



Foreword

Global Women's Health: Not Merely Focusing on Disease



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We live in a world where global travel is more easily attainable, and global communications and information technology have improved access to health care expertise. The World Health Organization defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease. Women's health is an example of a specifically defined population.

This issue is our first to deal with global women's health. Edited with the expertise of Dr Jean Anderson and Dr Grace Chen from Johns Hopkins University, this issue covers timely women's health topics, such as contraception and preconception care, gynecologic cancers, maternal health and mortality, HIV, genital tract infections, violence against women, and pelvic floor disorders. While developed countries have lower mortalities overall, there are still major inequalities in outcomes within these countries.

Women's experiences of health and disease can differ from those of men due to unique biological and surrounding environmental conditions. Gender differences in susceptibility and symptoms of disease and response to treatment are particularly evident when viewed from a global perspective. Women's and men's experiences of the same illnesses can differ, especially for cardiovascular disease, cancer, depression, dementia, and urinary tract infections. The gender gap in health is even more acute in developing countries, where women are more disadvantaged.

A large focus of global women's health is on reproduction and pregnancy. Women who are socially marginalized are more likely to die at younger ages. Underappreciated health conditions faced by women and girls in resource-poor regions include female genital cutting, violence, abortion, and lack of access to the appropriate diagnostic and clinical resources, reflecting unique political and cultural considerations relating to the status of women in these societies. Adolescent pregnancy often stems from a person's lack of choice or abuse. Maternal mortality remains

a major problem in global health and is considered a sentinel event in judging the quality of health care systems.

Providing quality and interprofessional medical and surgical care can be a challenge in both developing and developed countries. In the absence of adequate health insurance, women are likely to avoid self-care steps, such as routine physical examination, screening and prevention testing, and prenatal and postpartum care. Added to the financial burden are other barriers in accessing health care: poor educational achievement, lack of transportation, inflexible work schedules, and difficulty in obtaining childcare.

To improve global women's health care, more data are crucial about the burden of disease and evidence of intervention effectiveness. Much of the available information comes from developed countries, yet there are marked differences between low-income and higher-income countries. Research needs of women should include diseases that either are unique or add more risk than to men. Gender differences need to be considered when interpreting what is "normal" for laboratory values, criteria for growth and development, and drug metabolism and dosing.

Written by experts in the field, this issue is easy to read for practitioners pursuing careers in global health. Looking ahead, it should be helpful as a starting point for policymakers and anyone with a general interest in the subjects. With practical comparisons between developing and developed countries, this issue should be a valuable resource for those involved in women's health everywhere.

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