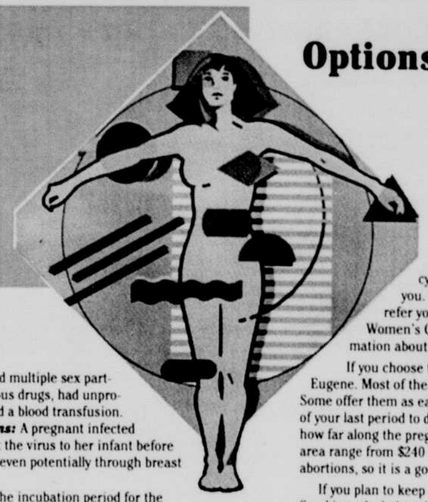
Women's Health

issues and resources



Calcium is your best bet for preventing osteoporosis

By Michele Trager

Calcium isn't an issue young people think about every day, but it is very important to leading a healthy life. The average American doesn't receive their daily requirement of calcium and as a result 1.5 million Americans are diagnosed with osteoporosis each year. Nearly 50,000 of these people will die from a weak bone structure that breaks while doing everyday activities. There is good news however: osteoporosis can be prevented. Before age 35 is the best time to build up bone mass by making sure that you get your daily requirement of calcium.

Fair skinned white females are the most susceptible to developing osteoporosis. A smaller bone structure has less room to store the calcium deposits that create strong bones. Larger boned males and Afro-American females are less likely to develop osteoporosis. Small and weak bones can also be passed genetically, creating a higher risk for children of parents who are prone to developing osteoporosis.

Our bones steadily grow and replenish themselves through a process called remodeling. Old bone is removed and replaced with new bone to maintain a strong and efficient skeletal system. Then around age 35 we begin to lose bone mass. It is our job to have stored enough calcium in our bones by this time to give them a supply to feed off of later in life.

Bone loss will steadily continue from age 35 until menopause when females can lose 2% -4% of their skeletal mass yearly. This will level off after about 5 years to 1% yearly. If you didn't have enough bone mass to begin with the effects of this can be devastating to your bone structure.

Osteoporosis affects one in four women over age 60, yet it can be prevented by starting to take care of yourself right now. There are five main steps college age women can take to prevent this disease:

1. **Include foods high in calcium in your daily diet.** Dairy products such as skim milk, low fat cheese, nonfat yogurt, ice milk, and frozen yogurt are all good sources of calcium, as well as proper choices for a healthy diet. Fish, tofu, and dark green leafy vegetables such a spinach and broccoli are also good sources of calcium. The National Research Council recommends a daily allowance of 800mg of calcium, because only 20-30% is absorbed for use in the body.

2. **Exercise twenty minutes three times a week.** Activities such as brisk walking, jogging, dancing, and bike riding put stress on your skeletal system causing your bones to grow stronger. The University has many athletic programs and classes available. Check out your course schedule or RIM for some ideas. It is important to build up strong bones now so you are less susceptible to fractures in later life.

3. **Cut down on foods high in protein.** Red meat, poultry, fish and other high protein foods should be eaten in moderation. Recent studies have shown that excess protein in the diet will break down calcium deposits and expel it in the urine. Try limiting your meat intake to once or twice a week and eat more meals based around the bread, pasta, and grain group.

4. **Get adequate amounts of complementary vitamins daily.** According to the *Nutrition Almanac*, Lavon J. Dunne, 1990, proper absorption of calcium is possible only when accompanied by magnesium, phosphorus, vitamins A, C, D and most likely E. All of these are available through eating a well balanced diet.

5. **Avoid smoking and excessive alcohol consumption.** Smoking and drinking create an almost double requirement of calcium in the body. The average American usually falls short of their daily dose of calcium so smoking or drinking alcohol can almost double your chances of osteoporosis.

These five steps can start you down the road of good health. It is important to remember that what we do to our bodies now will have a great effect on how our bodies treat us later in life. Start building up that bone mass now so your body has plenty to use after you turn 35. Have you had your calcium today?

