuana, heroin, cocaine, or alcohol on a regular basis can also contribute to feelings of depression and anxiety (see page 124 – 129).
- Getting adequate sleep has a powerful preventative effect on depression.

Self-Care Strategies that Can Help

In many cases feelings of worry, stress, sadness, depression, or anxiety will resolve on their own over time. There are also many helpful self-care strategies:

- Talking to a friend or family member can often put problems in perspective or help you find solutions.
- Some forms of therapy, including cognitive-behavioural therapy, can help you develop better skills for dealing with stressful situations and people in your life. Many community organizations have low-cost counselling options.
- There are many self-help books that can help you develop skills to reduce anxiety and depression (See Finding Additional Information below).



- Finding a support group of other women who are experiencing the same type of problem can be helpful. Topic-based groups for new mothers, recent immigrants, and the recently bereaved or divorced are good examples.
- Joining a recreational or interest group, taking up a new hobby, or volunteer work are great ways of connecting with others.
- Regular, vigorous exercise is a low-cost and effective method for reducing anxiety and depression. You don't have to be an athlete to start brisk walking, jogging, or going to a gym or exercise class 3 to 5 times a week. Many community centres have low-cost options if you are on a limited budget. Even the small things make a difference — next time try taking the stairs instead of the elevator.

Assessing Your Situation

It is not always easy to determine whether feelings of depression and anxiety are serious enough to consider a medical approach. If you are feeling worse even after trying some of these self-care measures, and are finding that your feelings are affecting how well you function, eat, or sleep, it may be worth exploring medication approaches with your health-care practitioner. However, while prescription drugs can help some women, they are not a cure-all and work best in conjunction with non-drug strategies such as counselling, support, and therapy.

Some people who are seriously depressed have thoughts about death and suicide. Thinking about suicide does not mean you will act on these thoughts or are crazy or weak. If you are in this situation it is very important to connect with others you trust, make sure your home is safe, and develop a safety plan (see Finding Additional Information below).

Prescription Drugs

In some cases prescription drugs can help women feel better, however all drugs have risks and side effects. Antidepressants can cause feelings of anxiety and restlessness, an increased risk of suicide, gastric and sexual problems, and weight gain in some women. Common side effects of benzodiazepines (such as Ativan or Valium) are thinking and memory problems, muscle pain, depression, and loss of balance. Although benzodiazepines may reduce anxiety in the short term, they are highly addictive and should not be used for more than 10 to 14 days.

Older women are at a higher risk from the side effects of psychiatric drugs. Effects on memory, heart problems, and increased risks of falls, fractures, and motor-vehicle accidents are some of the potentially dangerous side effects.

In some cases the side effects of such drugs can be interpreted as new symptoms or diseases. For example, some benzodiazepines, if taken for a longer period of time, can increase depressed feelings or anxiety. When women are given new drugs to deal with drug effects, this is called the “prescription cascade.”





It is possible to become dependent on psychiatric drugs, which can result in withdrawal symptoms (including increased anxiety or depression) when dose levels are changed or reduced. No woman should stop using psychiatric drugs abruptly. Instead, these drugs should be very slowly tapered off according to a plan established with a health-care practitioner.

What to Ask Your Health-care Practitioner

What should you do if your health-care practitioner recommends that you try a psychiatric drug to help with your anxiety and depression? This is an important decision and should be taken after a thorough discussion of your situation, preferences, and the benefits and risks of the drug. You should discuss the following points with your health-care practitioner:

- What drug is recommended, why it's suggested, and what it might do for you
- How long you might have to take the drug and what you might experience when you go off
- The most common side effects of the drug and how it may interact with other drugs
- What non-drug treatment options might be available for you

Taking Prescription Psychiatric Drugs During Pregnancy

Pregnancy can be stressful for many women because of the emotional and physical changes that occur. As we adjust to changes in our work, economic, or family life, it is possible to experience feelings of increased isolation, worry, and depression. Due to the potential impacts of exposing a fetus to any drug, the use of psychiatric drugs during pregnancy should be considered with caution and discussed thoroughly with your health-care practitioner. If you are already taking a psychiatric drug when you become

pregnant, you should not stop taking it abruptly but discuss possible options with your health-care practitioner.

Finding Additional Information

IN PRINT

D. Greenberger and C. Padesky. *Mind Over Mood*. (New York: The Guilford Press; 1995)

Hands-on workbook for those suffering from depression, anxiety, panic, substance abuse, eating disorders, and relationship problems.

Coping with Suicidal Thoughts: An Immediate Intervention Handbook for Those Who Might Be Considering Suicide. Centre for Applied Research in Mental Health and Addiction (Burnaby: Simon Fraser University; 2007)

Free download at www.carmha.ca in the publications area under Suicide.

Claire Weekes. *Hope and Help for Your Nerves*. (New York: Penguin Putnam; 1990)

A step-by-step guide to understanding, accepting, and dealing with anxiety, panic, and agoraphobia.

