



CWHS

Data Points

RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

A woman's prepregnancy weight is related to her weight gain during pregnancy (gestational weight gain). This is important because her gestational weight gain, especially during the second and third trimesters, is related to fetal growth. Recommended ranges for weight gain during pregnancy have been established that take into account maternal prepregnancy weight and height. Gestational weight gains below recommended levels are associated with intrauterine growth retardation and perinatal mortality. Gestational weight gains above recommended levels are associated with high birth weight, which leads to prolonged and/or difficult labor, birth trauma, and fetal asphyxia. Prior to this survey, no population-based data were available to assess the prevalence of inappropriate weight gain during pregnancy.

The 1997 California Women's Health Survey asked women questions about their height, weight, and weight gain during their last pregnancy. Gestational weight gain was assessed for women (N=656) who reported being pregnant within the last five years. Body Mass Index (BMI) is a relationship between height and

weight. The respondents' BMIs were classified into four weight-for-height groups:¹ "Underweight," "Normal," "Overweight," and "Obese." In relation to the respondents' BMI, pregnancy weight gains were evaluated in comparison to their recommended weight gain range: "Under Range," "Within Range," or "Over Range." For obese women, there is not a recommended weight gain range, but a cutoff point. Weight gain above this point is believed to be potentially harmful to the mother and/or fetus. Weight gain above the cutoff point was classified as "Over Range."

- Fewer than half the respondents (41%) reported gaining weight within their target range.
- 32% of the respondents gained weight below their target range.
- 27% of the respondents gained weight above their target range.
- Respondents classified as "Underweight" or "Normal" reported the highest percentages of weight gain below their target ranges (41% and 49%).
- Respondents classified as "Overweight" and "Obese" reported the highest percentage of weight gain above their target ranges (50% and 78%).

GESTATIONAL WEIGHT GAIN

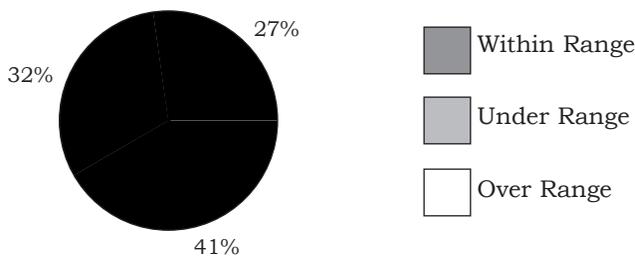
Maternal and Child Health Branch

Public Health Message:

Fewer than half of the women reported a weight gain within their recommended range. Women with inappropriate weight gains have either an increased risk for perinatal mortality (below range) or birthing problems (above range). These findings suggest that among pregnant women, inappropriate weight gain is a much more common problem than previously recognized.

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Gestational Weight Gain; California, 1997



¹ Subcommittee on Nutritional Status and Weight Gain During Pregnancy. Institute of Medicine. Nutrition During Pregnancy. Washington, DC: National Academy Press, 1990.



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RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Folate [folic acid] is one of the B vitamins that is especially important in the early development of the brain and nervous system. When consumed by pregnant women as part of a multivitamin, folate has been shown to prevent certain birth defects, in particular neural tube defects such as spina bifida. The Centers for Disease Control and Prevention [CDC] currently recommends that women who plan to become pregnant take a vitamin containing at least 400 µg per day to ensure an adequate level of folate consumption. To assure this, CDC recommends that all women of childbearing age consume a multivitamin containing 400 µg of folate daily.

The 1997 California Women's Health Survey asked respondents whether they had taken prenatal or multivitamins before their last pregnancy and whether they were currently taking prenatal or multivitamins.

- Current vitamin use was the factor

most closely associated with having taken prenatal vitamins before their last pregnancy.

- More highly educated women were more likely both to take vitamins currently and to have taken prenatal vitamins.
- Black and Hispanic women were less likely than white women and Asian/Other women to be taking vitamins currently or to have taken prenatal vitamins.

The figure shows the appreciable difference between the two groups—women who are currently taking vitamins compared with those who are not. The difference in prenatal vitamin use between the subgroups of women who are not currently taking vitamins is not statistically significant, but the difference between the subgroups of women who currently are taking vitamins is highly significant.

PRENATAL VITAMIN USAGE

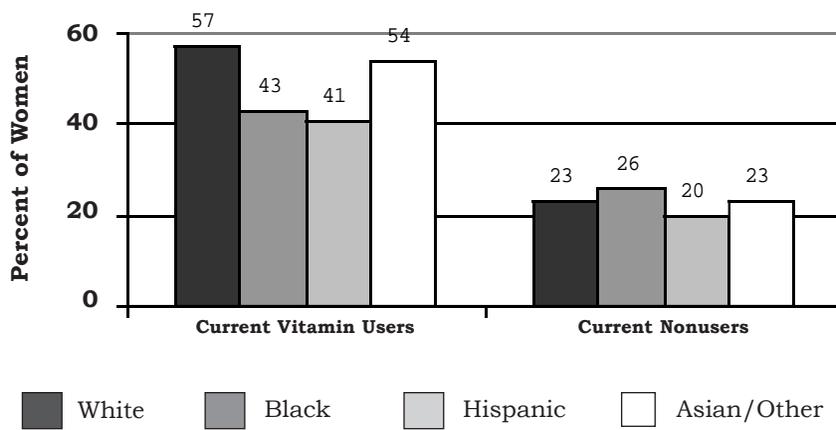
Genetic Disease Branch

Maternal and Child Health Branch

Public Health Message:

Women who take prenatal or multivitamins routinely are more likely to have taken prenatal vitamins or multivitamins prior to their last pregnancy. This supports the recommendation that all women of childbearing age regularly take a multivitamin supplement as the most efficient way to ensure that women who become pregnant receive adequate folate.

Percent of Women Who Took Vitamins Prior to Their Last Pregnancy



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Data Points

RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Neural tube defects such as spina bifida and anencephaly are serious birth defects that affect approximately 500 pregnancies each year in California. Hispanic women have the highest incidence of neural tube defects. Women can reduce their risk for bearing babies with these birth defects by consuming 400 µg of folate (folic acid) per day before and during pregnancy.

The 1997 California Women's Health Survey asked women questions related to a national March of Dimes telephone survey regarding their knowledge of folate. Women were asked if they had ever heard or read anything about folic acid or folate, whether they believe taking folate increases, reduces, or has no effect on the risk of birth defects, how a woman can increase her intake of folate, whether they took prenatal or multivitamins before their last pregnancy, and whether they were taking multivitamins or prenatal vitamins. Data were available from a 1997 national March of Dimes survey which asked women throughout the United States the same questions.

- Respondents to the California survey were less likely than respondents to the national survey to have heard of folate (58% vs. 66%). Among women with less than a high school education, 22% of California women had heard of folate compared to 37% of women respondents to the national survey.
- Only 29% of Hispanic women had heard of folate compared to 69% of White women, 48% of Black women, and 54% of Asian/Others.
- Among 18–29 year-olds, only 46% said that they had heard of folate.
- Among women who had heard of folate, only 55% knew that folate's effect on birth defects was to reduce risk of their occurrence.
- 59% of respondents knew that vitamin supplements are a source of folate. 49% of respondents knew that food is a potential source of folate.
- Only 46% of respondents were currently taking a multivitamin. In comparison, the 1997 March of Dimes survey reported that 55% of women nationally were currently taking a multivitamin.

WOMEN'S KNOWLEDGE ABOUT FOLATE AND ITS IMPORTANCE FOR PREVENTION OF BIRTH DEFECTS; CALIFORNIA, 1997

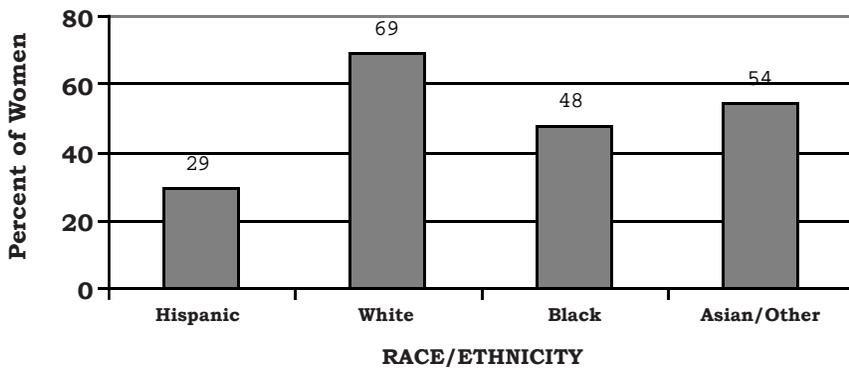
**Genetic Disease Branch
Maternal and Child Health Branch**

Public Health Message:

These findings indicate that California women have limited knowledge about folate and its importance for the prevention of birth defects. This suggests there is a need for educating California women, particularly Latinas and 18–29 year-olds, about folate and its role in the prevention of neural tube defects.

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Proportion of Women Who Have Heard of Folate; California, 1997





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RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

The California Expanded AFP Program offers prenatal screening to all pregnant women who are in prenatal care by the twentieth week of pregnancy. This screening program analyzes a sample of the woman's blood in order to identify women who are at risk of having a pregnancy complicated by certain serious birth defects: neural tube defects, abdominal wall defects, or the chromosomal abnormalities, Down syndrome and trisomy 18. Women who have been determined to be at increased risk are referred to the State-approved Prenatal Diagnostic Centers for genetic counseling, a detailed ultrasound examination, and amniocentesis. The California Department of Health Services requires that women receive an educational booklet to assist in obtaining informed consent for this voluntary test.

