

Pap smears are highly recommended for women from the age of 18. The first two tests should be taken at one-year intervals, with a subsequent test every three years. Women can register their E-mail address on the fund's Website and arrange a date for a test. On the chosen date, they will get an E-mail reminder, as well as the addresses of clinics where they can be tested.

Fashion designer Lucy Shih Hei-yu, 36, said she started to have a regular test 16 years ago when she went to study in London. "They are more there, while people here are still a bit reserved to take that sort of test," Ms. Shih said. "That even includes my mother. I had to push her to take a test this year."

Housewife Yuen Yuk-kuen, 38, said she was reluctant to take a test. "My doctor said it would be painful, so I never took it." But Dr. Alexander Chang, chief of cytopathology at Prince of Wales Hospital, said the procedure should be painless.

Source: *Women's News Digest*, Nos. 48/49, June 2000

Pregnancy, Childbirth Woes Still Top Killers

By Anne Stephanie Cruz

Complications of pregnancy and childbirth remain the leading cause of death and disability for women aged 15 to 49 in most developing countries, the United Nations Population Fund reported.

The *State of the World's Population* said that of all the health statistics monitored by the World Health Organization, maternal mortality shows the largest discrepancy between developed and developing countries. Women in developing countries are about 30 times more likely to die from pregnancy-related causes than those in developed countries.

The report showed that every day some 1,400 women, or one every minute, die from complications of pregnancy and childbirth, with more than 99 percent of those deaths in low and middle income countries. Each year more than 50 million pregnancy-related complications lead to long-term illness or disability.

Only 53 percent of childbirths in developing countries take place with a skilled attendant, doctor, nurse or midwife.

The UN said that better care at childbirth and more access to care, costing about US\$3 a person a year, would substantially reduce maternal mortality.

In Oran, Algeria, after public hospital fees were abolished in the 1970s, the maternal mortality rate fell 42 percent and the number of home childbirths dropped sharply.

"Adequate health care is crucial to safe motherhood. One study found that among members of a religious group in the United States that rejected all medical care, the maternal mortality ratio was 870 of 100,000 live births, as high as the ratios in the poorest countries, although members of the group had incomes incomparable to their neighbors," the UN said.



The report noted that chronic diseases and malnutrition leave many women unable to meet the physical demands of pregnancy. Anaemia, often the result of poor nutrition, affects 40 to 80 percent of pregnant women in developing countries, excluding China, more than twice the percentage in developed countries.

Also, a woman's age and the number of previous births affect her chances of dying in childbirth.

The UN reiterates, however, that avoiding unwanted pregnancy saves lives.

During a study in Bangladesh from 1977 to 1985, intensive family planning services were provided in some villages, and the percentage of women using contraceptives rose from eight to 40 percent.

As a result, maternal mortality fell to less than half of that in other nearby villages in the same district—even though there was no change in the risk of dying from any one pregnancy.

Source: *Today*, 26 September 2000

Pill Users, Take Note

More accurate information for pill users could help millions of women avoid unintended pregnancies, according to a new report from the John Hopkins School of Public Health. Forty years after oral contraceptives (OCs) were first introduced, much misinformation abounds. Women need better information about how OCs work, how to

manage side effects, and what to do about missed pills, the report finds.

Taken correctly, OCs are one of the most effective family planning methods. Nonetheless, an estimated 10 percent of the 106 million women who start taking the pill each year become pregnant. If women used the pill perfectly, only one woman in 1,000 would become pregnant (0.1 percent). But typical first-year pregnancy rates are much higher and vary widely. In Bangladesh, the first-year pregnancy rate among OC users is 1.7 percent. In the United States, it is 6.9 percent and in Bolivia, 10.5 percent, according to the report in the latest issue of 'Population Reports, Helping Women Use the Pill,' published by the John Hopkins Population Information Programme.

Each year, an estimated 6.8 million women become pregnant after they stop taking the pill and fail to take up another method even though they want to avoid pregnancy, according to the Hopkins report. Many women stop taking the pill because of common side effects such as breakthrough bleeding and spotting, nausea and weight gain. In some countries—Bangladesh, Ecuador, Egypt and Tunisia, for example—surveys reveal that about half of women who stop taking pills do so because of side effects.

"Telling women about common side effects before they start OCs would prevent many problems," according to Vera Zidar, author of the report. "In addition, each user needs to know how to take the pill successfully. For example, many women don't know that starting a new pill pack late poses the greatest risk of pregnancy," adds Ms. Zidar.

Source: *Women's Feature Service*, August 2000