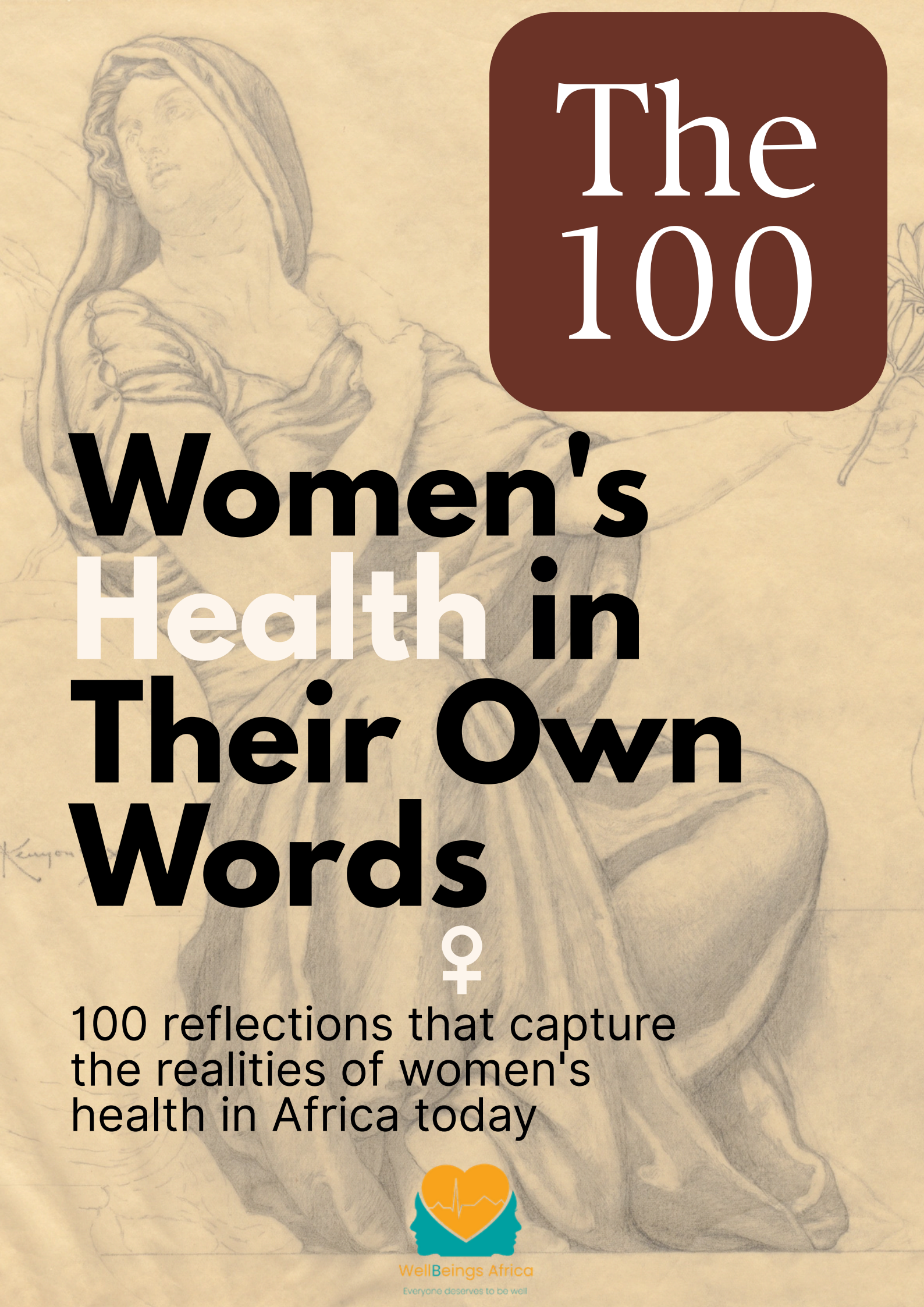


A faint, sepia-toned sketch of a woman wearing a headscarf, looking slightly to the side. The sketch is the background for the entire page.

The 100

Women's Health in Their Own Words



100 reflections that capture
the realities of women's
health in Africa today



WellBeings Africa
Everyone deserves to be well



Ladies, are we okay?

Every August, we celebrate Women's Month. Our social media feeds fill with flowers, pink branding, empowering quotes, and reminders to "celebrate the women in your life." Well-intentioned gestures, but they often feel hollow...

When we "celebrate" Women's Month/Day, do we truly take the time to appreciate that in all its iterations? Women don't become women for one month of the year, and women's health doesn't suddenly matter because it's August. Just as someone living with diabetes doesn't become "aware" of their condition for a few days each year, women don't suddenly remember they have bodies, hormones, or health concerns because the calendar tells them it's Women's Month.

We carry these realities every day.

As we commemorate the courageous women who marched to the Union Buildings on 9 August 1956, we're reminded that progress has never come from celebration alone. Women's health remains a difficult and multilayered truth.

Every woman has her own story, yet common threads continue to emerge. Too many women struggle to access quality healthcare. Years spent searching for a diagnosis. Conditions often dismissed, minimised, or reduced to "just hormones." Certainly in the workplace, women's health often remains on the fringes.

Women's health isn't just contained within life-changing diagnoses. It's the countless daily realities that shape how we live, work, care for others, and ourselves. In **The 100**, women across Africa shared some of these stories.

Tellingly, many participants chose to remain anonymous.

That anonymity reveals much. If women still feel safer talking about their health without revealing who they are, perhaps we're not having these conversations as openly as we think.

Women's health deserves its turning point. It warrants the same openness we've created around mental health. We have earned workplaces that recognise women's health isn't a niche issue.

Above all, women's health deserves to be spoken about without embarrassment.

The 100: Women's Health in Their Own Words is not intended to have all the answers. It captures this moment in time in women's health, giving space to the conversations that should never be confined to one month on the calendar.

Women don't stop being women on 10 August. And women's health should matter every day of the year.

Charlene Naidoo
Editor, WellBeings Africa



Then...

Excerpt from: Women's Empowerment and Women's Health in Africa
The Palgrave Handbook of African Women's Studies

Studies show that the higher the level of women's education and their economic empowerment, the more they are able to take independent decisions, including those that affect their individual health, as well as their capacity to contribute to the processes of making policies that affect them.

Governments across Africa have not been proactive in addressing women's health issues, in spite of signing various international conventions. Lack of empowerment of women has resulted in lack of essential health services for women, and governments are therefore unable to effectively tackle various women's health challenges including rising incidence of HIV/AIDS and reproductive health problems. Governments need to plan holistic empowerment programs that would enable women to participate in decision-making on women's health issues, as well as improved access to women's health services.



Now...

Excerpt from: Why Holistic Medicine Is Returning To The Center Of
Women's Health In Africa
Forbes Africa

Long before consultations with medical professionals, women were already treating themselves. They were brewing roots for cramps, steeping leaves for nausea, and passing down remedies from grandmother to mother to daughter in kitchens that were, for most of history, the only space a woman could trust. "We do not call that medicine now," says Chelsea Jambo, Founder and CEO of OURbody. "But it was medicine, and in many cases, it was the only medicine the female body had ever been given."

According to the World Health Organization, endometriosis affects roughly one in 10 women of reproductive age, and the average time to diagnosis currently sits between four and 12 years, with a 2024 systematic review from the University of York placing the global average at 6.6 years and some healthcare systems stretching that delay as far as 27.

The same pattern persists in conditions such as PCOS, in perimenopause symptoms that are still routinely misattributed to anxiety, and in heart attacks that are missed in female patients because the emergency diagnostic criteria have, historically, been shaped around male presentations.

