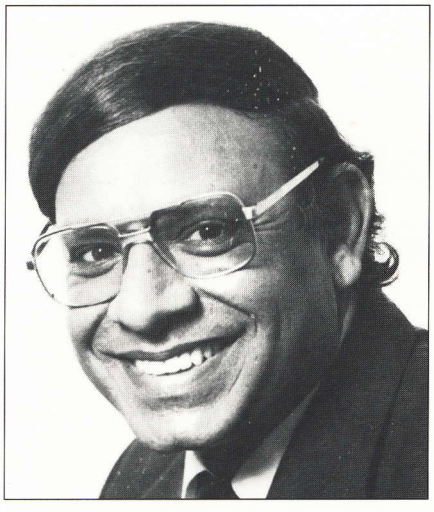
An Update on the Progress of Women in Health and Society — Dr N Naidoo



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Curriculum vitae

Dr Neethia Naidoo qualified as a general practitioner from the University of Natal Medical School in Durban. He has been in general practice since 1972 and obtained the MFGP in 1978. He is chairman of the Natal Midland Branch of the South African Academy of Family Practice/Primary Care and is a member of the National Council of the Academy. He was the first President of the National Medical and Dental Association (NAMDA). He is presently chairman of the Dalton and Districts Child and Family Welfare Society and District Surgeon for the magisterial district of New Hanover. He is active in under- and post-graduate education in general practice.

Summary

International initiatives like "The Decade for Women" (1975-85) and "Women, Health and Development" (1992) have clearly highlighted the role of women in education, in health and in society. A special emphasis is given to the rural woman. This article translates these initiatives into the South African situation and underlines the profound impact on all people in this country and on all spheres of life, if the government would invest in, and develop the women in this land.

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KEYWORDS:
Educational Status; Women; Health.

Introduction

The International Women's Year 1975 and the Decade for Women 1976-1985 were highly significant in drawing our attention to women's present circumstances especially in some developing and under developed communities, particularly those living in the rural areas of developing countries who are often the most under-privileged segment of their societies. Chronically neglected, they in many areas, lack even such basic necessities of life as food and health care in spite of progress achieved in food production and public health. This has militated against the United Nations goal of Health for All by the Year 2000.[1] Their unique position in the family and in society has long been neglected and misunderstood.[2] They have been largely deprived of opportunities to develop their potential and equal partners in social, economic and political development because most cultures have a traditionally low status for them. Poor literacy, unhealthy social attitudes and inadequate health facilities have all been responsible in varying degrees for the prevailing state of affairs.[3]

Their contribution over the years to the health of their children, their families and their societies, their increasing role in production and their basic rights in reproduction, their role as home managers and executives, mothers, wives, daughters, sisters and their influence in development programmes world wide, however, has been receiving increasing attention since the early seventies. Sufficient evidence is now available that traditional societies are wasting a resource which could make substantial contributions to their development, by failing to develop this potential.[3,4]

The two World Conferences on Women (Mexico 1975 and 1985) were the watershed in the role of women in Society and Health. In addition to their role of wife and mother, many women have extended themselves and are also effective nurses, teachers, counsellors, family and child providers, secretaries, bookkeepers, professionals; and what is more, they are always on call for their families and dependants. Many have extended themselves into the labour market and into other activities as demanded by their environment such as in community awareness programmes, in organisations at work and at community levels. Women in developing countries and in under-

developed communities, amongst other things, have been involved in creation of pre-school and after-school care facilities for children, in improving literacy and in developing their skills in personal, social and economic leadership, development and family lifestyle and in outreach programmes for the upliftment of the poor sections of their communities through their various organisations.[5]

In the rapidly changing world around them and the impact of modernisation and the crucial roles they have in contributing towards development, there has recently been a focus on the rights of women and their social status.[6] From a social justice stand point, a perception of women as an asset, a resource whose potential must be developed and converted into contributions towards equality, development, literacy and leadership must be appreciated.

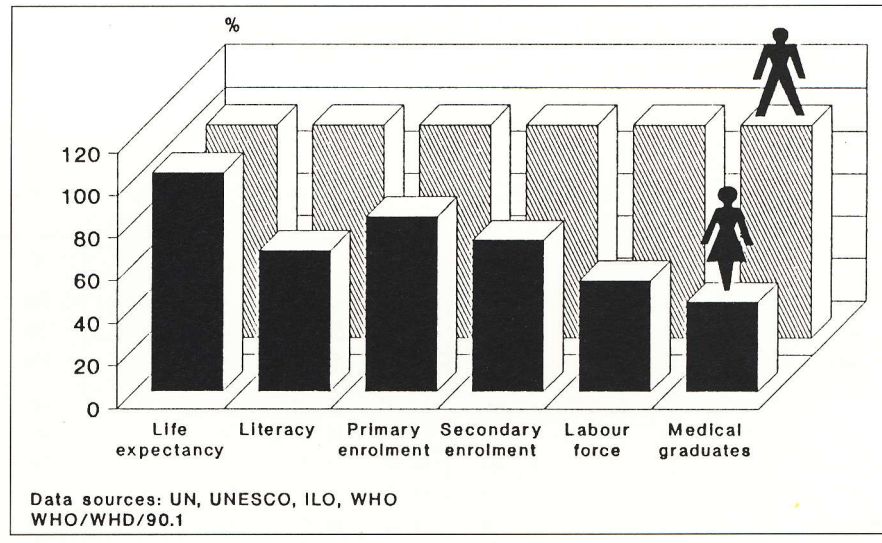

Figure 1(a). The gender gap in developing countries (females as a percentage of males)

