4

Women and Health

Highlights

- Iowa women's life expectancy is 80.1years compared to men's 74.8 years.
- In 2004, the leading causes of death for Iowa women were heart disease, cancer, and strokes. The most common fatal cancers among Iowa women were of the trachea, bronchus, lung, breast, and intestine.
- While the live birth rate in Iowa declines each year, the number of infants born out of wedlock in Iowa continues to rise. One out of every three births in Iowa is to unwed parents.
- The proportion of live births to teenage mothers in Iowa decreased in 2004 to 8.2 percent, continuing the previous downward trend.

—Chapter 4—
Women and Health

4.1 Introduction

Good health is essential to leading a productive and fulfilling life and to participating fully in the economic, social, and political life of the state. It requires safe and healthful physical and social environments, sufficient incomes, safe and adequate housing, proper nutrition, preventive treatment, and education on maintaining healthful behaviors. Many factors, including gender, account for differences in health among people.

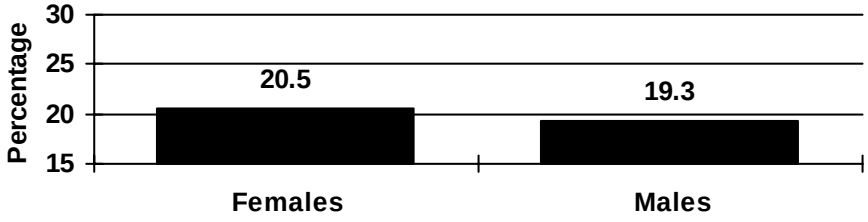
4.2 Life Expectancy and Morbidity

Women in the nation and in Iowa live longer than men. The national average life expectancy age for women is 80.1 compared to men's 74.8 years.[1] Given that women in Iowa are living longer, it is important to consider their quality of life. One commonly used indicator of quality of life is health status as it is related to economic status, education, and age.

The Iowa Department of Public Health collects data on health risk behaviors through its Behavior Risk Factor Surveillance System (BRFSS), including self-ratings of overall health status. In 2005, when asked how their general health was, more women than men reported that their health was excellent. (SEE FIGURE 4.1) Respondents who were most likely to report "excellent" or "very good" health included those with an annual income greater than or equal to $75,000 (75.3%), college graduates (73.0%), and those whose annual income was between $50,000 and $74,999 (66.9 percent), [2]

In Iowa, women have a lower rate of educational attainment than men 25 years of age and older (see Chapter 2), earn less money (see Chapter 3), and comprise the majority of those living in poverty (see Chapters 1 and 3). Given the effects of income, age, and education on health status, it can be concluded that Iowa women are living longer but many are doing so with accompanying poor health.

Figure 4.1
REPORTING "EXCELLENT" HEALTH
BY GENDER, IOWA, 2005



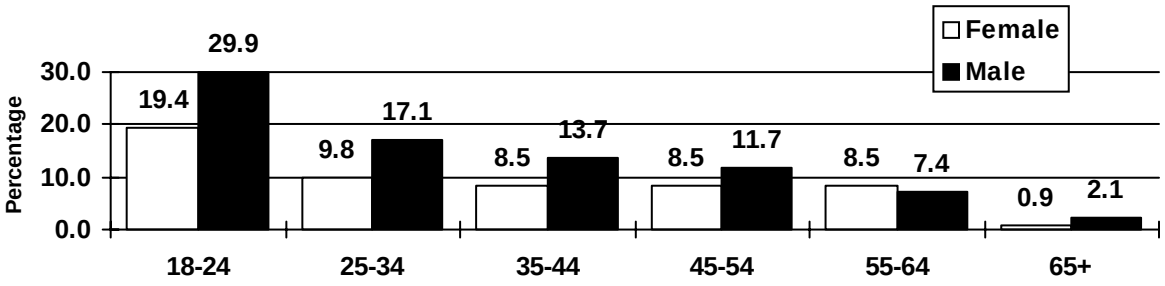
SOURCE: Iowa Department of Public Health

4.3 Health Insurance

Diseases and illnesses are often considered best regulated by a healthcare provider; many are chronic and require long-term medical supervision and prescribed medication. Having medical insurance is the primary way that people with medical needs can continue to receive the medical help they need.