Menopause is not a disease.

Most women experience menopause between the ages of 45 and 55.

It isn't an illness. It's a natural stage of life, yet there is little understanding and space given for women who experience symptoms such as hot flashes, sleep disruption, anxiety, and brain fog.

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Reflection

I wish more people understood that a woman's body and her health needs are extremely complex. I would want medical doctors to be given the proper training and tools in understanding women's health issues specifically, so that we could rely on them to provide the right care. Right now, I'm in the early onset of menopause. Women at this stage need trained medical *and* alternative doctors working together to help us find practical solutions to our conditions.

Anonymous, Cape Town, (age 45)



Reflection

What is one thing you wish more people understood about women's health?

I wish more people understood that women know their bodies better than anyone else, and that intuition should never be ignored. When something doesn't feel right, seeking help early can make all the difference, as early detection often leads to better treatment outcomes and improved quality of life. Women's health is not one-size-fits-all, so we should feel empowered to ask questions, look for personalised solutions, and stay active to support our long-term wellbeing.

What's your main health concern right now?

My main health concern is maintaining my strength, fitness, and independence as I age. I feel healthy and active today, and I want to continue exploring, travelling, and taking on new adventures with a strong body and mind. That means prioritising regular screenings, health checks, mammograms, Pap smears, and breast self-examinations so I can continue performing at my best and honouring the body that carries me through life.

What support do you need that would make a difference to your health?

The support that would make the biggest difference is having trusted, personalised guidance on nutrition, fitness, and overall wellbeing. There is so much health information available that it can sometimes feel overwhelming, so access to credible, balanced advice would help women make confident, sustainable choices. Supporting a healthy immune system, staying active, and focusing on moderation rather than perfection are all things that help create long-term health and resilience.

Lucy Balona, Johannesburg, (age 59)
Head of Marketing & Communication
at Cancer Association of South Africa





Pain Shouldn't Be Normal

Reflection

Our bodies are so sensitive to stress that it impacts everything from our hormones to our weight and immune systems. I have a few conditions, including PCOS, hypertension, and insulin resistance. This can be managed better with a healthier lifestyle, but juggling all this with an intense corporate job has been a struggle. It's difficult to focus on simple lifestyle changes or discipline when you're already overwhelmed.

Anonymous, United Arab Emirates, (age 32)

Reflection

I wish our school systems did a better job with sex education. Growing up, we had our fair share of teenage pregnancies, and it was unheard of for teachers to even do the basics of sexual health education. And it was certainly not anything we learned at home, so most teenagers and young adults were left to figure things out for themselves. In the current climate, I worry that we've gone in the other direction, and most young men and women are learning about sex from social media. I feel this leaves young women, especially, in a vulnerable position.

Anonymous, Kwa-Zulu Natal, (age 47)

Reflection

Having spent the past five years working on Africa's women's health challenges, women's health is critical for Africa's development and societal prosperity.

When women are healthy, their communities thrive. Yet, we still see underinvestment in health within the continent.

In 2001, the Abuja Declaration called upon African countries to allocate at least 15% of their national budgets to health; less than 10 African Union member states reached this allocation by 2022, with most countries remaining below 10% allocation. Sub-Saharan Africa carries the highest burden of women dying from birth complications in the world.

Women cancers are rising in Africa. Breast and cervical cancer education, prevention, early detection, and affordable treatments should be prioritised. Antenatal and postpartum care services should be enhanced. Underfunding leaves African women even more vulnerable.

African states need to prioritise investment towards women's health. With global funding cuts, domestic innovative funding should take centre stage. Multi-sectoral collaboration is needed to find innovative solutions for funding.

According to the UN Population Fund: every \$1 invested in women's health yields \$8.4 in economic benefits.

Women's health still takes a back seat in countries' funding allocation. Without enough resources allocated, women's health remain fragile.

Dr. Norah Maitisa
CEO, NORI Health
Consulting



Reflection

Mental illness is more prevalent than employers, families, and the general public realise. It is often ignored because women are too self-conscious to admit to being depressed or traumatised by a range of issues because they are avoiding stigma and do not want to be judged. My main health concern right now is that arthritis and the aches and pains in my 58-year-old body will worsen because I cannot afford any treatment whatsoever.

Sharon Chetty, writing coach, editor and writer, Durban, (age 58)

Reflection

It's difficult to eat healthily on a budget. One of my health struggles is that I need to stop eating foods that have ingredients that aren't natural or have way too many chemicals. However, the cost of living makes good nutrition seem impossible.

Sara Moosa, Durban, (age 36)

Reflection

What's my health struggle right now? Definitely perimenopause and hormonal wellbeing, and finding support from women who are experiencing the same challenges.

Anonymous, Durban,
(age withheld)



A name doesn't make pain smaller

Several contributors to this publication chose to remain anonymous. Not because their perspectives had less value, but because talking openly about women's health can still feel deeply personal, uncomfortable, shameful, or even risky.

Sometimes anonymity tells its own story.



Dr. Khutso N. Sebetseba
Specialist Paediatrician &
WellBeings Medical
Advisory Panel



What Children Have Taught Me About Women's Health

Reflection

There was a time in my career when I thought I understood motherhood because I looked after children every day. Until I became a mother. Everything changed. Not overnight, and not because I suddenly had all the answers. If anything, becoming a mother humbled me. It taught me that there is a world of difference between caring for children and carrying the weight of being someone's mother.

These days, when a woman walks into my consulting room with her child, I still notice the things every paediatrician notices. The fever. The wheeze. The rash. The growth chart. The milestones.

Please don't keep moving yourself to the bottom of your own list...

But I notice something else now, too: I notice her. The woman balancing a baby on one hip while answering questions from her older child. The mother who instinctively offers her toddler the last sip of water before taking one herself. The one who apologises for arriving late, even though she has somehow managed to get two children dressed, fed and out of the house before most people have had their first cup of coffee. Over the years, children have taught me countless lessons. Surprisingly, some of the most important have had very little to do with children at all. They have taught me about their mothers.

I've met women who can tell me the exact dose of every medication their child takes, but can't remember when they last had a health check themselves. Women who know every vaccination date, every follow-up appointment, and every food their child refuses to eat, yet quietly ignore headaches that won't go away, bleeding they know isn't normal, or a tiredness that sleep never seems to fix.

I've met mothers who carry invisible burdens with remarkable grace. Women navigating grief, financial pressure, demanding jobs, difficult relationships and endless mental lists, all while making sure the little person beside them feels safe.

And almost all of them apologise. They apologise for crying. For asking too many questions. For not breastfeeding as long as they had hoped. For going back to work, or not going back to work. Somewhere along the way, many women were taught that motherhood should look effortless.

It doesn't.

One of the greatest privileges of my work is that families trust me with their children. But I sometimes wonder whether we've unintentionally sent mothers the message that once the baby arrives, their own wellbeing can wait. It cannot. Children flourish when the people caring for them are cared for too. But even that isn't the whole story.

Women deserve good health, not because it makes them better mothers, but because their lives matter in their own right. If there is one lesson I hope every mother takes away: please don't keep moving yourself to the bottom of your own list. Book the appointment you've been putting off. Mention the symptom you've been explaining away. Accept help when it's offered. Let someone cook the meal, fetch the groceries, or watch the children for an hour. And when someone asks how you're doing, resist the instinct to say, "I'm fine," if you're not. Before mothers leave my consulting room, I often ask one last question. Not about the child: about them. "And how are you doing?"

