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PREFACE

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

Organization of the Book

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

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

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

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

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

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

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

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

Building on this, **Chapter 6** covers pregnancy, childbirth, breastfeeding, and infertility.

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

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

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

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

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

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

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

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

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

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

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

New to This Edition

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

Highlights include:

NEW material discussing health care reform and its implications for individual women and the country as a whole (Chapter 1)

NEW discussion of the growing gray area and cultural influence of marijuana (Chapter 13)

NEW section on electronic cigarettes and vaping and their implications for public health (Chapter 13)

NEW sections offering practical tips and strategies for individuals who wish to quit smoking, reduce problem drinking, or quit illicit drug use (Chapter 13)

NEW section on abuse/misuse of prescription and over-the-counter drugs (Chapter 13)

NEW section on dissociative disorders, including common forms of these disorders, how they occur, and their effects on the psyche (Chapter 12)

NEW "Critical thinking" cases that involve detailed discussions of women dealing with issues discussed in relevant chapters, including smoking, sexually transmitted infections, and mental illness. Each of these case studies includes discussion questions and answers. (All chapters)

NEW Explanation of the endocrine system (Chapter 11)

EXPANDED discussions of women's health from a global perspective, with discussions of how women's health issues in developing countries, Canada, and Europe compare to those in the United States (Chapter 1)

EXPANDED discussion of menopause as a natural part of a woman's life cycle, the "medicalization" of menopause, and how hormone therapy works (Chapter 8)

EXPANDED section on stress, including the biology of the stress response, the health effects of short-term and long-term stress, sources of stress, and how to cope in a healthful manner (Chapter 12)

EXPANDED discussion of STI risk for LGBT populations and how to reduce risk (Chapter 7)

EXPANDED discussion regarding gender identity, transgender, and gender neutral (Chapter 4)

EXPANDED practical, detailed information about HPV, including information about vaccinations, Pap smears, and HPV testing, the advantages and disadvantages of each of these, and how to evaluate one's own risk for HPV and other STIs (Chapter 7)

UPDATED legal perspective on marriage for same-sex couples (Chapter 4)

UPDATED to reflect the latest developments in the HIV/AIDS epidemic in the United States and around the world, as well as the latest efforts to reduce transmission and increase treatment (Chapter 7)

UPDATED section on global tobacco use and the health effects of smoking around the world (Chapter 13)

UPDATED information on mental illnesses to discuss new DSM-V (Chapter 12)

UPDATED section on suicide, including an expanded discussion of suicide as a global public health problem (Chapter 12)

PEDAGOGY

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

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

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

INFORMED DECISION MAKING

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

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

It's Your Health



Equal Rights Amendment

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

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

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

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

Courtesy of the National Park Service.

Self-Assessment 8.1

Strategies for Hormone Therapy Decision Making

The decision to use hormone therapy is a personal and private one.

Women should consider several factors when making the decision:

1. Personal and family medical history
 - History of breast cancer
 - Blood clots in the legs, lungs, or eyes
 - Abnormal vaginal bleeding
 - Preexisting cardiovascular conditions, such as blood clots, stroke, or uncontrolled high blood pressure
 - Liver, gallbladder, or pancreatic disease
2. Menopausal symptoms and their severity
 - Hot flashes
 - Vaginal irritation and discomfort
 - Urinary tract problems
 - Emotional and mood changes
3. Review risks and benefits
4. Reevaluate decision periodically

GENDER DIMENSIONS: Health Differences Between Men and Women



Contraception

Historically, contraceptive options have been largely for women. This may be due in part to the reality that women, not men, get pregnant, or the fact that family planning research and contraceptive services have focused disproportionately on women. The female reproductive system has been extensively studied for centuries. Studies on male contraceptives have been seriously limited. Today, options for the male range from mildly effective (withdrawal) to highly effective (vasectomy). It could be argued that the remarkable effectiveness of modern hormonal contraceptives for women has given women high levels of protection, but that it has absolved men from participating in contraceptive protection and decision making. Men are often silent partners in preventing pregnancies.

Several factors contribute to the dominant role women play in contraceptive decision making and the availability of services for them. Modern medical care services provide ready access to contraceptive information and options for women. Women are taught and encouraged to see a gynecologist regularly in their teens; there is not a parallel system of routine health care for men. Society educates girls

and young women early that the penalty of unprotected sex will be an unwanted pregnancy, personal and family shame, and economic hardships. The educational message to boys and young men is not the same, although legal issues surrounding paternity and child support in recent years have introduced the penalty concept to an unwanted pregnancy.

Multicultural surveys demonstrate that men are willing to participate in contraception, and their female partners trust them to do so.⁵² Male contraceptive research includes hormonal and nonhormonal methods. Today the most significant barriers for expanded use include limited delivery methods and perceived regulatory obstacles. Promising options include products that target sperm motility, decrease or eliminate semen emission, or interrupt sperm maturation. These products vary in delivery method and include pills, gels, ultrasound technology, and injection. Although considerable progress has been made in clinical research on male contraception, no new product is currently available.

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

CASE STUDY

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

Questions

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

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

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

I've made a real effort to incorporate exercise into my daily routine this semester. On Mondays, Wednesdays, and Fridays I go straight to the gym after class, and I go running Tuesdays, Thursdays, and Saturdays, taking Sunday off. It's funny, because I never really thought about exercise much until this year, but now it's a normal part of my life.

—20-year-old student

Profiles of Remarkable Women



Michelle Obama (1964–)

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

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

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

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



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

Topics for Discussion

1. What type of ethical issues may arise with testing for genetic predisposition for various chronic diseases?
2. Have you, a close friend, or a family member ever been diagnosed with a chronic disease? How has that diagnosis changed your or his or her life?
3. How can lifestyle changes affect chronic disease management?
4. What differences exist between chronic diseases that occur early in life versus those that manifest later in life?
5. In what ways does early diagnosis help a woman and her family to cope with her disease?

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

LEARNING AND TEACHING TOOLS

New Dimensions in Women's Health, Seventh Edition includes learning tools for students and teaching tools for instructors.

For the Student

Each new book comes complete with a dynamic technology solution. Navigate 2 Advantage Access provides an interactive eBook, student activities and assessments, knowledge checks, learning analytics reporting tools, as well as 17 informative animations:

- External genital differentiation — male and female
- External female sexual anatomy
- Internal female sexual anatomy
- Selection of condoms
- The three stages of labor (a–d)
- The female breast
- Three trimesters of pregnancy
- Economic benefits of breastfeeding
- Rates of different STIs
- Map indicating rates of HIV by country
- Complex carbohydrates are a good source of minerals, vitamins, and fiber
- Stroke mortality rates
- Smoking prevalence
- Clogged arteries
- Angioplasty
- Arterial splint
- Complications from chronic alcohol consumption
- How alcohol is absorbed in the body
- The principal control centers of the brain affected by alcohol consumption

Instructor Resources

For instructors teaching this course, resources include:

- Test Bank
- Slides in PowerPoint format
- Instructor's Manual

Navigate 2 also provides a dashboard that reports actionable assessment data.