Respondents (N=888) to the 1997 California Women's Health Survey who said that they were currently pregnant or had been pregnant in the last five years were asked questions about the Expanded AFP Program to determine whether this educational program was effective. Respondents who reported declining the test were asked additional questions regarding their reasons for having done so.

- 75% recalled receiving the informational booklet about the Expanded AFP Program, and 68% recalled having their blood drawn for the test.
- Percentages of women receiving the booklet and having their blood drawn did not vary significantly over racial/ethnic categories.
- The percentages did vary among women of different ages.

Approximately 30% of eligible respondents reported choosing not to take part in the Expanded AFP Program. These women were asked additional questions to identify factors that are involved in their decision-making process.

- Of the women who had received the booklet but declined to have the test, over half said that they would not want to know about a birth defect.
- Approximately one-third said that they would not want to have to decide about terminating a pregnancy.
- A smaller number of women declined the test because of dislike of blood draws.

PRENATAL SCREENING FOR BIRTH DEFECTS: THE CALIFORNIA EXPANDED AFP PROGRAM

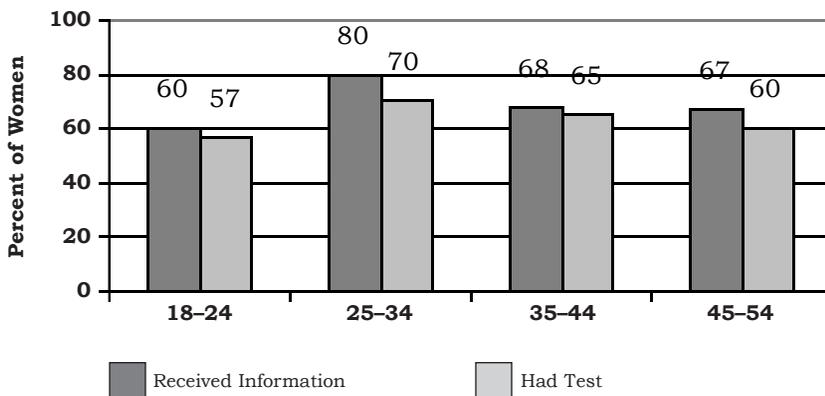
Genetic Disease Branch

Public Health Message:

While the California Department of Health Services' Expanded AFP Program has been successful, barriers prevent some women's participation in this successful program. The California Women's Health Survey has identified some reasons women do not participate in the Expanded AFP Program.

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Prenatal Screening for Birth Defects; California Women, 1997





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RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Chlamydia trachomatis infection is the most common sexually transmitted disease (STD) in the United States with more than four million new infections each year. Up to three out of four chlamydial infections in women are asymptomatic. Asymptomatic chlamydial infections in women are only detected through screening programs. Undiagnosed infections can lead to pelvic inflammatory disease, ectopic pregnancy, and tubal infertility. The highest rates of chlamydial infection are in young women under 25 years of age. Other risk factors associated with chlamydia are multiple partners, a new partner in the past month, lack of condom use, and previous history of chlamydia or other STD.

The California Women's Health Survey asked women age 18-44 years, **"Have you ever heard of chlamydia?"**

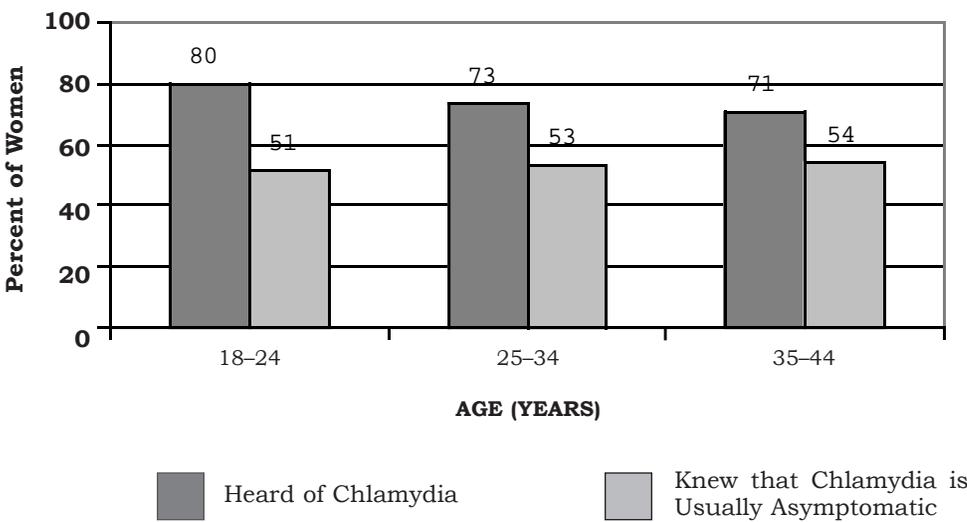
These women were also asked whether the following statement was true: **"Women with chlamydia have symptoms."**

- Overall, 73% of women reported having heard of chlamydia infection, but only 52% knew that women with chlamydia infection do not usually experience symptoms.
- Knowledge of chlamydia was associated with education level: 18% of women with less than a ninth grade education versus 80% of women with college-level education said they had heard of chlamydia.
- Only 56% of Hispanic women age 18-24 have heard of chlamydia versus over 90% of other racial/ethnic groups in this high-risk age group.

KNOWLEDGE ABOUT CHLAMYDIA

Sexually Transmitted Disease Control Branch

Chlamydia Knowledge Among Women, By Age; California, 1997



Public Health Message:

There is a clear need to expand knowledge regarding chlamydia infections and the importance of being regularly screened since the majority of infected women have no symptoms.

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RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Based on national surveys, infertility has been reported by increasing numbers of women in the United States since the 1980's. The increase has been linked to the aging of the baby-boom cohort, which delayed childbearing until the later less fertile reproductive years, as well as untreated chlamydia and gonorrhea infections. The increase has been seen across all age, marital status, education, income, and racial/ethnic groups.

The 1997 California Women's Health Survey asked women, "In the past, have you ever tried for more than 12 months to get pregnant and weren't successful?" and "Have you ever been told by a doctor or other health care professional that you were infertile?"

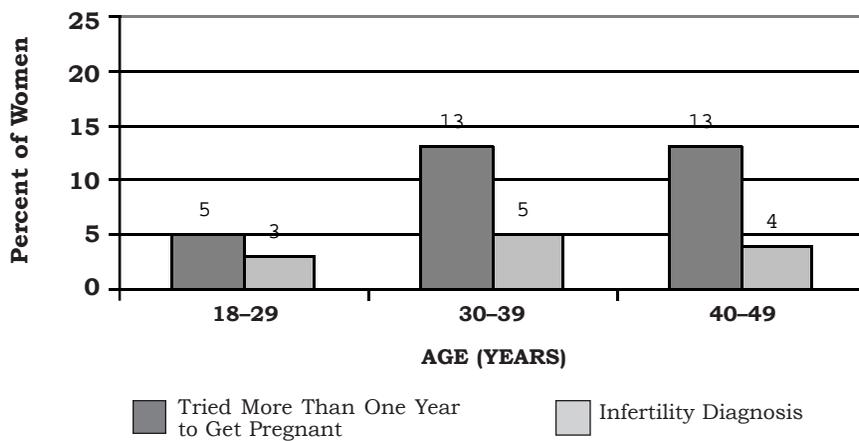
- 10% reported having tried unsuccessfully for more than 12 months to get pregnant (a marker of infertility).

- 4% of women reported having had a diagnosis of infertility.
- 20% of the women who had problems getting pregnant reported they had been given an infertility diagnosis.
- 5% of women reported they were currently trying to get pregnant. Half of the women who were trying to get pregnant had been trying for more than a year.
- Infertile women were more likely to report a higher educational level; these women may have been more likely to have sought out health care if they had difficulties in becoming pregnant.
- Women age 30-39 and 40-49 reported infertility and problems getting pregnant much more frequently than younger women.

INFERTILITY

Sexually Transmitted Disease Control Branch

Difficulties in Becoming Pregnant and Infertility Diagnoses, By Age Group; California, 1997



Public Health Message:

For the first time, we have evidence that one in ten California women has tried unsuccessfully to become pregnant. Infertility is a problem with significant adverse economic and psychosocial impact, affecting far more California women than has been previously recognized.

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RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

There are an estimated ten million new infections caused by sexually transmitted diseases (STDs) each year in the US. Women are disproportionately affected by these diseases and their complications which include pelvic inflammatory disease, ectopic pregnancy, and tubal infertility. The 1997 Institute of Medicine report, "The Hidden Epidemic: Confronting Sexually Transmitted Diseases," emphasized the need to identify women at risk for STDs through population-based screening and to diagnose and treat infections earlier and more effectively. However, STD care has been shifting from traditional publicly funded clinics to private sector medical care where providers may not be as aware of the need for STD screening.

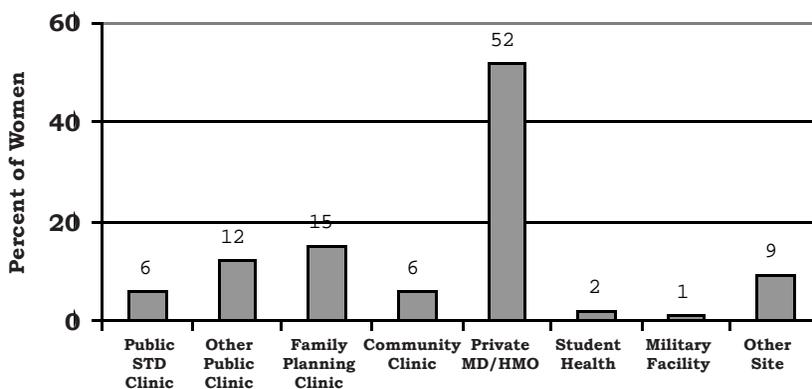
The 1997 California Women's Health Survey asked women aged 18-44 years questions about sexual behavior, STD history, and access to STD care. Because younger women are at particularly high risk for STDs, we have highlighted findings for that group.