Sometimes the answer is a smile. Sometimes it's silence. Sometimes it's tears that have been waiting for permission to fall. I've learnt not to rush any of those moments. Because after all these years, perhaps the greatest lesson children have taught me is this: behind every child I have the privilege of caring for is a woman whose story matters just as much.

I hope we become better at asking about both.

Reflection

I wish people understood that there are very few days in a month when women are actually living their best lives! It's astonishing how people, especially men, still chalk periods up to "just that time of the month". Some of us go through incredibly painful periods and it can really affect our quality of life.

Lisa M, Cape Town, (age 36)

Reflection

I had a chronic autoimmune condition that really affected my quality of life for a long time. I'm now getting a lot better and my doctors are happy with my progress. But it does affect me that my body and weight fluctuate due to medication. I know I should focus on my health, but I do get down about my body image. I wish more people understood just how much of a struggle that can be for women.

Anonymous, Pretoria,
(age 37)

Reflection

I would love to get my weight under control. I feel like I've been battling weight problems since I was a teenager. Unfortunately, due to hormonal conditions, it seems to be an endless battle. I think people often look at overweight women and assume it's simply a control issue. "Just stop eating so much". I wish it was that simple.

Anonymous, Cape Town,
(age 28)



Could having fewer periods slow ovarian ageing? Chinese biologist Hongmei Wang is investigating whether reducing the number of times a woman ovulates could help slow ovarian ageing. The idea is intriguing: if ovulation could be safely reduced from around 12 times a year to just four, it may help preserve healthy eggs for longer, potentially extending fertility and delaying menopause.

But there's a catch. Ovulation and oestrogen production are closely linked, and oestrogen plays a vital role in bone health, cardiovascular health, and other functions throughout the body. The research explores if it's possible to slow ovarian ageing without compromising the hormones women need to stay healthy, and offers a glimpse into how scientists are rethinking women's reproductive health and healthy ageing.

Voices in Health

“The technology exists for a male contraceptive pill. We have the drugs to switch off testosterone and prevent sperm production. These drugs have never gone to market because developers know that men would never take something like that. Men would never agree to switch off their hormones. They would never put up with the side effects such as depression and low libido. And, honestly, why should they put up with it? Why should women?”

Lara Briden, Period Repair Manual: Natural Treatment for Better Hormones and Better Periods



“Bodies are not only biological phenomena but also complex social creations onto which meanings have been variously composed and imposed according to time and space.”

Katrina Karkazis, Fixing Sex: Intersex, Medical Authority, and Lived Experience

“Why should I be afraid of a little blood, I bleed a little every month and never die.”

Ekta Kumar, Box of Lies: A Love Story, Without Love



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"Self-care is not self-indulgence.
It is self-preservation."
Audra Lorde

Reflection

I hope women become more mindful about how suppressed emotions can make us sick, and how society actually teaches us to suppress our emotions. If you want to be emotionally and physically healthy, you have to find safe ways of expression and movement. The body keeps the score. Everyone, but especially young women, please take care of your emotional health!

Rayna S, Nairobi, (age 33)

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Nothing is impossible to a
woman of will.
Guinea proverb



Reflection

I cannot say this loudly enough – you have to advocate HARD for yourself. If you're dismissed, see someone else, get a second opinion. My overall health would be so much better if the health issues I had over 10 years ago were taken seriously. Unfortunately, I now have several chronic conditions which could have been prevented if I had been taken seriously by medical professionals in my late teens/early 20s.

Christina Murphy, United Arab Emirates, (age 46)

Reflection

Women's Health is More Than Reproductive Health

No matter the context – in conflict, natural disasters, or disease outbreaks – women face distinctive health risks. The health needs of women go beyond reproductive care. Women are more vulnerable to sexual and gender-based violence, contracting diseases like HIV/AIDS, and other health threats.

Excerpt: Médecins Sans Frontières



Reflection

I really feel a toll on my health when it comes to self-care.

I spend so much time taking care of others, that it's hard to get a good grip on my own health needs. I feel that women are expected to sacrifice their own health for others, and it's difficult to find any sort of balance.

Annie Moodley, Durban, (age 34)

Reflection

Going through perimenopause is challenging. I'm frustrated that I wasn't better prepared for all of this by my doctor. I was even in nursing school, and this was barely covered. We didn't really go in-depth about any of this years ago. So now, I realise I had been going through this for a while and had no idea. Everything I've learned has been through friends and family. Thankfully, I now have a better specialist.

Anonymous, Durban, (age 41)

Reflection

Women, please always stand up for yourselves. I was in hospital due to a blood clot. They first suggested just observing me for a few days. When I first went to the hospital, the doctor didn't even want to do an ultrasound but I insisted. Once the results came through, they apologised, but the experience really concerned me, knowing that they could have missed the clots on my neck and under my arm. I feel as women, we have to really stand up for ourselves.

Anonymous, Johannesburg, (age 29)

Health in History | South Africa's First Black Female Doctor

Excerpt and image from: Curios.ty

University of the Witwatersrand, Johannesburg, South Africa



When apartheid became law in 1948, a black woman from Limpopo had already achieved a series of firsts. Mary Susan Makobatjatji Malahlela (pictured) was born in Polokwane (then Pietersburg) on 2 May 1916. Her parents, Thadeus Chweu and Susan Mautswane Malahlela, fled the village after they refused to kill the twin boys born after Mary – the BaPedi tribe traditionally considered twins a curse.

The eldest daughter attended the Methodist Primary School in the former Roodepoort West Location, where her father was the principal. She completed the Native Primary Lower Teachers Course at the Kilnerton Institution in 1933 and then enrolled at the Lovedale Institution for the Junior Certificate Examination at UNISA. In 1936, she registered for the Medical Aid Course and her pre-medical course at Fort Hare University, which at the time was the only programme available to black people interested in practising medicine.

In 1941, Malahlela made history as the first beneficiary of the Native Trust Fund. This scholarship for academic achievement enabled her to enrol to study medicine at Wits. On 21 June 1947, she took the Hippocratic Oath at the graduation ceremony where she became the first black woman in SA to qualify as a medical doctor. She completed her internship at McCords Hospital in Durban, KwaZulu-Natal, and remained there as a doctor until 1949.

Reflection

Why does it feel like doctors simply shrug and immediately prescribe medications when it comes to any woman's health issue? I'm tired of every solution to every problem being: here, let's put you on this course of meds and then let's see what happens. No! Give us proper solutions.

Anonymous, Johannesburg, (age 41)



Reflection

I wish we had learned more about periods and menstruation in school, without feeling embarrassed about it. I never realised that periods were just supposed to be uncomfortable, not actually debilitating. If they're that painful and erratic, you should see a doctor. Everything I learned about periods, I learned from the Internet and discreetly asking friends. Women need better education about their bodies, from an early age. And they need to be taught not to be embarrassed by their bodily functions!

Preya Govender, Pretoria, (age 31)

Reflection

I only realised late into my 30s that exercise isn't just about weight loss. All through my teens and 20s, I assumed that building muscle was just for guys. We were always told, "You don't want to look masculine, so don't overdo it in the gym." Now, I am learning how important strength training is for my health. Muscle is apparently a major part of ageing well and staying mobile. We need to teach young girls that it's not just about being thin or slim, you need to focus on your overall health.

Sandile M, Cape Town, (age 39)



Around 190 million women and girls worldwide live with endometriosis.

Despite affecting around 1 in 10 women of reproductive age, diagnosis often takes years, leaving many living with chronic pain before receiving answers.