Women and Primary Health Care (PHC)

The significance of women's health and socio-economic well-being is not only increasingly recognised but is seen as a necessity for sustainable development for the promotion of the principles and approaches of primary health care which together form the link between women's health, and overall progress in health and development. Attention to programmes that will help close the gender gap in developing countries, as is shown in Figure 1(a), is what the United Nation's Decade for Women hopes to achieve. The housewife or what I prefer to call the Family Manager is ideally suited to perform this task. The eight areas of PHC which have been identified by WHO, are shown in Figure 1(b). Women have the ability and the interest in engaging efforts to meet these needs.

Research has highlighted the consequences on various aspects of health and development when the educational, economic and social needs of women are ignored. The increasing population growth, the increasing child and infant mortality, maternal mortality, inadequate immunisation and inadequate nutritional status of children, the poor literacy rate and poor utilisation of maternal child services, are some of these consequences that can be measured.[4,8,15] (Table 1).

The fact that the health services tend to concentrate on the women's needs as prospective childbearers to the almost exclusion of their true health and educational needs, has been a missed opportunity. A healthy society is not obtained by improving health services alone. Women's status in society needs to be addressed in all spheres ie political, legal, economic, educational and cultural. It has also been a missed opportunity that the emphasis has always been on the control of women, rather than on empowering women to control their own fertility, and their family health.[6]

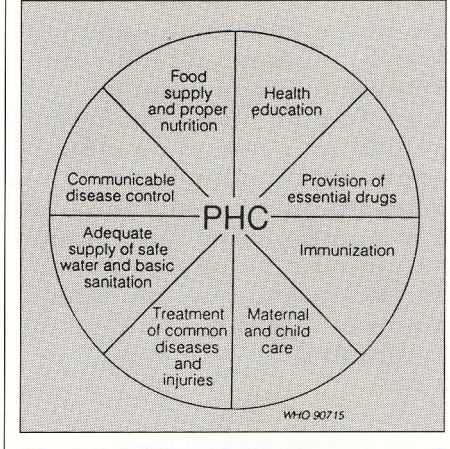

Fig 1(b). The eight elements of primary health care

... Progress of Women

Table 1. Women, Health and Development - Global Situation
by United Nations Geographical Region - about 1988

Region	% adults literate m/f	% births attended by trained personnel	Infant mortality rate		% enrolled in school		% women 15-19 yrs married	Average No of children per woman	Maternal mortality rate c 1983	Contra-ceptive prevalence c 1983	Life expectancy females as percentage of males	Life expectancy at birth			
			1975-1980	1985-1990	6/11 yrs m/f	12-17 yrs m/f						1975-1980 m	1975-1980 f	1985-1990 m	1985-1990 f
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
WORLD	79/65	58	86	70	84/74	52/57		3,45	390	51	106,6	58,6	62,1	61,8	65,9
Developed	98/97	99	19	15	92/92	87/87		1,89	30	70	110,1	68,2	75,6	70,3	77,4
Developing	72/51	52	97	78	82/70	51/38		3,94	450	45	104,5	56,4	58,3	60,1	62,8
AFRICA	57/36	38	126	103	65/54[a]	55/38[a]		6,24	640	14	106,6	46,3	49,5	50,3	53,6
Nothern	57/29	30	121	79	82/66[a]	59/42[a]	23	5,11	500		104,5	52,7	55,3	57,8	60,4
Western	48/27	37	132	111	64/50	52/27	40	6,85	700		106,8	43,2	46,2	47,2	50,4
Eastern	54/36	22	131	114	51/47	47/38	28	6,85	660		106,3	45,5	48,7	49,0	52,1
Middle	69/40	38	118	98	68/56	58/37	34	6,24	690		107,5	43,8	47,3	48,1	51,6
Southern	84/84	64	98	77	62/64	88/87	26	4,70	570		110,9	52,1	58,4	56,7	62,9

The poor condition of women with regard to health and empowerment persists and has even deteriorated despite some positive outcomes and initiatives of the United Nations Decade for Women since 1976. (Figure 2). The challenges that now face us, especially as Family Physicians, is in finding the best means to integrate women effectively and fully in the development of PHC processes in South Africa. In the 1990's the main priority will be to put women on top of the agenda in South Africa and to promote the role of women as agents of change, to make their health and social needs a top priority and to equip them with equal access to information, technical and economic resources, skills, appropriate education and opportunities to benefit them and their families, other people and future generations.[7] The approaches or programmes should focus on three aspects:

1. The promotion of the health of women, and women as beneficiaries of the health care.
2. Women as providers of health care, and
3. Women's education and status as a means to enhance their contribution towards improving their families and therefore community's health and even their country's health through political involvement.

