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SUBJECT NAME: WOMEN'S HEALTH AND WELLNESS

SYLLABUS

UNIT-III

Reproductive Health

Menstrual Health- safe and hygienic practices to be followed, Pre-and Post-Menopausal concerns- preventive measures, sexually transmitted diseases- an overview

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REPRODUCTIVE HEALTH

Reproductive Health is the focal point for issues related to reproductive health, maternal health, and infant health. For over 50 years, we have been dedicated to improving the lives of women, children, and families through research, public health monitoring, scientific assistance, and partnerships. Our activities and programs provide support to organizations, institutions, providers, and consumers across the United States and around the world.

AIM OF REPRODUCTIVE HEALTH

- To introduce the theme of reproduction and reproductive health in the 20th century.
- •To think about reproduction in terms of biology and the broad social constructs in which we all reside.
- •Through focusing on the subject of reproduction, we will see how look at the history of health and medicine with a gender-sensitive lens.
- •To explore three aspects of reproductive health maternity, fertility control and assisted reproduction.

MENSTRUAL HEALTH

- Menstrual health refers to 'a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity, in relation to the menstrual cycle'.
- Menstruation (also called a "period") is a normal biological process experienced by millions around the world each month. A period happens when the uterussheds blood and tissue from the uterine lining and leaves your body through the vagina.

PRACTICE HEALTHY HABITS DURING YOUR PERIOD

- Good menstrual health and hygiene practices can prevent infections, reduce odors, and help you stay comfortable during your period.
- You can choose many types of menstrual products to absorb or collect blood during your period, including sanitary pads, tampons, menstrual cups, menstrual discs, and period underwear. Follow these tips when you are using menstrual products, in addition to instructions that come with the product:

WASH YOUR HANDS

- before and after using the restroom and before using a menstrual product.
- Discard used disposable menstrual products properly: wrap them with toilet paper, a tissue, or other material and then toss in a trash bin. Do not flush menstrual products down the toilet.

SANITARY PADS

Change sanitary pads every few hours, no matter how light the flow. Change them more frequently if your period is heavy.

TAMPONS

- Change tampons every 4 to 8 hours. Do not wear a single tampon for more than 8 hours at a time.
- Use the lowest-absorbency tampon needed. If you can wear one tampon for up to 8 hours without changing, the absorbency may be too high.

MENSTRUAL CUPS

Clean cups every day after use. Sanitize menstrual cups after your period is over by rinsing them thoroughly and then placing them in boiling water for one to two minutes.

PERIOD UNDERWEAR:

Most reusable period underwear is machine washable. Follow product directions on the best way to clean.

MENSTRUAL HYGIENE IS KEY IN PROMOTING GOOD HEALTH

These hygiene practices can help you stay healthy and comfortable during your period:

- Wear lightweight, breathable clothing (such as cotton underwear). Tight fabrics can trap moisture and heat, allowing germs to thrive.
- Change your menstrual products regularly. Trapped moisture provides a breeding ground for bacteria and fungi. Wearing a pad or period underwear for too long can lead to a rash or an infection.
- Keep your genital area clean. Wash the outside of your vagina (vulva) and bottom every day. When you go to the bathroom, wipe from the front of your body toward the back, not the other way. Use only water to rinse your vulva. The vagina is a self-cleaning organ. Changing the natural pH balance of your vagina by washing or using chemicals to cleanse out the vagina can be harmful and may result in a yeast infection or bacterial vaginosis.
- Use unscented toilet paper, tampons, or pads. Scented hygiene products can irritate the skin and impact your natural pH balance.
- Drink enough liquids. This can help wash out your urinary tract and help prevent infections, like <u>vaginal candidiasis</u>.
- Track and monitor your period. Your menstrual cycle is a valuable marker for your overall health. Irregular periods can be a sign of conditions like diabetes, thyroid dysfunction, and celiac disease. You can track your period on a calendar or with an app on your phone designed for this purpose.
- Visit a healthcare provider for your annual check-up. An annual well-woman exam is a full check-up that includes a <u>pap smear</u>, a pelvic exam, and a breast exam. These exams are essential for good reproductive health as they can catch early signs of cancer or other health issues.
- Talk to a doctor if you experience a change in odor, have extreme or unusual pain, or have more severe period symptoms than usual (such as a heavier flow or longer period).