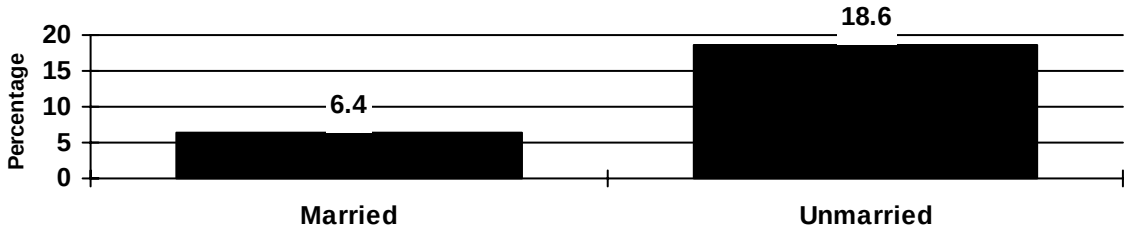
A 2005 Behavior Risk Factor Surveillance System (BRFSS) survey shows that 10.7 percent of respondents, both male and female, did not have a health care plan. That number comprised 13.3 percent of all male respondents and 8.3 percent of all female respondents. (SEE FIGURE 4.2) Of all age groups, those between ages 18-24 were least likely to have health insurance at 24.8 percent. Those Iowans in the income group of less than $15,000 (25.6 percent), those who were unemployed (46.5 percent), those who were unmarried (18.6 percent), and those who were not high school graduates (20.4 percent) were also least likely to have insurance.[3] (SEE FIGURE 4.3) Survey respondents also reported how long it had been since they visited a doctor for a routine checkup. Compared to men, females were much more likely to have had a routine checkup within the last year. (SEE FIGURE 4.4)

Figure 4.2
POPULATION WITHOUT A HEALTH CARE PLAN, BY AGE, IOWA, 2005



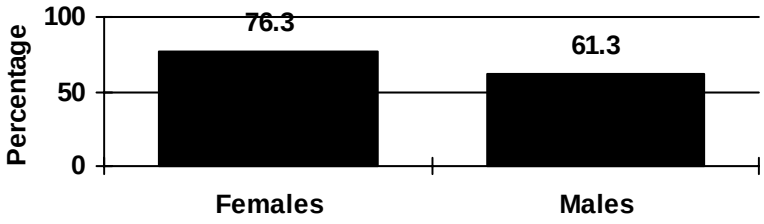
SOURCE: Iowa Department of Public Health

Figure 4.3
PERSONS WITH NO HEALTH CARE PLAN
BY MARITAL STATUS, IOWA, 2005



SOURCE: Iowa Department of Public Health

Figure 4.4
ROUTINE DOCTOR'S CHECKUP WITHIN
LAST YEAR, BY GENDER, IOWA, 2005



SOURCE: Iowa Department of Public Health

4.4 Mortality

In 2004, the leading causes of death for Iowa women were heart disease, cancer, and strokes. Together, these diseases accounted for approximately 57 percent of all female deaths in the state. (SEE FIGURE 4.5) While the majority of both females and males died from heart disease and cancer in 2004, there were slight differences between the genders in other leading causes of death. (SEE FIGURE 4.6)

Heart disease is not only one of the leading causes of death for women, it is also one of the leading causes of disability.[4] According to the 2005 Behavior Risk Factor Surveillance System (BFRSS) survey, slightly more men than women have been told that their blood pressure was high, a major risk factor for heart disease. (SEE FIGURE 4.7) High blood pressure is most prevalent in older individuals, those with less education, and low socioeconomic status.[5] High cholesterol, another heart disease risk, afflicts more women than men, according to the BRFSS survey. (SEE FIGURE 4.7)

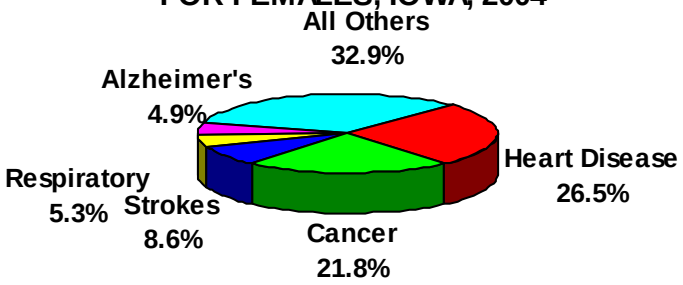
The most common fatal cancers for females were of the trachea, bronchus, lung, breast, and intestine. Trachea, bronchus, and lung cancers comprised 24.5 percent and breast cancer totaled 14.2 percent of all fatal cancers in Iowa females. (SEE FIGURE 4.8)

The American Cancer Society recommends mammograms for early detection and treatment of breast

cancer, which can decrease a woman's mortality.[6] According to the Iowa Department of Public Health, the number of Iowa women over age 40 who have ever had a mammogram has increased significantly in the past twelve years. (SEE FIGURE 4.9)

The principal screening test for cervical cancer is the Papanicolaou (Pap) smear. Early detection through Pap smears can dramatically lower the incidence of invasive disease and nearly eliminate deaths from cervical cancer.[7] Ninety-five and three tenths percent of women age 18 or older who were surveyed through the 2005 BRFSS reported they had a Pap smear at some time during their lives.[8] The highest risk group for not having a Pap smear was women age 18-24. (SEE FIGURE 4.10) Of those who ever had Pap smears, less educated women and older women were least likely to have had a Pap smear done in the past three years.[9]