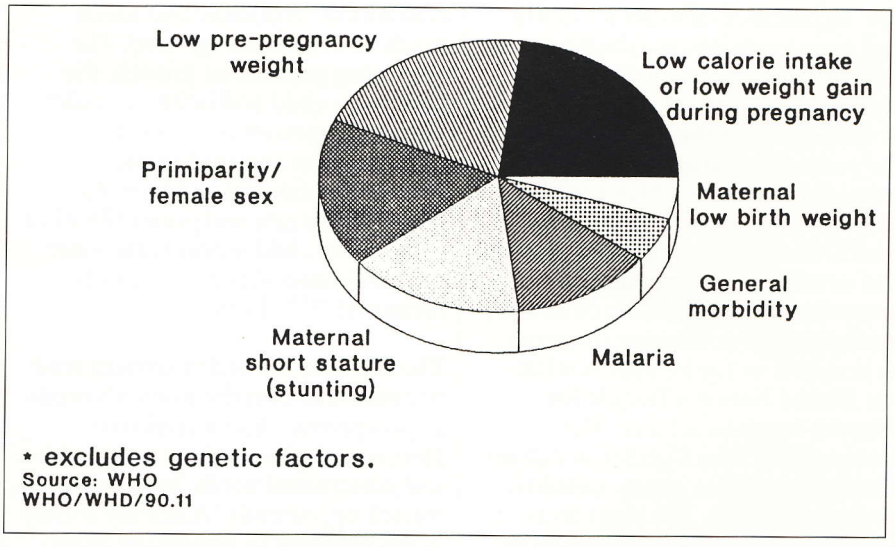

Figure 2. Relative importance of different health factors* contributing to low birth weight in rural developing areas

... Progress of Women

Research in several poor countries such as Sri Lanka, India, (Kerala), Cuba and Costa Rica have shown that women can play a pivotal role in influencing the health of the community in a most effective way if empowered to do so.[8] Adequate nutrition, clean water, sanitation, access to maternal child care, family planning, safe housing, breast feeding, growth monitoring, immunisation, oral hydration, prevention of infection and the availability of essential medicines and other basic issues were possible with greater involvement of women as active participants and agents of change. (Figure 1b). This was possible through involvement of women in ensuring a more equitable distribution of existing resources, goods and services. The decline in mortality rates were more closely associated with the level of income, education and broad nutritional levels

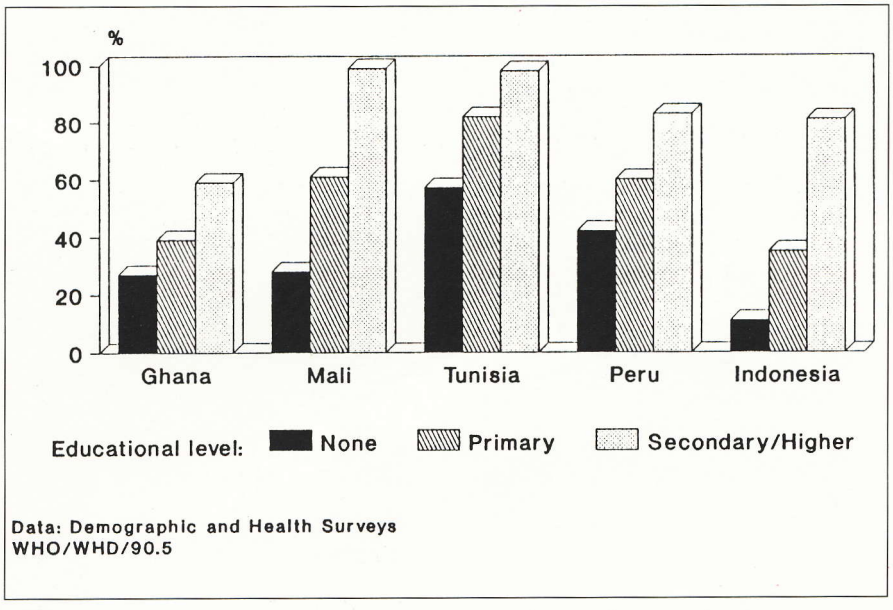

Figure 3. Trained attendants during delivery by mother's educational level (selected countries)

> The challenge is to integrate women effectively in PHC processes

than with the spread of health services. Land reforms also played a significant role in increased productivity.[8]

Women and Education

In order to carry out these activities effectively as well as their traditional roles in society, female education is probably the single most important investment that governments, other agencies and organisations, and Family Physicians in South Africa can make.[3] Although literacy rates for boys and girls are improving, appropriate education is not yet within reach of many girls and women in underdeveloped communities, and in some of our current school systems especially rural farm schools in Natal.[9] The Kerala experience provides clear evidence that nutritional levels are influenced by educational levels.[8]

Education enables them to obtain a good job and improve their social status and self image for the benefit of their entire family. They are also able to address important issues in their community while increasing their ability to question the status quo. Of crucial importance is their ability to control their fertility through appropriate means. Access to libraries, support and self help groups, knowledge and awareness of family-life education will contribute positively to the physical, mental and social well-being of the adolescent girl. Here I think of "Facts of Life", "Facts for Life" and other information services on conditions such as AIDS, STD, pregnancy etc.