MENSTRUAL HYGIENE DAY – MAY 28

Each year on May 28, <u>Menstrual Hygiene Day</u> is observed to highlight good menstrual hygiene practices during your period and to raise awareness about the importance of access to menstrual products, period education, and sanitation facilities.

WHAT IS MENOPAUSE?

Menopause is a normal stage of a woman's life in which she has not had a period for 12 months. The months or years leading up to menopause are called perimenopause (or premenopausal). The years after menopause are called postmenopause.

Menopause, perimenopause and postmenopause are usually a natural part of a woman's reproductive life. But there are some instances in which menopause can occur outside of the normal transition time:

- ✤ Damage to the ovaries, such as from chemotherapy
- Premature menopause
- Surgery to remove ovaries

SYMPTOMS

Symptoms of menopause usually develop in women ages 45–55 years old. Menopause that occurs at age 40 or younger is considered premature menopause. The following symptoms signal a transition into menopause:

- Changes in libido vaginal dryness, pain with intercourse and urinary urgency may contribute to a change in libido during all stages of menopause.
- ◆ Changes in periods Heavier or lighter flow than usual
- Emotional changes Depression, moodiness, anxiety and stress are all common during perimenopause and menopause.
- Hot flashes/night sweats Sudden flashes of warmth or breaking into a hot or cold sweat

Irregular periods — Periods that occur more frequently than normal or longer spans in-between periods than usual

TREATMENT OPTIONS

While medical treatments for peri-menopause, menopause and post-menopause are not usually required, some relief for symptoms may include:

- Hormone therapy Estrogen therapy is often prescribed to relieve menopausal hot flashes and prevent bone loss.
- Vaginal estrogen Vaginal estrogen can help alleviate vaginal dryness, discomfort with intercourse and some urinary symptoms.

PERIMENOPAUSE

Many women say they're "in menopause" when they're actually in perimenopause. Perimenopause typically lasts about four years, but it can range from only a few months for some women to 10 years or longer for others. Perimenopause usually starts in your 40s, but it can start slightly earlier for some women.

During perimenopause, you experience the symptoms you associate with menopause, such as:

- ✤ Hot flashes
- Poor sleep
- Night sweats
- Moodiness
- ✤ Weight gain
- Poor libido
- Vaginal dryness
- Forgetfulness and poor concentration
 - These symptoms are due to the fluctuations of estrogen and progesterone that occur during your fertility transition.

- Your periods will likely be irregular they may be <u>heavier than usual</u>, or you may skip a month or two. But remember, until you've gone a full 12 months without a cycle and reached menopause, you're still in perimenopause and can get pregnant.
- Not every woman in perimenopause experiences unpleasant symptoms. Some women have all of them, some have just a few, and others experience none at all. Severity of symptoms also varies.
- If you find that your symptoms of perimenopause are interfering with your quality of life, make an appointment at our office so we can help you manage them with lifestyle changes, hormone replacement therapy, and medications to improve your mood and lessen hot flashes.

POSTMENOPAUSE

- Once you've gone 12 straight months without a period and reach menopause, provided there's no other condition causing this pause, you're entering postmenopause. Your hormones will tend to stop fluctuating erratically, so you may feel fewer symptoms like hot flashes and night sweats.
- But the decreased estrogen levels that accompany postmenopause put you at risk for a number of health concerns, including <u>osteoporosis</u> and coronary artery disease. We here at Capital Women's Care monitor your bone and heart health when you're in the postmenopausal stage so we can prevent major complications.
- If you have questions about your fertility, periods, or menopause, reach out to the experts at Capital Women's Care. Contact us by <u>calling or using this website</u> to request an appointment.

PREVENTIVE MEASURES FOR MONOPAUSE

Take these steps to help reduce or prevent their effects:

Cool hot flashes. Dress in layers, have a cold glass of water or go somewhere cooler. ...

- ✤ Decrease vaginal discomfort. ...
- ✤ Get enough sleep. ...
- Practice relaxation techniques. ...
- Strengthen your pelvic floor. ...
- ✤ Eat a balanced diet. ...
- Don't smoke. ...
- ✤ Exercise regularly.

SEXUALLY TRANSMITTED DISEASES: AN OVERVIEW

Sexually Transmitted Diseases or Sexually Transmitted Infections impact the lives of millions of Americans. Some STIs only infect the genital area while others infect the whole body. Some people with STIs have no symptoms, while others experience painful symptoms and embarrassing sores. Because STIs are often undetected in the general population, regular or annual testing is recommended for populations that engage in at-risk sexual activity. Your physician may recommend more frequent testing based on risk.