[World Health Organization](#)

Reflection

Why did no-one tell me about sex and UTIs? Women, you need to pee after sex! Urinary tract infections and bladder infections are uncomfortable and unnecessary. We need to talk about sex and women's health more; I had to learn this from social media.

Anonymous, Cape Town, (age 33)

Reflection

I wish more new mothers talked about just how difficult pregnancy can be on your body. It took me a few tries to get pregnant, and while it wasn't an easy pregnancy, I delivered a beautiful healthy baby. The postpartum period, however, was challenging to say the least. We see and hear about the glossy, happy parts of pregnancy and being with your new baby, but more than just losing the baby weight, your body just changes in so many small yet significant ways, and your health suffers too. It's hard to bounce back to your former self.

Anonymous, Kwa-Zulu Natal, (age 40)



Women spend more of their lifetime in poor health than men.

Closing the Women's Health Gap, World Economic Forum

Reflection



Your thyroid influences so much more than most people realise. When it isn't functioning properly, it can affect your energy levels, metabolism, mood, weight.

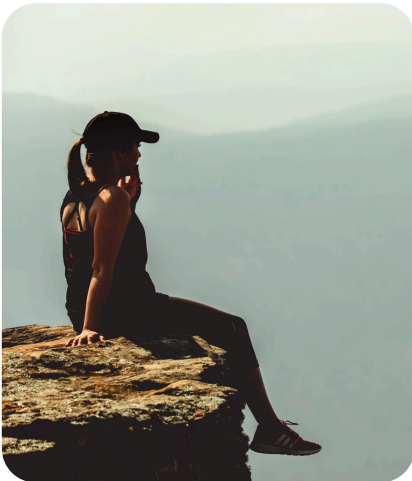
What many women don't know is that hormone imbalances elsewhere in the body can also disrupt thyroid function. You need to have your health checks to pick up these problems.

Thembi Sithole, Pretoria, (age 49)

Voices in Health

Across Africa, midwives do far more than deliver babies. They are often counsellors, educators, advocates, and trusted members of their communities. The World Health Organization estimates that most maternal and newborn deaths are preventable with access to skilled care before, during and after birth. Yet many African countries continue to face shortages of trained midwives, particularly in rural areas. Behind every safe birth is often a healthcare professional whose impact extends far beyond the delivery room.

World Health Organization



"Anything may happen when womanhood has ceased to be a protected occupation."

Virginia Woolf, A Room of One's Own



"The health of women must be the other key indicator, and I do not mean just maternal health. Women do much more than have babies."

Former World Health Organization Director-General, Dr. Margaret Chan

"We spend too much time teaching girls to worry about what boys think of them. But the reverse is not the case. We don't teach boys to care about being likeable. We spend too much time telling girls that they cannot be angry or aggressive or tough, which is bad enough, but then we turn around and either praise or excuse men for the same reasons. All over the world, there are so many magazine articles and books telling women what to do, how to be and not to be, in order to attract or please men. There are far fewer guides for men about pleasing women."

Chimamanda Ngozi Adichie, We Should All Be Feminists



Reflection

Women occupy such a unique space in society. We are expected to be mothers, daughters, wives, best friends, sisters, confidantes, and kind to everyone, but no one teaches us how to be kind to ourselves. Women's health support must extend to teaching women how to be caring toward ourselves.

Tarryn Paul, Cape Town, (age 39)

Reflection

Having to contend with an ageing parent and knowing I'm responsible for them takes a toll on my mental and physical health. It's a difficult phase of life and it takes time, honesty, and emotional processing for everyone involved. You have to find ways to make peace with the situation without losing sight of yourself as a daughter and woman.

Anonymous, Pretoria, (age 40)



Reflection

I live with chronic conditions that cause ongoing pain. I have a job that allows me to keep working, a supportive husband, and friends I know I can lean on when I need to. But chronic illness comes with an emotional balancing act. I never want to feel like I'm burdening the people I love. I worry that constantly talking about my health is "too much" and that others will get tired of hearing about it.

Anonymous, Durban, (age 44)



Reflection

One thing I wish more people understood about women's health is just how complex it can be. Many health conditions don't always present in the same way for every woman, and some are not easily diagnosed. I've seen examples where women were misdiagnosed or struggled for years before receiving the correct diagnosis and treatment.

This can have a significant impact on their quality of life and wellbeing.

I also think it's important for women to advocate for their own health. Regular check-ups and screenings are essential, and if something feels different or a new symptom appears, it shouldn't be ignored. Early investigation can make a big difference. Ultimately, greater awareness, listening to women's concerns, and taking symptoms seriously can lead to better health outcomes for everyone.



Melissa Zaayman,
Johannesburg, (age 41)
Marketing & Social Media Coordinator,
Cancer Association of South Africa

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My main health concern right now is managing PCOS/PMOS with insulin resistance. The biggest challenges are dealing with fatigue, low energy levels, and the difficulty of managing my weight despite making healthy choices. This can make day-to-day life incredibly hard for me. I'm also managing high blood pressure, which requires ongoing monitoring because it isn't always accompanied by obvious symptoms. These experiences have taught me the importance of being proactive about my health, staying informed, and maintaining regular check-ups.

Affordable access to healthcare would make the biggest difference to my health. Not being on medical aid means that specialist appointments, medications, and supplements can be expensive, which can sometimes make ongoing management of chronic conditions more challenging. Since I am managing PCOS with insulin resistance and high blood pressure, having affordable access to the right healthcare and treatment would help me stay consistent, proactive, and focused on improving my overall health.

Health in History | West Africa's First Female Pharmacist

Excerpt and image from: Pharmanews
[Pharmanews Online](#)



Long before African girls were encouraged to pursue careers in science, and decades before women became a dominant force in Nigeria's pharmacy profession, there was Oreoluwa (Olaore) Green, a trailblazer who took up the mortar and pestle, not for cooking, but for compounding medicine with precision and expertise.

At a time when societal expectations confined women to domestic roles, Green defied convention, stepping boldly into a field believed to be reserved for men. She became West Africa's first female pharmacist, leaving an indelible mark on healthcare and public health in Nigeria and beyond.

While contemporary Nigerians may be more familiar with such iconic female pharmaceutical scientists as Dr Dora Akunyili, Prof. Mojisola Adeyeye, Prof. Ijeoma Uchegbu, Dr Stella Okoli, Prof. Chinedum Babalola, Prof. Cecelia Igwilo, Prof. Toyin Tofade, and Dr Teresa Pounds, it was Green who first breached the professional frontier.



Reflection

I'm exhausted by the feeling that I have to convince doctors that my symptoms are serious. Because I'm in the perimenopause age range, the conversation often ends before it really begins. "It's probably your hormones." Maybe it is. Hormones can explain a lot. But can we please rule out other possible causes before settling on the standard issue?

Anonymous, Cape Town, (age 39)

Reflection

I feel like I have been struggling with weight issues ever since I can remember. It's an endless battle with my body. It doesn't help that we now have so many weight loss drugs (even if they are expensive and out of reach for many women). You see people on social media looking a certain way, and it's hard to make peace with my own health and weight problems. I wish there was more support for women's weight issues and body image.



Anonymous, Durban, (age 34)



Reflection

One thing I'd advise women when it comes to healthcare: shop around for a doctor who believes that your pain is real. After years, I've made a personal decision: all of my healthcare providers are now women. Everyone deserves to have their pain acknowledged and managed with compassion. No one should have to fight to be believed.