E. Bourne. *Coping with Anxiety. Ten Simple Ways to Relieve Anxiety, Fear and Worry*. (Oakland: New Harbinger Publications; 2003)

S. Wolfe and L. Sasich. *Worst Pills, Best Pills*. (New York: Simon & Schuster Adult Publishing Group; 2005)

Describes the most common drugs, potential side effects, and how to use drugs safely.

B. Levine. *Surviving America's Depression Epidemic: How to Find Morale, Energy and Community in a World Gone Crazy*. (White River Junction: Chelsea Green Publishing; 2007) This book draws upon old wisdom and practical approaches to help depressed or anxious people help themselves.



Grief and Bereavement

When a loved one passes away, it has a significant impact on your life and relationships. Grief is a natural part of the healing process but it can also leave you feeling helpless and powerless. There is a powerful connection between your mental state and your physical health, so it is important during these times to give yourself space to deal with your grief in healthy, forward-looking ways.

Protecting Your Health

During times of grief, it is often helpful to have someone to discuss your feelings with. This can be a close friend, a counsellor, or a support group. There is no wrong choice as long as you have found a healthy outlet that helps you to move from grief to healing. Some local programs are listed in the Finding Additional Information section below.

Things You Can Do

(adapted from Griefworks BC, see below)

- Make photo collages of the person who died. Bring them out with friends or family anytime or on special days and share wonderful stories together.
- Plant a tree or create a memorial garden in your yard.
- On special days such as birthdays, the anniversary of the death, holidays, or other important days, light a special candle and keep it lit all day.
- Sponsor an award or scholarship at the loved one's school, church, or club.
- Use the rituals of your faith community that acknowledge your grief journey.
- Have a fun day on the birthday of the person who died. The whole family can take time off work and school and just spend the day and evening together doing all the fun things they can

think of in memory of your loved one.

- Volunteer your time, experience, and knowledge with other families at your local hospice organization, community agency, or hospital.

Finding Additional Information

IN PERSON

Living Through Loss Counselling Society of BC

www.ltlc.bc.ca

ON THE PHONE

BC Bereavement Helpline

www.bcbereavementhelpline.com

1-877-779-2223 (Toll free)

ON THE WEB

Griefworks BC

www.griefworksbc.com

Lower Mainland Grief Recovery Society

www.lmgr.ca

Substance Use and Addiction

Alcohol, tobacco, and other mood-altering drugs touch the lives of most girls and women. In this section we look at the effects of substance use on the health of girls and women, factors related to our use of substances, how to reduce the harm associated with using alcohol and other drugs, and where to turn for help in making changes.

Know the Facts

- The use and misuse of substances by women in Canada mostly involves legal drugs, such as alcohol, tobacco, and prescription drugs.



- The effects of alcohol, drug, and tobacco use on women’s bodies can be unique, or can be more serious and have different risks than for men.
- Gender plays a role in the use, treatment, and recovery from substance-use problems and addictions.
 - Girls and women experience higher rates of sexual and physical abuse and trauma than men, and these experiences are strongly related to substance-use problems.
 - Life transitions have a greater impact on girls and young women, who more often turn to substance use to cope.
 - Because of caregiving responsibilities, women often find it more difficult to enter into and stay in treatment or recovery programs.

Understanding Treatment Options

Self-help groups. It can be particularly helpful when trying to overcome alcohol, tobacco, or drug problems to have the support and advice of others who have “been there.” There are many alcohol and drug self-help groups, with various approaches, including Alcoholics Anonymous and 16 Steps for Discovery and Empowerment (contact information below).

Withdrawal management. Stopping alcohol and drug use after heavy or chronic use is best done with supervision and support from health-care providers, either in a health-care setting or in your home. Withdrawal management support assists you to relieve withdrawal symptoms, re-establish sleep patterns, as well as treat infections, bruises, headaches, and other medical problems that may come up. Specialized treatment may be required for withdrawal from specific drugs such as opiates and tranquilizers, or for pregnant women or those with HIV.

Treatment for alcohol and other drug problems can take many forms in many settings — no single method works for everyone. Formal treatment programs provide medical care, individual and

Self Quiz

Some questions that may help you identify harmful use or addiction:

- When faced with a problem, do I often turn to alcohol or drugs for relief?
- Do I find that I have to take increasing amounts of drugs or alcohol to achieve the same effects?
- Do I regularly drive when under the influence of alcohol or drugs?
- Has my drinking or drug use caused any problems in relationships with family, friends, or co-workers?
- Am I sometimes unable to meet home or work responsibilities because of drugs or alcohol?
- Have I had distressing physical or psychological reactions when I've tried to stop drinking or using drugs?
- Has someone close to me expressed concern about my drinking or drug use?
- Have I — or has anyone else — ever required medical attention as a result of my drinking or drug use?
- Have I ever tried to cut down on my substance use?
- Do I find myself spending a lot of time thinking about when and where I will next get a drink or use drugs?