Figure 4.5
LEADING CAUSES OF DEATH
FOR FEMALES, IOWA, 2004



SOURCE: Iowa Department of Public Health

Figure 4.6
LEADING CAUSES OF DEATH
BY GENDER, IOWA, 2004

MALES

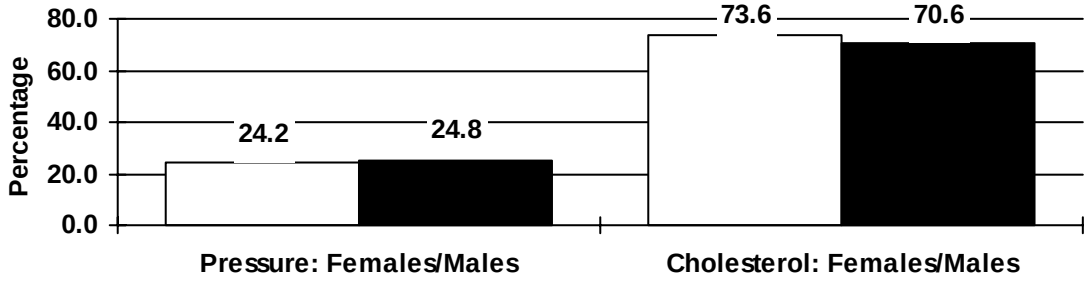
Cause of Death	# of Deaths
1. Heart Disease	3,554
2. Cancer	3,243
3. Respiratory Diseases	803
4. Strokes	753
5. Accidents	638
6. Pneumonia & Influenza	354
7. Diabetes	326
8. Suicide	284
9. Alzheimers	277
10. Infective & Parasitic Diseases	193

FEMALES

Cause of Death	# of Deaths
1. Heart Disease	3,698
2. Cancer	3,048
3. Strokes	1,202
4. Respiratory Diseases	738
5. Alzheimers	690
6. Pneumonia & Influenza	530
7. Accidents	450
8. Diabetes	368
9. Infective & Parasitic Diseases	191
10. Diseases Not Elsewhere Classified	159

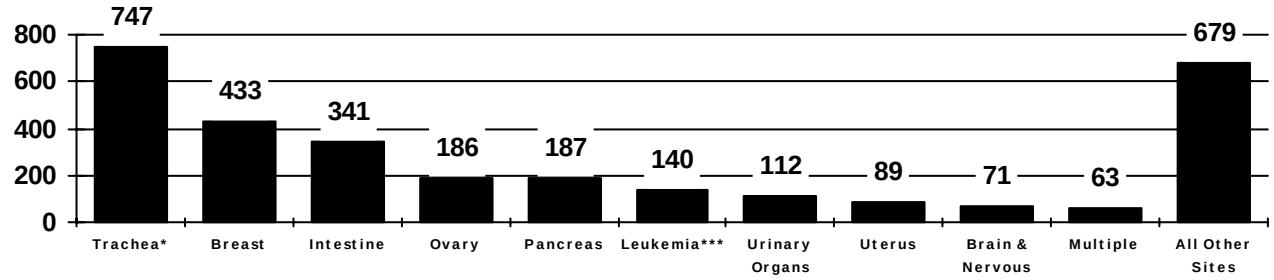
Source: Iowa Department of Public Health

Figure 4.7
REPORTED HIGH BLOOD PRESSURE, CHOLESTEROL BY GENDER
IOWA, 2005



SOURCE: Iowa Department of Public Health

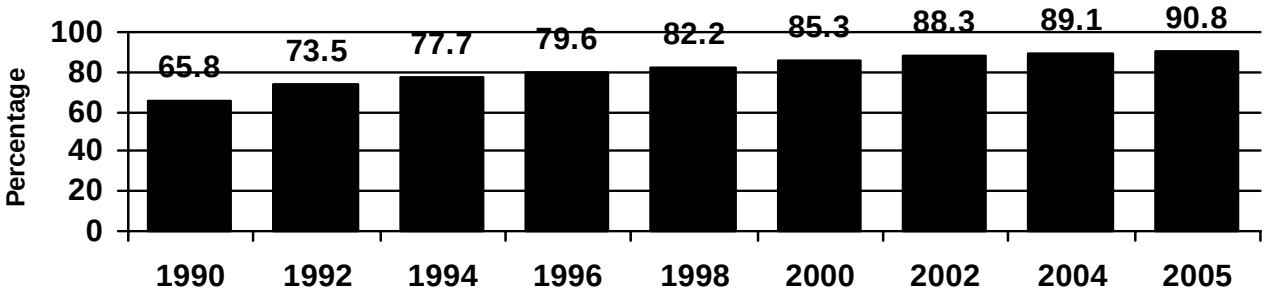
Figure 4.8
FEMALE CANCER DEATHS, BY SITE OF DISEASE, IOWA, 2004



*Also includes bronchus and lung.
***Leukemia is included although it is not an actual site.