Anonymous, Botswana, (age 48)

Reflection

One thing I wish more women knew is that cervical screening should not be automatically dismissed as something that "just hurts." When a Pap smear is done gently, with good communication and the right technique, many women experience only mild discomfort rather than significant pain. I also wish we'd stop treating pregnancy after 35 as though it's inherently dangerous. Yes, there can be additional risks that need monitoring, but for many women it is a completely healthy and normal time to have children.

Anonymous, Johannesburg, (age 43)

Reflection

I'm not anti-Pill, in fact, I believe it helps many women enormously, but I do think we need more open conversations about the fact that side-effects are not always predictable. And that mood changes can be real. Sometimes, all too real!

Anonymous, Algiers, (age 34)

Reflection

I always assumed heart disease was mostly a men's health problem. Women's health topics seems to revolve around cancer and menopause, so I never really paid attention to heart health. I only recently learned from Tiktok of all places, that even the symptoms that women experience when it comes to heart health are different from the typical signs in men.

Lerato Mashile, Cape Town,
(age 42)



Reflection

Growing up, we were taught almost nothing about consent, healthy relationships, or self-esteem. We learned about the biology of sex (barely that actually), but not about boundaries, respect, emotional readiness, or what a healthy relationship should look like. Consent and self-worth aren't just relationship issues, they're women's health issues. They influence our mental health, the choices we make, the relationships we stay in, and how we value ourselves.

Anonymous, Kwa-Zulu Natal,
(age 40)

Words Matter in Women's Health

Excerpt from: South African Sexual Health Association

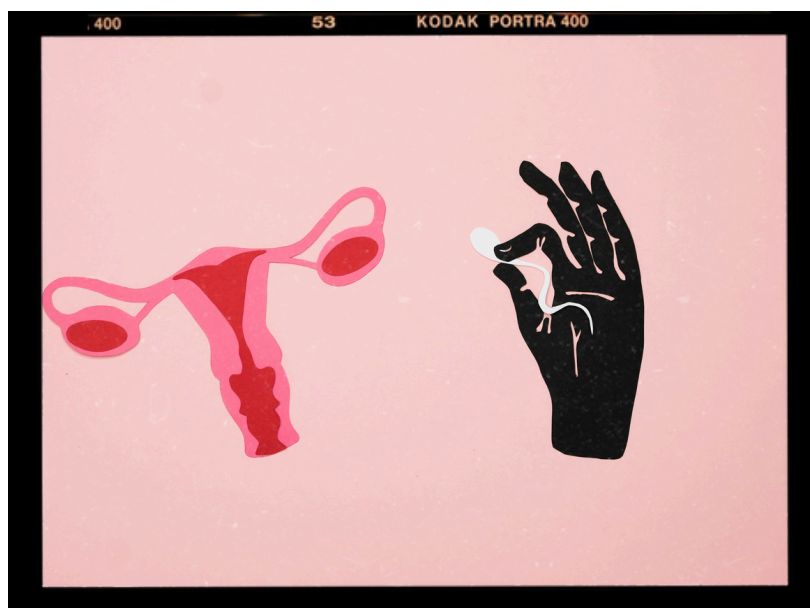
Author: Dr. Steph Roche

South African Sexual Health Association

Genitourinary Syndrome of Menopause (GSM) refers to a range of signs and symptoms that occur due to low levels of oestrogen in the vulva, vagina and urinary tract. This term replaced the previously used “vulvovaginal atrophy” in 2014, to provide a more all-encompassing description (and, more importantly, to recognise that no one likes to think of their genitals as atrophied).

More than two thirds of people experiencing these symptoms don't speak to a health professional, and many doctors do not routinely screen for this incredibly common and easily-treatable condition. I can count on my hands the number of postmenopausal patients I have seen who have answered “no” when asked if they have noticed troublesome vulvovaginal changes.

Although these changes are frequently seen in people who have transitioned through menopause, they are not exclusively related to menopause and may be seen in any hypo-oestrogenic state – such as during lactation, and while taking hormonal medications and contraceptives.



Reflection

Why are women more vulnerable to work addiction?

Research suggests that work addiction may affect women differently than men. One study found that women with work addiction experienced a stronger decline in their day-to-day mood, highlighting a heavier emotional toll.

The reasons are complex. Women are still more likely to carry the "double burden" of paid work alongside unpaid caregiving and household responsibilities. Many also face greater pressure to excel professionally while managing expectations at home, leaving little room for genuine rest or recovery. Work addiction isn't simply about working long hours, it's a compulsive pattern of overworking that can come at the expense of physical health, relationships, and emotional wellbeing. Understanding why women may experience its effects differently is an important step towards creating healthier workplaces.

Source: Frontiers in Psychology - Gender Differences in Work Addiction and Daily Mood (2025); Examining the Work-Family Experience of Female Workaholics.



#periodpoverty

“Menstrual health is an essential component of public health, gender equality and human rights. Yet millions of girls and women globally and in South Africa continue to face barriers to accessing menstrual hygiene products, safe sanitation and accurate menstrual health education.”

South African Parliament



Period poverty refers to the inability of individuals to afford menstrual hygiene products, often compounded by limited access to adequate sanitation facilities and menstrual health education. In South Africa, this continues to affect many school-going girls, resulting in missed school days, disrupted learning, and increased vulnerability, further reinforced by social stigma.



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"You are your best thing."
Toni Morrison

Reflection

Vaginal discharge can be strong enough to bleach your underwear. I freaked out when it happened at first, no one had prepared me for that, but apparently in many cases it's completely normal. I spent years wondering if something was wrong with me before I realised it was simply part of having a healthy, normal vagina. Sometimes the things we worry about most are the things nobody ever thought to explain.

Anonymous, Johannesburg, (age 31)

Reflection

Heavy periods aren't something you should just put up with. I've lived with heavy, long and frequent periods for as long as I can remember. For years, I thought it was just how my body worked. Constant exhaustion. Getting out of breath easily. Feeling light-headed. My vision going dark when I stood up too quickly. Even hearing my heartbeat in my ears! I started my periods at 12. I'm now late 40s. I wish more women knew what was normal for their bodies. Track your periods if you can. The better you know your baseline, the easier it is to recognise when something isn't right.

Charmaine Fredericks, Kwa-Zulu Natal,
(age 47)

Reflection

I wish we'd stop pretending that every woman "glows" during pregnancy. Mine was awful. Terrible skin, acne, body odour, my hair fell out. I was uncomfortable, sore, and exhausted. Every symptom people warned me about seemed to show up, and then some. I adore my daughter. But pregnancy itself? I didn't enjoy it. It changed my body, it hurt, and at times I felt like I either became invisible or was treated differently simply because I was pregnant.

It's okay to love your children and still be honest about how difficult pregnancy can be. The two things can exist at the same time.

Anonymous, Johannesburg,
(age 52)

The Gender Gap in Health Research

Excerpt from: Women Are Still Under-Represented in Medical Research.
Here's Where the Gender Gap Is Most Pronounced
Time Magazine



Historically, medical research has been male-dominated in terms of subjects as well as researchers, even though women make up half of the world's population. As a result of this gender bias, insights into various diseases and findings about medications have often been extrapolated from men and applied to women. But women aren't just smaller men. Women's bodies are decidedly different from men's, with unique organs, genes, hormones, and other key differences.

It's not surprising, then, that men and women experience many of the same diseases but develop different symptoms. With heart attacks, for example, the most common symptom is chest pain for men and women—but women may be more likely to experience other symptoms, such as shortness of breath, nausea or vomiting, or jaw pain. Women and men also metabolize and respond to many drugs differently. And there are gender-based variations in the physiological mechanisms underlying pain.