In the family, women are the health educators, passing on knowledge about how to maintain health and how and when to seek help. Women are primarily responsible for nutrition, personal hygiene practices, fetching water, ensuring clean water is used for drinking. They are mostly responsible for decision making and continuing care in the home. They usually provide these services without monetary compensation and often volunteer their services in community organisations and self help clinics.

Women and fertility

The more education women receive the greater the likelihood that they will seek prenatal care. (Fig 3). Too

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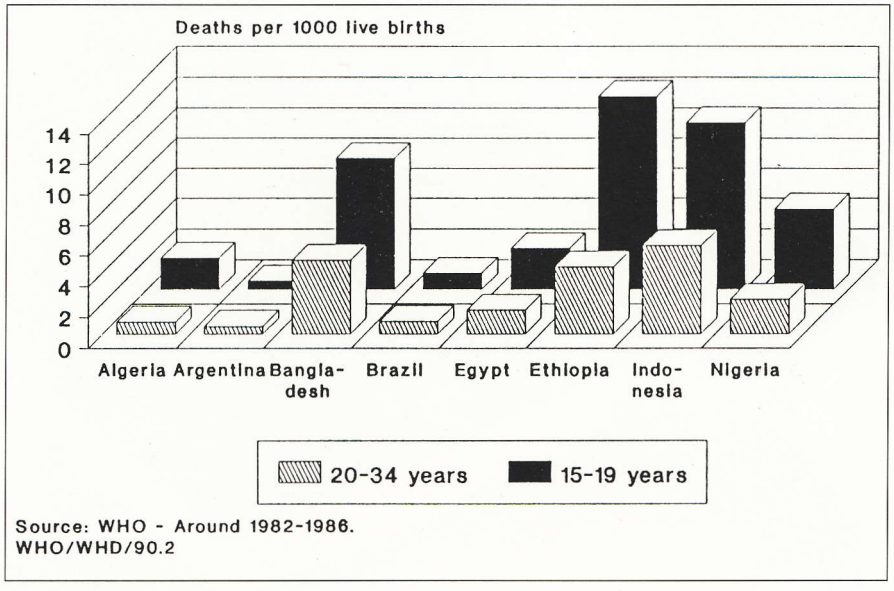

Figure 4. Maternal mortality by age of mother (selected countries)

infantile death rates, overcrowding and enormous slums as we would outstrip the available resources in this country. Dr Stuart Saunders, Vice-Chancellor of UCT, recently pointed out that "there is no other way forward irrespective of the type of economic system that we have, irrespective of which government is in power, irrespective of any other action we might take, but to ensure that parenthood is planned sensibly if we want to have any prosperity at all in this country".[10] There is good evidence that the most important factor which brought about a drop in the birth rate was an increase in socio-economic standards. (Table 2). Everyone in this country has to contribute towards achieving this goal. We all have an important, although enormous, educational task at hand to convince societies that planned parenthood was not a "Western imperialistic neo-colonial capitalistic plot." Family Planning is a

many children too early, too late or too closely are major risk factors for the survival and well-being of mothers and their children. (Figs 4 & 5). If all women who said they wanted no more children were actually able to stop child bearing, the number of births would be reduced by an average of 17% in Africa and the number of maternal deaths will also fall proportionately.[2] (Fig 6). The Planned Parenthood Association therefore have a vital role to play in saving lives and improving the quality of life. It is, however, achieving a fraction of its potential at present, probably because of the political implications and the manner in which family planning has been marketed in South Africa.

If we fail to diminish the frightening birth rate, we face an inevitable cycle of poverty, malnutrition, high

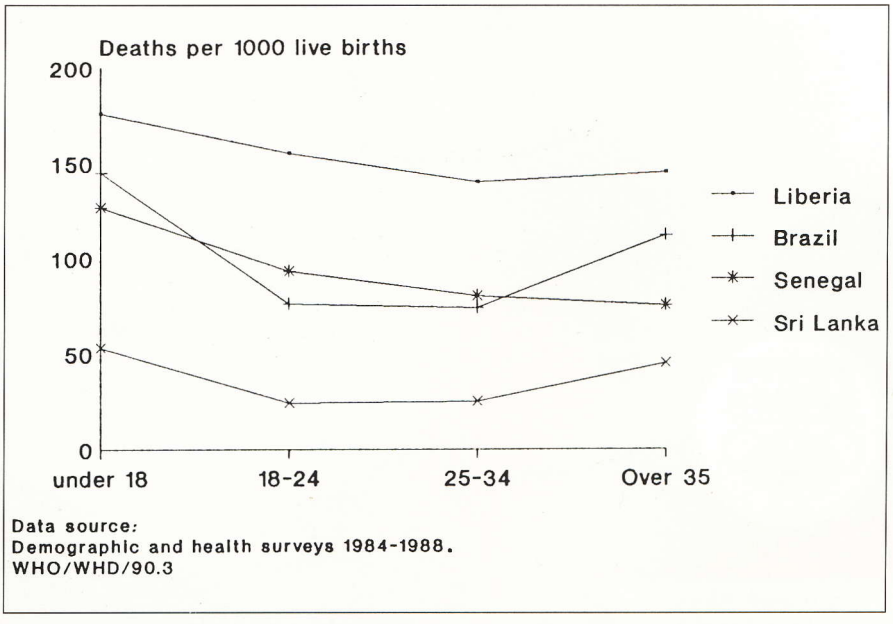

Figure 5. Infant mortality by age of mother (selected countries)

basic human right and Family Physicians have an important role in educating their patients and the public with regard to responsible, caring sexual relationships in an attempt to help women prevent hardship, suffering and poverty.

