

## Women's health

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Over the past few decades there has been a change in the way women have been viewed. At a societal level women were once seen as 'wives and wombs'. Over time there has been a gradual shift towards women being seen as 'mothers and more'. Similarly, there have been changes in the way women's health is viewed.

Before 1970 women's health was positioned in a global framework mainly concerned with issues of childbirth and family planning. However, by the late 1980s advocates of women's health were campaigning for a broader definition of the health of women. A new vision with regard to the relationship between population development and women's empowerment was presented at the 1994 International Conference on Population Development held in Cairo. The Conference recognised the need to view family planning in the context of reproductive health. At the 1995 United Nations (UN) 4th World Conference on Women held in Beijing, the need to view reproductive health in the broader context of women's lives was emphasised. In 2000 UN member states endorsed a set of developmental goals referred to as the Millennium Development Goals (MDGs). Although several of the MDGs relate to women's health, sexual and reproductive health was not explicitly prioritised. This oversight was redressed in 2005 when many governments committed themselves to achieving universal access to reproductive health by 2015.

In South Africa civil society organisations active in gender and women's health lobbied for the creation of locally appropriate reproductive health policies that would be aligned with the emerging international emphasis on reproductive rights and the broader perspective of women's health. Since 1994 many laws and policies

affecting reproductive health have been passed. However, these legislative and policy advances have not necessarily been followed by successful implementation. The weak and inadequate public health system infrastructure impedes implementation of policies.

Scientific research has advanced our understanding of the factors affecting women's health. Currently we understand that women's health status is influenced not only by biological factors but also by complex interrelated social and cultural factors. These factors affect men and women differently. It could be argued that we understand enough of science and social issues to generate realistic prevention and intervention strategies for many conditions that cause ill health in women.

Despite these major societal and scientific advances, the health of South African women remains sub-optimal: cervical cancer, a preventable disease, is still a major cause of morbidity and mortality; maternal mortality ratios have increased; HIV continues to have a devastating effect on women's lives; violence against women remains high; and there is a growing burden of chronic diseases among women.

To improve the health of South African women there must be greater political commitment, investment in health systems planning, adequate resource allocation, and stronger management and leadership. As health care professionals we need to be advocates for women's health.

This edition of *CME* provides important insights into some aspects of women's health. We hope that it will serve as a basis for discussion and action.