Some of these differences have been revealed through research that features gender parity. But many basic questions remain about how different health conditions and responses to drugs, vaccines, and other interventions are influenced by biological sex. "Within the last 10 years, there has been major progress on sex-informed research," says Dr. Hadine Joffe, executive director of the Mary Horrigan Connors Center for Women's Health and Gender Biology at Brigham and Women's Hospital and a professor of psychiatry in the field of women's health at Harvard Medical School. But "it's a mixed story because there's still such a long way to go."

Dr. Nshalati Salvation
Mathebula, OB/GYN
& WellBeings Medical
Advisory Panel



Reflection

As both a women's health advocate and an Obstetrics and Gynaecology registrar, I've noticed that women are becoming far more informed and engaged in conversations about their health. Rather than focusing on a single issue, they are asking important questions about pregnancy and its long-term effects, reproductive health, gynaecological cancers, and increasingly, mental health. This growing awareness is encouraging and highlights a desire for trustworthy, evidence-based information.

One of the greatest challenges I encounter is access. Many women still struggle to access quality healthcare, timely specialist services, and accurate health information. As a result, they often present late, when diseases such as cervical, breast, or ovarian cancer are already at an advanced stage. Misinformation and delayed care continue to have significant consequences for women's health outcomes.

I also believe there is a common misconception that women's health is only important during the reproductive years or pregnancy. Women's health is lifelong. Every stage from adolescence, through the reproductive years, to menopause and healthy ageing deserves equal attention, investment, and support.



I wish the public, healthcare professionals, employers, and policymakers better understood that improving women's health requires a life-course approach. This means investing not only in maternal health, but also in prevention, early diagnosis, mental health, chronic disease management, menopause care, and equitable access to healthcare services. When we prioritise women's health throughout their lives, we improve the health and wellbeing of families, communities, and society as a whole.

Reflection

Thobekile Stephano, Johannesburg
Occupational Therapist & Lifestyle Medicine Professional



In practice, one conversation I find myself having repeatedly with women is, "I think I'm coping... but I feel exhausted."

What I have observed in my practice is that many women are not necessarily in a flatout crisis. They are still showing up for work, caring for their families, meeting deadlines, supporting friends, and serving their communities. From the outside, they appear to be doing well. But beneath the surface, many are carrying invisible burdens.

They are mentally overloaded, emotionally exhausted, and the sad reality is that they have become so accustomed to functioning in survival mode that they no longer recognise what genuine wellbeing feels like. I think one of the greatest misconceptions about women's health is that if a woman is still functioning, she must be okay. But functioning is not the same as flourishing.

Too often, women only give themselves permission to care for their wellbeing once they become overwhelmed, burnt out, anxious, or physically unwell. Maybe because we have unintentionally normalised self-neglect as the cost of being responsible, successful, or caring.

Looking after our mental and emotional wellbeing is not selfish at all. In fact, I encourage women to think of it as an investment. In the same ways we invest in our careers, finances, and families, we must also invest in the health of our minds, our emotional capacity and our ability to recover from life's demands and stressors. The encouraging news is that wellbeing is built through small, consistent choices. It is found in moments of rest, setting healthy boundaries, movement, nourishing our bodies, processing our emotions, and making space to reconnect with ourselves. These small habits, repeated over time, strengthen our resilience and enable us not only to recover from life's challenges, but also to thrive through them.

I also hope that other stakeholders, like employers and policymakers begin to recognise that supporting women's health extends beyond physical health alone. Mental and emotional wellbeing deserve equal attention. Creating psychologically healthy workplaces, making preventative wellbeing support more accessible, and encouraging conversations around emotional health can make a meaningful difference long before women reach breaking point.

This is important because, when women are emotionally well, mentally resilient and supported to care for themselves, everyone benefits; our families, our workplaces, our communities and future generations.

Perhaps the conversation we need most is this: How can we help women invest in their wellbeing before they need to recover from losing it?

Spotlight on Women's Cancers

Excerpt paraphrased from: Bridging the Cancer Care Gap
For Women in Rwanda
NCD Alliance



Where a woman lives in South Africa can influence the breast cancer care she receives. This, according to a national study, that found glaring inequalities in breast cancer services across the public health system. Shortages of specialist surgeons, diagnostic services, and surgical capacity mean that many women cannot access care that meets national treatment guidelines. Data from 43 public hospitals across all nine provinces highlights how geography and resource constraints continue to shape health outcomes.

Breast cancer is one of the most common cancers affecting South African women, but access to timely, quality treatment remains uneven.

Source: South African Medical Journal (2025)

One health visit, multiple screenings.

In Kenya, women are increasingly being screened for multiple health conditions, including breast and cervical cancer, diabetes, high blood pressure, and common mental health conditions, in a single clinic visit. The Women's Integrated Cancer Screening (WICS) programme aims to make preventive healthcare more accessible while detecting illnesses earlier.

Source: World Health Organization

Rwanda is emerging as one of Africa's leaders in improving women's access to cancer care.

In 2022, the country launched a Patient Navigation Initiative to help more women access breast and cervical cancer screening, diagnosis, and treatment. The programme brings together government, hospitals and civil society to guide women through every step of their healthcare journey, from screening to treatment. In its first six months, more than 14,000 women were screened, with hundreds receiving life-saving diagnoses and care.

The initiative also tackles barriers that often prevent women from seeking help, including low health literacy, stigma, poverty and limited access to healthcare. It is a reminder that improving women's health isn't just about better medicine, it's about making care easier to access, understand and navigate.



Reflection

I feel like medical misogyny is a real thing. I have been to appointments with my husband, and have seen firsthand how his symptoms are taken seriously while mine were brushed aside. I feel there's a long way to go in taking women's health seriously!

Brenda Grace, Lagos,
(age 41)



Reflection

One thing I wish I'd known before having children is what recovery after birth actually looks like. No one told me that many women wear adult diapers for a while after giving birth because of the bleeding and healing that happens in those first few weeks.

And no one warned me that leaking a little urine when you laugh, cough, or sneeze can be surprisingly common after pregnancy and childbirth. We prepare women for labour, but we don't always prepare them for recovery. I wish we spoke more honestly about what happens to the body after birth, because knowing what's common is actually helpful!

Anonymous, Durban, (age 42)

Reflection

Can I say something that might be unpopular? Why do so few conversations about women's health include sex and intimacy? Women have sexual needs and questions too, yet it's like we have to search for information that speaks to our experiences.

So much of the conversation focuses on reproduction or preventing pregnancy, while pleasure, intimacy, and sexual wellbeing are often overlooked. Our sexual health is part of our overall health. It affects our relationships, our confidence, our mental wellbeing, and our quality of life. I wish we talked about it more openly and without embarrassment.

Anonymous, Cape Town, (age withheld)

Reflection

Setting boundaries (and sticking to them) is going to make some people unhappy. Some may even be offended. You have to do it anyway! I wish I'd learned this much earlier in life. It would have saved me a lot of heartache and done wonders for my mental health. You may lose friendships along the way, but you'll also lose a lot of resentment and exhaustion. Most importantly, you'll learn to respect yourself, and you'll teach others to do the same.

Faith Moyo, Harare, (age 44)



Reflection

This may be more about self-esteem than women's health, but I think it's one of the most important lessons a woman can learn.

The longest relationship you'll ever have is the one you have with yourself. Love yourself. Be kind to yourself. Take care of yourself. And don't be afraid to put yourself first sometimes. You can't pour from an empty cup.