Tetanus Toxoid immunisation for pregnant women and women of child bearing age, will prevent maternal as well as neonatal tetanus. The simple delivery/cord care kit is one valuable aid for ensuring clean deliveries. Its use and the use of Road to Health cards are being promoted. The Maternal and Child health programme and the Expanded Programme on Immunisation are supporting action to reach the goal of eliminating neonatal tetanus by 1995. (Fig 8).

The subject of HIV infection and pregnancy also has implications for health education and community

Table 2. Percentage of first births to women under 20 years (selected countries)

Country	1970-75	1980-85
Japan	2	3
Italy	19	12
Tunisia	28	21
Philippines	24	23
USA	36	24
Thailand	27	26
Hungary	28	26
Chile	32	29
Ecuador	40	38
Costa Rica	46	42
Malawi	56	55

Data source: UN - WHO/WHD/90,10

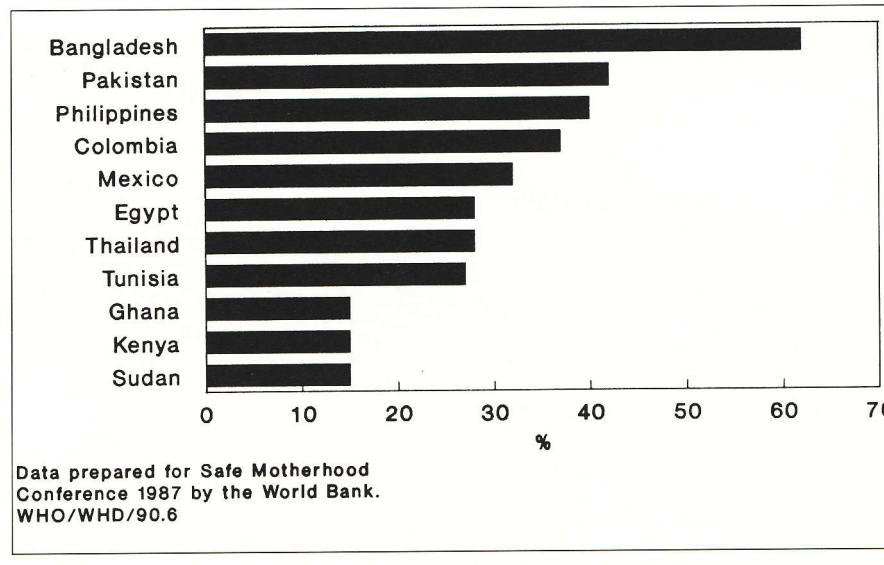

Figure 6. Percentage of maternal deaths averted if women wanting no more children used effective contraception (selected countries)

welfare systems. In many countries the status of women in the family and society makes them particularly susceptible to HIV infections - a social vulnerability related to their low status.[15] The Women's Charter[16] addresses some of these issues. This document should be read and acted upon by all who appreciate this as women's great and noble endeavour.

The proportion of young women (under 18) or older women (over 35) giving birth are all good indicators of women's degree of control over their own lives. Anaemia and weight gain in pregnancy are important nutritional indicators for women.[21] Minimum legal age for marriage or proportion of teenage women married and the proportion of girls attending school are also directly related to health. These are some of the indicators that Family Physicians could monitor in the community.[20]

Women and Community Health

Women's contribution to the formal health care system is well recognised and in nearly every country the majority of health workers are women eg primary health care workers, nurses, midwives, etc. More female doctors should be trained in SA to meet an important need. Presently they only make up about three percent of the doctors in the country. Women are well placed to tackle the problem of destructive lifestyle practices such as smoking, alcohol abuse, drug abuse, gambling, harmful diets etc. Women also are well placed in the family and in society to communicate today's essential family health information as contained in the UNICEF, WHO and UNESCO publication "facts for life" and for their role in achieving and maintaining the first level

... Progress of Women

of primary health care - a well informed family and community. This information about birth spacing, safe motherhood, breastfeeding, weaning and child growth, immunisation, diarrhoeal diseases, respiratory infections, domestic hygiene, malaria and Aids, will enable women to achieve a safe level of health for themselves and their families.[12]

Women, Health and Development

In recognition of the importance of women in health and development, the forty-fifth World Health Assembly for 1992 has chosen