If you answered yes to any of the above questions, your drinking or drug use may be interfering with your life in ways serious enough for you to seek help.

group counselling, and a range of other support services to help you reduce or stop substance use, better understand yourself, learn better coping skills, and create support networks that will enable you to lead a healthy life. Where available, programs that focus on the specific health, safety, and empowerment needs of women may be particularly helpful.



Finding Additional Information

ON THE PHONE

Alcohol and Drug Information and Referral Service

604-660-9382 in Vancouver or 1-800-663-1441

ON THE WEB

Alcoholics Anonymous

www.alcoholics-anonymous.org

16 Steps for Discovery and Empowerment

www.charlottetaskl.com/16steps.html

Alcohol Use

We often ignore the harmful impact of alcohol and mistakenly see it as having a lesser impact than other drugs. However, alcohol can have a devastating effect on women's bodies in many ways.

Know the Facts

- Alcohol is the most common drug used by women and its use is on the rise.
- Alcohol can diminish motor co-ordination, judgment, emotional control, and reasoning power, increasing the risk of accidents and injuries.
- Women process alcohol differently than men do. As a result, we require much less alcohol than men to produce the same blood-alcohol concentration or level of intoxication.
- Even low-level alcohol use can disrupt normal menstrual cycles. Women with alcohol problems are at a higher risk for menstrual and reproductive disorders.
- Drinking can increase our risk for diseases such as certain cancers (such as breast cancer), major depression, heart disease, stroke, and cirrhosis of the liver. Women develop alcohol-related liver disease after a comparatively shorter period of heavy drinking

compared to men who are heavy drinkers.

- Women are also at increased risk of osteoporosis (page 106), brain shrinkage and impairment, breast cancer (page 133), gastric ulcers, and alcoholic hepatitis compared to men.

Protect Yourself

If you are going to drink, it is best to know how to drink safely. Following these British Columbia guidelines for low-risk drinking can help you avoid problems associated with drinking:

- Avoid intoxication. Don't drink more than the daily limit of three drinks for women. A standard drink is 12 oz of beer, 5 oz of wine, or 1.5 oz of alcohols such as vodka or gin.
- To avoid long-term harm to your health, don't exceed the weekly limit of ten drinks. At least one or two days of the week should be drink-free.
- Never consume alcohol when it will put you or others at increased risk. For example, don't drink when you:
 - Are pregnant, breast-feeding, or planning a pregnancy
 - Need to be alert, like at work, or when you drive or operate machinery
 - Use other substances like painkillers

Note: These guidelines do not apply for women with known addiction problems.

Binge Drinking

- Drinking to excess when one drinks (binge drinking) and/or drinking regularly over time (chronic drinking) can lead to alcohol dependence or alcoholism, which is damaging to a woman's physical, social, and spiritual well-being.
- Women who drink heavily and frequently are four times more likely than non-drinkers to report alcohol-related harm from others.
- Young women aged 18 to 24 are twice as likely to binge drink than



any other age group.

- Binge drinking can be especially harmful to pregnant women or women who are unaware that they are pregnant, because it can greatly increase the risk of miscarriage, stillbirth, low birth weight, and of having a child with Fetal Alcohol Spectrum Disorder (see page 73 for more health tips during pregnancy).

Drinking and Driving

- Mixing any amount of drinking and driving increases your risk of being in a crash. One drink can double your chance of being in a fatal car crash!
- Women who drink and drive are at a higher risk for fatal accidents than men.
- There are many options to driving after drinking.
 - Choose a designated driver for the night.
 - Call a cab or a friend for a ride home.
 - Stay the night where you are.

Finding Additional Information

ON THE WEB

Alcoholic Anonymous

www.aa.org

Centre for Addictions Research of BC

www.carbc.ca

Healthy Choices in Pregnancy

www.hcip-bc.org

Tobacco Use

The health consequences of smoking are extremely serious, especially for women. Men and women share many of the same health effects from smoking, including cancers of the lung (see

page 134), colon, pancreas, bladder, kidneys, mouth and throat (oral and pharyngeal), liver, esophagus, and larynx. In addition, women develop smoking-related illnesses related to hormonal status and reproductive function such as breast cancer (see page 133).

Know the Facts

- The risk of cardiovascular disease (see page 136), the leading cause of death for women, is doubled as a result of smoking.
- Lung cancer, a key smoking-related disease, now exceeds breast cancer as the leading cause of cancer death among women.
- Second-hand and inhaled tobacco has been shown to cause breast cancer.
- One out of two smokers will eventually die from smoking-related causes.
- Exposure to second-hand smoke is also a serious health hazard. Women are much more likely to be exposed to second-hand smoke than men.
- Smoking during pregnancy is dangerous for the fetus as well as for the pregnant woman. It increases the chances of low-birth weight, preterm delivery, and reduced lung function.

Protect Yourself

There is no level of smoking that has been proven to be safe. All tobacco use carries some health risks.

