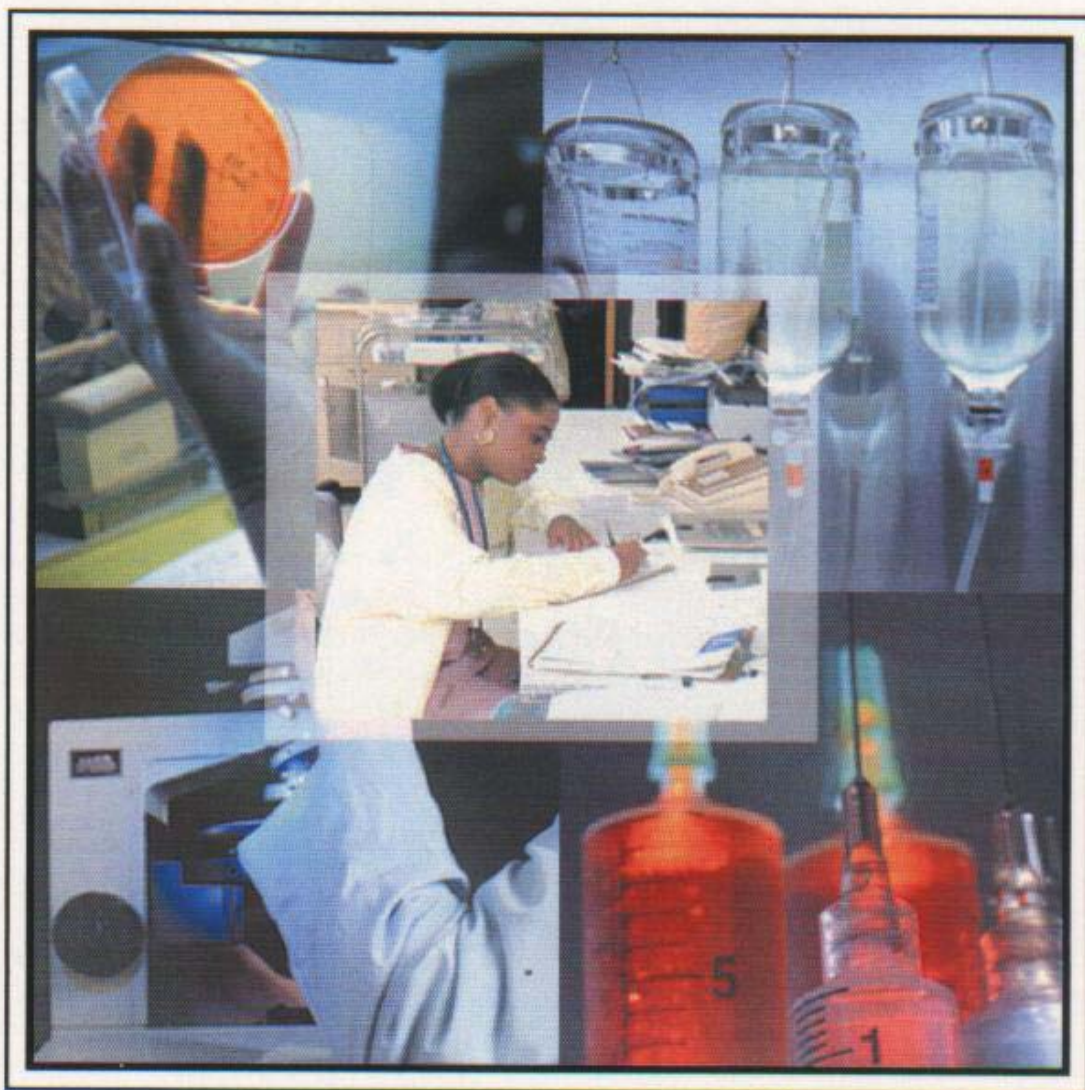


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# Women & Health

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- The Impact of Lifestyle Risk Factors on Female Infertility 1  
*Susan Kelly-Weeder, PhD, APRN, BC*  
*Cheryl Lorane Cox, PhD, RN*

*Background: Over 2 million couples in the United States are infertile. The literature reflects a number of potential lifestyle risks that have been associated with the development of this condition; however, few studies have investigated these risks concurrently. With knowledge of the importance of behavioral threats to fertility, women's health care providers will be in a better position to screen and assist women to modify their fertility risks.*

