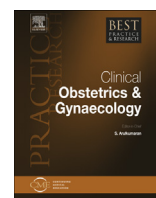




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Contraception and sexual health in obese women



Katharine B. Simmons, MD, Family Planning Fellow^{*},
Alison B. Edelman, MD, MPH, Associate Professor

Oregon Health & Science University, Department of Obstetrics and Gynecology,
3181 SW Sam Jackson Park Road, Mailcode UHN 50, Portland, OR 97239, USA

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As the proportion of women with obesity increases worldwide, understanding the influence of body weight on sexual behavior, fertility, and contraceptive effectiveness is critical for health-care professionals and patients. Although many have theorized that obese women are different from normal-weight women regarding sexual health and behavior, current evidence for the most part disproves this. The exception is in adolescents where body image may play a role in riskier behavior, placing them at a greater risk of an unintended pregnancy. Given that most modern contraceptives were not originally evaluated in obese women, understanding how weight affects contraceptive pharmacokinetics and efficacy should be a focus of ongoing research. Evidence is reassuring that most modern contraceptive methods are safe and effective in obese women. This paper reviews what is known about sexual and contraceptive behavior, as well as the effectiveness and pharmacokinetics of modern contraceptives, for overweight and obese women.

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Introduction

Obesity is a worldwide epidemic, affecting 34% of reproductive-age women in the United States and at least 12% in Western Europe [1,2]. Obesity also affects women in less developed nations, especially in urban areas. The World Health Organization defines obesity as a body mass index (BMI) $>30 \text{ kg/m}^2$, and

^{*} Corresponding author. Tel.: +1 503 494 2811.

E-mail address: simmonka@ohsu.edu (K.B. Simmons).

worldwide, more than 300 million women can be classified as obese [2,3]. Obesity is now the fifth leading cause of mortality worldwide [2].

For decades, contraceptive research excluded women >130% of the ideal body weight, utilizing a one-size-fits-all approach. However, obesity has the potential to influence fertility and contraceptive efficacy in several ways, including changes in baseline fecundity, sexual behavior, contraceptive use, and steroid hormone pharmacokinetics (PK). Obese women who become pregnant face an increased risk of gestational hypertension, diabetes, preeclampsia, cesarean delivery, and fetal complications such as growth restriction, neural tube defects, and stillbirth [4,5]. It is a public health necessity to understand the safety and effectiveness of contraception in obese women to assist women and their health-care providers in making informed choices about contraceptive use and childbearing.

This article reviews what is known about the sexual and contraceptive behavior of obese women, as well as the effectiveness and PK of modern contraceptives for overweight and obese women.

Sexual health and behavior

The probability of pregnancy is dependent on several factors, including frequency and timing of intercourse, baseline fecundity, and use of contraception. Body habitus has the potential to affect a woman's pregnancy risk through each of these mechanisms.

Sexual behavior

Body habitus and self-image may influence sexual and other behaviors. Although several large population-based studies have examined the association between BMI and sexual behavior, these studies are limited by self-report of very personal questions, and misreporting is common [6].

Adolescents appear to have greater differences in sexual behavior by body weight than adult women. In an analysis of data from the 2011 National Longitudinal Survey of Youth (NLSY), obese white adolescent girls were more likely than nonobese girls to have a partner at least 3 years older (59% obese vs. 42% nonobese, $p < 0.05$), more likely to have more than three sexual partners in 1 year (48 vs. 28% nonobese, $p < 0.05$), and less likely to use condoms during their most recent sexual encounter (30% obese vs. 62% nonobese, $p < 0.05$) [7]. These differences were not present among black adolescent obese females. A similar analysis combining NLSY data from 2005 to 2011 had similar findings, including an elevated odds of having multiple sexual partners in obese girls compared to normal-weight girls (odds ratio (OR) 1.59, 95% confidence interval (CI) 1.32–1.91) and an elevated risk of not using condoms (OR 1.3, 95% CI 1.07–1.57) [8]. Obese girls were also at elevated odds of having coital debut before the age of 13 (OR 2.12, 95% CI 1.6–2.81) and a history of sexual abuse or nonconsensual sex (OR 1.37, 95% CI 1.12–1.67).

Data on adult women are available from several surveys in the US and Europe.

In the French National Survey of sexual behaviors (Contexte de la Sexualite en France), obese women were 30% less likely to report having a sexual partner in the past 12 months, and were less likely to have an occasional sex partner [9]. The likelihood of reporting more than one sexual partner in the past year decreased as BMI increased ($p = 0.003$). Among women with a sexual partner, there was no difference in the frequency of sexual intercourse by BMI.

In a US population, using data from the 1999–2000 National Health and Nutrition Examination Survey (NHANES), obese women reported fewer sexual partners in the past year than normal-weight women (mean 0.93 vs. 1.15, $p < 0.05$, t -test). There was no difference in the lifetime number of partners by BMI (mean 5.24 normal weight, 4.77 overweight, 5.76 obese, $p > 0.05$ for both comparisons) [6]. Similarly, an analysis of the 2002 National Survey of Family Growth (NSFG) also demonstrated no difference in the frequency of sexual intercourse, number of current partners, age at first intercourse, number of partners in the past year, and number of lifetime partners between obese and normal-weight women [10]. This lack of association persisted after adjusting for age, race/ethnicity, education, household income, gravidity, parity, cohabitation status, general health, and place of residence. There was no difference in sexual orientation with 9% of normal-weight women, 10.1% of overweight women, and 9.7% of obese women reporting being something other than heterosexual.

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