- Only 11% of 18-24 year-olds and 4% of 25-44 year-olds had an STD check in the past year.
- 52% of all women who had an STD check had gone to a private doctor or HMO (40% of 18-24 year-olds and 62% of 25-44 year-olds).
- Only 14% of all women reported that their doctor discussed sexual activity during their last check-up; younger women were more likely to report having had this discussion than older women (23% vs. 11%).
- 44% of 18-24 year-olds did not use a condom during their last intercourse with a new or nonsteady partner.
- 1.9% of women reported an STD diagnosis in the past year (3.1% of 18-24 year-olds and 1.5% of 25-44 year-olds); about one-third of these were diagnoses of chlamydia.
- Half of the chlamydia diagnoses were in the 18-24 year age group.

STDs AND ACCESS TO STD CARE

Sexually Transmitted Disease Control Branch

Health Facility Types Used by Women Age 18-44 Years Who Had an STD Check in the Past Year; California, 1997



Public Health Message:

Clinicians need to encourage STD checks and discuss sexual behavior and STD prevention with their clients, particularly with young women, who remain at high risk.

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CWHS

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RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Slightly more than half of all unintended pregnancies occur to the 10% of American women who report that they do not use birth control.¹ Access to family planning services is critical for the prevention of unintended pregnancy. For many women, especially low income women and women without health insurance, access to family planning services is the only point of access to the healthcare system. During a visit to receive family planning services, they receive basic preventive healthcare such as Pap smears as well as screening and treatment for sexually transmitted diseases.

The State of California has been offering family planning services for low income women in California since 1973. In the last few years, there have been many changes in the public and private provision of family planning services. The 1997 implementation of

the new statewide family planning program, Family PACT, was designed to improve access to family planning services among low income women who have no other source of healthcare.

The 1997 California Women's Health Survey asked women who are at risk of pregnancy, "When did you last have a visit with a health provider to talk about birth control?"

- Compared to women in the population as a whole, never-married women more frequently report having had a visit to a provider to talk about birth control in the past year.
- Low income women least frequently report having had a visit within the past year.
- Foreign born women are more likely than native born women to report that they have never visited a health provider to discuss family planning.

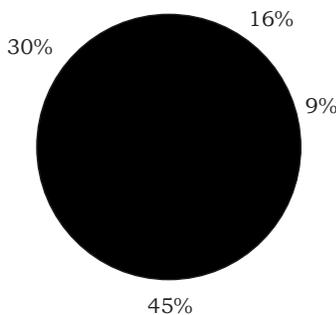
ACCESS TO FAMILY PLANNING SERVICES

Office of Family Planning

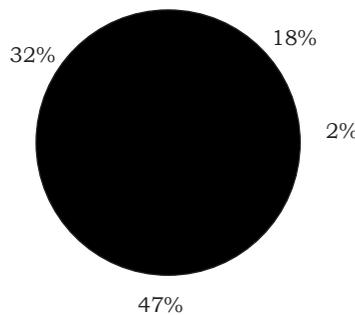
¹ Alan Guttmacher Institute, Issues in Brief: Contraception Counts. AGI home page.

Time Since Last Visit to a Health Provider to Talk About Birth Control Among Women Who Are At Risk of Pregnancy; California, 1997

All Women at Risk of Pregnancy



Women at Risk of Pregnancy Who Are Under 200 Percent of Poverty Level



Less Than One Year
 One to Two Years
 More Than Two Years Ago
 Never

Public Health Message:

Low income women are less likely than other women to report a recent visit to a health care provider to discuss family planning services.

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STATE OF CALIFORNIA
Gray Davis, Governor

HEALTH AND HUMAN SERVICES AGENCY
Grantland Johnson, Secretary

DEPARTMENT OF HEALTH SERVICES
Diana M. Bonta, R.N., Dr.P.H., Director



CWHS

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RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

The State of California mandates that students be taught about the AIDS virus but leaves the decision whether to teach human sexuality classes to school districts. Provision of sex education in schools has been a controversial issue at the local level, with some advocating for comprehensive sex education programs, some advocating for abstinence-only programs and others insisting that information about sexual anatomy and behavior should not be presented in public schools.

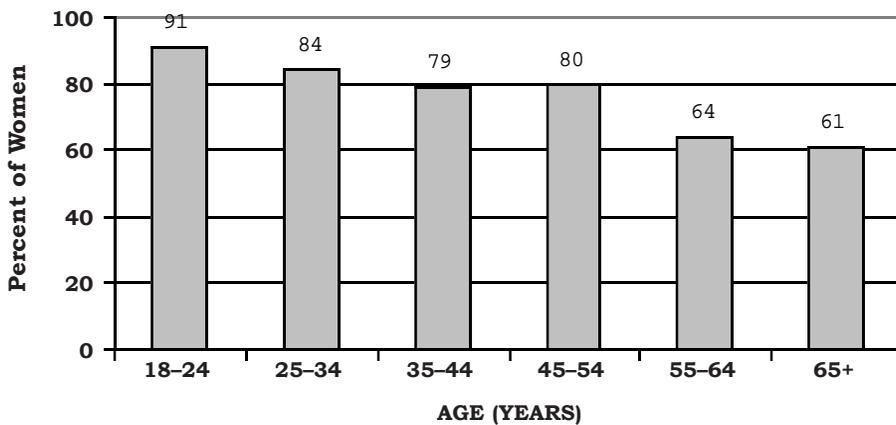
The 1997 California Women's Health Survey assessed California women's attitudes toward the provision of sex education. Respondents were asked to state whether they strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with the following three statements: **"Schools should teach classes on human sexuality," "schools should teach classes on contraception (birth control)," and "schools should teach classes on the prevention of sexually transmitted diseases (STDs)."**

- In general, women in California are very supportive of sex education in schools. Over three quarters of all women support these three types of sex education.
- Women are more supportive of sex education focused on STD prevention (92% agree or strongly agree) than sex education about human sexuality (80%) or contraception (78%).
- There are substantial differences in attitudes about sex education by age. Older women were less likely than younger women to support sex education about human sexuality and contraception. Young women (age 18–25) are most supportive of sex education in schools—over 90% of young women either agree or strongly agree with the three statements above.
- Attitudes toward sex education do not vary substantially by race/ethnicity.
- Women who have teenage children report attitudes toward sex education similar to those of women who do not.

ATTITUDES TOWARD SEX EDUCATION IN SCHOOLS

Office of Family Planning

Percent of Women Who Agree or Strongly Agree That Schools Should Teach Classes On Contraception, By Age; California, 1997



Public Health Message:

Support for sexual education in schools is widespread across women in different race/ethnic and age groups, especially for education related to sexually transmitted disease prevention.

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RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Most women will spend over thirty years of their lives at risk of pregnancy¹ and will have many more births than they desire if they are sexually active and do not use contraception.² Prior to the 1997 California Women's Health Survey, there was a deficit of California statewide data on contraceptive utilization. Patterns of contraceptive use were derived from nationwide surveys and small clinic-based reports.

The 1997 California Women's Health Survey asked a series of questions about contraceptive utilization including "Are you or your male sexual partner using a birth control method to prevent pregnancy?" and "Which birth control method or methods are you using?"

- Over 70% of women in California who are at risk of unintended

pregnancy use some method of birth control.

- Age and educational attainment are the most significant factors explaining the use of birth control, with younger women and more educated women being more likely than other women to use contraception.
- Oral contraceptives and condoms are the most popular methods of contraception. Sterilization is the third most common method. Condoms and oral contraceptives are methods used primarily by younger women, while sterilization is the method used most by older women.
- Of those women who are at high risk of a sexually transmitted disease,³ only 46% report that they always use a barrier method.

CONTRACEPTIVE UTILIZATION

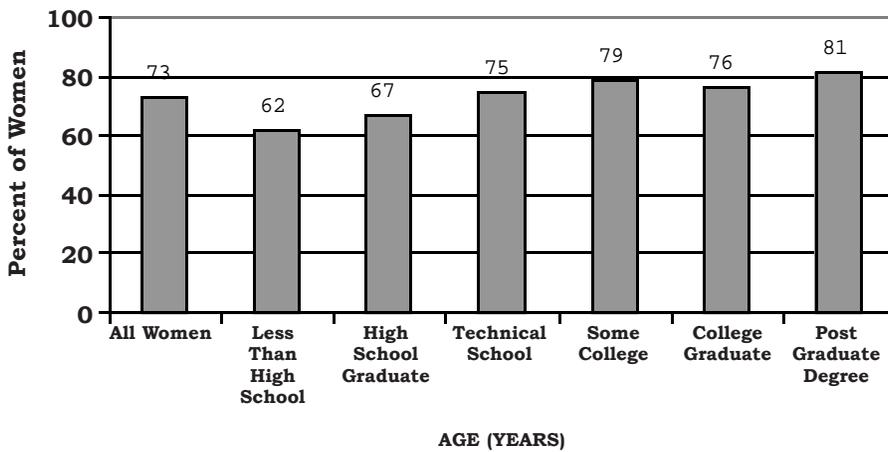
Office of Family Planning

1 For the purposes of the contraceptive utilization analysis, to be at risk of pregnancy, a woman must have had a partner in the past year, not be infertile, and neither be trying to get pregnant nor be pregnant. Sterilized women are included since sterilization is considered a method of family planning.

