

## Women's Health: a Challenge for Family Physicians

Many people still ask the question: What is Women's Health about? Is it not simply another name for obstetrics and gynaecology? Women's health is however not synonymous with obstetrics and gynaecology. Women's health is concerned with the provision of holistic care for women so that they can make a positive impact in their households, and ultimately in their communities. It addresses the care of women at all developmental stages, from pre-adolescent through to post-menopausal. It addresses preventative, medical, sexual, emotional and social issues, which challenge women and physicians who care for them. The family physician is at the forefront of the challenge as provider of holistic care.

Some of the articles in this issue address many women's health issues. Fuchs et al addresses the issue of termination of pregnancy. The researchers has shown that misoprostol, the drug used for the medical induction of abortion, has proved to be effective and cost effective in that it can be administered at primary and secondary levels of care in South Africa, with very few side effects. It is regrettable that despite the Choice of Termination Act (Act 92 of 1996) hundreds of women are still dying each year from complications associated with incomplete backstreet abortions. Research has shown that in

countries where abortion is legal and available on demand maternal morbidity and mortality has decreased significantly. In South Africa the Medical Research Council estimates that 200 000 abortions take place each year. Incomplete abortions result in 44 686 women needing attention in hospitals. About 425 women die each year from septic abortions. The majority is black.

What role can we as Family Physicians play to address this tragic situation? I believe we are rightly placed to play a meaningful role if we positively respond to this issue.

Theron reports about the Confidential Report on Maternal Deaths in South Africa. It is shocking that South Africa still has the high maternal mortality rate of about 150 per 100 000 live births. According to this report some of the avoidable causal factors include a missed opportunity for preventing death related to the woman herself or within her community. Are we as Family physicians not well placed to influence the behaviour of our patients? Do we make an effort to 'understand the context of the illness our patients present with?' Do we ever 'see every contact with our patient as an opportunity for prevention or health education?' To a great extent some of the solutions, as highlighted in this report, lay in our commitment to

practice family medicine in accordance with principles so ably described by McWinney.

As Family Physicians we must realize that we cannot work in isolation without the grasp of the system as a whole. We should be part of the health care network at all levels of care. This way we are able to keep abreast with current guidelines and protocols.

We have a role to play at the social and emotional levels of women's health. Women are the ones who bear the social pressures of their communities. Their nature makes it easy for them to share and relate with each other at all levels. We could use this opportunity to encourage them in their organisations, "stokvels" and societies. Here we could encourage them to also look at healthy living. As shown in studies done previously, when women have knowledge and information on health related issues they can impart this to their households and their communities. This would in the long run have positive impact on morbidity and mortality in their communities.

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### Message from the Chairman

The year is drawing to an end and so is the three-year tenure of the current National Council. I want to thank all these dedicated members for their assistance in leading the Academy in the past three years. A special thanks to Dr Cedric Schmaman who will retire as National Treasurer. Nominations for all positions on Council were uncontested and we congratulate the duly elected Council. I trust that they will move the Academy from strength to strength in the future. (See names underneath). The Academy's 19<sup>th</sup> Annual General Meeting

will be held in Pretoria on the 21<sup>st</sup> of November 2000.

The Academy has had a busy year and continues to provide an exceptional service with regards to CPD accrediting. Our membership is increasing and we are working on making our CPD always relevant to the needs of our members. We need our members to pay their subscription fees, especially to assist us in providing the SA Family Practice Journal. Please continue to convince your colleagues of the values of Academy membership.

The New Year will bring the 16<sup>th</sup> World Congress of Family Doctors from 13 – 17 May 2001 in Durban. This will be the biggest-ever family practice congress in South Africa and an occasion which no family/general practitioner in the public or private sector should miss. Visit the website at <http://www.wonca2001.org.za>. We look forward to seeing you there.

*Marietjie de Villiers  
17 October 2000*