Debbie Smit, Johannesburg, (age 48)



Reflection

We need to talk to our daughters about more than just the mechanics of sex. When I was growing up, no one taught me about the emotional side of sex. Conversations with parents and other adults rarely went beyond the basics, so my generation was left to figure out so much on our own. Now that my daughter is a teenager, I've made it a priority to talk openly about sex, sexual health, her body, and the emotions that can come with intimacy. I hope that she'll have the knowledge and confidence to make healthy decisions for both her body and her mind. I wish more young women grew up knowing that sexual health isn't just physical, it's emotional too.

Anonymous, Pretoria, (age 51)

Health in History | Menstrual Products

Until 2023, menstrual products had never been tested with real blood.

For decades, the absorbency of pads, tampons, and other menstrual products was measured using a saline solution rather than menstrual blood. When researchers at Oregon Health & Science University finally tested 21 different products using human blood, they found that some products performed very differently from their advertised absorbency.

The findings could have important implications for diagnosing heavy menstrual bleeding, as doctors often rely on how quickly menstrual products become saturated to assess whether further investigation is needed.

It's a small but powerful reminder that there are still basic questions about women's health that remain under-researched.

Source: Scientific American



Only the labeling of tampon absorbency levels is regulated, due to the risk of toxic shock syndrome, which means it is difficult to predict how absorbent a product will be before you buy it.

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Reflection

Therapy or counselling can be incredible, but you have to be an active participant if you want to see real change. A good therapist won't "fix" your problems for you. They'll help you understand them, work through them, and gain perspective. It isn't always easy, but it could be one of the most valuable investments you make in your mental health.

Shweta Singh, Cape Town, (age 35)

Reflection

Weight comes and goes throughout life. You can lose it, gain it, lose it again, and it's okay! What matters most is your health, your confidence, and how you feel about yourself. If you want to make changes, nourish your body well and move it in ways that make you feel stronger. Even then, your body may not look the way you imagined, and that's okay too.

Anonymous, Bloemfontein,
(age withheld)

Reflection

If your home life is difficult, don't carry it alone. Talk to a therapist or confide in someone you trust. Having someone to help you process what's happening can make an enormous difference to your mental health.

Anonymous, Johannesburg,
(age 29)



Reflection

I wish I'd understood my menstrual cycle much earlier. Your hormones can influence your mood, energy, sleep and everything in between far more than you might realise. Learning how your body changes throughout the month can help you treat yourself with a lot more compassion.

Alisha M, Johannesburg, (age 44)

Reflection

Anonymous, Eastern Cape, (age 37)



Living with rheumatoid arthritis has taught me that not all illnesses are visible. I was diagnosed with rheumatoid arthritis after already living with hypothyroidism for many years, and together these chronic conditions have affected almost every aspect of my life. They don't just cause pain, they bring overwhelming fatigue, stiffness, inflammation, brain fog, and emotional challenges that many people never see.

The one thing I wish more people understood about women's health is that autoimmune diseases like rheumatoid arthritis cannot simply be "managed" with painkillers. Pain medication may help ease some discomfort, but it does not treat the disease itself. In my case, I need prescribed chronic medication to slow the progression of the disease, reduce inflammation, and help prevent permanent joint damage. Without it, my condition continues to affect my body every day.

My biggest health concern right now is that I have been without my prescribed chronic medication for both my rheumatoid arthritis and hypothyroidism for more than a year because I simply cannot afford it. It is heartbreaking knowing that effective treatment exists, yet financial barriers mean I have to live with worsening symptoms and uncertainty about my future health.

The support that would make the greatest difference to my health would be affordable access to chronic medication and healthcare. No one should have to choose between meeting basic living expenses and taking the medication that keeps them healthy. Greater awareness, empathy, and improved access to treatment for women living with chronic illnesses would change countless lives.

I hope that by sharing my story, more people will understand that chronic illnesses are not always visible, but they are very real. Women living with conditions like rheumatoid arthritis deserve to be believed, supported, and given equitable access to the treatment they need to live full and healthy lives.



Rheumatoid arthritis (RA) progresses in three stages. The first stage is the swelling of the synovial lining, causing pain, warmth, stiffness, redness and swelling around the joint. Second is the rapid division and growth of cells, or pannus, which causes the synovium to thicken. In the third stage, the inflamed cells release enzymes that may digest bone and cartilage, often causing the involved joint to lose its shape and alignment, more pain, and loss of movement. It can affect anyone, including children, but 70% of people with RA are women.

Source: South African Rheumatism and Arthritis Association

The Bigger Picture | Women Are Living Longer, But Not Necessarily Healthier



Women today live, on average, 3.8 years longer than men. Yet those extra years are often spent in poorer health.

According to the United Nations, women are more likely to experience delayed diagnoses, have their pain dismissed, and live with chronic conditions that remain under-researched or poorly understood. Although maternal health has improved significantly over the past 25 years, many of the everyday health challenges women face – from endometriosis to heart disease – continue to be overlooked or diagnosed too late.

The UN argues that closing these gaps will require more inclusive medical research, better diagnostic tools, stronger health systems and greater representation of women in healthcare leadership.

Women's longer lives should also be healthier ones.

Source: Channel Africa



Dr. Marle van der Merwe
General Practitioner

Reflection

Maternal mental health is in a state of crisis.



In my medical practice, I see a staggering number of new mothers struggling under an overwhelming weight of expectation and isolation.

Pregnancy alone is a profound physiological and psychological transformation; yet, mothers are often met with dismissive cultural attitudes like, “Pregnancy is not a disease.” On top of this, childbirth carries physical stress and unpredictability, especially when labour deviates from a carefully prepared birth plan.

Once the baby arrives, the physiological shift is sudden. Oestrogen and progesterone levels drop precipitously within the first 24 to 48 hours post-delivery, triggering significant mood fluctuations. Perinatal mood and anxiety disorders (PMADs) affect approximately one in five women globally, with rates climbing even higher in developing regions where social safety nets are limited.

Despite these biochemical and physical demands, modern society expects new mothers to seamlessly manage full-time work, household responsibilities, and early childhood care. A mother often returns home from a full workday to begin a "second shift": feeding, bathing, comforting, and nurturing her children, while trying to maintain her relationship with her partner.

While the mother remains the primary constant in the child's environment, external support systems are increasingly variable.

Historically, child-rearing was a collective, multi-generational effort. Evolutionary biology and psychology highlight the importance of "alloparenting"; a system where extended family and community members share the responsibility of raising children. Studies supporting the "Grandmother Hypothesis" suggest that active intergenerational support not only improves child developmental outcomes, but also enhances cognitive vitality and longevity in older adults.

Today, nuclear families are increasingly isolated. Many mothers navigate parenthood without a broader support network while simultaneously bearing a major share of the household's financial responsibility. While women's entry into the workforce has been an essential shift toward economic equality, our workplaces and social structures have not evolved at the same pace to accommodate the physiological realities of motherhood.

When equal earning capacity becomes necessary to sustain a household's cost of living, taking unpaid or underpaid maternity leave becomes financially impossible. According to the International Labour Organization (ILO), maternal wellbeing requires at least 14 to 18 weeks of fully paid leave, along with flexible return-to-work arrangements – standards that many workplace frameworks still fail to meet.

Research consistently demonstrates that a mother's psychological wellbeing is one of the strongest predictors of long-term family stability and childhood cognitive and emotional development. Maternal chronic stress and untreated postpartum depression significantly increase the risk of emotional and behavioral dysregulation in children. The classic idiom "If Mama isn't happy, nobody is happy" is not just a lighthearted saying; it is backed by developmental science.

To safeguard maternal and child health, targeted structural changes are needed.