2 According to the 1997 California Women's Health Survey, the median age at first intercourse is 18 years and the median age of onset of menopause is 49 years.

3 Women are considered at high risk of an STD if they have had a new partner or more than one partner in the past year.

Use of Birth Control by Women at Risk of Pregnancy, By Education; California, 1997



Public Health Message:

These findings suggest that many women in California who do not want to become pregnant are not using birth control. Noting the important role of education in the decision to use contraception, the new state family planning program, Family PACT provides education and counseling around contraceptive issues for low income women.

Issue 1, Number 10, Fall 1999
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STATE OF CALIFORNIA
Gray Davis, Governor

HEALTH AND HUMAN SERVICES AGENCY
Grantland Johnson, Secretary

DEPARTMENT OF HEALTH SERVICES
Diana M. Bonta, R.N., Dr.P.H., Director



CWHS

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RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Early diagnosis of HIV infection is important because treatment can increase years of healthy life and prevent transmission to others. Zidovudine treatment of pregnant women and their infants can reduce the risk of perinatal transmission from 25% to 8%. Therefore, the Centers for Disease Control and Prevention (CDC) recommends that all women whose behavior puts them at risk of infection and all pregnant women be offered HIV testing and counseling. Recognizing the importance of making such testing available to all women regardless of their ability to pay, several state and federal programs have been established to provide free or low-cost testing. Prior to the 1997 California Women's Health Survey, little information was available about characteristics of California women being tested for HIV.

During 1997, California women over age 18 were interviewed by telephone, and asked whether they had ever been tested for HIV infection. Those never tested were asked their main reason for never having been tested.

- 41% of respondents had been tested at least once.

- History of having ever been tested varied by age, race/ethnicity, and type of insurance.
- The proportion of California women who had ever been tested was highest among women age 25-34 (64%) and lowest for women age 65+ (10%).
- Testing rates varied by race/ethnicity: 59% of Blacks, 45% of Latinas, 41% of Asians, and 38% of Whites had been tested.
- Testing history varied by health insurance status: 45% of uninsured women, 45% of those with private insurance, 41% of members of private health maintenance organizations (HMOs), 26% of members of government HMOs, and 26% of those with government insurance had been tested.
- Among women who had never been tested, 89% reported they were not tested because they did not believe they were at high risk for infection. Fewer than 1% of untested women reported not being tested because they were uninsured or were concerned about confidentiality.

CHARACTERISTICS OF WOMEN WHO HAVE EVER HAD AN HIV TEST; CALIFORNIA, 1997

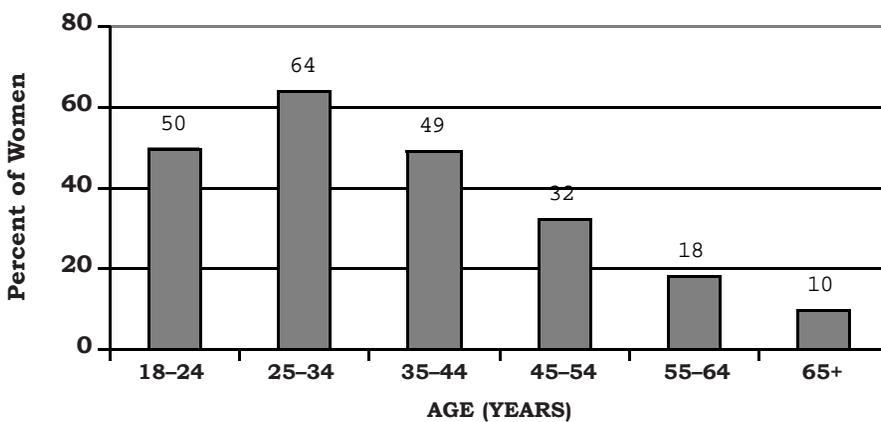
Office of Women's Health

Public Health Message:

More than half of all women of childbearing age have had an HIV test. The finding that uninsured women are at least as likely as women with health insurance to have received a test suggests that interventions designed to make testing accessible to all women may have been successful at reducing the effect of cost as a barrier to testing.

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Percent of Women Tested for HIV Infection, By Age; California, 1997



STATE OF CALIFORNIA
Gray Davis, Governor

HEALTH AND HUMAN SERVICES AGENCY
Grantland Johnson, Secretary

DEPARTMENT OF HEALTH SERVICES
Diana M. Bonta, R.N., Dr.P.H., Director



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RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Children born to HIV infected mothers have a 15–25% chance of being infected with the virus (based on no maternal-neonate zidovudine therapy). Early detection of infection in the mother can lead to treatment that can improve the health of the mother and reduce the risk of transmission to the infant. The Centers for Disease Control and Prevention (CDC) recommends routine HIV counseling and voluntary testing for all pregnant women and women of childbearing age; California requires providers to offer voluntary testing to all pregnant women. Prior to the 1997 California Women's Health Survey, little information was available about the reasons California women were tested for HIV.

During 1997, 4010 California women age 18 and over were interviewed by telephone, and asked whether they had ever been tested for HIV infection and

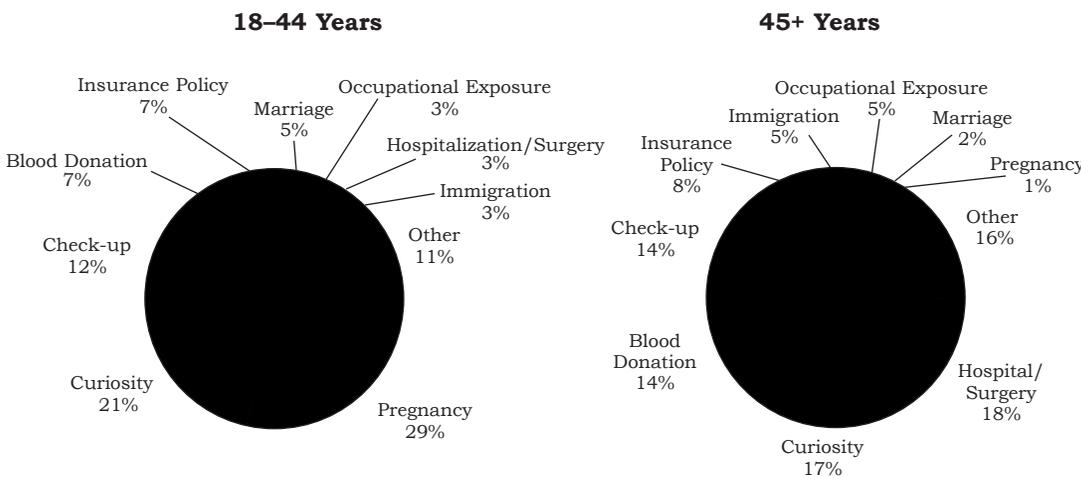
the main reason for having received their most recent test.

- 41% of women had been tested for HIV infection.
- Among all women, reasons for the most recent HIV test included pregnancy (23%), curiosity (20%), routine checkup (12%), blood donation (9%), hospitalization or a surgical procedure (6%), insurance policy (6%), marriage (4%), immigration (4%), and occupational exposure (4%).
- Because of pregnancy, 18–44 year-olds were tested most frequently. Those 45 and older were tested most frequently for hospitalization/surgery.
- While overall, only 2% of women were tested because they had unprotected sex with a partner of unknown HIV status, 4% of 18–24 year-olds were tested for this reason.

REASON FOR MOST RECENT HIV TEST AMONG WOMEN; CALIFORNIA, 1997

Office of Women's Health

Reason for Most Recent HIV Test Among Women; California, 1997



Public Health Message:

Women of childbearing age (18–44) are most likely to have had their most recent HIV test because of pregnancy. Older women are most likely to have been recently tested because of hospitalization or surgery. “Curiosity” was reported as the second most common reason for being tested in both age groups.

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RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Food insecurity and hunger among California women are important nutrition issues with serious consequences to health and social well being. Food insecurity exists when "the availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain."¹ As the severity of food insecurity increases, it can lead to hunger, malnutrition, and other harmful conditions. Poverty linked food insecurity and hunger are believed to contribute to depression, nutritional inadequacy, chronic disease, obesity, and other harmful effects on health and well being. In households where food insecurity exists, children face increased risk of hunger and malnutrition. Impoverished younger women and women with young children experience the greatest degree of food insecurity and hunger. Recent welfare reform may increase the number of women threatened with food insecurity.

The 1997 California Women's Health Survey asked women "During the past month, were there any days when you ate less than you felt you should or did not eat at all because there wasn't enough food or money to buy food?" Women who answered yes to this question were considered to be at risk for hunger. Additional survey questions determined the women's age and demographic characteristics.

- Of all women, 10% were at risk for hunger.
- The proportion of women reporting an inadequate food supply declined steadily with increasing age, from 14% of 45-54 year-olds to 5% of women 65 and older.
- Almost half (48%) of the women at risk for hunger are between the ages of 18 and 34, the time period when women are most likely to bear children.

RISK FOR HUNGER AMONG WOMEN, BY AGE; CALIFORNIA, 1997

**Office of Women's Health
Maternal and Child Health Branch**

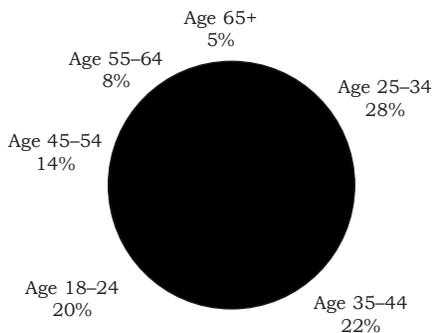
Public Health Message:

One in ten California women do not have a secure food supply. Public health surveillance is necessary to monitor trends in food insecurity and to evaluate the impact of social reforms on women's access to food. Interventions to assure an adequate supply of food should target young women, who are at greatest risk for hunger.