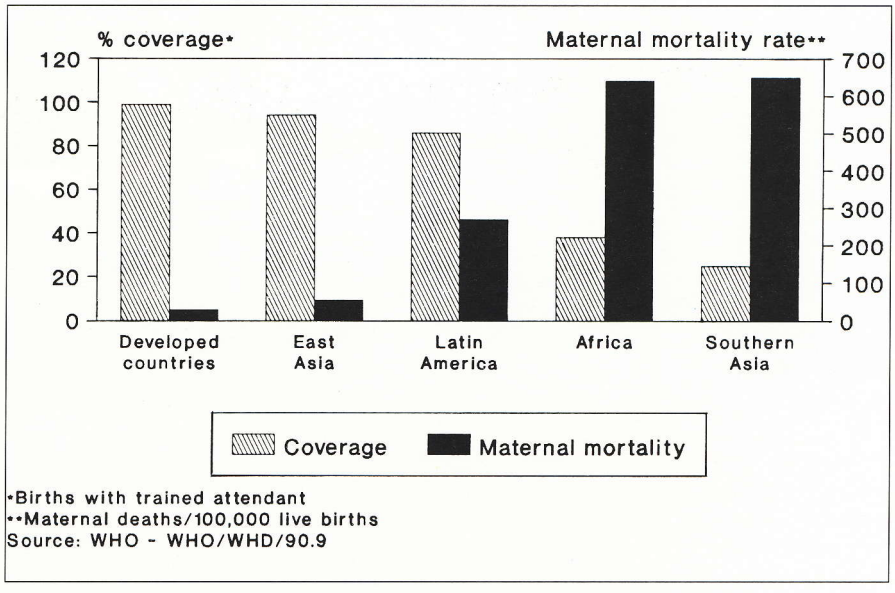

Figure 7. Coverage of maternity care and maternal mortality rates in selected regions

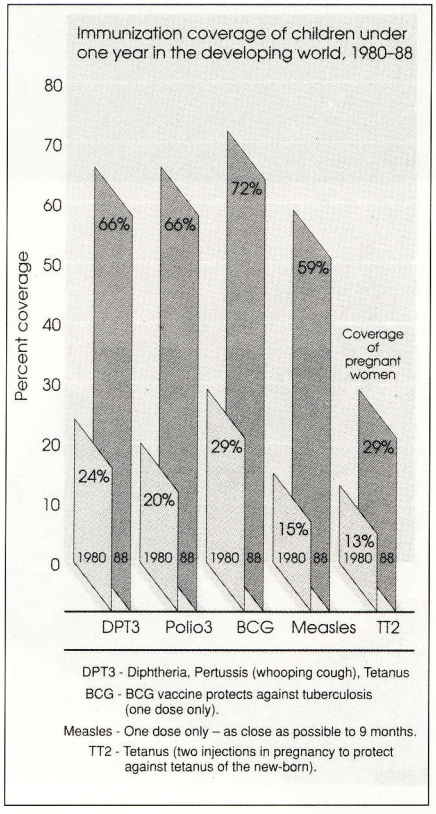

Figure 8. Immunizing all children by 1990

"Women, Health and Development" as the topic for the Technical Discussions. Women and Health was the subject of 1987 issue of World Health Statistics Quarterly. It is significant also that the list of indicators for the global monitoring and evaluation of the health-for-all strategy has been expanded to include two additional indicators of women's health - maternal mortality and prevalence of family planning practice. The World Conference on Education for All (Thailand, 1990) called for improved education for girls and women. An innovative project is being carried out in five African countries as part of a programme on organisation of health systems based on primary care through women's intersectoral actions linked to health, education, community mobilisation for environment, water and other communal activities. Female functional literacy was selected as the principle means for improving the conditions of these women and those of their families.[3]

All activities of the Programme on Development of Human Resources for Health, relate to women as both health beneficiaries and providers and support efforts to provide equal opportunities for women. A multinational study has been completed on the contribution of women to national health development and the constraints they face.[3]

> Female education is probably the most important investment, especially in rural areas

... Progress of Women

Many of the indicators used in monitoring progress towards health for all, are of direct relevance to women's health and their participation in development.[20]

Women and Maternal Health

Most maternal deaths are potentially preventable with existing knowledge. The Safe Motherhood Initiative launched at the International Conference on Safe Motherhood in February 1987 in Nairobi is supporting programmes that are addressing how this knowledge can be adapted to circumstances of countries with high rates of maternal mortality. (Fig 7). Inter-regional training workshops for research in the field of women's health have been held in several countries. The first meeting of a Task Force on Human Resources Development for Maternal Health and Safe Motherhood took place in Geneva in 1990. This set the scene for training activities specifically addressing women's health needs.

WHO has stimulated the participation of women in primary health care, maternal and child health and family planning programmes and

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Parenthood must be planned sensibly if we want any prosperity at all

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has encouraged member states to evaluate the action undertaken by women based on The Forward-looking Strategies at the International Conference on Safe Motherhood in Nairobi in 1987. The Safe Motherhood Initiative was launched to reduce maternal deaths by at least half by the year 2000 and to reduce maternal morbidity. As maternal mortality and morbidity are still major problems in under-developed communities,[15] 40/24 000 in 1990 at King Edward VIII

If you develop a woman, you develop a family; if you develop a man, you develop only one person

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Hospital in Durban[16] primary health care professionals and gynaecologists have a major challenge ahead for the 1990's.