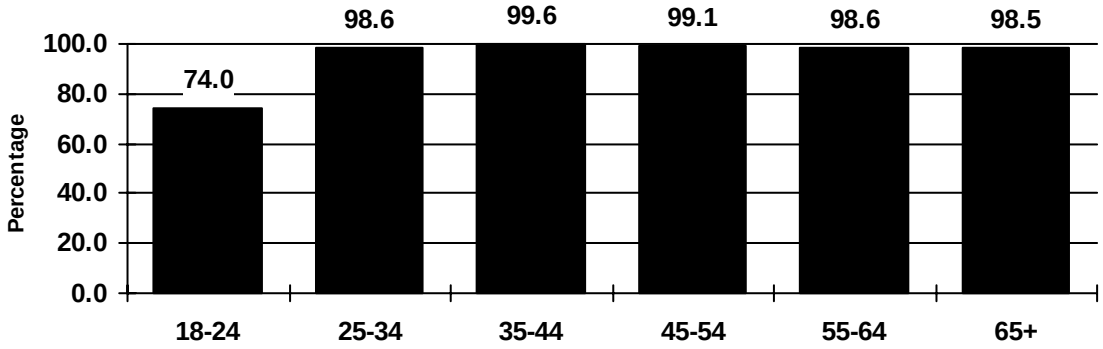
SOURCE: Iowa Department of Public Health

Figure 4.9
FEMALES OVER AGE 40 WHO HAVE HAD A MAMMOGRAM
IOWA, 1990-2005



SOURCE: Iowa Department of Public Health

Figure 4.10
FEMALES WHO HAVE HAD A PAP SMEAR
BY AGE, IOWA, 2005

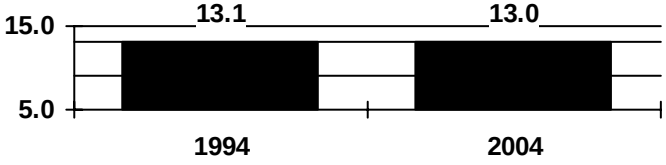


SOURCE: Iowa Department of Public Health

4.5 Natality

The live birth rate in Iowa continues to decline. The 2004 rate was lower that the 1994 rate per 1,000 population. (SEE FIGURE 4.11)

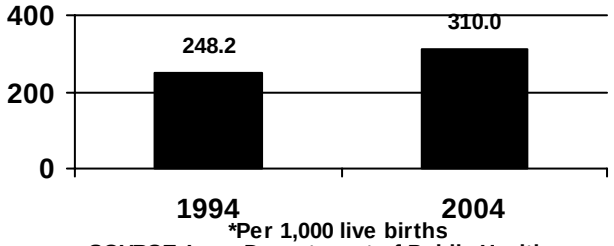
Figure 4.11
LIVE BIRTHS, IOWA, 1994 AND 2004*



*Per 1,000 population
SOURCE: Iowa Department of Public Health

While the birth rate in Iowa is down, the number of infants born out-of-wedlock in Iowa has risen significantly since 1992. The 2004 rate per 1,000 births was 310.0 — the highest level ever.[10] This translates to one out of every three births in Iowa being to unwed parents.[11] (SEE FIGURE 4.12)

Figure 4.12
OUT-OF-WEDLOCK LIVE BIRTHS, IOWA, 1994 and 2004*

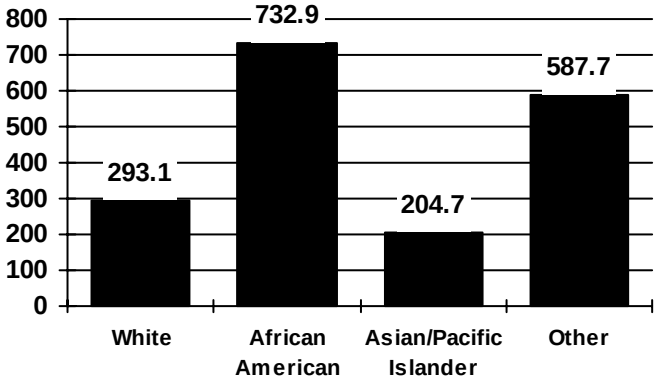


*Per 1,000 live births
SOURCE: Iowa Department of Public Health

The number of out-of-wedlock mothers age 20-24 has steadily increased from 3,427 in 1994 to 5113 in 2004. Currently, 23.7 percent of the out-of-wedlock mothers are 15-19 years of age. This percentage has decreased continuously from 35.1 in 1995.[13]

The Iowa African-American out-of-wedlock birth rate increased from 712.3 in 1999 to 732.9 per 1,000 live births in 2004. (SEE FIGURE 4.13)

Figure 4.13
OUT-OF-WEDLOCK LIVE BIRTHS BY RACE, IOWA, 2004*



SOURCE: Iowa Department of Public Health
SEE TABLE 4.1 IN APPENDIX *Per 1,000 live births

4.6 Teenage Pregnancy

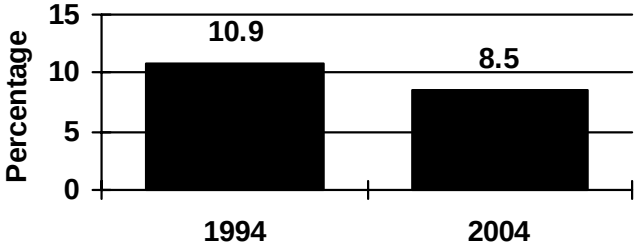
The proportion of live births to teenage mothers (those age 19 and under) has declined between 1992 and 2004. The percent was 10.2 in 1992 and 8.5 in 2004.[12] (SEE FIGURE 4.14)