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¹ "Measuring Food Security in the U.S.: A Supplement to the CPS." Gary Bickel, Margaret Andrews, and Bruce Klein, USDA Food and Consumer Service, Office of Analysis and Evaluation, Alexandria, VA, January 1996.

Risk for Hunger Among Women, By Age; California, 1997





CWHS

Data Points

RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Food security is an important measure of basic well being and health. Households are considered food secure when they have access to enough food that is nutritionally adequate, safe, and acquired in a culturally acceptable manner, i.e., not through emergency food sources¹. Inability to meet these requirements is clearly affected by general poverty. The women at greatest risk of suffering from conditions associated with poor nutrition and hunger are women of childbearing age, those with chronic disease, and elderly women. Some diseases associated with poor nutritional status are more common among women of certain racial/ethnic groups. In particular, diabetes and hypertension occur more commonly among African-American and Latina women than among other women.

The 1997 California Women's Health survey asked women **"During the past month, were there any days when you ate less than you felt you should or did not eat at all because there wasn't enough food or money to buy food?"** Women who answered yes to this question were considered to be at risk for hunger. Household income and size were used to classify households as being above or below the national poverty level.

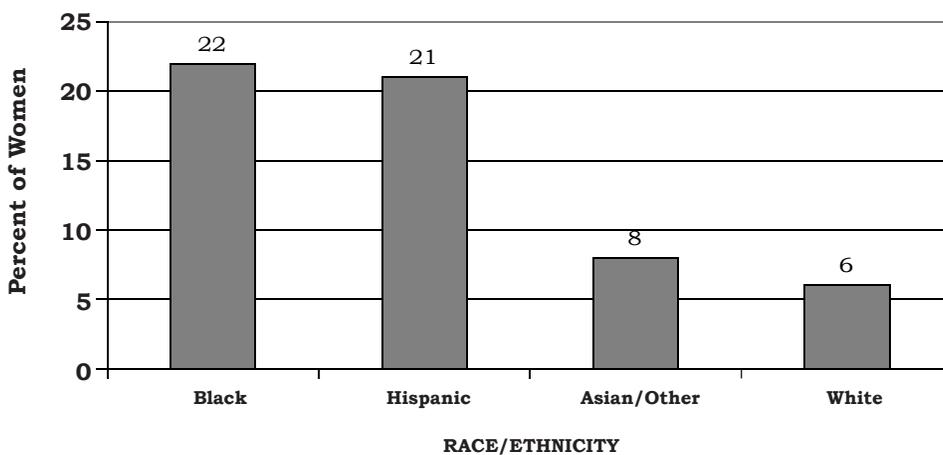
- Of all women, 10% were at risk for hunger.
- Women living in households below the national poverty level were more likely than other women to be at risk for hunger.
- Black and Hispanic women were more than twice as likely as Asian and White women to be at risk for hunger.

RISK FOR HUNGER AMONG WOMEN, BY RACE/ETHNICITY; CALIFORNIA, 1997

**Office of Women's Health
Maternal and Child Health Branch**

¹ "Measuring Food Security in the U.S.: A Supplement to the CPS." Gary Bickel, Margaret Andrews, and Bruce Klein, USDA Food and Consumer Service, Office of Analysis and Evaluation, Alexandria, VA, January 1996.

Risk for Hunger Among Women, By Race/Ethnicity; California, 1997



Public Health Message:

A large number of California women are at risk for hunger. Efforts should be made to assure an adequate supply of food for all California women, particularly Black and Hispanic women who are at greatest risk for not having enough food.

*Issue 1, Number 14, Fall 1999
Second Printing*



CWHS

Data Points

RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Public health officials have recommended that mothers breastfeed their infants for at least six months. The National Academy of Pediatrics has recently revised its recommendation and now advises women to breastfeed for one year.

The 1997 California Women's Health Survey asked women, "How old was your last baby when you stopped breastfeeding?" To examine whether breastfeeding duration differed by income levels, we classified breastfeeding mothers as "low income" (<200% of poverty level) and "adequate income"

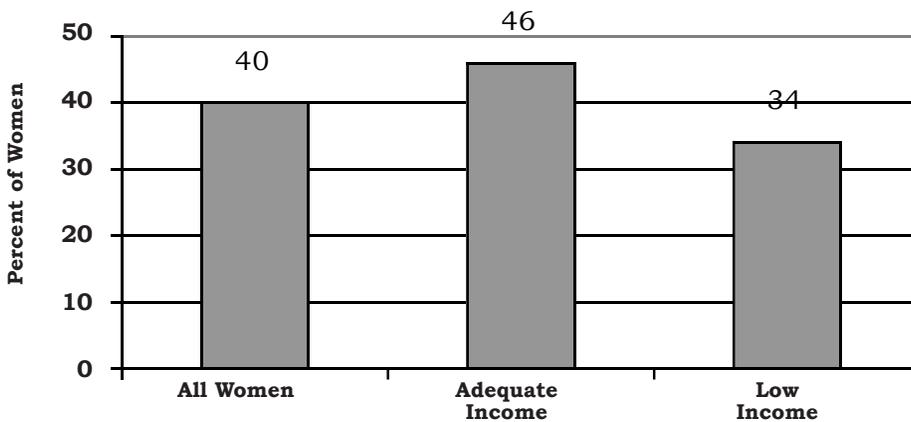
(at or above 200% of poverty level). The low income classification is similar to the WIC income requirement of <185% of poverty level. This analysis was restricted to women who had given birth within the last five years.

- Only 40% of mothers who initiated breastfeeding breastfed their infants for at least six months.
- Low income mothers were less likely than mothers with adequate incomes to breastfeed their infants for at least six months (34% vs. 46%).

BREASTFEEDING DURATION, BY INCOME

**Women, Infants, and Children (WIC) Supplemental Nutrition Branch
Maternal and Child Health Branch**

**Percent of Mothers Who Breastfed for At Least Six Months
(Among Women Who Initiated Breastfeeding),
By Income; California, 1997**



Public Health Message:

Given that fewer than half (40%) of mothers initiating breastfeeding continued this behavior for six months, public health educational campaigns and interventions are needed to encourage mothers to breastfeed their children longer. Messages to promote breastfeeding duration should target low income women.

*Issue 1, Number 15, Fall 1999
Second Printing*



CWHS

Data Points

RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Breastfeeding during the first year of life has been shown to improve health and development of young children. Therefore, the Academy of Pediatrics recommends that mothers breastfeed all infants until their first birthday unless medically contraindicated. In California, fewer than 15% of mothers breastfeed their infants for the child's entire first year of life. African American and Asian women are less likely than other women to breastfeed their babies (Breastfeeding: Investing in California's Future, California Breastfeeding Promotion Committee Report to the California Department of Health Services, 1996). Society's attitudes toward public breastfeeding have been shown to influence the willingness of women to breastfeed their children in public. Therefore, when the California Department of Health Services (DHS) began a multimillion dollar breastfeeding media campaign to reduce barriers to breastfeeding on July 13, 1998, messages were included to increase support for breastfeeding in public. The California Women's Health Survey (CWHS) provided an opportunity to assess attitudes of California women

about public breastfeeding prior to implementation of the media campaign.

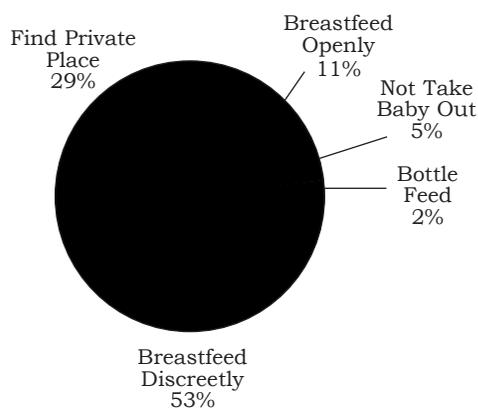
The CWHS asked 4,010 women over age 18: **"Please tell me with which of the following statements you agree most. When a breastfeeding woman is out of the house and needs to feed her baby, I think she should: (1) bottle feed at that time, (2) not take the baby out of the house when the baby is breastfeeding, (3) find a private place to breastfeed, (4) breastfeed discreetly without showing any breast, or (5) breastfeed openly even if she needs to show her breast."**

More than half of all women answered that when breastfeeding women are outside of the house, they should breastfeed their baby discreetly. However, a substantial minority of women felt that women should not breastfeed their baby in public, even discreetly. This finding provides baseline data useful for assessing the effectiveness of the DHS WIC Outreach and Breastfeeding promotional campaign in changing women's attitudes about public breastfeeding.

ATTITUDES TOWARD BREASTFEEDING IN PUBLIC

Women, Infants, and Children (WIC) Supplemental Nutrition Branch Maternal and Child Health Branch

Opinions About How Breastfeeding Women Should Feed Their Baby When Out of the House; California, 1997



Public Health Message:

While a majority of California women support breastfeeding discreetly, a large number of California women do not support breastfeeding in public. Public health interventions are needed to increase the acceptability of breastfeeding in public among Californians.

