

some rabbis may permit abortion where it is shown that the mother would suffer extreme mental distress from the birth of an abnormal child. Usually abortion is not permitted to prevent suffering of a child with a genetic or congenital abnormality, and prenatal screening is discouraged as it may lead to abortion. However, pre-implantation genetic testing is considered acceptable and would be the method of choice where the couple is known to have a mutation. Some rabbis may permit abortion until the end of the second trimester for a fetus suffering from a fatal condition such as Tay-Sachs disease, a genetic defect with a high prevalence amongst Ashkenazi Jews. Rape and incest can be grounds for an abortion if continuing the pregnancy would cause such distress to the mother that it endangers her health.

Whilst the legal penalties for unwarranted abortion differ depending on the age of the fetus, ethically and legally unnecessary abortion is wrong at any stage of gestation.

Conclusions

In the area of women's health it is important that health professionals treating Jewish women are aware of the important facets of Jewish law regarding sexuality and

reproduction. However, they also need to be aware of the different streams of Judaism to which women belong, and their adherence to these practices, in order to provide appropriate advice and treatment.

Statements on funding and competing interests

Funding None identified.

Competing interests None identified.

Further reading

- 1 Chertok IR, Zimmerman DR. Contraceptive considerations for breastfeeding women within Jewish law. *Int Breastfeed J* 2007; 2: 1. <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1779768#B16> [Accessed 2 November 2008].
- 2 Rabbi Solomon Ganzfried (translated by Hyman E. Goldin). *The Kitzur Shulchan Aruch (Code of Jewish Law)*. New York, NY: Hebrew Publishing Company, 1961.
- 3 Rachel Biale. *Women and Jewish Law: The Essential Texts, Their History, and Their Relevance for Today*. New York, NY: Schocken Books (Random House), 1995.
- 4 Rabbi Shmuley Boteach. *Kosher Sex: A Recipe for Passion and Intimacy*. New York, NY: Main Street Books (Random House), 2000.
- 5 Nishmat – The Jerusalem Centre for Advanced Torah Study for Women. *Women's Health and Halacha*. <http://www.yoetzet.org/about.php> [Accessed 2 November 2008].
- 6 Judaism 101. Kosher sex. <http://jewfaq.org/sex.htm> [Accessed 2 November 2008].

NEWS ROUNDUP

Alcohol advice crucial in teenage sex education

Alcohol and attitudes are two of the key factors that health professionals need to be aware of when they are dealing with sexually active teenagers. Researchers from the University of Sheffield, UK found considerable differences between the way that boys and girls aged 14–16 years viewed a series of sexual scenarios – a girl and a boy both reluctant to have sex, a girl who had had a number of partners and a girl who felt pressured to have sex because her friends had paired off with two boys leaving her with a third.¹ “The girls who took part in our focus groups were more likely to see their partner's point of view and were more aware of the complex nature of relationships than the boys”, says nurse researcher, Dr Mark Hayter. Focus groups were held with 35 teenagers who had accessed nurse-led sexual health outreach clinics for contraception. These clinics are often held in conjunction with youth clubs in areas where teenage pregnancy rates are high. “Providing information and contraception is only one element of promoting sexual health. When it comes to female clients, nurses should develop interventions that can strengthen self-esteem and teach young girls how to respond positively to the social pressures they face around sex. It would also be helpful to encourage young male clients to empathise with their female partners. Last, but definitely not least, clinics need to treat alcohol use by their clients as a higher priority, integrating advice and help about harmful drinking into their sexual health promotion work.”

Reference

- 1 Hayter M, Harrison C. Gendered attitudes towards sexual relationships among adolescents attending nurse led sexual health clinics in England: a qualitative study. *J Clin Nurs* 2008; 17: 2963–2971.