*Objectives: The objectives of this study were (1) to identify lifestyle factors associated with infertility in women by comparing a sample of infertile women with a group of fertile women and (2) to offer recommendations to women's health providers, on counseling women at risk for infertility.*

*Methods: A re-examination of the 1995 National Survey of Family Growth (NSFG) allowed for the investigation of lifestyle factors associated with infertility in women. Using a conceptual model of health behavior to guide the selection of variables, together with multiple logistic regression techniques, an explanatory model of infertility was estimated on a sample of 824 women between the ages of 16 and 45 years.*

*Results: Factors directly related to infertility included increasing age, a history of an ectopic pregnancy, current smoking, obesity, and self-reported health status. Protective effects were associated with a history of condom use and having had a Pap smear in the last year.*

*Conclusions and Implications: Routine well-women visits offer an excellent opportunity to begin to address the impact of selected risk factors for infertility. Clinicians can utilize these visits to target appropriate interventions for initiating, repeating, and reinforcing messages on fertility risk.*

**KEYWORDS.** Female infertility, risk factors, Interaction Model of Client Health Behavior (IMCHB)



## Psychosocial and Reported Inflammatory Disease Correlates of Self-Reported Heart Disease in Women from South of Israel

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*Yori Gidron, PhD*

*Amalia Levy, PhD*

*Julie Cwikel, PhD*

*Background: Past and recent research suggests that psychological and biological factors may increase women's risk of coronary heart disease (CHD). This study examined the prevalence and correlates of self-reported heart disease among Jewish women from the Negev, a socio-economically and culturally unique region in south of Israel.*

*Method: A cross-sectional design was used. We interviewed over the phone 526 randomly-selected women (mean age:  $44.3 \pm 14.2$  years) about background variables (e.g., education), biomedical risk factors (e.g., body mass index or BMI), self-reported inflammatory diseases (rheumatoid arthritis or RA, urinary infections), psychosocial factors (depression, hopelessness, self-esteem, social-support) and self-rated health and heart disease.*

*Results: Prior physician diagnosis of heart disease was reported by 8.2% of women. Age, economic difficulties, diabetes, hypertension, BMI, physical exercise, RA and urinary infections were significantly associated with reported heart disease. Of all psychosocial factors considered, hopelessness and self-esteem significantly distinguished heart disease cases from non-cases. In a multiple logistic regression, poor self-esteem, RA and hypertension were significant independent correlates of self-reported heart disease.*

*Conclusions: Pending replication with objective measures of heart disease and a prospective design, poor self-esteem and RA may prove to be new CHD risk factors in women.*

**KEYWORDS.** CHD, psychosocial, inflammatory diseases, risk factors, women, Israel

## Native Hawaiian Women and the Experience of Breast Cancer

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*Phyllis Eide, PhD, MPH, MS, APRN, BC*

*This article describes a qualitative inquiry into the experiences of Native Hawaiian women living through and beyond a diagnosis of breast cancer. Native Hawaiian women have increased incidence and mortality breast cancer rates compared with other ethnic groups in Hawaii. Health promotion programs targeted at Native Hawaiians have often failed because of cultural inappropriateness. A lack of knowledge about the culture is frequently a part of this failure. Therefore, the specific purpose of this study was to examine the lived experience of a selected group of Native Hawaiian breast cancer survivors, uncover the connections between their narratives and their personal and cultural milieus, and generate knowledge about the Native Hawaiian woman's breast cancer experience that would be useful in planning future health promotion outreach efforts. The study consisted of interview data collected from 11 Native Hawaiian female participants, ranging from 44*



to 82 years of age. An interpretive phenomenological analysis of the data identified recurrent contexts and themes. The three major contexts in their stories were discovery, transformation (physical, emotional and spiritual), and life realignment. Themes included the importance of spiritual connection, an altruistic desire to reach out and assist others in a similar situation, and a context of familial silence about cancer history. These elements can assist in formulating health promotion and intervention activities for this population. Interwoven with these themes was the Native Hawaiian concept of *pono*—a sense of rightness and balance, and the crucial importance of the participants' Native Hawaiian identity and cultural heritage.