African-American females have the highest rate of teenage pregnancy in Iowa and Asian/Pacific Islander females have the lowest rate. (SEE FIGURE 4.15)

The number of births to females under 15 years of age was high in the 1990s; births to young teenagers peaked at 64 births in 1992. Births to teenagers have subsequently declined in Iowa, and the numbers have significantly decreased since 2000. (SEE FIGURE 4.16)

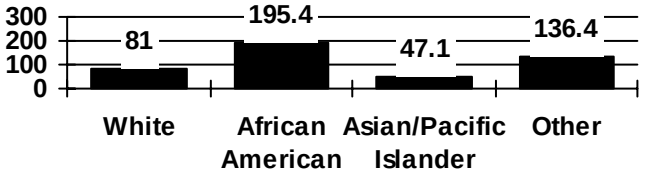
Teenagers are the most likely of all age groups to delay seeking or to not seek prenatal care (see section 4.7 Prenatal Care).

Figure 4.14
LIVE BIRTHS TO TEENAGE MOTHERS, IOWA 1994 AND 2004



SOURCE: Iowa Department of Public Health

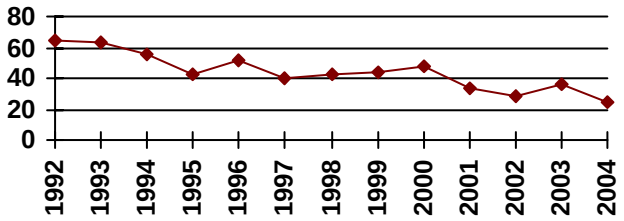
Figure 4.15
LIVE BIRTHS BY RACE OF MOTHERS, 19 AND UNDER, IOWA, 2004*



*Per 1,000 live births

SOURCE: Iowa Department of Public Health

Figure 4.16
BIRTHS TO MOTHERS UNDER 15, IOWA, 1992-2004



SOURCE: Iowa Department of Public Health
SEE TABLE 4.2 IN APPENDIX

4.7 Prenatal Care

Prenatal care is one of the most important determinants of birth outcome. Obtaining little or no prenatal care may result in low birthweight, lifelong disabilities, and infant death. The percentage of mothers in Iowa receiving care during the first trimester has gradually increased from 84.8 percent in 1987 to 92.6 percent in 2004.[14]

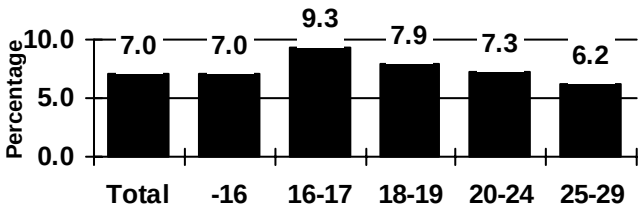
Teens are the most likely of all age groups to delay seeking or to not seek prenatal care.[15] The higher percentage of low-birthweight babies to younger mothers is one result of inadequate prenatal care. (SEE FIGURE 4.17)

Women of color and all Hispanic women are also less likely to receive prenatal care in Iowa. According to the 2006 Iowa Barriers to Prenatal Care Project the following percentages of women received prenatal care: White, non-Hispanic, 98.8 percent; Black, non-Hispanic, 97.6 percent; Asian/Pacific Islander, 94.9 percent; Native American, 91.7 percent; and Hispanic, 96.3 percent.

The rate of infants weighing less than 2,500 grams (5 pounds, 8 ounces) was highest in 2004 for children of African-American mothers. (SEE FIGURE 4.18)

Figure 4.17
LOW-BIRTHWEIGHT BABIES BY AGE OF MOTHER, IOWA, 2004*

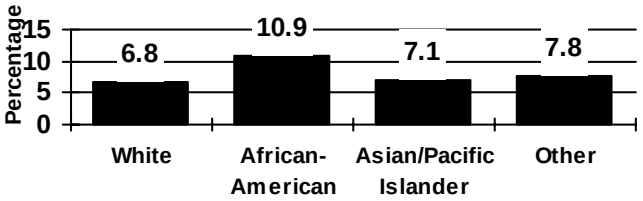
*Under 2,500 grams or 5 pounds, 8 ounces



SOURCE: Iowa Department of Public Health
SEE TABLE 4.3 IN APPENDIX

Figure 4.18
LOW-BIRTHWEIGHT BABIES BY RACE OF MOTHER, IOWA, 2004*

*Under 2,500 grams or 5 pounds, 8 ounces



SOURCE: Iowa Department of Public Health
SEE TABLE 4.4 IN APPENDIX

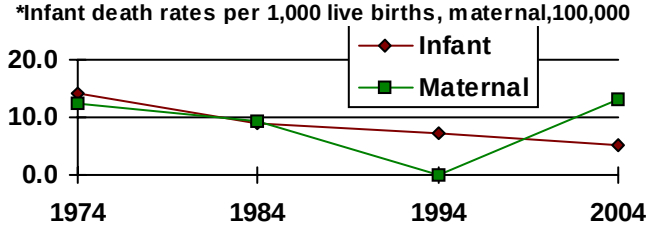
4.8 Infant and Maternal Mortality

Infant mortality rates are considered a universal indicator of maternal and child well-being. Infant mortality, or deaths to children in the first year of life, is reflective of both the socioeconomic conditions and the absence of adequate health services. The infant mortality rate for 2004 decreased and was 5.1 deaths per 1,000 live births. (SEE FIGURE 4.19)