Rural Women

Until recently both women and rural areas were neglected in economic and development debates in this country. The low educational status of most rural women has resulted in them having less access to vital information regarding their legal rights, health care and other opportunities. Furthermore, their cultural beliefs and attitudes inhibit their participation at the non domestic level. African working class rural women are probably the most exploited and oppressed. Even when health facilities are physically available, poverty limits people's access to them. In some rural areas, traditional birth attendants are the affordable source of maternal health care. They will probably continue to be the foundation of maternity services in these areas, as long as poor transport and lack of money are the rule rather than the exception.

Poverty, ill-health and malnutrition among rural women and children in South Africa has been exacerbated by the relocation of communities. Maternal mortality is a particular risk for rural women because of the physical draining activities of planting, harvesting, building houses and carrying wood. It is these activities, in addition to the responsibility of looking after households, combined with poor nutrition and isolation from ante natal services, that make them vulnerable to disease and premature death.

The migratory labour system does not only disrupt family life but also affects the lives and health of men, women and children. Sexually transmitted diseases are a huge problem in rural areas with serious consequences for their health. Many women are so desperate to end unwanted pregnancies that they seek illicit and dangerous abortions as the present act allows abortions only under certain circumstances.

The situation of rural women has changed very little over the years and

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Investment in women will have a profound impact on all people in SA

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support measures should be planned by governments and other agencies to reach women in rural areas.[13] (Fig 2). In my experience this is more easily achievable in these areas than in urban and densely populated areas. My impression is that they are more co-operative, learn easily and are capable of implementing most cost-

effective programmes to improve their family's well-being. Experience has shown an interest and enthusiasm from mothers in the practice population.[14]

There has recently been a move to re-direct and allocate available resources to those who need it most for low cost preventive measures. Communities are also being mobilised to define their health problems and to find solutions for them.[14] There has been a commitment to the primary health care approach in this country which

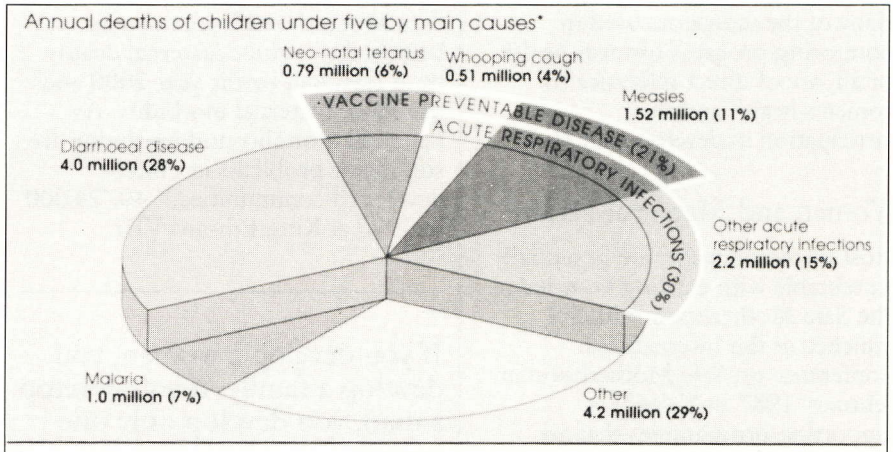
Nutrional levels are influenced by educational levels of women

is very encouraging. Attention is being given to female literacy and other adult education programmes and to creating employment and encouraging ownership of property.

Family Physicians should seriously consider ways and means of empowering ordinary people and their patients especially rural women to improve their family's lives. In this regard, it is relevant to remember the Rural Foundation's motto which states that "if you develop a woman, you develop a family. If you develop a man, you develop only one person."

Women and Water and Sanitation

The community water supply and sanitation programme has been committed to the promotion of women through activities related to the International Drinking Water Supply and Sanitation Decade (1981-1990). Promotion of the Role of Women in Water and Environmental Sanitation Services has emphasised the need for women's involvement and perspectives.



* For the purposes of this chart, one cause has been allocated for each child death. In practice, children often die of multiple causes and malnutrition is a contributory cause in approximately one third of all child deaths. Measles deaths are sometimes ascribed to acute respiratory infection as a severe case of measles renders a child highly susceptible to other infections and pneumonia is often the ultimate reason for a death for which measles is primarily responsible.

Source: WHO and UNICEF estimates.

Figure 9. Causes of child deaths

Women and Environmental Health

The Healthy Cities Project on environmental health in rural and urban development and housing, has identified the integration of women in the development process as essential to its success. A large percentage of the food borne disease/diarrhoea problems can be traced to lack of information about safe food preparation practices in the home. Education efforts of this Food Safety Programme target women.[3]

Research has underlined the fact that the health, social status and education of women is linked to the risk of their children falling severely ill or dying from diarrhoea and pneumonia. (Fig 9). The programme for the control of diarrhoeal diseases and the control of acute respiratory infections seek to foster the active involvement of women in the management of these illnesses. Household surveys show a marked improvement in women's skills to manage their children at home and their ability to decide when to seek care from a health worker. This has been demonstrated in a recent study in the Magisterial District of New Hanover among farm workers.[14]

Women and Cancer

Cancer is one of the three leading causes of adult female mortality in developed and developing countries. The most common cancers in women are those of breast, stomach and the cervix uteri. Over the past two decades, however, developed countries have witnessed substantial increases in female mortality from lung and breast cancer.[3] (Fig 10).

