

A LINE ON LIFE

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Women's Health – More Than Physical *

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Like men, many women engage in activities that jeopardize their health. Dr. E. Richard Brown, UCLA Center for Health Policy Research, did a study, which indicated that many women neglect their health.

- Almost 25% of women over 18 smoke cigarettes. White and African-American women smoke at the highest rates.
- Over one-quarter of women are obese, and 14% of women are underweight. Obesity is more likely with women in lower-income brackets and those without high school diplomas.
- In ages 18-64, over a third of women do not exercise. This increases to almost half for those over 65. At all ages, women are less likely to exercise than men.
- With alcohol, 15% of women are moderate-to-heavy drinkers. More white women drink at these levels. Moderate-to-heavy drinking occurs with 17% of whites, 11% of African-Americans, 9% of Latinas, and 6% of Asians. With higher income and education, alcohol use increases.
- Even though the Pap test is effective for early detection of cervical cancer, 43% of women were not screened last year. The percentage is higher for older women.
- Of women over 40, 40% have not had a clinical breast exam in the last year. Almost half (46%) have not had a mammogram in the last two years. (Breast cancer is the most common type of cancer with women, and the second highest killer after lung cancer.)
- Over one-quarter (26%) of women without health insurance have not had a routine health checkup in the last three years. This compares with only 14% of women who have health coverage. Of uninsured women ages 40-64, 80% have not had a clinical breast exam or mammogram in the last year.

For many women, their personal health is secondary to their family and work.

The behaviors of these women endanger their health. However, our society is partially at fault. With the time pressures imposed on women by their work or caring for their families, many are unable to find time to get adequate health care. In Dr. Brown's words –

"We have to take into account the context of women's lives. We can't say to women: 'You need to exercise. You need to get a Pap smear and a mammogram,' and also say: 'You need to work 40 hours a week, clean your house, take care of your children and cook dinner.'"



During office visits, health care providers can routinely suggest services such as mammograms and Pap smears. *"One of the most important predictors of whether a woman gets a mammogram is the physician suggesting that it is time. A credible source reminding them is very important."*

Likewise, it would help if physicians asked their patients more about exercise, smoking, and weight control. (Notice that we said *"asked"* rather than *"told."*) Their inquiries might be just the push that many women need to deal with their problems.

Public policy against smoking is a positive step. In addition, employers can allow women time off to participate in health-promoting programs. (In the long run, it is an inexpensive way to keep productive women on the job.) Beside these steps, women need to get health information when they are young – in their teens or even

earlier. These changes need to be *"a shared responsibility."* The responsibility for women's health must be shared among the public agencies, employers, medical providers and the women themselves.

* Adapted from Marlene Cimon's article "Social pressures impede women's health," [*APA Monitor*](#), March, 1996, pages 39-40.