

# Women and health

This issue of the *MJA* focuses on the health and wellbeing of women and people with a uterus, from their childhood to older age. Sexual assault, abortion, cancer and alcohol, menopause, and heart disease feature in the articles.

Although sexual assault victims can be of any gender, most are female. In a moving and sombre reflection, a forensic physician describes her experience dealing with victims of dating app-facilitated sexual assault (doi: 10.5694/mja2.51941). We included the contact details of mental health support organisations with the article as its content may be distressing and triggering for some readers. It is horrifying to read that “almost one-in-five sexual assaults of children in 2019–2020 were facilitated by technology” and that “[w]hat we have long suspected has been captured — the underside of the iceberg”. The author uses fictional vignettes of a 15-year-old boy, a woman, and a mother of a 13-year-old girl to illustrate the range of cases she manages.

A perspective by Mazza explores the challenges to accessing abortion services in Australia, including structural barriers, such as different abortion laws between the states and territories, differences in gestational limits between jurisdictions, high costs, and differing availability of providers across urban and rural areas (doi: 10.5694/mja2.51979). The author recommends increasing “workforce capacity building and creating a pipeline of providers of abortion services” by “exposure to and education on abortion at all stages of a health care professional’s career pathway: while a student, during hospital residency and rotations, [and] during discipline-based training”. Surgical and medical abortion are health care and women are entitled to choose the appropriate option for them. Information hotlines can assist consumers. Mazza writes that removing restrictions on prescription of mifepristone and misoprostol, allowing other professionals such as nurses to provide medical terminations and vacuum aspirations in selected settings, and providing the option of self-managed abortions (endorsed by the World Health Organization) will improve access and reduce stigma associated with over-regulation. The author stresses the importance of the availability of telehealth for sexual and reproductive health, the role of leadership and the need for transparency, arguing that “[r]egional level planning, integration, delivery and accountability need to become a given”. Given that cost is a barrier, it is welcome news that the ACT government has reported recently that women and people with uteruses in Canberra will be able to access free medical and surgical abortions, including people without a Medicare card ([https://www.cmtedd.act.gov.au/open\\_government/inform/act\\_government\\_media\\_releases/yvette-berry-mla-media-releases/2023/no-cost-abortions-now-available-in-the-act](https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/yvette-berry-mla-media-releases/2023/no-cost-abortions-now-available-in-the-act)). It is now up to the other states and territories to follow suit to provide no-cost access to abortions.

Although many women will be aware of risk factors for breast cancer, such as family history, age and breastfeeding, there is little awareness of the role alcohol plays as a risk factor. Grigg and colleagues report on a randomised controlled trial, conducted in a BreastScreen site in Melbourne, of women aged over 40 years attending for their routine breast screening (doi: 10.5694/mja2.51991). They evaluate a brief alcohol intervention animation in improving awareness of alcohol as a risk factor for breast cancer. The authors confirm that awareness is low, finding that 20% of women were aware of alcohol as a risk factor at baseline in both intervention and control arms, which is comparable to what is reported in the literature. By four weeks, a significantly larger proportion of women in the intervention arm versus control identified alcohol as a clear risk factor (65% *v* 38%). The authors also found that alcohol literacy improved with no



change in alcohol consumption. Roche and Bowden in the linked editorial raise concerns that middle-aged and older women are drinking alcohol more often, and provide possible explanations as to why (doi: 10.5694/mja2.51984). They recommend promoting the awareness of the association between alcohol use and breast cancer risk by using novel settings such as BreastScreen and implementing such strategies on a larger scale.

While women traditionally are seen as caring for others and putting themselves last, it is quite surprising that a staggering 85% of Australian women with “bothersome” menopause-related symptoms are not receiving treatment, as reported by Davis and Magraith (doi: 10.5694/mja2.51981). Their perspective explores what could be contributing to this. They observe that “GPs and specialists mostly lack the skills and confidence in managing menopause”, even though their “research has shown that GPs, gynaecologists and pharmacists understand that some women have severe symptoms that may last many years”, and also that women themselves are “unaware that menopause is associated with bone loss [and] cardiometabolic health”. They provide a useful update on the role of the Women’s Health Initiative Study in influencing practice and offer up-to-date recommendations for managing menopause and perimenopause, as well as the need for research to explore the impact of menopause on the employment of women.

It is well known that there are sex disparities in managing acute coronary syndrome (ACS), with women often diagnosed later than men and less likely to receive evidence-based treatment (<https://insightplus.mja.com.au/2021/35/undertreatment-of-acs-in-women-this-needs-to-stop/>). The authors of a lessons from practice point out the importance of recognising atypical symptoms underlying ACS, which are common in women (doi: 10.5694/mja2.51974). This is even more important when considering unusual causes of acute myocardial infarction. Papadopoulos and colleagues present the case of a 60-year-old woman with spontaneous coronary artery dissection, an uncommon cause of ACS. They state that “[r]ecognising atypical symptoms is particularly important with female patients, who may experience cardiac pain differently ... compared with men”. A welcome reminder to consider sex differences in symptom presentation. ■

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