The Iowa maternal mortality rate has decreased over the past ten years. In 1988, the rate was 13.1 per 100,000 live births. There were five maternal deaths in 2004. (SEE FIGURE 4.19)

Figure 4.19
INFANT AND MATERNAL MORTALITY RATES, IOWA, 1974-2004*

*Infant death rates per 1,000 live births, maternal,100,000



SOURCE: Iowa Department of Public Health
SEE TABLE 4.5 IN APPENDIX

4.9 Sexually Transmitted Diseases/AIDS

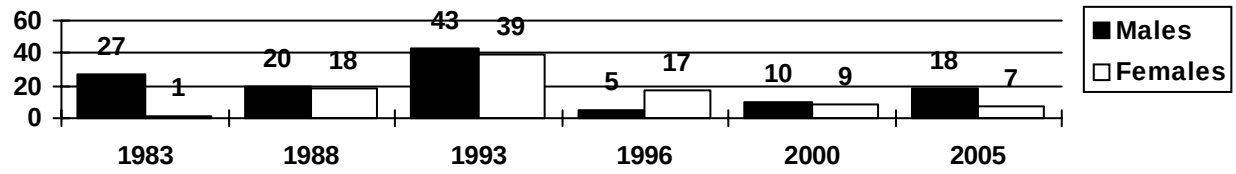
A recent estimate indicates that 19 million Americans become newly infected with sexually transmitted diseases (STDs) each year, yet STDs remain one of the most under recognized health threats.[17] STDs are a serious concern with direct medical costs associated with STDs in the United States being estimated at $13 billion annually. STDs also present significant health consequences. Sexually transmitted diseases affect women and men of all backgrounds and all ages, but are most prevalent among teenagers and young adults.[18]

Although syphilis is far less common in the United States than it once was, the number of infections in Iowa has increased in the last three years. (SEE FIGURE 4.20) While easily treated with antibiotics in the early stages, if progressed to its late stages, mental disorders, blindness, and even death can occur. Moreover, syphilis is believed to be accelerating the spread of the HIV epidemic, particularly in communities of color.[19]

Chlamydia infections are the most common of all STDs, with an estimated 3 to 4 million new cases occurring each year. The number of reported cases of chlamydia in Iowa has increased steadily over the last ten years, the largest number of infections being seen in women. (SEE FIGURE 4.21) Pelvic inflammatory disease (PID), a serious complication of chlamydia infection, is a major cause of infertility among women of childbearing age.[20]

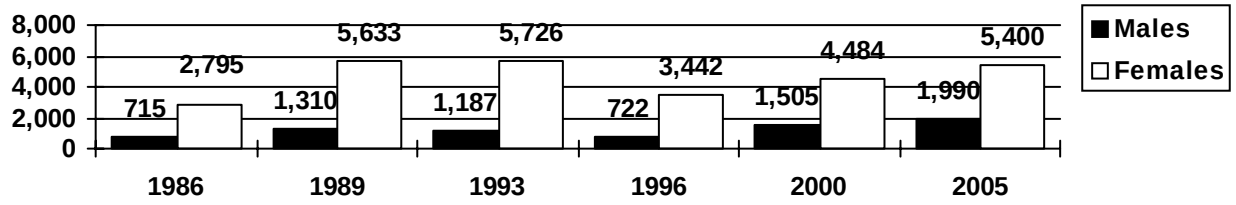
The number of reported cases of gonorrhea in Iowa between 1996 and 2005, for both women and men, has increased. (SEE FIGURE 4.22) While Iowa women are only slightly more likely than men to acquire the disease, the most common and serious complications of gonorrhea occur in women. These include PID, ectopic pregnancy (a pregnancy that occurs inside the fallopian tubes), and infertility.[21]

Figure 4.20
REPORTED CASES OF SYPHILIS, IOWA, 1983-2005



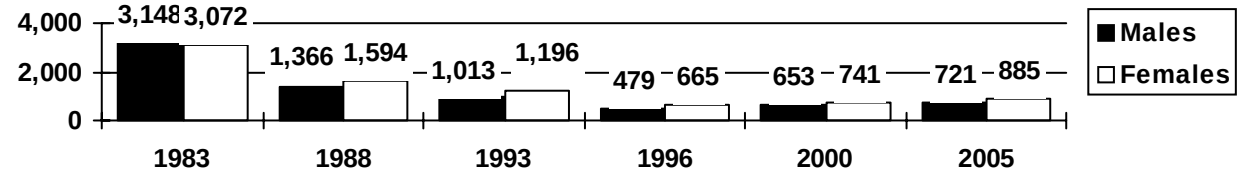
SOURCE: Iowa Department of Public Health