Finding Additional Information

ON THE PHONE

BC Quitline
1-877-455-2233

ON THE WEB

ActNow BC — Quitting Smoking
www.actnowbc.ca/EN/everyone/quitting_smoking



Health Canada — Guide to Quitting Smoking

www.hc-sc.gc.ca/hl-vs/tobac-tabac/index-eng.php

Couples and Smoking — What You Need to Know When You are Pregnant

www.hcip-bc.org/documents/Couples%20and%20Smoking.pdf

Prescription Drug Use

When used as prescribed, medications can be powerful tools in combating ill health. However, if prescription drugs are taken without a medical reason (for example, to get “high” or to “come down”), they can be risky and potentially addictive. Even if prescription drugs are taken as prescribed, some can become addictive or cause side effects after long-term use. Drugs such as the opiate-based pain killers like oxycodone, Tylenol with codeine, benzodiazepines, stimulants, and some sleeping pills all carry potential risks. See page 117 for additional information on prescription drugs used to treat depression and anxiety.

Know the Facts

- Adolescents, older adults, women, and Aboriginal people are at a higher risk for abusing or having problems with licit drugs.
- Because older women tend to be on multiple medications for longer periods of time, they are at a higher risk for developing side effects or becoming addicted.
- Many drugs (such as antipsychotics and antidepressants) have withdrawal symptoms when discontinued or when the dose is changed.

Protect Yourself

- Knowledge about the short- and long-term effects of prescription drugs will help you avoid potential harm. Speak with your health-care practitioner about potential side effects and safe use for each medication you are on.

- Make sure you know how medications can potentially interact with each other or with alcohol. Alcohol can increase the effects of medications like tranquilizers. The combined effects of some medications can increase the risk of suicide.

Review the guidelines for safe use of each prescription with your health-care practitioner. For example, opiate painkillers, such as Tylenol with codeine or oxycodone, should be taken for only the shortest time possible when you are in pain. Taking them more often can result in developing a dependency on them.

If you have any questions about how your body reacts to prescriptions, either call 8-1-1 to reach the BC Nurseline, or call your health-care practitioner.

Finding Additional Information

ON THE WEB

HealthLink BC

www.healthlinkbc.ca

Your physician or other health-care practitioner is the best source of information on prescription drugs.

Illicit Drug Use

Know the Facts

- Illicit drugs include drugs such as marijuana, cocaine, hallucinogens, speed, ecstasy, and heroin.
- Roughly 10 percent of Canadian women have used cannabis in the past year, while around 12 percent have used one of the other illicit drugs in their lifetime.
- The health impact of illicit drugs varies based on the type of drug, how much is taken, and the health status of the woman.
- Injection drug use carries additional risk because it increases the risk of blood-borne diseases and other negative health impacts.



Protect Yourself

If you are using any illicit substances, here are some key ways to help protect your safety and well-being:

- **Know the drug(s) you are taking.** Be aware of the potential short- and long-term effects of any drug you take.
- **Don't take unknown drugs at parties or clubs.** Don't leave your drink unattended — the “date rape” drug (Rohypnol) could be added.
- **Don't mix drugs.** They can dangerously multiply each other's effects. It is particularly dangerous to mix alcohol with another depressant, such as a tranquilizer.
- **Know your body's limits and reactions.** Don't try to gauge the amount you take by what others take, or even by what you were able to take on other occasions.
- **Never share needles.** Using unclean equipment can spread many diseases, such as HIV/AIDS.
- **Be aware of how your choices may influence other key areas of your life.** Financial, relationship, family, occupational, and legal implications may result from using illicit drugs.
- **Find other ways to reduce stress, heal, and have fun.**



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- 142 Hepatitis C
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6

Understanding cancers, chronic diseases, and communicable diseases



Cancers

Know the Facts

- Cancer means that cells at a primary site in your body have grown uncontrollably and have the potential to spread (metastasize) throughout the body. Cancer is the leading cause of death for women in Canada.
- The most commonly occurring cancers for women are breast, lung, colorectal, and endometrial (also known as uterine cancer). Lung cancer has the highest mortality rate for women, followed by breast and colorectal.
- Some cancers affect women differently than men. For example, in recent years the incidence and death rates for lung cancer in men have been falling, while the rates for women have been rising.

Protect Yourself

Many common risk factors for cancer can be reduced by applying some simple techniques in your daily life.

CUT BACK ON OR ELIMINATE TOBACCO USE

- Quitting smoking can reduce your long-term risk of lung cancer by 30 to 50 percent.
- The longer you avoid smoking, the lower the risk of cancer becomes.
- Quitting smoking also reduces your risk of heart attack, stroke, and coronary heart disease.

PROTECT YOUR SKIN FROM SUN EXPOSURE

- Protect yourself from overexposure to the sun's ultraviolet (UV) rays, which can cause damage to your skin and lead to skin cancer.
- Many cases of serious skin cancer begin with childhood sunburns — protecting children from burns is particularly important.