Women of distinction

The Royal Mail has issued a set of special stamps featuring women of distinction, who have all taken on the establishment and won. These include Marie Stopes who opened her first clinic in 1921 and pioneered modern methods of birth control. Her work continues in 38 countries around the world through the Marie Stopes International charity. Elizabeth Garrett Anderson became the first woman to qualify as a doctor, founding the Elizabeth Garrett Anderson Hospital for Women. Her sister, Millicent Garrett Fawcett, was a tireless campaigner for women's rights, and

as President of the National Union of Women's Suffrage Societies was instrumental in securing the right for women to vote. Eleanor Rathbone campaigned for Family Allowances and was elected as a Member of Parliament (MP) in 1929. A year before her death in 1946 she saw them introduced. Claudia Jones campaigned for the rights of the black community in the UK and her lasting legacy is undoubtedly the Notting Hill Carnival, which she helped launch in 1959. Labour MP Barbara Castle spent a lifetime fighting for social causes; key among these was the 1970 Equal Pay Act, which she oversaw.

Source: www.royalmail.com

Cheap condoms for a safer sex industry

Prostitutes and other women working in the sex industry still have to pay enormous costs to guarantee a safe working environment. Although HIV infections and sexually transmitted infections remain a great risk in their line of work, surveys show that 20% of prostitutes do not use a condom and for addicted prostitutes this rises to 40%. The Dutch Safe4now Foundation has launched a new European campaign to distribute cheap condoms for the sex industry. Condoms can be bought anonymously on their website (www.safe4now.eu) at 10 Euro for a package of 100 condoms. By launching this campaign the Foundation hopes to increase the use of condoms in the sex industry and reduce the spread of the HIV virus and/or venereal diseases.

Source: www.safe4now.eu

Danish study on HRT and heart attack risk

An observational study published online in the *European Heart Journal*¹ suggests that the type and mode of hormone replacement therapy (HRT) can affect the association between HRT and myocardial infarction. The study is the largest to look at the effects of HRT since the Women's Health Initiative trial was stopped early after finding that HRT increased the risk of women developing a range of conditions including breast cancer and thromboembolism. This study was of 698 098 healthy Danish women, aged 51–69 years, who were followed between 1995 and 2001. It found that overall there was no increased risk of heart attacks in current users of HRT compared to women who had never taken it.

However, in younger women (aged 51–54 years) who were taking HRT during the period of the study, the risk of heart attacks was increased by 24% compared with women who had never taken HRT, and in this group there was increased risk with longer duration of HRT use that was not seen in the older age groups. The study also found that the type of HRT and the way that the women took it made a difference to the risk of heart attacks. Continuous HRT (a continuous combination of estrogen and progesterone) carried a 35% increased risk of heart attacks compared with women who had never used HRT. But if HRT was taken on a cyclical basis (estrogen, followed by a combination of estrogen and progesterone) there was a tendency for these women to have a reduced risk of heart attacks compared to women who had never used HRT. This was also seen if tibolone, a synthetic hormone, was used. If the method of taking the estrogen was via a patch or gel on the skin or in the vagina, the risk of heart attack reduced by more than a third (38% and 44%, respectively).

Reference

- 1 Løkkegaard E, Andreassen AH, Jacobsen RK, Nielsen LH, Agger C, Lidegaard O. Hormone therapy and risk of myocardial infarction: a national register study. *Eur Heart J* 2008; 29: 2660–2668.

Public ignorance over teenage pregnancy rates

Sexual health charity Brook commissioned a poll of 1986 people to find out the public's perception of pregnancy rate amongst under-16s in England. The poll found that 95% of people overestimated the rate of under-16s getting pregnant each year. Just 5% were able to provide a close estimate of the teenage pregnancy rate, which is, in fact, less than 1%. Young people themselves thought that the rate was particularly high, with 23% of 15–24-year-olds thinking that the rate of under-16s getting pregnant each year is over 40% compared with 16% of people aged 25 years or over. 81% of respondents thought the rate had increased in the last 20 years, while it has actually decreased by 12.6% since 1998, the baseline for the Teenage Pregnancy Strategy.

Source: www.brook.org.uk

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