Don't gamble with these STD's

By Lisa Lee

Do *you* know whether your current partner has been thoroughly checked for STDs (recently, that is)? If you cannot answer this or you answer with hesitation, now is the time to clear the slate of any past questions. Sexually active students may be able to say that they know the HIV status of their partner, but a surprising number of students do *not* know whether their partners are free from other STDs. This can lead to future complications for the relationship, both physically and emotionally.

To bring the seriousness of this issue closer to home, the three most important STDs here, at the U of O, have been compiled. The following three STDs (not in any particular order) are considered the "most important" in that they are of the largest concern because they have either been tested the most frequently or have been reported as being those that test positive most often. The information reported is from the laboratory and Women's Clinic at the Student Health Center, as well as the following pamphlets; "Some Questions & Answers about Genital Warts," American Social Health Association; "Chlamydia is not a flower," Abbott Laboratories; "Simple Facts: Sexually Transmitted Diseases," VD Action Council (Portland, Oregon); and "Genital Warts," University of Oregon Student Health Center.

(1.) **Chlamydia ("the Silent STD")**

• Currently, chlamydia has ousted gonorrhea as the "most common" STD in the United States.

• ***Symptoms:*** For approximately 60-80% of the women infected, this disease carries no symptoms, as well as for 10% of the infected males. Symptoms that have been characteristic of this disease include; urethral infection (burning upon urination), pain, discharge, and bleeding from the vagina.

• ***Treatment:*** Luckily, because this is caused by a bacterium, the condition can be treated with antibiotics and cured...as long as it is detected early. If left unchecked, chlamydia can lead to sterility in males. For females, further complications include infertility, higher risk for ectopic pregnancies, pelvic inflammatory disease (PID), transmitting the disease to an infant in childbirth (leading to infant blindness), and death.

(2.) **Condyloma: (Genital/Venereal Warts)**

• ***Cause:*** Human Papilloma Virus (HPV); due to its viral nature, it can be treated, but not completely cured. Condyloma is contracted when there is direct skin-to-skin contact between an infected person and his/her partner.

• ***Symptoms:*** The warts can be flat or raised, flesh-toned to bright red, and may also cause mild irritation, bleeding, or itching. Symptoms may take 2 weeks to 2 years from the time of exposure to show up, and in some cases, the symptoms may not even be detected with just a visible exam.

• ***Treatment:*** The warts themselves, can be removed to help stop further transmission of the virus, but unfortunately, the virus can remain within tissues to re-manifest itself in the future.

• ***Complications:*** When left unchecked, condyloma can obstruct the passageways of the urethra (urinary tract), vagina or throat. It has also been shown that certain strains of the HPV virus can cause cancerous cell changes in the cervix of the female.

(3.) **HIV:**

• Human Immunodeficiency Virus has been the STD of focus by the media this past decade. It's importance on the college campus lies in the fact that casual sex simply cannot be practiced. Fortunately, the University of Oregon has been lucky. Judy Ogasawara, a Med Lab technologist at the Student Health Center, says, "We do a lot of testing for HIV, but the percent of positive results is very low."

• ***Causes:*** HIV is contracted via contact with an infected person's blood, semen or vaginal fluid. A person can be considered "at risk" if they have had multiple sex partners, used intravenous drugs, had unprotected sex or has had a blood transfusion.

• ***Complications:*** A pregnant infected woman can transmit the virus to her infant before or during birth, and even potentially through breast milk.

• ***Symptoms:*** The incubation period for the HIV antibody formation can last as long as 6 months, and the in bation period from the appearance of the virus to the AIDS illn can be prolonged for years. There are often no symptoms for th who carry HIV, so thus, spreading the disease remains a proble HIV, once at the stage of AIDS is fatal and there are currently n cures.