MAINTAIN A HEALTHY BODY WEIGHT THROUGH PROPER NUTRITION AND REGULAR PHYSICAL ACTIVITY

- A person with a Body Mass Index (BMI) of over 40 (see chart on page 26) has a 62 percent higher chance of cancer-related death than a person with a normal body weight.
- A healthy diet and daily exercise can help lower BMI as well as lower the risk of many cancers, including colorectal.

PRACTISE SAFE SEX TO AVOID INFECTION

- Most cases of cervical cancer are caused by the human papillomavirus (HPV), which is transmitted by sexual contact.
- PAP screenings are free in British Columbia and if done regularly, can reduce the risk of cervical cancer by 70 percent.

Know the Signs

- The earlier a cancer is diagnosed, the better the chances for survival.
- Self-monitoring is critical. Be aware of changes in your body — if you find a lump or sore that does not heal, have a health-care practitioner check it out.
- Each type of cancer has specific indicators, which are discussed in more detail below.

Breast Cancer

Breast cancer is the most commonly diagnosed cancer and the second-most common cause of death from cancer in women. The frequency of breast cancer increases with age, with most women being diagnosed in menopause. When breast cancer is discovered early, treatments are more likely to be successful, less disfiguring, and less disruptive to you and your family.

Most often a breast cancer appears as a painless lump in a woman's breast or armpit. Regardless of your age, you should know what is normal for your breasts and be familiar with self-examination



techniques. Pamphlets are available through the Canadian Cancer Society and from your health-care practitioner's office. Many cases of breast cancer are discovered through self-examination.

Adult women should have a clinical breast examination by a trained health-care professional at least every year and should have a mammogram yearly past the age of 40 and every two years from age 50 to 79.

Lung Cancer

Lung cancer is the leading cause of cancer death for women in North America, accountable for about 27 percent of cancer deaths. Lung cancer occurs most often in the 55-to-70 age group but in recent decades, the incidence has increased twofold in the 40-to-44 year-old group and tenfold in the 60-to-64-year group. Compared to other cancers, lung cancer has a relatively low survival rate. Smoking or exposure to tobacco is the main cause of lung cancer. Quitting or reducing smoking and living in a smoke-free environment dramatically decreases the risk. Other causes of lung cancer include exposure to toxins such as arsenic and radon gas, as well as air pollution.

The incidence and death rate of lung cancer in men has been falling since the 1990s, however it has continued to rise for women. Studies indicate that this difference arises from patterns in smoking in past decades. Women started smoking in large numbers some time after men, and the rise in cases of lung cancer follows the same timeline many decades later.

Colorectal Cancer

Colorectal cancer is cancer of the lower part of the gastrointestinal (GI) tract and is the third-most-common cancer for women. It is typically caused by small growths (polyps or adenomas) in the colon or rectum that become malignant. Early diagnosis of colorectal cancer is critical to survival; however it will often not have noticeable symptoms in the early stages. Colorectal screening

is recommended to start at age 50. This includes having an annual digital rectal examination and chemical testing of a stool sample for occult blood (i.e., blood in the feces). Early symptoms are often non-specific or vague, such as abdominal discomfort, changes in digestion, or bowel habits. If you experience these symptoms, contact your health-care practitioner.

Though men and women are at similar overall risk for colorectal cancer, there are differences in where the cancer occurs in the GI tract as well as in risk factors. Both smoking and drinking increase the risk of colorectal cancer, but women are more susceptible to the carcinogenic effects of smoking.

Endometrial Cancer

Endometrial cancer, the major type of uterine cancer, arises from the endometrial lining of the uterus. It is the fourth-most-common cancer for women and the most common cancer of the female reproductive system. Endometrial cancer typically occurs in women aged 45 to 70.

The most common signs of endometrial cancer are unusual vaginal discharge and/or bleeding. Heavy bleeding during menopause or any bleeding after menopause should be discussed with your health-care practitioner. Because there is no reliable test for endometrial cancer, it is very important to follow up with your health-care practitioner should any symptoms appear. Endometrial cancer is typically treated (and cured) by having a hysterectomy.

Other Cancers

There are many other cancers that affect women, including ovarian, pancreatic, bladder and others. Information on these cancers can be found through the resources below.



Finding Additional Information

ON THE WEB

BC Cancer Agency
www.bccancer.bc.ca

Canadian Cancer Society
www.cancer.ca

Chronic Diseases

Chronic diseases have symptoms that are sustained or long-lasting. They are very common. There are some risk factors for chronic diseases that we cannot influence, such as age, race, and family history. We can, however, control another set of risk factors by following the healthy lifestyles outlined on page 22. You can reduce your risk for most common chronic diseases by employing those techniques in daily life.

The chronic diseases detailed here either occur more often for women or occur differently in women than in men. In some cases, we are just learning about these differences, so being aware of them and discussing them with your health-care practitioner is especially important.