**KEYWORDS.** Native Hawaiian women, breast cancer, cultural appropriateness, spiritual connections, helping others, qualitative research

Adherence Among Women  
with HIV Infection in Puerto Rico:  
The Potential Use of Modified Directly  
Observed Therapy (MDOT) Among Pregnant  
and Postpartum Women

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*Helen G. Loewenthal, MSW*  
*Lauri B. Bazeran, MS*  
*Carmen Zorilla, MD*  
*Brenda Urbina, MD*  
*Jennifer A. Mitty, MD*

*Women are the fastest growing segment of the adult population acquiring HIV, and most women infected with HIV are in their reproductive years. The success of HAART is highly dependent upon the ability and willingness of the individual to adhere to complex antiretroviral regimens. Improved adherence among HIV-infected pregnant women will delay disease progression in the mother and should also reduce HIV transmission to the baby. Modified directly observed therapy (MDOT), may benefit this population. MDOT has been shown to be an acceptable and feasible intervention among HIV+ substance users; however, no-one has yet evaluated the use of MDOT in pregnant and postpartum women. Based on semi-structured interviews with 17 Latina women with HIV infection, we explored women's adherence patterns and barriers to adherence and their perceptions of a hypothetical MDOT program. The vast majority of women positively appraised the MDOT program as an effective means to increase and reinforce adherence to demanding drug regimens. Respondents cited the face-to-face contact, the supportive nature of the relationship, and the practical approach of the program as the primary reasons for the effectiveness of MDOT. Results indicate that MDOT could be an acceptable intervention for pregnant and postpartum Latina women to improve adherence to HAART.*

**KEYWORDS.** Women, HIV/AIDS, adherence, Modified Directly Observed Therapy (MDOT), pregnant women, postpartum women



## Maternal Fear Associated with Pregnancy and Childbirth in Hong Kong Chinese Women

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*Man W. Pang, MBChB, MRCOG, FHKAM*

*Hanna-Leena Melender, RM, MNSc, PhD*

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*Background: Women's fear toward pregnancy and childbirth is a common and important health concern. This study examined the objects, causes, and manifestations of maternal fears and their associated demographic factors in a sample of Hong Kong Chinese pregnant women.*

*Methods: Three hundred Chinese pregnant women were recruited in an obstetric unit in Hong Kong in 2003. Data were collected using a 73-item questionnaire. Principal components factor analysis was applied to identify the objects, causes, and manifestations of fear toward pregnancy and childbirth.*

*Results: The mean maternal age was 30 (SD 5.6) years. All participants reported some degree of fear. The main objects of fear were "fear of childbirth" and "child's and mother's wellbeing." The first factor identified for causes of fear was "negative stories," followed by "negative attitude or mood." Regarding the various manifestations of fear, "stress symptoms" and "wish to avoid pregnancy and childbirth" ranked highest. Twenty-two percent of participants had considered requesting an elective cesarean section due to fear of childbirth.*

*Conclusions: Even in a group of low-risk pregnant women, fear toward pregnancy and childbirth was frequently experienced. Better strategies to address women's psychological needs during pregnancy are warranted.*

**KEYWORDS.** Maternal fear, pregnancy, childbirth, Chinese

## Impact of Drug Market Changes on Substance-Using Pregnant Women in Three Key Sydney Drug Markets

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*Louisa Degenhardt, PhD, MPsych (Clinical)*

*Carolyn Day, PhD*

*Introduction: In 2001 the supply of heroin was substantially reduced across Australia. Given the child protection concerns associated with the use of substances by pregnant women, it was pertinent to examine how the reduction in the supply of heroin affected this community of users. This paper aimed to assess the extent of any drug-related problems among pregnant women associated with the reduction in heroin supply in New South Wales (NSW).*

*Method: Two sources of data were used: (1) Data on hospital visits in NSW in which drug and alcohol problems were noted as complicating the pregnancy; and (2) Key informant reports from services targeting substance-using pregnant women across the three main Sydney drug markets.*

*Results: The shortage did not affect the number of hospital separations for substance-using pregnant women, nor the number of women referred to services for*



*substance use in pregnancy. Key informants reported an increase in the use of cocaine among pregnant women and a change in injection sites for some women (including into breast tissue). No substantial change in adverse outcomes was observed to be associated with this change in patterns of drug use.*

*Discussion: The reduction in heroin supply appeared to have limited impact on the number of substance-using pregnant women as assessed by hospital episodes and key informant reports. The evidence suggested an increase in the injecting of cocaine by pregnant women using drug-treatment services, similar to the changes in drug use patterns observed among other groups of injecting drug users. The lack of change observed in the qualitative and statistical data regarding adverse health consequences associated with cocaine injecting suggests the potentially negative impact of maternal cocaine use on infant health may be difficult to detect and monitor.*

**KEYWORDS.** Heroin, cocaine, heroin shortage, pregnancy