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ANC WOMEN'S LEAGUE

STATEMENT OF THE ANC'S WOMENS LEAGUE ON WOMEN'S HEALTH POLICY.

BACKGROUND:

The first question to be answered when talking about women's health, is why we need to focus specifically on women instead of assuming that an ANC health policy will adequately cover women's health needs. There are several reasons for this. Firstly, because of the anti-apartheid focus of the progressive movement, much less attention has been given to women's issues. Although this is beginning to change now, the ANC is still a male dominated organisation in which womens issues need a specific focus if they are not to ingnored. Secondly, women are the largest consumers and givers of health services both in the formal and informal health sector. Present health policy on the one hand, assumes that womens role as care-givers will continue, and on the other hand ingnores their needs as consumers. Finally, women's health issuses and women's status in society, are closely linked. For example, the key determinants in whether or not a woman uses contraception are her status in society, her education, and her socio-economic position. Women's health then is closely linked to the broader issues of wome's liberation, and so requires a focus which goes beyond the present progressive health focus.

GOALS OF A WOMEN'S HEALTH POLICY

Health is a state of complete physical, mental and social well-being and not just the absence of illness. Bearing this in mind, the goal of a womens health policy is to improve the health and well-being of all women in South Africa, and encourage the health system to be more responsive to the needs of women.

Forward to a United, Non-sexist, Non-racial, Democratic South Africa

PRINCIPLES OF A WOMEN'S HEALTH POLICY

There are certain broad principles upon which a women's health policy is based. These are listed below:

1. The development of a women's health policy is based upon certain assumptions about health and development of health services in general:
 - That health is determined by a broad range socio-economic, environmental, cultural and biological factors.
 - That future South African Health Services will strengthen the primary health care system in all aspects of prevention, promotion, curative and rehabilitative services.
 - That information, consultation, and community participation and development are important for both the improvement of individual health and the development of health services.
2. Women's health policy must look at women in all their roles and at all ages, and not just focus on women in their reproductive role.
3. Noting that women are the largest users of health services, and the largest providers of health care, women's health policy must promote greater participation by women in decision making about health services and health policy.
4. Noting the manner and conditions in which many South African women are treated at present, women's health policy must promote a women's right to be treated with dignity, in an environment that provides privacy and confidentiality.
5. Noting that South African women are often not permitted to make informed decisions about health and health care, women's health policy must ensure that adequate information is given to women, and that this information takes account of the different cultural, socio-economic and educational needs of women.
6. Noting that there has been very little research done into women's health issues, women's health policy must be based on accurate research which looks at all aspects of these issues including women's views about health.

IMPORTANT ISSUES IN WOMEN'S HEALTH

Many issues have already been identified as needing more research and needing new policy. These are some of the priority issues: reproductive rights (contraception, abortion, sterilisation, childbirth, infertility): cancer of the cervix and PAP smear: violence against women (rape, battery, child abuse): rural women's health; women and AIDS; the health of ageing women; women as carers; women's mental health.

The following two examples give some idea of the depth into which each topic needs to be researched.

1. ABORTION

Under present legislation, abortion is legal in South Africa but under very restrictive conditions. The result of this legislation is that approximately 1000 legal abortions are being done annually in South Africa, and the majority of these are being done on white women. Between 200-300,000 women are being forced to resort to illegal abortion, a procedure which is much more hazardous than legal abortion, and results in an unknown number of deaths each year. At its 1991 conference, the ANC Women's League passed a resolution calling for abortion on demand. This ~~is~~ sounds like an easily solved issue, but before there can be any change in the law a lot more work needs to be done. Firstly, within the Women's League itself there is no consensus on exactly how liberal the abortion laws should be. There is also a powerful anti-abortion lobby within South Africa who will work hard to oppose any change in the law. Secondly, what do we really mean by abortion on demand? Do we mean over the counter abortions, or do we believe that it is better for women to have the support of health workers when deciding on abortion? The problem with that is that once the consent of health workers is required, the women's choice is lost. And how do we word the legislation so that it really is abortion on demand, and not with lots of conditions attached? Finally, what are the implications for health services of this kind of legislation.

2. INJECTABLE CONTRACEPTIVE (DEPO-PROVERA AND NURISTERATE)

Abortion is just one aspect of women's reproductive rights. Contraceptive policy is another enormous area that needs to be reviewed. One issue that will soon be raising a lot of debate is the injectable contraceptives. This method of contraception has been around for many years and has probably provoked more controversy than any other contraceptive. Injectables are the most commonly used contraceptive in South Africa today.

In particular, it is the contraceptive most often used by black women, while the pill and IUD are more commonly used by white women. For many years 'first world' women have campaigned against the use of injectables, as they believed them to be both harmful to women, and that they could potentially be used to control womens fertiltity without their true consent. On the issue of harm, injectables are certainly as safe as any other method of hormonal contraception (the pill or the mini-pill), although there is a 20% incidence of menstrual irregularity with the injection. On the question of women being given the injection without informed consent, there is certainly a lot of evidence that this is going on in South Africa at present. Black women are frequently given the injection after delivery without having a real chance to choose. There have been instances of employers forcing their female workforce to have the injection if they wanted to keep their jobs.

The question is what do we do about this? Many South African women have now come to like the injection. They find it convenient, and that it is one of the few contraceptive methods that can be hidden from unsympathetic partners. Some progressive health workers believe that injectables are good method of contraception for some women, provided that they are choosing the method and not the health worker.

However, many women returning to south Africa from the front Line States, have been living in countries that choose to ban injectables after they got their liberation, as they believed them to be tools of imperialist oppression. Clearly, this is another area that needs further debate. We should not just jump on any band wagon and let rhetoric rather than careful research make our decision.

These two examples illustrate the complexity of debate and research that are involved in any single issue, and separate women's health focus is necessary.