Figure 4.21
REPORTED CASES OF CHLAMYDIA, IOWA, 1986-2005



SOURCE: Iowa Department of Public Health

Figure 4.22
REPORTED CASES OF GONORRHEA, IOWA, 1983-2005

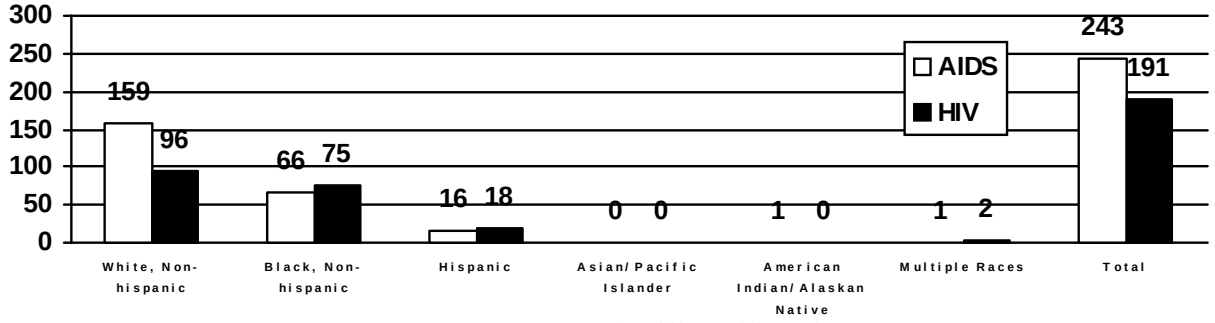


SOURCE: Iowa Department of Public Health

There were 114 HIV diagnoses in 2005, more than any year since reporting began in Iowa. This was a 23 percent increase over 2003. This significant increase was primarily among white, U.S.-born males, 75 percent of whom reported sex with males as their risk. African-Americans, Hispanics, and Africans remain over-represented among persons living with HIV/AIDS when compared to the size of their populations in Iowa. Previously, women were one of the groups in which HIV diagnoses were increasing. However, diagnoses among Iowa females began to decrease after 2003.[22]

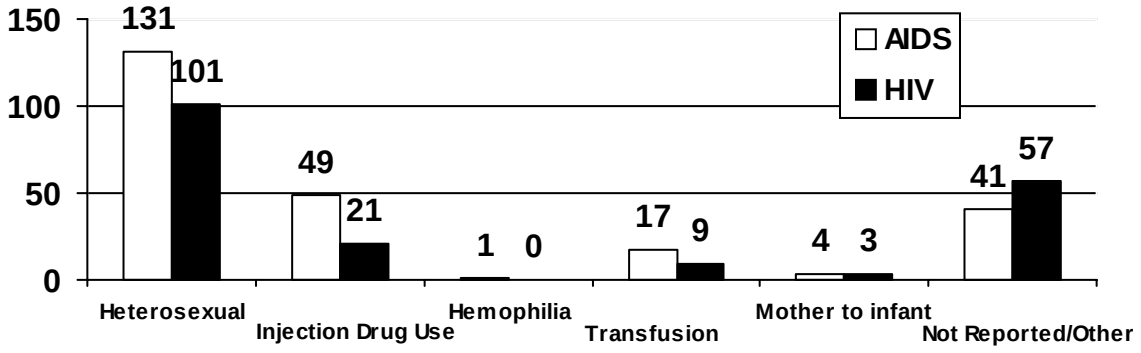
From 1983 to 2005, 243 Iowa women were diagnosed with AIDS. While female minorities represent just 8.2 percent of Iowa's female population according to 2005 census estimates, they represented 34.6 percent of all female AIDS cases since 1983 and 49.7 percent of all female HIV cases reported through 2005. (SEE FIGURE 4.23) Heterosexual exposure comprised more than one-half of the AIDS cases, followed by injection drug use. (SEE FIGURE 4.24)

Figure 4.23
AIDS & HIV CASES IN FEMALES BY RACE/ETHNICITY, IOWA,
AIDS (1983-2003), HIV (July 1998-December 2005)



SOURCE: Iowa Department of Public Health, HIV/AIDS Program

Figure 4.24
ADULT AIDS & HIV CASES IN FEMALES BY MODE OF EXPOSURE, IOWA,
AIDS (1983-2003), HIV (JULY 1998-DECEMBER 2005)



SOURCE: Iowa Department of Public Health, HIV/AIDS Program

4.10 Caregiving for the Elderly

Iowa ranks fourth nationwide in the percentage of population that is over 85 years; fifth in the percentage of population over 75 years; and fifth in the percentage of population over 65 years.[23] Furthermore, Iowa's elderly population is expected to continue to increase as the baby boom generation ages. As a result, many of Iowa's non-institutionalized disabled elderly rely, or will rely, solely on informal care provided by family and friends. (See Chapter 3 for discussion on paid caregivers.)