It is easy to pass the less publicized sexually transmitted dis eases off as merely statistics that "aren't as important" as the deadly virus HIV, but these diseases can be just as fatal or destr tive, if left unchecked. All three of the aforementioned STDs ar known for the fact that they are often asymptomatic (showing symptoms) for the carriers, and thus can lead to transmitting t disease with the carrier or partner unaware of its presence. Sir all three STDs can be transmitted via anal, oral, or vaginal inte course, they can be spread even when a couple uses a condom against pregnancy. To further prevent the transmission of STD conscious effort needs to be made via:

1. active communication between sex partners
2. careful selection of an honest partner
3. both partners need to be thoroughly checked for STD's up each new relationship *and* treated if infected. Testing for STD's can be done at the Student Health Center (call 346-2770 for more info.)
4. *proper* use of condoms with spermicide, and diaphragms
5. abstinence
6. consciously avoiding risky sexual practices

Sex is much more complicated than the media may make it to be, especially in the heat of the moment. It only takes a few *extra* moments to muster up the courage to be frank and hones yourself and your partner. Asking your partner a few questions may save you valuable time in the future; time invested in a try relationship, in treatment, in grief, in pain or frustration...it m even save your life. Take the initiative to clear the slate, start o the new school year right!

Options for pregnant students

By Angie Rickard

A 1993 Student Health Study at the U of O found that 27% of female students have at some point been pregnant. Being pregnant and staying in school can produce a lot of stress and confusion. How do you confirm whether you're pregnant? What are your choices? If you decide to have a child, how can you possibly afford to stay in school? How can you get the emotional support you will need?

The Women's Clinic at the Student Health Center offers pregnancy tests. If you are pregnant, there are many services available to help you. They offer options counseling when you receive the results and can refer you to an OB-GYN, a midwife, or to an abortion clinic. Although the Women's Clinic doesn't offer prenatal care, it is an excellent resource for information about pregnancy options.

If you choose to terminate the pregnancy, there are clinics that offer abortion in Eugene. Most of the area clinics perform abortions between 8 to 12 weeks of pregnancy. Some offer them as early as six weeks or as late as nineteen weeks. They use the first day of your last period to determine how far along the pregnancy is. Cost varies depending on how far along the pregnancy is and when your last pap smear was done. Base prices in the area range from $240 to $280. Many insurance plans now offer at least partial coverage on abortions, so it is a good idea to check your policy.

If you plan to keep the baby, the first few months are crucial for the its development. Smoking, alcohol, and other drug use can have serious effects on the baby. Take care of your health and get under a physician's care immediately. One service offered by Sacred Heart Hospital is their Special Delivery Program. This is a free program for expectant parents. It gives you information for formulating a birth plan and opportunities for enrollment in childbirth classes. They also have free packets with brochures, area discounts, and monthly newsletters.

If you wish to have the child adopted, adoption services can help you find a family who can cover your expenses and help you through your pregnancy. Open Adoption and Family Services, Inc. offers free services to birth mothers, including counseling and adoption options. These range from confidential to open adoptions.

Another consideration is housing. If you are going to stay in school while or after you have your baby, affordable U of O family housing is sometimes available. Depending on location and size, units with one to five bedrooms range from $120-$425 a month. Students who are pregnant or have children have first priority for the units.

If you give birth while you are completing a term, Student Services can help you arrange incompletes with your professors, as they would for any health or family emergency which causes you to miss classes.

No matter what decision you make, talking with a professional about your choices may be helpful. Both the U of O counseling center's staff and the Women's Clinic staff are available to listen to you and discuss your options.

WOMEN'S SERVICES

Phone List

Fairfield Medical Clinic	689-6400
Feminist Women's Health Center	342-5940
Special Delivery Program (Sacred Heart)	686-7090
Open Adoption and Family Services, Inc.	343-4825
U of O Family Housing	346-4280
Women's Clinic, Student Health Center	346-4449
U of O Counseling Center	346-3227
Academic Advising	346-3211

Injectable contraceptive now available on campus

By Mark Warnell

Depo-Provera, clinically known as Medroxyprogesterone acetate, is now approved and available at the University of Oregon for use as an injectable contraceptive. The female contraceptive is highly effective and protects against pregnancy for a full three months. One injection every three months at less than $35 per injection keeps the cost under $150 per year. The most common side affects associated with the use of Depo-Provera are menstrual irregularities and weight gain.

The University of Oregon Women's Clinic emphasizes that no contraceptive is appropriate for all women, and Depo-Provera would not be recommended for some individuals, but for many it can be an effective, affordable method of long-term, reversible contraception. Other methods of effective long-term contraception available at the University of Oregon Health Center include: Norplant and oral contraceptives, as well as barrier methods.