*Issue 1, Number 16, Fall 1999
Second Printing*



CWHS

Data Points

RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Sociocultural differences among groups may contribute to variations in desirability and accessibility of mental health care services among women of different ages and race/ethnicities. Limited population-based information is currently available about women's desire for and access to these services. This information is useful for developing services appropriate to women of specific age and racial/ethnic groups and assessing unmet need for mental health services. The 1997 California Women's Health Survey provided the opportunity to address these issues. Accessibility of mental health services is affected by many factors related to age and race/ethnicity including income, health insurance status, knowledge of where and how to access services, and ability to balance other demands

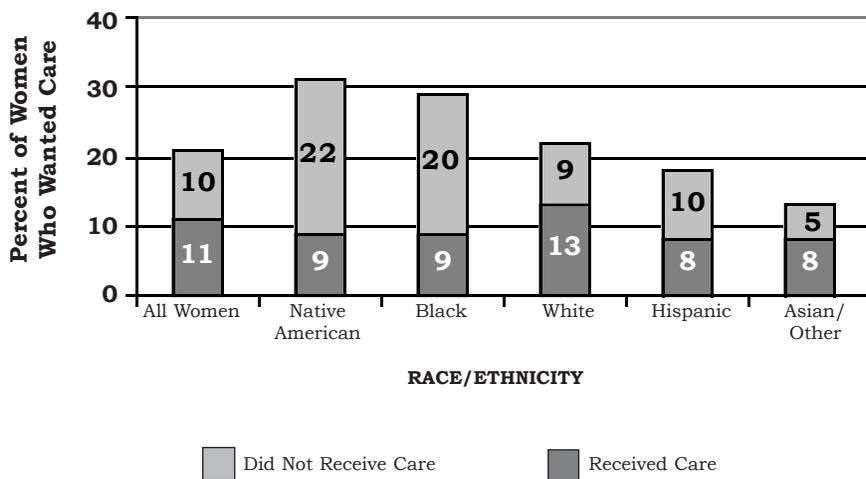
such as work and household responsibilities.

- Of the 21% of women who wanted help from a mental health professional, 53% received the help they wanted.
- Both desire for mental health services and receipt of mental health care among those who wanted it varied by race/ethnicity and age.
- Women under age 45 were more likely than older women to want care, but less likely to get care if they wanted it.
- Compared to women of other race/ethnicities, Native American and Black women were most likely to want care, but least likely to receive care if they wanted it.

RECEIPT OF MENTAL HEALTH CARE AMONG CALIFORNIA WOMEN, BY RACE/ETHNICITY AND AGE

*Office of Women's Health
Maternal and Child Health Branch
Department of Mental Health, Systems of Care Division*

Desire for and Receipt of Mental Health Care Among Women, By Race/Ethnicity; California, 1997



Public Health Message:

In this survey, a large proportion of Native American and Black women wanted help from a mental health professional but did not receive the care they wanted. Further studies are needed to explore the reasons some California women do not receive the mental health care they desire.

*Issue 1, Number 17, Fall 1999
Second Printing*



CWHHS

Data Points

RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Women's desire for and ability to access care for mental health conditions are likely to be influenced by a variety of factors associated with their employment status. Recent welfare reform policy and law changes include provisions designed to encourage women to return to the work force. Women with mental health conditions may have more difficulty than other women in making this transition. Assessing the need for providing care to these women is important for planning interventions to return women to the workforce. The 1997 California Women's Health Survey provided the opportunity to explore the relationship between access to mental health care and status of employment.

The survey asked women age 18 and over: "In the last 12 months, did you ever want help with personal or

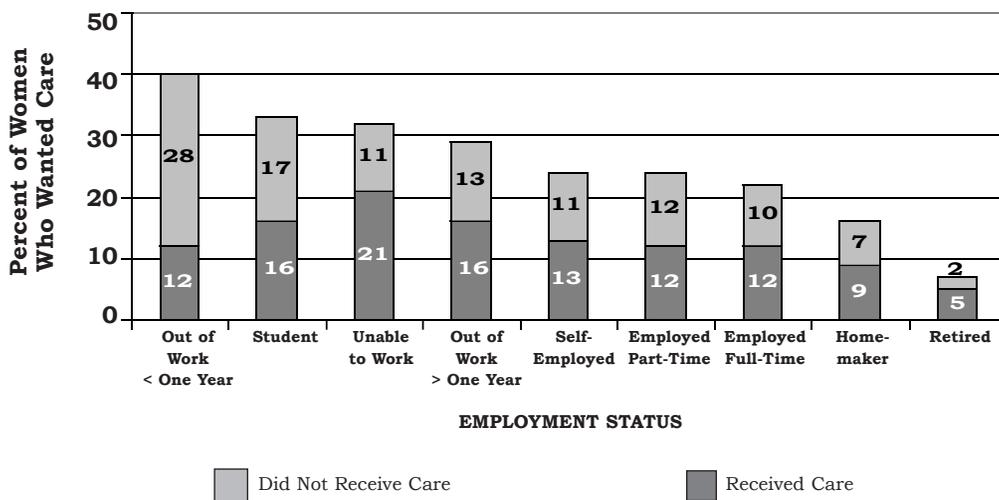
family problems from a mental health professional such as a social worker, psychiatrist, psychologist or counselor?" and "Did you get the help you wanted?" Women were also asked their employment status.

- Overall, 21% of women wanted mental health care; of these, 53% received care.
- Women out of work less than one year were most likely to want mental health care, but least likely to receive care if they wanted it. Only 30% of these women received the care they wanted.
- Retired women were least likely to want mental health care, but most likely to receive care if they wanted it.

RECEIPT OF MENTAL HEALTH CARE AMONG WOMEN, BY EMPLOYMENT STATUS; CALIFORNIA, 1997

Office of Women's Health
Maternal and Child Health Branch
Department of Mental Health, Systems of Care Division

Desire for and Receipt of Mental Health Care Among Women, By Employment Status; California, 1997



Public Health Message:

Among respondents to this survey, women who reported being out of work were more likely than other women to want mental health care, but less likely to receive care if they wanted it. Further studies are needed to explore the reasons why some women do not receive the care they want.

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Second Printing



CWHS

Data Points

RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Breast cancer is the most commonly diagnosed cancer among women in California. Among women, it accounts for nearly one in every three new invasive cancers diagnosed and is second only to lung cancer as a leading cause of cancer-related deaths. Screening for breast cancer at least every two years can detect cancer at its earliest, most treatable stage, reducing breast cancer deaths by as much as 30%. Breast cancer screening has been shown to be most effective for women age 40 and above.

The 1997 California Women's Health Survey asked women if they have ever had a mammogram, how long it had been since their last mammogram, and whether they had their last

mammogram as part of a routine checkup or because of breast problems. Women who had had breast cancer or were under age 40 were excluded from this analysis. Additional data were available from the 1987, 1990, and 1993 Behavior Risk Factor Surveillance System (BRFSS) which asked California women these same questions in earlier years.

In 1997:

- 73% of women reported having had a mammogram within the past two years.
- Among women who had ever had a mammogram, 93% had one as part of a routine checkup, while 7% had one because of breast problems.

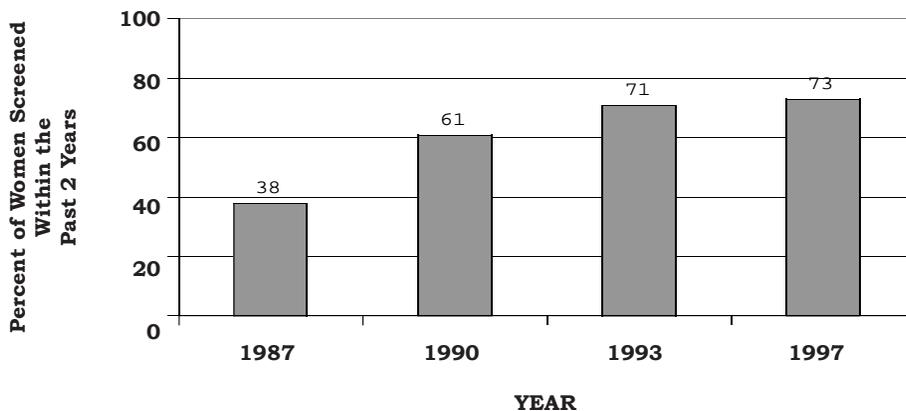
TRENDS IN MAMMOGRAPHY SCREENING AMONG WOMEN AGE 40 AND ABOVE; CALIFORNIA, 1997

Cancer Control Branch

Public Health Message:

Over the past decade, California women have shown a dramatic increase in the percentage of women who reported that they had had a mammogram within the past 2 years from 38% in 1987 to 73% in 1997. While the percentage of women who had a mammogram within the past two years has increased, there remain 27% who have not had a recent mammogram.

Mammography Screening Within the Past 2 Years Among Women Age 40 and Above; California, 1987-1997



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CWHS

Data Points

RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Whether or not a woman has regular screenings for breast cancer is often influenced by her income level. Scientific studies have shown that in order for breast cancer screening to be most effective, older women should have a mammogram at least every two years.