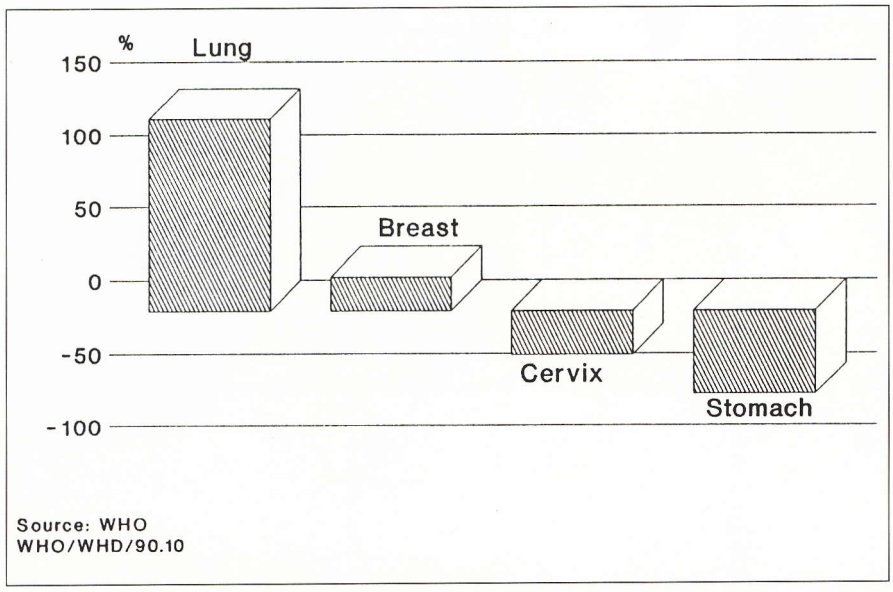


Fig 10. Percentage change in female cancer mortality in 28 developed countries 1960-1980

Presently, the cancer programme has advocated widespread coverage of high-risk groups as opposed to repetitive screening of low risk groups. This programme has initiated and is co-ordinating the world's largest prospective, randomised, controlled study on the role of breast self examination.[3] The prevention of cardio-vascular diseases during childhood and youth emphasises the role of mothers in their children's education, nutrition and health care.

Women and Future Needs

The other challenging issues in the 1990's are the rapid, uncontrolled growth of slums, urban squatter settlements, rural areas without access to basic services, economic and social well-being of adolescents, changing roles in the family, millions of poor and homeless. Protection and management of the environment and high population growth.[19] Community organisations are presently addressing some of these issues in South Africa. Women are playing a significant role in this regard.

Women should be given access to training in leadership and management skills. There is ample evidence that to provide people with information, skills and opportunities is the best investment governments can make. Ensuring that these investments reach women, especially poor women, should be one of the most important items on the development agenda of the 1990's in South Africa.[22]

For the health care system to meet the challenge of improved health care for women, a number of key actions are called for, especially in South Africa.

1. Restructing the present PHC and Family Planning services and general health services to make them cost effective, acceptable and easily accessible. What is needed is to demystify the idea of family planning and provide appropriate sex education.
2. Providing women, their families and the public at large with information about health problems and then to tackle priority issues in their communities.
3. Training health workers at all levels to take into account the perspective of women and to provide health care for the childminders, many of whom are women.
4. Promoting and implementing research and data collection on behavioural, socio-cultural and economic aspects affecting the health of women such as reproductive health, safe motherhood, family planning, prevention of STD, nutritional disorders, reproductive cancers and mental and occupational health.
5. Providing specific health services for women's specific needs.

Conclusions

Numerous multifaceted initiatives involving women and combining literacy training, access to family planning, knowledge about health care, nutrition, water and sanitation improvements has multiple effects on women's lives and that of their families and communities. Women's organisations have been among the most active and creative, and cost effective. They encourage participation by setting their own goals and making their own decisions to discover their own potential and problem solving skills. The outcome

is likely to be self-sustaining. A re-orientation of priorities towards people is required. The emphasis has to be on the poor communities whose women and children suffer the greatest deprivation of all. Low income countries such as Sri Lanka, Cuba and Costa Rica have demonstrated that it is possible to achieve remarkable results in the long term with scarce resources put to good use which includes measures to improve the health and social status of women.

Some of the strategies which will make a real contribution to the women of this country will be implementing trade union and appropriate labour legislation for agricultural and domestic workers, equality in education and appropriate education for life as well as for a career, equality in income of women in relation to their level of education, abolition of sexual segregation in industry and in urban informal sectors, discouraging feminisation of the agricultural labour market and creating equal job opportunities for women.[24]

There is a considerable body of evidence which suggests that where policy choices and priorities have to be made, among the best choices in terms of high returns on investments made, are low cost health interventions and primary education.[23] Remarkable and timely concensus has been reached as to the importance of investment in women, their health and socio-economic status. Enhancing women's status, equipping them with basic knowledge and skills, access to services, and bringing them into the main stream of development as full partners, will have profound impact on all people in South Africa in the 1990's and beyond.

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