There are several different types of STIs. The most common are:
CHLAMYDIA

Chlamydia trachomatis is a sexually transmitted bacterial infection spread during vaginal, anal or oral sex with someone who has chlamydia. Untreated, it can lead to Pelvic Inflammatory Disease, tubal factor infertility, ectopic pregnancy, and chronic pelvic pain. Additionally, a mother with Chlamydia can give it to her baby during childbirth. Chlamydia is the most frequently reported STI in the United States. Symptoms show up 7-28 days after having sex. Most women and some men have no symptoms. **Symptoms for Women:** vaginal discharge, bleeding from the vagina between periods, burning/pain during urination, frequency of urination, pain in the abdomen (sometimes with fever and nausea).

Symptoms for Men: watery white drip from the penis, burning/pain during urination, frequency of urination, swollen or tender testicles.

Diagnosis: Chlamydia is diagnosed by obtaining either a vaginal swab or urine for women, and a urine sample from men, and are sent to a lab for diagnosis.

Treatment: Chlamydia is treated with antibiotics (either a single dose or 7 day course) and patients are asked to abstain from sex for 7 days. Re-testing should occur 3 months post-treatment. Some healthcare providers provide EPT (expedited partner therapy) to help partners get treated quickly.

Prevention: condoms, when used correctly, can reduce the risk of Chlamydia. Other prevention measures include abstinence from sex, screening partners for history of STIs, and use of barrier methods to decrease contact transmission risk; and if you do engage in sex, limit the number of sex partners.

GONORRHEA

Gonorrhea is a sexually transmitted disease caused by infection with the Neisseria gonorrhea bacterium. Gonorrhea infects the mucous membranes of the reproductive tract including the cervix, uterus, and fallopian tubes in women, and the urethra in men and women. It can also affect the mucous membranes of the mouth, throat, eyes and rectum. Most women and some men are asymptomatic for gonorrhea. For those that do have symptoms, they show up 2-21 days after sex.

Symptoms for Women: thick gray or yellow discharge from the vagina, burning or pain during urination/bowel movement, abnormal periods, bleeding between periods, cramps and pain in the lower abdomen.

Symptoms for Men: thick yellow or greenish drip from the penis, burning/pain during urination/bowel movement, frequency of urination, swollen or tender testicles.

Diagnosis: both men and women can be tested with a urine sample. Swab testing can also be used with women vaginally, men and women (anal), and a throat swab for both men and women.

Treatment: dual therapy is recommended for treatment of Gonorrhea. This typically is ceftriaxone (single dose injection) and azithromycin (oral single dose). Re-testing should occur 3 months post treatment. Individuals are asked to wait 7 days post treatment to have sex.

Adverse Reactions: these can occur with persons with a history of penicillin allergy.

Prevention: latex condoms reduce the spread of Gonorrhea. Other prevention measures include abstinence from sex, screening partners for history of STIs, and use of barrier methods to decrease contact transmission risk; and if you do engage in sex, limit the number of sex partners. **Herpes**

Genital Herpes is an infection that is spread via sexual contact through exposure to open skin (sores/ lesions) to intact skin, or genital/oral secretions. It is rarely from shedding of the skin that looks normal. Transmission often occurs from an infected partner who does not have visible sores and may not know he/she is infected. Long-term complications from Herpes are rare, but Herpes can cause blindness, encephalitis, aseptic meningitis, or extragenital lesions. Herpes can be passed from mother to baby during pregnancy. Most people with Herpes have no symptoms. If a person does have symptoms, they show up 1-3 days or longer after having sex.

Symptoms for Women and Men: flu like feelings, small painful blisters on the sex organs or mouth, itching or burning before the blisters appear, blisters lasting 1-3 weeks. The blisters can return at a later time.

Diagnosis: diagnosis of Herpes requires a collection of a sample from a sore that is sent to a lab to be processed. Blood testing to detect the herpes antibodies can also be given.

Treatment: antiviral medications can prevent or shorten herpes outbreaks. In addition to this, daily use of antiviral medication can reduce the chance of recurrence, and the likelihood of transmission to partners.

