

# Theme issue on women's health: taking a holistic view

Women's health is an essential aspect of global public health that is not only crucial for the individuals affected but also has far-reaching implications for family dynamics, community cohesion, and overall economic stability. While, globally, complications during pregnancy and childbirth remain a leading cause of morbidity and mortality among women of reproductive age, women's health encompasses broad areas of health and wellbeing including non-communicable diseases (NCDs), mental health, and gender-based violence. In these areas important health disparities exist among women and between genders at local, national and global levels. Tackling these health gaps requires an appreciation of their historical, social, environmental and economic roots.

This issue of the *MJA* is dedicated to women's health. Ramson and colleagues (<https://doi.org/10.5694/mja2.52452>) set the scene with a discussion on the opportunities afforded by maternal care contexts for addressing NCDs. Low- and middle-income countries struggle with a mix of NCDs and other health challenges, with evidence indicating that women in these regions experience higher rates of multimorbidity compared with men. The authors explain that a life course approach to women's health, with a focus on addressing NCDs early, can improve maternal and child health outcomes, necessitating enhancements in sexual, reproductive, maternal, newborn and child health services. They propose that policy recommendations should include establishing standardised definitions for NCDs to improve data collection, focusing on primary prevention strategies, integrating care services, addressing inequalities, and providing global guidelines for the management of NCDs in maternity care.

A noteworthy area of concern in Australian women's health is equitable access to contraception and family planning services, which is a particular challenge in rural and remote areas where health care services may be limited ([https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/ReproductiveHealthcare/Report/Chapter\\_2\\_-\\_Enhancing\\_access\\_to\\_contraceptives](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/ReproductiveHealthcare/Report/Chapter_2_-_Enhancing_access_to_contraceptives)). Research by Perkins and colleagues (<https://doi.org/10.5694/mja2.52438>) explored general practitioners' views on postpartum contraception counselling and provision during postnatal checks. Three themes were generated: preferences for counselling timing, the provision of long-acting reversible contraception (LARC), and opportunities for improving postpartum care. Participants expressed a desire to discuss contraception but had differing opinions on the timing of these discussions, often feeling that postpartum checks were not the ideal moment. While most recommended intrauterine devices (IUDs) and implants as preferred contraceptives, barriers such as long waiting times and insufficient training for IUD insertion limited their provision. Recommendations for improving postpartum contraception care included enhanced training opportunities, financial incentives for general practitioners, and multidisciplinary collaboration among health care professionals.

A research article by Grzeskowiak and colleagues (<https://doi.org/10.5694/mja2.52451>) analysed the dispensing patterns of category X medications among women aged 15–49 years in Australia from 2008 to 2021 and their concurrent use of hormonal LARC and other contraceptives. LARC overlap with category X medications was only present for 13.2% of study participants, highlighting insufficient usage of effective contraceptive methods. The authors argue that strategies are required to



enhance the uptake of LARCs among women using category X medications, including addressing barriers to LARC access, education on contraceptive options, and ongoing monitoring of contraceptive practices.

Gender-based violence is an ongoing societal challenge in Australia, with one in six Australian women experiencing physical or sexual violence since the age of 15 years (<https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/2021-22>). In a research article, Galrao and colleagues (<https://doi.org/10.5694/mja2.52436>) aimed to determine the prevalence of intimate partner violence and reproductive coercion through standardised data collection in Australia. A cross-sectional study was conducted with female clients aged 16 years and older attending a Perth sexual health clinic from March 2019 to March 2020, involving demographic data extraction and screening questionnaires. In this study, 2623 clients participated, with 17.3% reporting having experienced intimate partner violence (16.3%) or reproductive coercion (5.3%). The study revealed higher rates of both forms of abuse among specific demographics, including Australian-born women and those with female partners, emphasising that clinicians should be open-minded when assessing risk of abuse in order to identify and support affected individuals.

In summary, women's health issues are influenced by various factors, both globally and within Australia. As we strive for gender equality and health equity, understanding the unique needs of women and the barriers many face is crucial in developing effective interventions and policies. There is a need for commitment from all stakeholders, including governments, health care providers, and communities, to advance women's health as a shared priority. ■

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