Cardiovascular Disease

KNOW THE FACTS

- Cardiovascular disease (CVD) is the name for a number of diseases of the circulatory system, including the heart and blood vessels.
- One in eight women between the ages of 45 and 64 live with cardiovascular disease.
- Men and women experience symptoms differently, which has historically led to delayed diagnosis and treatment for women.
- High blood-cholesterol levels put women at significant risk for cardiovascular diseases, which can be increased by smoking or

hypertension (high blood pressure).

- Diagnosing and treating a stroke as early as possible is critical. Even if your symptoms (see page 104) have disappeared, contact your health-care practitioner immediately.
- Women with low socioeconomic status as well as women of Aboriginal or Southeast Asian descent have a higher risk for cardiovascular disease and diabetes and should plan with their health-care practitioner accordingly.

Diabetes

KNOW THE FACTS

- Diabetes mellitus is a common, chronic health condition, characterized by above-normal levels of glucose (a type of sugar) in the blood. Typically, a hormone called insulin regulates the amount of glucose in the blood, but diabetes occurs when there is a problem with the body's ability to make or use insulin.
- There are two main types of diabetes; type I (insulin dependent) and the much more common, type II (formerly called maturity onset). If members of your family have had diabetes, discuss your risk factors with your health-care practitioner.





- Roughly 5 percent of Canadians have some form of diabetes.
- Some women develop gestational diabetes during pregnancy. Health-care practitioners regularly test for it and, with your health-care practitioner's help, it is manageable.
- A healthy diet and regular exercise are critical for women with diabetes.

Arthritis

KNOW THE FACTS

- Arthritis is an inflammation of the joints which can cause chronic pain and long-term disability.
- Arthritis includes many conditions, such as osteoarthritis, rheumatoid arthritis, fibromyalgia, and systemic lupus erythematosus.
- Women are much more likely than men to develop arthritis.
- Although there is no cure, there is a range of treatment options. Use the websites at the end of this section to explore the options, then discuss what would be best for you with your health-care practitioner.
- Daily, appropriate exercise can help reduce the symptoms of arthritis.

Chronic Obstructive Pulmonary Disease

KNOW THE FACTS

- Chronic Obstructive Pulmonary Disease (COPD) is a set of chronic diseases that affect the airways, making it difficult to breathe. Chronic bronchitis and emphysema are both types of COPD.
- People with COPD experience continual shortness of breath, wheezing, fatigue, and frequent, long-lasting lung infections.
- If you experience these symptoms, talk to your health-care practitioner about spirometry, a simple test that measures air movement in and out of the lungs.

- Once considered a man's disease, COPD is now seen in women at an increasing rate.
- Smoking and exposure to second-hand smoke are the main cause of COPD since women are more susceptible to the toxic effects of smoking.

Multiple Sclerosis

KNOW THE FACTS

- Multiple Sclerosis (MS) is a chronic disease that attacks the central nervous system, which is made up of the brain, spinal cord, and optic nerves.
- Symptoms may be mild, such as numbness in the limbs, or severe, such as paralysis or loss of vision.
- MS is twice as prevalent in women as it is in men.
- Although MS does not generally interfere with pregnancy and childbirth, treatment options for this period should be discussed with a specialist.

Finding Additional Information

GENERAL INFORMATION ON THE WEB

Public Health Agency of Canada — Health Promotion and Chronic Disease Prevention Branch (HPCDP)

www.phac-aspc.gc.ca/cd-mc/index-eng.php

BC Ministry of Health — Chronic Disease Management

www.health.gov.bc.ca/cdm/index.html

CARDIOVASCULAR DISEASE

Heart and Stroke Foundation

www.heartandstroke.com

DIABETES

Canadian Diabetes Association

www.diabetes.ca



National Aboriginal Diabetes Association
www.nada.ca

ARTHRITIS

The Arthritis Society of Canada
www.arthritis.ca

COPD

The Canadian Lung Association
www.lung.ca

MULTIPLE SCLEROSIS

Multiple Sclerosis Society of Canada
www.mssociety.ca

Communicable Diseases

Communicable diseases can greatly impair one's quality of life. Fortunately, most can be prevented. Both AIDS/HIV and HPV are transmitted through unprotected sexual intercourse as well as through sharing needles or any other situation where blood-to-blood contact can occur, including high-risk sexual activities (such as unprotected anal intercourse). Hepatitis C is only transmitted through blood-to-blood contact. Tuberculosis can be transmitted by breathing the same air as an infected person.

PROTECTING YOURSELF

- Practice safe-sex techniques (see page 62)
- Never share needles.
- Be aware of your health status — if you think there is a chance you might have been infected, get tested to find out.

Below are facts about some of the most common communicable diseases, including information of particular importance for women.

Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS)

KNOW THE FACTS

- HIV is the virus that causes AIDS, a disease that attacks the immune system, leaving a person open to infections and cancers.
- Although recent advancements in treatment have allowed men and women to live much longer (and healthier) lives with AIDS, the disease is fatal and does not have a cure.
- HIV is transmitted through:
 - unprotected sexual intercourse
 - shared needles or equipment for injecting, smoking, or snorting drugs
 - pregnancy
 - birth and breast-feeding (from an HIV-infected mother to her infant)
 - occupational exposure in health-care settings
 - blood transfusions (rare in developed countries)
- The greatest increase in new HIV infections is among young women, aged 15 to 29.
- Due to physiological differences, it is easier for a woman to contract HIV from a sexual partner than it is for a man.
- Gender relationships can place women in a position of lesser power, which can make it difficult to refuse sex or negotiate safer sex.

Human Papillomavirus (HPV)

KNOW THE FACTS

- HPV is one of the most common sexually transmitted diseases in Canada and around the world.
- HPV is transmitted through sexual intercourse, genital skin-to-skin contact, and oral sex.



- Long-term HPV infections are the cause of nearly all cases of cervical cancer.
- Roughly 75 percent of men and women will have one HPV infection in their lifetime.
- A vaccine that prevents four of the most common types of HPV infection has been approved in Canada for girls and women between the ages of 9 and 26. This vaccine protects against the two types of HPV which cause most of the cervical cancers and two of the types that cause genital warts. Women will still require cervical screening and should practice safe sex even if they have had the vaccine. Much research is being done in this area so check with your health-care practitioner on the latest developments.

Hepatitis C

KNOW THE FACTS

- Hepatitis C is a virus that attacks the liver. If untreated, it can cause inflammation, chronic fatigue, abdominal pain, and susceptibility to liver cancer.
- Hepatitis C is spread through blood-to-blood contact only.



- Many people who have hepatitis C are not symptomatic and might not know that they have the virus.
- The most common form of transmission is sharing of needles or any other drug paraphernalia, but hepatitis C can also be spread through shared sharp instruments (such as razors) or high-risk sexual behaviour (such as unprotected anal intercourse).

Tuberculosis (TB)

KNOW THE FACTS

- Tuberculosis (TB) is an infectious disease that typically attacks the lungs, causing a bad cough that lasts three or more weeks, pain in the chest, coughing up blood, and other symptoms.
- TB is caused by germs that are spread through the air from person to person. TB continues to be a major health issue in Canada.
- If you are experiencing these symptoms, see your health-care practitioner immediately.

Finding Additional Information

GENERAL INFO

ON THE WEB

Public Health Agency of Canada — Infectious Disease

www.phac-aspc.gc.ca/id-mi/index-eng.php

Health Canada — Diseases and Conditions

www.hc-sc.gc.ca/dc-ma/index-eng.php

HIV/AIDS

The Oak Tree Clinic at BC Women's Hospital and Health Centre

www.bcwomens.ca/Services/HealthServices/OakTreeClinic

Positive Women's Network

<http://pwn.bc.ca>

BC Persons with AIDS Society

www.bcpwa.org



YOU AND YOUR HEALTH
A WOMAN'S GUIDE

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7

General resources



Knowing the Health-Care System

Over the course of your life, you may come into contact with many components of the health-care system in British Columbia, including family practitioners, specialists, nurses, midwives, insurance providers, clinics, hospitals, and labs. Though they are all here to help you, knowing which one to contact and when can be confusing. This section introduces some of health-care practitioners you might encounter, and where you might need to go to to receive care.

Health-Care Practitioners

On a day-to-day basis, your primary-care doctor or nurse practitioner is your first point of contact with the health-care system. He or she will get to know you and your body through regular check-ups and will be able to make assessments of changes to your health based on that important experience. If necessary, your health-care practitioner will refer you to a specialist for specific concerns, but your health-care practitioner will always be the person with the big picture of your health in mind. She or he is also your primary source of health-care information. If you do not have a primary health-care practitioner, contact the College of Physicians and Surgeons of BC, which maintains a list of doctors who are taking new patients. They can be reached at 1-800-461-3008 or on the web at www.cpsbc.ca.

Midwives

Midwives are trained health-care practitioners who can provide primary care to women through the course of a normal pregnancy, including in the labour and delivery process. In BC, there is no out-of-pocket charge for midwifery care. The profession is regulated by the College of Midwives of BC, which requires that every practising midwife complete a re-certification process each year. If you are interested in finding out more about midwifery or finding a midwife, call (604) 736-5976 or go to www.bcmidwives.com.

Medical Specialists

Medical specialists are physicians that have received specialized training in a specific area of medicine, such as dermatology (skin), cardiology (heart), neurology (nervous system), oncology (cancer), gastroenterology (digestive system), obstetrics and gynaecology (female reproductive system), and many others. Your primary health-care practitioner will typically refer you to a specialist if you encounter a specific health concern in that specialist's area of expertise. Some women will have a specialist in obstetrics and gynaecology who specializes in female reproductive organs.

