Understanding vantage points to stimulate dialogue

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EDITORIAL

Understanding vantage points to stimulate dialogue

As editors of *Health Care for Women International*, it is our intention to publish articles that are based on breaking research, practices, theories, and social policies concerning women’s health. It is also our goal to publish commentary on these articles. Some years ago, we co-taught a class on “Current Issues in Gerontology,” where our goal was to focus not only on gerontological issues, but also on how the issues were viewed, depending on who seemed to “own” them. In our journal, we want to enrich our readers’ study of women and health care by presenting collaborative efforts of scholars who approach issues from several vantage points. We want you to consider whose issue is being presented as you read each article, and to consider what the authors are trying to teach our international, interdisciplinary audience. We want you to do this because we also want to stimulate international dialogue. Of course, you will try to understand the articles while recognizing that the viewpoint of any individual is affected by groups that influence his or her unique behavior, including groups of scholars who vary by discipline, family groups, friendship groups, religious groups, labor force groups, political groups, national groups, and economic groups (social classes). Every individual is a member of several groups; all the groups in any society work together in a functional or dysfunctional social system. In our global society of scholars and health care practitioners, the task of understanding vantage points can be daunting, which is why we ask authors of every article to address our audience as they begin their manuscripts.

In this issue of the journal you will read Piotr Żuk and Paweł Żuk’s explanation of women’s health in Poland as an ideological and political issue, restricting access to abortion, in vitro fertilization, and prenatal testing. Reading the article by Nguyen and colleagues about women with severe mental illness in Western Australia, we ponder the vantage points of patients and practitioners to consider that women with mental illness experience greater sexual trauma than women without mental illness. We consider the vantage points of service providers thanks to the study by Yu, Saltus, and Jarvis about older minority women in Wales who are from racial and ethnic minority groups. This is useful information, yet we all need to learn more about the vantage point of patients and politicians. We are fascinated by the work of Moshtagh et al., who present the perception of women in Iran who view themselves as sexual addicts and who choose to interact in the context of a self-help group. Jane R. von Gaudecker and colleagues present a focused ethnography of persons with epilepsy to explain a treatment gap, yet you will need
to consider from whose vantage point is this ethnography. Last, but not least, you may consider vantage points as you read the evidence provided in the article by Korukcu and Kukulu, on how helpful a mindfulness-based transition to motherhood program is.

In the future, it is our hope that some of you will add your own vantage point to offer commentary about the work you read in our journal. When this becomes our new norm, we will know we have succeeded in stimulating dialogue on global women’s health issues.

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