Depo-Provera has been available worldwide for more than twenty years. It was approved by the U.S. Food and Drug Administration in late 1992. The active ingredient in Depo-Provera, a progestin only preparation, works to prevent follicular maturation and ovulation. Daniel Earl, D.O. and Daniel David, M.D. contributed their independent study findings to American Family Physician March of 1994. Their studies showed the combination of preventative effects makes Depo-Provera over 99% effective. This means that for every 100 women who use Depo-Provera for one year, less than one percent are likely to get pregnant. Birth control effects begin as soon as the first shot is administered, and the single injection works effectively for a full three months. Proper use of Depo-Provera requires injections at regular three month intervals as pregnancy can occur after that time.

Literature published by the Upjohn company, makers of Depo-Provera, states that the most common side effect reported during use of Depo-Provera is menstrual irregularities. Many women report having ammenorrhea, missing a period or the absence of periods completely. This is an anticipated effect of Depo-Provera, and few women choose to discontinue use of the drug because of it. The other most common side effect is weight gain. About two-thirds of the women who use Depo-Provera report a weight gain of about five pounds during the first year of use and may continue to gain weight after the first year. Depo-Provera, however, is a progestin-only product, so that estrogen related side effects such as hypertension do not occur.

Depo-Provera is not a form of contraception for everyone, *nor can it replace the use of a condom for preventing the spread of sexually transmitted diseases including AIDS.* If a woman wishes to return to fertility, she simply does not have any additional injections. For more information see your physician or talk to the Women's Clinic in the Student Health Center. The phone number for the Women's Clinic is 346-4449.

New Titles to Check Out!

1. The New Male Sexuality: The truth about men, sex and pleasure.
By: Bernie Zilbergeld, Ph.D.
2. Eating on the Run, 2nd Edition
By: Evelyn Tribole, M.S., R.D.
3. Procrastination: Why you do it and what to do about it
By: Jane B. Burka, Ph.D. and Lenora M. Yuen, Ph.D.

Available at the Health Education Lending Library

Check out SHC Women's Clinic

By Reiko Kemp

With Fall term just underway, now is the perfect time to acquaint yourself with the many services available at the Student Health Center. One of the most important departments here is the Women's Clinic which primarily emphasizes preventative health care and is located on the second floor of the Health Center.

The Clinic is most frequently used for annual exams and infection testing, however the Clinic offers much more than that. Provided here is contraceptive counseling, sexually transmitted disease counseling and testing, annual exams (including a physical, a Pap smear, and a chlamydia test), pregnancy testing and options counseling, bladder/urinary infection testing, and counseling for disordered eating (the whole spectrum of eating disorders ranging from anorexia to overeating).

The Clinic offers free counseling on a wide range of topics, and the cost of the exams is surprisingly inexpensive:

- $33.50 for annual exam
- $20.50 for Pap smear alone
- $12-$18.70 for STD testing

Women's Health Nurse Practitioner Colleen Jones tells students that they "shouldn't be embarrassed by asking questions or having tests done. We are here to assist you in any way possible. We are all well aware of your fears and will be as sensitive as possible to your needs. Make use of our services, after all, it doesn't cost anything just to talk to a nurse practitioner!"

A variety of contraceptive devices are available at the Clinic:

- the Pill
- the diaphragm
- cervical cap
- Depo-Provera
- Norplant
- condoms

Brenda Bell, medical office specialist, Dr. Kathleen Wiley, and Linda Gallagher, LPN (licensed practical nurse) are available to help you at the Women's Clinic.

Also offered is the emergency contraception treatment, better known as the "morning after pill", which works up to 72 hours after unprotected sex to prevent pregnancy. Not only is this pill offered, but it is also free of charge. The Clinic does not offer abortions or pre-natal care, nor is the IUD offered.

Get a fresh start this term. To make an appointment, call the Women's Clinic at 346-4449. The hours are 8:00-4:15 Monday, Wednesday, Thursday, and Friday, and 9:00-4:15 Tuesday.