

EDITORIAL

THE HEALTH OF ADULT WOMEN IN ACCRA

The seven papers in this issue of the Journal highlight a number of well-known but largely unquantified health issues facing adults in Accra, and by extension, other rapidly growing cities in West Africa. Much is written about the 'second epidemiological transition'¹ and the 'double burden' of communicable and non-communicable disease² in post-transition populations. Here we present some new population-based health assessments as well as some surprises in terms of health differentials and patterns of reproduction.

The paper by Darko *et al* (page 50) draws attention to the relatively good health of young and middle aged women and to the sharp decline in health after age 50. The paper underlines the importance of obtaining both self-reported and independently assessed health status measures and the striking correspondence between the two sources. The very low level of fertility described by Adanu *et al* (page 58) contributes to this good health but as the authors indicate, fertility levels not much above replacement are being achieved without consistent recourse to more reliable methods of family planning.

The full impact of the second epidemiological transition is outlined in the paper on obesity by Benkeser *et al* (page 66) indicating that the body mass indices of Accra women are higher than UK women of the same age, themselves the most obese of all European populations. Another neglected feature of the post-transition population is the salience of mental disorders characterised by de Menil *et al* (page 95). If the prevalence of these conditions is correct, then mental health has to be a major priority for the future. Donovan *et al* (page 85) remind us that malaria remains important and the study points out the importance of parasite-prevalence studies to help distinguish clinical malaria from reported fevers. Blanchet *et al* (page 76) produce one of the first reports on the impact of Ghana's National Health Insurance Scheme (NHIS), indicating that although uptake is still low, the scheme may be making health services available to those most in need. Differentials in health, reported or objectively ascertained, are surprisingly small and the paper by Fink *et al* (page 104) suggest that the processes of geographical selection may be contributing to the surprisingly good health of households living in slum neighbourhoods of the city.

This relatively complete picture of the city's health alerts us to the importance of new conditions (obesity and hypertension, mental disorders) that warrant atten-

tion but are not currently addressed through the existing services. Some new thinking is required to go beyond the traditional maternal and reproductive health services for women, given the much reduced fertility and the importance of women's health beyond the menopause. Many of the salient conditions identified here are also not included in the range of services supported by the NHIS. The evidence on the comorbidities points to the need for targeting at-risk groups for a range of health issues, perhaps, giving greater attention to local or district health services tailored to the particular needs of the tributary sub-populations.

REFERENCES

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