Allied Health-Care Professionals

Allied health-care professionals are health-care practitioners that are distinct from medicine, dentistry, and nursing. This is a broad group of professionals that includes occupational therapists, respiratory therapists, social workers, nutritionists, physical therapists, and other health-related professionals. Generally you will receive a referral from your health-care practitioner for these specialized services.

Complementary/Alternative Medicine

Complementary or alternative medicine includes any health approach that is outside of the conventional health-care system. Examples include acupuncture or herbal medicines, which many people use in conjunction with mainstream medical treatments. The popularity of these types of services has grown in recent years, however before you try an alternative technique, you should obtain reliable information about the risks and the potential benefits. A discussion with your health-care practitioner can be a good starting point.

Primary-Care Doctor Offices/Clinics

Most primary health-care practitioners have private offices where they see patients. If possible, find a primary-care office that is close to your home or work. In some cases, primary health-care



practitioners work as a group in a clinic, where patients can either make appointments or drop in.

Hospitals

Hospitals perform a range of tasks that are too complex or immediate for primary-care offices or laboratories. Many urban hospitals have 24-hour emergency rooms that provide services in immediate medical situations. You should check with your health-care practitioner to find the closest emergency room to your home. If you have a surgical procedure that requires an overnight stay you will most likely have the procedure and stay in a hospital. Hospitals also provide day or outpatient treatment, including some tests and scans, such as bone-density scans.

Laboratories

Many tests in BC are done in laboratories that you can either walk into or make an appointment. When your health-care practitioner or specialist recommends a specific test from a laboratory, they will also recommend ones that are close and convenient for you.



Insurance Providers

General health insurance in BC is provided for residents by the provincial government through the Medical Services Plan (MSP). If you are not already registered, you can do so at the BC Ministry of Health Services website: www.health.gov.bc.ca/insurance/index.html. If your employer administers your health coverage, they will register you for MSP. There is a three-month waiting period for new BC residents, during which time insurance can be purchased privately.

Though public insurance covers nearly all medical necessities, it generally does not cover vision and dental health or some treatments by allied health-care professionals or alternative medicine practitioners. Some employers offer additional coverage for these services so inquire with your employer. Private insurance can also be purchased for this purpose.

Conclusion

Congratulations! You have reached the end of *You and Your Health: A Woman's Guide*. What follows is a list of general resources to aid you in further exploring some of the concepts that we have briefly addressed in this guide.

This guide uses a women-centred approach to health and health care and we hope it has been a helpful tool for understanding your health and your options. We also hope that this guide is just one step in your lifelong engagement with health literacy, your own health, and the health of those around you.

General Health Resources

BC HEALTHGUIDE

The BC HealthGuide is a Ministry of Health Services' document that includes information on how to recognize and cope with more



than 200 of the most common health problems. It is available at your local pharmacy or government agent's office and is free for BC residents.

8-1-1

Dialing this number from anywhere in BC will allow you to speak with a nurse about your symptoms, consult with a pharmacist about your prescription, or receive advice on healthy eating from a dietician. 8-1-1 is a valuable resource for all non-emergency health concerns.

HEALTHLINK BC

www.healthlinkbc.ca

HealthLink BC is a website with the information from the BC HealthGuide in addition to an interactive tool for checking your symptoms, information on all major prescription drugs, and a tool that searches for health services and resources in your area.

BRITISH COLUMBIA MINISTRY OF HEALTH SERVICES

www.gov.bc.ca/health

The BC Ministry of Health Services website has a section called "Your Health," which contains valuable health information as well as contact details for many health programs in BC.

BRITISH COLUMBIA MINISTRY OF HEALTHY LIVING AND SPORT

www.gov.bc.ca/hls

The BC Ministry of Healthy Living and Sport website has useful topic-based information, including a section dedicated to women's health.

HEALTH CANADA

www.hc-sc.gc.ca

Health Canada is the federal organization in charge of helping Canadians maintain and improve their health. On the Health Canada

website, you can find links to a range of health-related programs, guides, and tools.

WOMEN'S HEALTH MATTERS

www.womenshealthmatters.ca

This website is a detailed source of accurate health and lifestyle information for women.

CANADIAN WOMEN'S HEALTH NETWORK

<http://cwhn.ca>

This website is a source of accurate information about women's health, as well as a great source of information for current research and policy issues in women's health.

**BRITISH COLUMBIA CENTRE OF EXCELLENCE
FOR WOMEN'S HEALTH**

www.bccewh.bc.ca

BCCEWH works to improve the health of women through innovative research and the development of women-centred programs, practice, and policies.

BRITISH COLUMBIA WOMEN'S HOSPITAL & HEALTH CENTRE

www.bcwomens.ca/

BC Women's Hospital & Health Centre is the only facility in BC devoted primarily to the health of women, newborns, and families.

You and Your Health: A Woman's Guide will help you to understand women's health and what you can do to be healthier.

It includes information on women-specific health concerns as well as the links between our health and the health of our communities.

Working on both of these together can make a huge difference – for ourselves, our daughters, and our neighbours.



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