The 1997 California Women's Health Survey collected data on frequency of having mammograms, reason for having one, and income level. Women who have had breast cancer and women less than age 40 were excluded

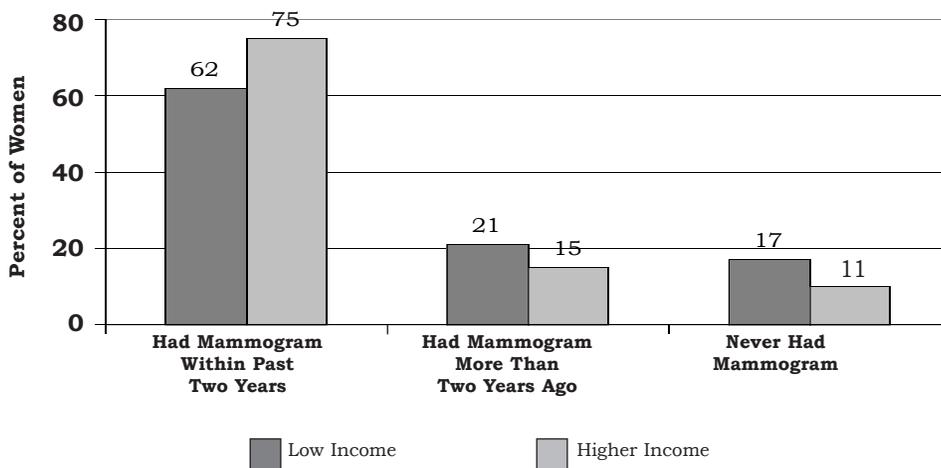
from this analysis. Low income women are defined as those women who are at or below 200% of the federal poverty level.

- Fewer low income women had a mammogram within the past two years compared with higher income women (62% vs. 75%).
- More low income women have never had a mammogram when compared with higher income women (17% vs. 11%).

MAMMOGRAPHY SCREENING AMONG WOMEN AGE 40 AND OLDER, BY INCOME STATUS; CALIFORNIA, 1997

Cancer Control Branch

Percent of Women Who Had a Mammogram, Never Had a Mammogram, By Income Status; California, 1997



Note: Low-income women are defined as women who are at or below 200% of the Federal Poverty Level.

Public Health Message:

Fewer low income women than higher income women have had a mammogram within the past two years. Messages concerning mammography need to be directed toward low income women.

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CWHS

Data Points

RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

In almost all aspects of health care, differences occur among members of different income and racial/ethnic groups. In order to be most effective, older women need to have a mammogram at least every two years.

The 1997 California Women's Health Survey collected data on both income and race/ethnicity. This analysis includes women age 40 and older who have never had breast cancer. Scientific studies have shown that to be effective, women in this age group need to have a mammogram at least every two years. Mammography rates differ among racial/ethnic groups. However, analyzing the data by both income and race/ethnicity shows even greater disparities among racial/ethnic groups according to their income. Low income women are defined as women at or below 200% of the federal poverty level (FPL).

- Low income women in every racial/ethnic group except Asian/Other are less likely than women with

higher incomes to have had a mammogram within the past two years.

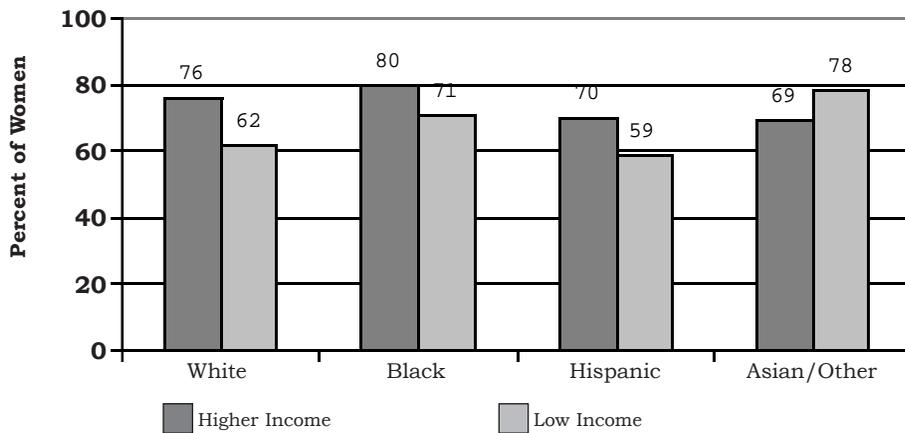
- Asian/Pacific Islander women with incomes at or below 200% of the FPL were more likely to have had a mammogram within the past two years. Because the questionnaire was administered in English and Spanish only, these results may not be representative of the Asian/Other female population.
- Among low income women, Hispanics were least likely to have had a mammogram within the past two years compared with other racial/ethnic populations.

Both race/ethnicity and income influence whether or not a woman had a mammogram within the past two years. However, the relationship between income and the likelihood of having a mammogram appears to be different among Asian/Other women.

MAMMOGRAPHY SCREENING AMONG WOMEN AGE 40 AND OLDER, BY INCOME STATUS AND RACE/ETHNICITY; CALIFORNIA, 1997

Cancer Control Branch

Women Who Had A Mammogram Within the Past Two Years, By Race/Ethnicity and Income Status, Women Age 40 and Above; California, 1997



Note: Low-income women are defined as women who are at or below 200% of the Federal Poverty Level

Public Health Message:

Messages for regular mammogram screenings should target low income women, and especially Hispanic females, since they have the lowest percent of their population being screened.

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Second Printing



CWHS

Data Points

RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Since the risk of having breast cancer increases with age, it is important to continue having regular mammograms as women get older. In order for breast screening to be most effective, older women should be screened at least every two years.

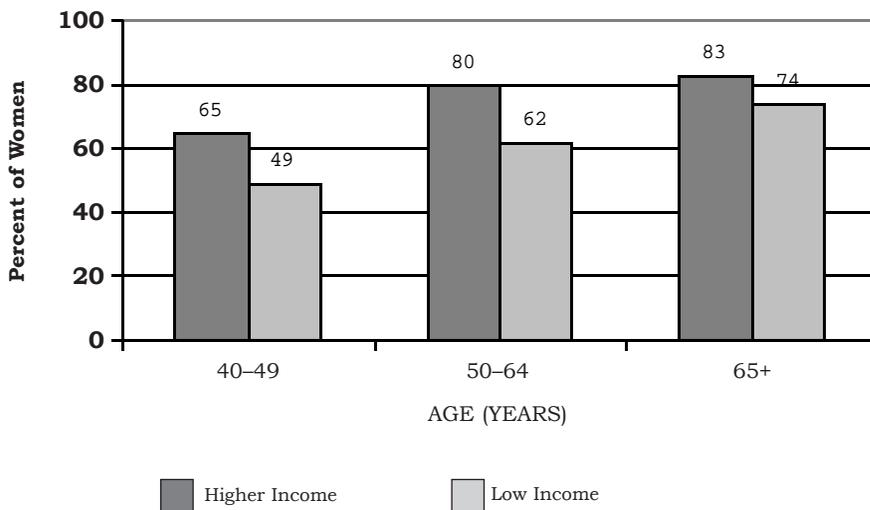
The 1997 California Women's Health Survey collected data on both income level and age. Women who have had breast cancer and women less than age 40 were excluded from this analysis. Low income women are defined as women who had household incomes at or below 200% of the federal poverty level (FPL).

- The percent of women who had a mammogram within the past two years increased with age.
- However, low income women in each age group had lower rates of mammography than higher income women in those same age groups.
- Although most women age 65 and older have mammography coverage from Medicare, only 74% of low income women age 65 and older had a mammogram within the past two years compared to 83% of higher income women.

MAMMOGRAPHY SCREENING AMONG WOMEN AGE 40 AND OLDER, BY INCOME AND AGE; CALIFORNIA, 1997

Cancer Control Branch

Percent of Women Who Had A Mammogram Within the Past Two Years, By Age and Income Status; California, 1997



Note: Low-income women are defined as women who are at or below 200% of the Federal Poverty Level.

Public Health Message:

Regardless of age, women age 40 and older who live in households with incomes above 200% of the federal poverty level are more likely than women with lower incomes to have had a mammogram within the past two years.

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Second Printing



CWHS

Data Points

RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Menopause results from a decline in estrogen levels, which occurs at an average age of 51 years, but may occur as early as age 40 or as late as age 55. It may also result from medical causes such as surgery to remove the ovaries and certain radiation therapies. This causes menstruation to become irregular and then to stop completely. A majority of women experience symptoms related to the decline in estrogen levels, such as "hot flashes." Some also experience psychological effects, such as depression, related to social and other factors in their lives. Since estrogen protects against osteoporosis and cardiovascular disease, post-menopausal women are at long-term risk for developing these serious health problems. Hormone replacement therapy (HRT) may be prescribed to help women cope with the immediate symptoms of the hormonal changes as well as to prevent long-term health problems. The decision to begin using HRT may be difficult for some women because its use has been linked to the risk of developing breast cancer.

The 1997 California Women's Health Survey asked women whether they were still having periods and whether

they thought women should use HRT. Women who had stopped menstruating were asked about the effects of symptoms on their lives and whether they had sought medical care to help them cope.

Overall, 39% of California women no longer have regular periods. Of these women, about two out of five stopped menstruating for medical or surgical reasons.

Concerning HRT:

- 56% of all women believe post-menstrual women should use HRT.
- 44% of post-menstrual women said they do use HRT.

The impact of menopause-related symptoms on the lives of menopausal women were as follows:

- 5% had lost work time.
- 10% couldn't carry out normal daily activities.
- 23% had depression.
- 32% sought medical care to cope with their symptoms. About half of these reported using HRT.

