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Weight Matters

by Heather Boemer
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problems; and infertility.

The health risk factors for obesity are well-known — diabetes, heart disease, and stroke, among others. But what about reproductive health?

Research has shown that overweight and obese women have a higher incidence of reproductive health problems, including breast, cervical, ovarian, and uterine cancers; pregnancy-related

Now, studies from Duke University Medical Center and the University of California, Berkeley, have found that overweight and obese women may also receive less preventive care. More specifically, researchers found that women with a body mass index of 25 or more — that is, women considered overweight or obese — receive fewer Pap tests and mammograms, even though they face a higher risk of cervical and breast cancer. Indeed, overweight or obese women got fewer Pap tests or mammograms regardless of their income, age, or health coverage.

"Three-hundred-and-fifty-pound women may be a small part of the population, but they deserve Pap smears, too."

seem to be the case."

Why? "We suspected that it was because of social reasons, not medical or biological ones," says Dr. Truls Ostbye, lead author of the Duke University study, which appeared in the September issue of the *American Journal of Public Health*. "And indeed that did

The Stigma

The U.C. Berkeley study, published in the October issue of the *International Journal of Obesity*, confirmed much of what Ostbye suspected.

Researchers asked overweight or obese women why they didn't go to the gynecologist. Their reasons included stigma and bias against overweight or obese women by many health care providers, as well as providers' lack of equipment for larger women — including larger specula, tables, and robes. Shame about disrobing was another factor. Women felt that health care providers attributed health problems to their weight, instead of other possible conditions. Also, they were often given unsolicited advice about weight loss.

For Marilyn Markovich, 55, of Akron, OH, it wasn't a question of how her doctor treated her as much as her own shame at being unable to stop eating compulsively. She spent five years avoiding doctors. She went to the doctor once during that time — because she broke her wrist.

"For me, it had nothing to do with them weighing me or anything like that," said Markovich. "It was my own harsh judgment of myself that I was disgusting and didn't deserve [health care]."

On the Horizon

Efforts are now underway to alleviate larger women's discomfort at the gynecologist's office. Pat Lyons, a registered nurse, public health educator, and co-author of the Berkeley study, is working with [Planned Parenthood of the Southern Finger Lakes \(PPSFL\)](#), in New York, to develop a program for sensitive treatment of overweight patients.

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These and other health care providers are working from a foundation built by the American Academy of Family Physicians (AAFP) National Task Force on the Prevention and Treatment of Obesity. In 2002, the AAFP task force released guidelines for caring for overweight and obese patients. The guidelines included encouraging the purchase of office supplies that fit larger patients and talking to overweight women about how they want to be weighed, among other things.

Maureen Kelly, director of training and education for PPSFL, plans to launch a pilot program in 2006 that makes some Planned Parenthood health centers around the United States "fat friendly." The program includes training staff; offering pamphlets on the healthcare rights of overweight women to clients; and stocking appropriate exam tables, robes, and equipment. Kelly strives to build health centers where, she says, "we honor the fact that women come in all different shapes and sizes."

Adds Lyons: "This is about universal access. Three-hundred-and-fifty-pound women may be a small part of the population, but they deserve Pap smears, too."

Heather Boerner is a freelance writer living in San Francisco.

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