Prevention: latex condoms can reduce the risk of genital herpes, however outbreaks can occur in areas not covered by a condom. It is important to abstain from sexual activity when sores are present, however herpes can still be transmitted even when no symptoms are present. Other prevention measures include abstinence from sex, screening partners for history of STIs, and use of barrier methods to decrease contact transmission risk; and if you do engage in sex, limit the number of sex partners.

TRICHOMONIASIS

Trichomoniasis is a sexually transmitted disease caused by a parasite called trichomonas vaginalis. In women, the most commonly affected area is the lower genital tract, and in men it is in the urethra. Many people have no symptoms, however those that do have symptoms show up 5-28 days after having sex.

Symptoms for Women: burning, itching in the vagina, and yellow/gray/greenish discharge from the vagina.

Symptoms for Men: watery/white drip from the penis, burning/pain when urinating, and frequency in urination.

`Diagnosis: a lab test, in combination with a physical exam, is used to confirm this diagnosis. A sample of vaginal or urethral fluid is used for this test.

Treatment: a single dose of antibiotic (either metronidazole or tinidazole) taken orally. Refrain from sex until all the symptoms go away.

Prevention: latex condoms reduce the spread of Trichomoniasis. Other prevention measures include abstinence from sex, screening partners for history of STIs, and use of barrier methods to decrease contact transmission risk; and if you do engage in sex, limit the number of sex partners.

HPV

- HPV is the Human Papilloma Virus. There are 100 types of this virus and 40 of them are sexually transmitted. These 40 types of HPV can affect the genital area (vulva, vagina, cervix, rectum, anus, penis or scrotum). Low risk types cause vaginal warts. High risk types may cause cell changes that can lead to cervical and certain other genital and throat cancers. Most types seem to have no harmful effect at all.
- At any given time between 10-15 million people have high risk HPV. HPV is so common that about 50% of men and 75% of women have HPV at some point in their life. Most HPV infections go away within 8-13 months. HPV that does not go away can hide in the body for years. Condoms reduce the risk of HPV but are not 100% effective because HPV may be present in skin that is beyond the area covered by a condom.

Pap Test: detects abnormal cell changes and are observed by a lab professional looking through a microscope.

HPV Test: detects the virus that causes the abnormal cell changes. This is completed by a computer system that evaluates a sample of cervical cells.

Prevention: HPV Vaccine – this is a series of three separate injections over the course of 6 months. It protects against the two types of HPV that cause genital warts and 2-5 types of HPV that cause 70% of all cervical cancer. Vaccines should be given to both males and females from ages 9-26. Vaccine side effects include pain, swelling, itching, and redness at the injection site, fever, nausea, dizziness, vomiting and fainting. Other prevention measures include abstinence from sex, screening partners for history of STIs, and use of barrier methods to decrease contact transmission risk; and if you do engage in sex, limit the number of sex partners.

Treatment: there is no current treatment for HPV itself. Treatment is available for the abnormal cell changes caused by HPV (i.e. warts)

HIV/AIDS

Human Immunodeficiency Virus (HIV) is a virus that can be sexually transmitted or transmitted with needle sharing or other exposure to blood or body fluids from an infected individual. HIV is the virus that causes AIDS. This virus attacks the body's immune system. The body has a hard time fighting off infections and disease.

Opportunistic infections or cancers take advantage of the immune system and signal that the person has AIDS. HIV can be passed from mother to baby during pregnancy, childbirth, or breast feeding. Symptoms are the same for women and men. Symptoms may show up several months to several years after sexual contact.

Symptoms: unexplained weight loss/tiredness, flu like symptoms, diarrhea, white spots in the mouth, yeast infections that don't go away.

Diagnosis: initial blood test (Rapid HIV test) can be given with results given in a few minutes. If the results are positive, a second sample is taken and sent to a lab for confirmation. The results are returned within two weeks.

Treatment: HIV treatment is given with antiretroviral therapy (ART) and recommended for all people with HIV. ART slows the progression of HIV and reduces the chances of passing it on to others.

Prevention: pre-exposure prophylaxis (PrEP) is given to people at high risk for HIV and it significantly lowers their risk to contract AIDS. Other prevention measures include the use of a latex condom, abstinence from sex, screening partners for history of STIs, and use of barrier methods to decrease contact transmission risk; and if you do engage in sex, limit the number of sex partners.

REFERENCE

https://www.cdc.gov/reproductivehealth/womensrh/index.htm