Caregivers for the elderly are individuals who provide support and assistance to their disabled or dependent friends or relatives, usually without compensation and often with great personal sacrifice. In the United States, there are approximately 44.4 million people age 18 and older who provide unpaid care to an adult age 18 or older.

While this care is unpaid, its value has been estimated at 257 billion dollars annually.[24]

According to the National Alliance for Caregiving, a typical caregiver in today's society is an educated, working, married woman in her mid-forties that spends about twenty hours per week providing unpaid care to her mother. Sixty-one percent of all caregivers are female. Nearly half provide eight hours or less of care per week and one in five provide more than 40 hours of care per week. The average length of caregiving is 4.3 years. While both women and men are caregivers, the intensity and length of the care they provide differs. Women provide more hours of care, higher levels of care, and feel they have less of a choice in taking on the role compared to men. These factors increase a woman's risk for emotional stress and lower quality of life.[25]

4.11 Forward-Looking Strategies

■ In Iowa, gender is used as a rate characteristic by insurance companies for small firms, which means that small-scale employers pay higher insurance rates for women than they do men. The more women small firms employ the higher rates they will pay. In fact, according to the U.S. Small Business Administration, women are less likely to have employer provided health insurance than men.[26] Iowa should reject the use of gender as a rating factor in insurance. Using gender as a rating factor repudiates the fundamental principle of equality that no person should be treated differently because of her or his membership in a group defined by race, gender, religion, or ethnicity.

■ Prenatal care, which helps reduce the incidents of low birthweight infants and lifelong disabilities, costs far less than services provided after birth.[27] More accessible and affordable prenatal healthcare services should be made available to Iowa women.

■ Teen childbearing results in difficult consequences for mothers, children, and society. According to a Kids Count Special Report, teen mothers complete high school or attend college less frequently, are less likely to secure steady employment, and are more likely to receive welfare than women who delay childbearing.[28] Iowa should maintain funding for the community adolescent pregnancy prevention and information services grant program.

■ Testing and treatment of sexually transmitted diseases (STDs) can be an effective tool in preventing the spread of HIV, the virus that causes AIDS.[29] State funding should continue to make the chlamydia screening and treatment program available statewide and there should be an increased emphasis on prevention and treatment services for women.

■ Women of color and white women of Hispanic origin in Iowa have disparate health concerns (when compared to white women), many of which originate from racism/xenophobia. Significant attention needs to be paid to the particular health concerns of Iowa's female minority population.

■ As more women become caregivers to the elderly, support programs for caregivers will increasingly be in demand. To help support caregivers, services need to be made available for in-home care including provision of meals and nutrition consultation by a registered dietitian, adult day care, emergency response system, respite care, and hospice through the Senior Living Trust and the statewide expansion of the Medicaid Home and Community-based waiver for the elderly.

[1] U.S. Department of Health and Human Services, National Center for Health Statistics, *National Vital Statistics Report*, Vol. 54, No. 14.
[2] Iowa Department of Public Health, Behavior Risk Factor Surveillance System 2005.
[3] Ibid.
[4] Ibid.
[5] Ibid.
[6] American Cancer Society, *Cancer Risk Report*, 1995.
[7] Ibid.
[8] Iowa Department of Public Health, Behavior Risk Factor Surveillance System 2005.
[9] Ibid.
[10] Iowa Department of Public Health, *Vital Statistics: Iowa 2004*.
[11] Ibid.
[12] Ibid.
[13] Ibid.
[14] Iowa Department of Public Health, *Iowa Barriers to Prenatal CareProject: 2005 Data.*

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Chapter 4: Women and Health

Table 4.1
NUMBER OF OUT-OF-WEDLOCK LIVE BIRTHS BY RACE, IOWA, 2004

Race	Births
White	10,441
African-American	1,073
Asian/Pacific Islander	200
Other	181

Table 4.2
BIRTHS TO MOTHERS UNDER AGE 15, IOWA, 1992-2002

Year	Births
1992	64
1993	63
1994	56
1995	43
1996	52
1997	40
1998	43
1999	44
2000	48
2001	34
2002	29
2003	36
2004	25

Table 4.3
LOW-BIRTHWEIGHT BABIES BY AGE, IOWA, 2004

Age	#
Total	2,688
-16	8
16-17	75
18-19	185
20-24	728
25-29	775

Table 4.4
LOW-BIRTHWEIGHT BABIES BY RACE OF MOTHER, IOWA, 2002

Race	#
Total	2,493
White	2,273
African-American	131
Asian/Pacific Islander	65
Other	24

Table 4.5
INFANT AND MATERNAL MORTALITY, IOWA, 1974-2004

	Rate*		#	
Year	Infant	Maternal	Infant	Maternal
1974	14.3	12.4	573	5
1984	8.9	9.4	376	4
1994	7.4	-	273	–
2004	5.1	13.0	194	5

*Infant death rates per 1,000 live births and maternal death rates per 100,000 live births