MENOPAUSE-RELATED SYMPTOMS AND USE OF MEDICAL CARE TO TREAT THEM

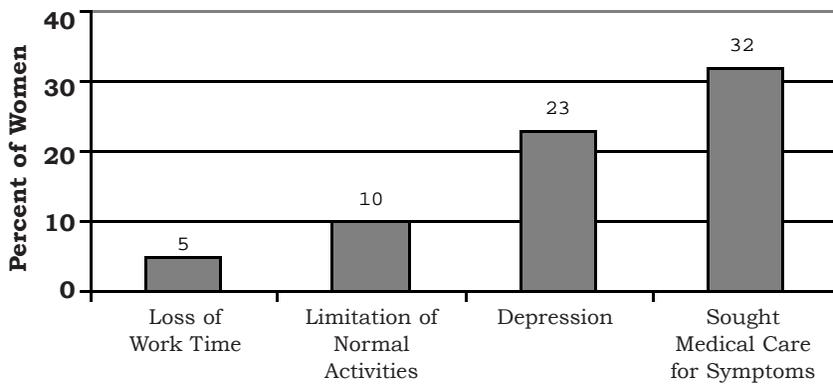
**Maternal and Child Health Branch
Office of Women's Health**

Public Health Message:

A large portion of the female population is post-menopausal. Implications of these findings for public health practice includes providing clear information to women so that they can make informed choices about physical changes as they age.

*Issue 1, Number 23, Fall 1999
Second Printing*

Symptoms/Treatment Related to Menopause; California, 1997





CWHS

Data Points

RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

Urinary incontinence is a widespread problem for women, and becomes more prevalent as women age. Causes of incontinence include a weakening of the muscles and ligaments in the pelvis which often follows childbirth, a prolapsed uterus, and reduced bladder capacity. Other factors associated with incontinence are hormone use, having a hysterectomy, being overweight, lengthy gestation (42 or more weeks), and labor which lasted for more than 24 hours. White and Latina women are more likely to experience incontinence than African American and Asian women. Urinary incontinence can contribute to embarrassment, reduced engagement in social activities, and a decreased quality of life. Incontinence is the primary reason for nursing home admission, and, if not controlled, requires a higher level of care.

The 1997 California Women's Health Survey asked 4,010 women, "A

common problem for women is bladder control. Do you have any problems with leaking urine?" Other questions identified women who had given birth to a baby, used hormones, were overweight, and had a hysterectomy.

Overall, 19% of the women in the survey reported urinary incontinence.

Urinary incontinence was more common among older women. Among women ages 65 and older, over 30% reported problems with urine leakage.

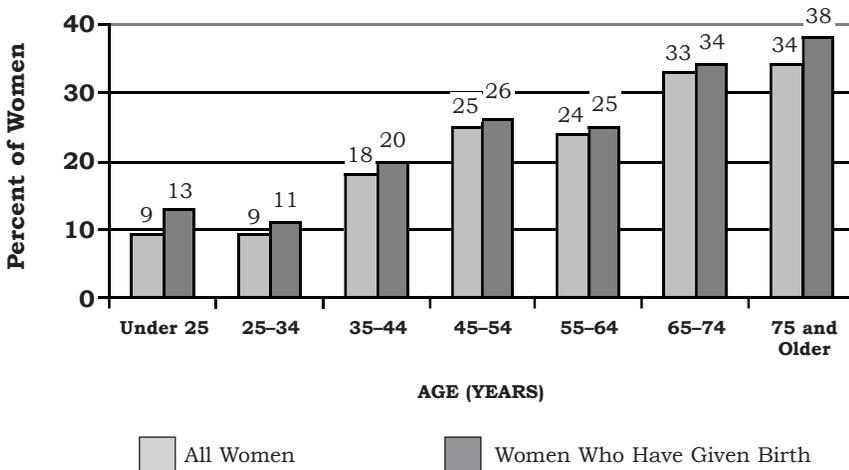
Among all women who experienced urinary incontinence:

- 87% had given birth to at least one child.
- 47% were taking hormones.
- 35% were overweight.
- 31% had had a hysterectomy.

URINARY INCONTINENCE AMONG CALIFORNIA WOMEN

CMRI (California Medical Review, Inc.)

Self-reported Incontinence Among Women, By Age; California, 1997



Public Health Message:

Urinary incontinence is a widespread problem for women, particularly older women and those who have given birth. Women should be informed that treatment is available to reduce or eliminate incontinence.

Issue 1, Number 24, Fall 1999
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CWHS

Data Points

RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

As women grow older, the need for assistance often becomes more important to remaining healthy and independent. Health problems can limit a woman's daily activities and the ability to take care of herself when she is ill. Older women in California are generally less well off financially than younger women. Many older women do not drive, which limits transportation. Social support—having someone available to help when assistance is needed—is necessary to maintain independent living and well-being. Social support can be a family member, friend, or relative who is available to lend a hand, a church or social group that helps out, or a community agency that offers assistance.

The 1997 California Women's Health Survey asked 1151 women ages 55 and older if they had someone they could

count on if they needed help with every day activities, were in financial difficulty and needed to borrow a little money, were sick or injured and needed to stay in bed for a few days, or needed a ride to an appointment.

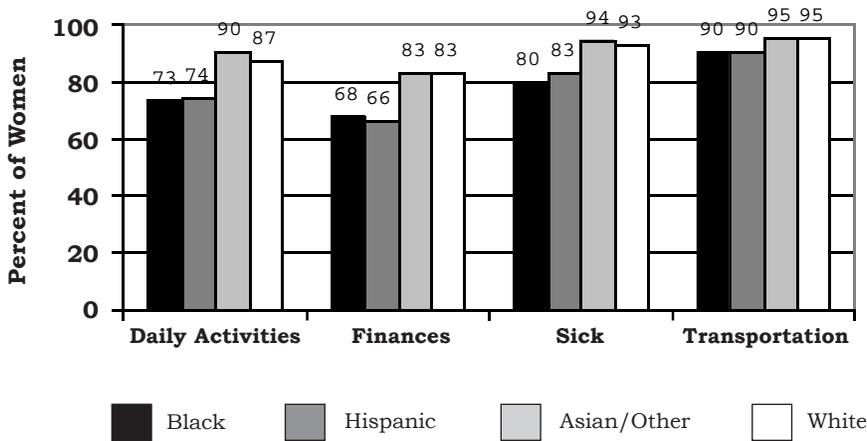
Overall, the majority of women had support with activities, finances, illness, and transportation. There were virtually no differences by age. Among all women ages 55 and older:

- 83–87% had someone they could count on to help with everyday activities.
- 80% had someone from whom they could borrow money.
- 90% had someone to help if they were sick or injured.
- 95–98% had someone they could call on for a ride.

SOCIAL SUPPORT AMONG OLDER CALIFORNIA WOMEN

CMRI (California Medical Review, Inc.)

Social Support Among Women Ages 55 and Older By Race/Ethnicity; California, 1997



Public Health Message:

For older women, there were some differences in the availability of support among different racial/ethnic groups. Black and Hispanic women indicated less support for all situations than Asian/Other and White women.

Issue 1, Number 25, Fall 1999
Second Printing



CWHS

Data Points

RESULTS FROM THE 1997 CALIFORNIA WOMEN'S HEALTH SURVEY

There are a number of different things that women can do to improve their health, such as having regular medical check-ups, maintaining an appropriate weight, and eating a healthy diet. There are also several behaviors that can result in health problems. These include smoking, excessive drinking, and not exercising. As women age, it often becomes more difficult to prevent weight gain and get enough exercise. Older women may have difficulty maintaining a healthy diet due to financial or health problems. Many communities offer services that can assist women with health and nutrition needs. Ceasing unhealthy behavior, such as smoking, at any age will improve health and well-being.

The 1997 California Women's Health Survey asked 1,151 women age 55 and older if they: visited a doctor for a routine checkup in the past year,

smoke cigarettes, did not have enough to eat in the past month, drank alcohol in the past month, and how much. Other questions determined each woman's height and weight.

Overall, most older women had a check-up by a doctor in the past year.

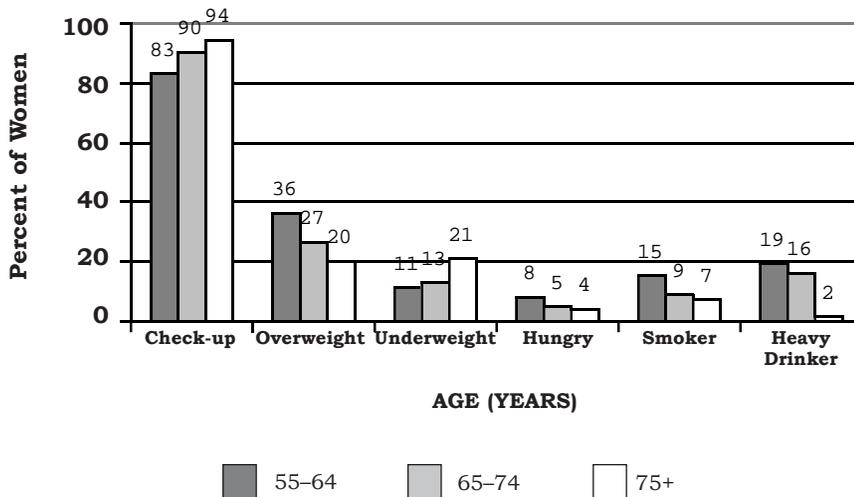
- The majority of women (57%) were neither overweight nor underweight.
- Women ages 55-64 were the most likely to be overweight.
- Women ages 75 and older were the most likely to be underweight.

Women who smoked, drank excessively, and did not have enough to eat were more likely to be ages 55-64. Women ages 75 and older were less likely to smoke, drink excessively, and to be hungry.

HEALTH BEHAVIORS AMONG OLDER WOMEN IN CALIFORNIA

CMRI (California Medical Review, Inc.)

Specific Health Behaviors Among Women, By Age Group; California, 1997



Public Health Message:

Among older women, there were some age differences in health behaviors. More unhealthy behaviors were reported by women ages 55-64.

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