- We need to normalise multi-generational support systems, encouraging extended families to play an active role in early childhood care wherever possible.
- Routine screenings for perinatal depression and anxiety should be integrated into standard postnatal care visits.
- Employers and policymakers must recognise young mothers as a vital demographic requiring protection. This includes advocating for fully paid maternity leave, gradual return-to-work options, and flexible work schedules.



Without these systemic shifts, we risk raising generations impacted by systemic burnout, anxiety, and relational strain.

Supporting a mother is an investment in the foundational health of our broader community. Reach out to a mother with young children today and ask how you can practically support her, whether through a cooked meal, an hour of childcare, or simply offering a listening ear.

Reflection

One thing I wish more people understood about women's health is that it is not "one-size-fits-all." Women's bodies change significantly throughout life, from puberty and menstruation to pregnancy, postpartum, perimenopause, and menopause, and these changes affect everything from heart health and mental wellbeing to metabolism, sleep, and how medications work. Too often, women's symptoms are dismissed as "normal," "stress," or "just hormones." This can delay the diagnosis of conditions such as endometriosis, polycystic ovary syndrome (PCOS), autoimmune diseases, heart disease, and even certain cancers. Many women spend years searching for answers before even receiving the right diagnosis and treatment.

My main health concern right now is maintaining a healthy balance between physical and mental wellbeing. In today's fast-paced world, stress, burnout, and lack of time can make it difficult to prioritise exercise, nutritious eating, quality sleep, and preventive healthcare. I'm focused on building sustainable habits that support my long-term health rather than quick fixes. I also believe in the importance of regular health screenings and listening to my body instead of ignoring symptoms until they become serious.

The support that would make the biggest difference to my health is easier access to affordable, high-quality healthcare, along with reliable health information and preventative services. Having healthcare providers who listen without judgment, take symptoms seriously, and provide personalised care is invaluable. I also believe greater access to mental health support, nutrition guidance, fitness resources, and flexible workplaces that encourage work-life balance would help people prioritise their health before problems become more serious.

Chanel-Lee, Johannesburg, (age 31)



Reflection

Living with pulmonary hypertension completely changed my life. Everything had to slow down. Simple daily tasks became exhausting, and I had to wake up earlier just to give myself enough time to get ready without rushing or becoming breathless. The hardest part wasn't the physical symptoms; it was accepting that I couldn't do everything on my own anymore. I've always been fiercely independent, so asking for help felt like admitting defeat. Over time, I realised that needing support doesn't make you weak. It means you're adapting to a body that's asking for something different.

Rafeeqa Lamera, Cape Town, (age 34)

Reflection

A health diagnosis can change your life, but it doesn't have to define it. I wish I'd known that medication isn't a burden, it's a tool that helps you feel better. Changing the way you eat isn't a punishment; it's an act of caring for your body.

Every woman's journey is different, and that's okay. Build a healthcare team you trust, ask questions, keep your appointments, and don't be afraid to speak up when something doesn't feel right.

Most importantly, don't go through it alone. Let the people around you support you. Sharing your story might even help another woman feel less alone.

Anonymous, Johannesburg, (age 42)



Reflection

I used to think good nutrition was all about losing weight. A low-carbohydrate lifestyle helped me achieve that goal, but when I started running, I realised there was much more to women's health than the number on the scale. When I began experiencing dizzy spells and low iron levels, I learned that my body actually needed healthy carbohydrates to perform well. Finding the right balance of carbohydrates, protein and healthy fats gave me sustained energy for training and recovery. Because I'm intolerant to gluten and dairy, my dietitian helped me find alternatives so I could still meet my nutritional needs. [Training for the Comrades Marathon](#) also taught me the importance of hydration, electrolytes, and eating at the right times before and after a run.

I wish more women knew that food isn't just about weight loss. It's about giving your body what it needs to stay healthy, strong and capable of doing the things you love.

Rethabile Mongae, Johannesburg, (age 38)

Empowerment is a Health Intervention

Women's health isn't determined by biology alone.

Research across Africa has consistently found that women with higher levels of education and greater economic independence are more likely to make decisions about their own healthcare, access essential health services, and advocate for themselves and their families.

When women are empowered to make choices about their bodies, finances and futures, the benefits extend beyond the individual. Families become healthier, communities become stronger, and health outcomes improve across generations.

Improving women's health isn't just about building more hospitals, it's also about ensuring women have the knowledge, resources and autonomy to make decisions about their own lives.

Source: The Palgrave Handbook of African Women's Studies



Women's health suffers when we mistake endurance for resilience, when we confuse 'hanging in there' with managing just fine. You're not fine and you cannot 'have it all' if your health is suffering.

Anonymous



Takotsubo cardiomyopathy, often called Broken Heart Syndrome, is a temporary heart condition triggered by intense emotional or physical stress. It can occur after the death of a loved one, a traumatic divorce, financial hardship, major illness, or another overwhelming life event.

Women, particularly after menopause, are far more likely than men to develop the condition, suggesting that hormones play an important protective role.

It's a powerful reminder that our emotional wellbeing and physical health are deeply connected. Looking after your mental health isn't a luxury; it's part of looking after your heart.



Your hormones don't just affect your reproductive system. Female hormones play an important role in digestive health, too. Oestrogen helps regulate how quickly food moves through the gut and can influence how sensitive the digestive system is to pain. Progesterone, on the other hand, slows digestion, which is why many women notice bloating or constipation at certain times in their menstrual cycle.

Hormonal changes during menstruation, pregnancy, after childbirth and throughout perimenopause can all affect digestion. It's one reason conditions such as irritable bowel syndrome (IBS) are significantly more common in women than in men.

Source: Northwestern Health

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I'm grateful to be a woman. I
must have done something
great in another life.
Maya Angelou

Reflection

Charlene Naidoo, Editor, WellBeings Africa



The one change I hope women will make in service of their health...

There's a phenomenon called The Disappearing Woman – when a woman loses her identity as she slowly disappears into a relationship, finding her worth in what she gives and the validation she receives from others.

But I wonder if there's another kind of disappearing. Disappearing into society's ideal of The Strong Woman.

Why do we hold such reverence for The Strong Woman? When did we become so comfortable sacrificing our health, our peace and, sometimes, our very essence at the altar of being and doing more, more, more? We celebrate women who never bend, never buckle, never break. And if you do crumble (even for a moment) you somehow become less than you were yesterday.

So don't. Because what kind of woman are you if you cannot be strong?

It feels paradoxical to quote a man in an anthology about women's health, but author Joseph Conrad wrote, "Your strength is just an accident arising from the weakness of others."

Maybe it's not that simple, but perhaps it's not that complicated either. Most women don't choose to be strong. They become strong because the choices of others leave them no alternative.

And so we applaud strong women. To be a woman is, too often, to aspire to an ideal of strength that gives others permission to take, siphon, hurt, break, and leave behind the detritus, and if you somehow hold it all together, congratulations, you're a "strong woman". (Spoiler alert: there's no prize for being a strong woman. You simply get to do it again, tomorrow, ad nauseum).

When someone says, "You're strong, you'll get over it," they may mean to comfort you. But those words become a way of brushing past accountability. "She's strong" becomes the unspoken refrain that allows others to be weak. She'll cope. She'll survive. She always does.

I reject it all. I no longer aspire to be The Strong Woman, unless strength is something I choose. If there's one thing I take away from these reflections, it's that women's health isn't measured by how much we can endure.

True health and real strength comes from refusing to disappear at all. ♀

The 100: Women's Health in Their Own Words

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