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Editorial Open Access

Editorial

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This is the inaugural issue of the Journal of Women's Health Care, a peer-reviewed publication committed to uplifting and upholding women's health care. The vision of this journal is to bring women's health care issues to the forefront and to present research, discussion, debate and reviews relating to women's health care both in the developed and developing country settings.

I am honoured to have been invited to write this inaugural editorial as I have been working in the area of women's health for more than 15 years and strongly view health care as a basic Human Right. However, even to date, there are many instances where globally women have been deprived of this basic right and have been extremely disadvantaged in many countries around the world. A decade into the 21st century we are still confronted with the same problems relating to women's health care and we are still battling the same old demons which is particularly distressing!

In my career, I have witnessed dramatic differences in women's health status between the developed and developing countries, particularly in reproductive health and health care services. Despite the many initiatives such as: The Safe Motherhood Initiative (1987) [1], The International Conference on Population and Development (1994) [2], The Millennium Development Goals (2000) [3], and the latest initiative, The Global Strategy for Women's and Children's Health (2010) [4], the progress in reducing the gap in women's health care between the industrialised and non-industrialised countries has been slow, especially in achieving the Millennium Development Goal 5 (MDG). The target for MDG 5 was to reduce the maternal mortality ratio by three-quarters between 1990 and 2015. Although, it is encouraging to see that the overall maternal mortality rate has declined from 409,100 in 1990 to 273,500 deaths in 2011, it is however, quite disheartening to note that most developing countries will probably take many more years beyond the 2015 target set by the MDGs [5].

We know that the social determinants of health are responsible for health inequities [6,7], which impinge on women's health negatively because of inequitable distribution of resources both within and between countries. Consequently, women still die needlessly in childbirth, are unable to access safe contraception, antenatal care, safe birthing institutions, and trained staff to provide emergency obstetric services, pregnancy, birthing and postpartum care. Additionally, women are unable to safely access proper diagnostic and treatment services for sexually transmitted infections (STIs) including HIV, treatment for infertility, and services and care for unsafe or unintended pregnancy. All of these consequently, elevate the risk of morbidity and mortality related to reproductive events during a woman's life course. The major risk factors to a woman's life in the developing world are those that are directly related to pregnancy, childbirth and the puerperium, including haemorrhage, infection, unsafe abortion, and pregnancy-related illness and complications of childbirth [8].

Entrenched and pervasive gender inequality too play a major role in women's health outcome rendering women extremely vulnerable in negotiating safe sex, and exposing them to various reproductive tract infections including STIs and HIV [9-10]. Additionally, women are denied to make informed decision relating to their reproductive health, including access to safe abortion; infertility treatment and pregnancy related complications such as miscarriage, stillbirth, premature birth, and fistulae contributing to a significant level of ill-health in women of reproductive age, which later continue to pose a threat beyond menopause [11].

Another neglected area of women's health is their mental health. Evidence suggests that approximately 10-15% of women in industrialized countries, and between 20-40 % of women in developing countries experience postpartum depression [8,12]. Women face higher risk of mental health problems because of their various roles within the household including caring for children and/or other elderly relations and/or dependent relations; women are also more likely to be poor and unable to influence financial decision-making affecting them and their health; are more likely to experience intimate partner violence and coercion; and are less likely to have access to education and paid employment. Other gender-based violence like female genital cutting (FGC), trafficking of girls and women, rape, sexual abuse and forced marriage are likely to cause mental health problems as well [8].

Women's health needs should be systematically considered in the context of where they are born, grow, live, work and age, including the health system [7], as these are crucial factors in determining well-being and health and is even now greatly under-recognized.

This inaugural issue showcases original research papers, debates and reviews on women's health care. Topics range from preventing mother-to-child transmission of HIV; women with intrauterine adhesion in Abuja, Nigeria; obstetric and non-obstetric indications for admission in the antepartum and postpartum periods; to a clinical study that examines the role of bmp-15 gene in the pathogenesis of premature ovarian insufficiency (POI); to a public health challenge posed by high fertility rate in Zambia; to focal placenta accreta and spontaneous uterus rupture in the post-partum; to Menopause.

I hope that you will find useful insights which will contribute to a stronger understanding of how women's health interacts with the social determinants which consequently influence their health outcome.

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