

Dr Naeemah Abrahams Appointed Extraordinary Professor at UWC School of Public Health (SOPH)

UWC's Joints Appointments Committee of Senate and Council approved the appointment of Dr Abrahams as Extraordinary Professor in the SOPH in February 2011.

Prof Uta Lehmann, Director of SoPH wrote:

...This is great news for us, and I am looking forward to building on the already excellent collaboration. It would be nice if you could join us at one of our staff teas in the next couple of months to introduce you to all staff, and also maybe give a seminar which will familiarize staff here with your work.

But for now, congratulations and welcome to UWC as an extraordinary professor!

Regards,
Uta

Prof. Abrahams wrote:

I am not so sure what the 'extra-ordinary' means but I am very thrilled to be part of the SOPH and UWC (my alma mater). I have developed some great collaborations with some of the staff members and I hope I can add value to the school's academic outputs. Thanks for the effort you put into this and I will certainly come and do a presentation on my work.

I have already discussed some ideas I have with Christina such as presenting a winter/summer school program on gender-based violence research methods course I have been co-facilitating in Africa. But we can take this forward.

Regards
Naeemah



Prof. Naeemah Abrahams

Naeemah Abrahams is the Deputy Director of the Gender & Health Research Unit of the Medical Research Council. She has a nursing background and completed a Master's in Public Health at the University of Western Cape in 1997 and a Ph.D in Community Health in 2002 at the University of Cape Town. Her research focus include gender based violence and the interface between GBV and HIV. Her work on intimate partner violence focused on men as perpetrators, risk factors for perpetrating intimate partner violence, femicide, the role of guns in gender based violence, health sector responses to gender based violence, sexual assault services, prevention of HIV following a sexual assault, HIV stigma, mental health and burden of disease studies exploring gender based violence as a risk factor for health outcomes. She has experience in doing both qualitative and quantitative research and use methods drawn from a range of disciplines: clinical, social science, ethnographic, epidemiological and health systems. She is an author on more than 30 peer-reviewed journal articles and is a co-facilitator of a training course on research methods for gender based violence research and has presented this course in Africa for the past five years. She was a collaborator on the WHO multi-country study on violence against women and is currently a collaborator on the Global Burden of Disease study working with the global data on interpersonal violence.

Celebrating 100 years of Achievements for Women and Health

...a Photo Story from the World Health Organization(WHO)

March 8, 2011 marks the 100th anniversary of International Women's Day (IWD).

In honour of the centenary, WHO invited people all over the world to submit their opinions on the greatest achievements in women's health over the past century. Submissions from people in many countries around the world make up this photo story.

The photo story is not a chronological or comprehensive account of events, nor is it a listing of individuals. Rather, it highlights some achievements that have improved the lives and health of women and girls.

Achievement 1: reproductive choices



The introduction of modern contraception in the 1950s and 60s revolutionized women's sexual and reproductive health and their lives by providing them with relatively simple, easy-to-use and accessible options to control the number and spacing of their children. While global contraceptive prevalence rates have increased over the years (52% in 1990 to 62% in 2007), there continue to be several challenges facing women and girls due to lack of information, reduced access or cultural norms.

Achievement 2: empowering women through education



Over the last 100 years, completion of primary, secondary and tertiary education has increased dramatically around the world for women and girls. Studies show that when women are given equal access to education (both enrolment and completion), significant health benefits follow. Some examples are decreased fertility rates, increased birth spacing, timely and appropriate health seeking behaviour, treatment adherence, reduced tobacco and alcohol consumption rates and, for women with secondary school and above, fewer experiences with sexual and gender-based violence.

Achievement 3: health technologies for women



In the last century, new technologies such as microbicides, mammograms, PAP tests and visual inspection with acetic acid (VIA) and bone densitometry have contributed to the prevention of osteoporosis, HIV, and breast and cervical cancer.

For example, breast and cervical cancer are among the top 10 leading causes of death for women aged 20-59 years, representing 223 000 deaths in 2004. The introduction of screening programmes contributes to early identification, access to treatment, and leads to longer, healthier lives for many women and girls.

Achievement 4: ensuring women's rights



Social and legal reforms have helped to realise women's rights over the past century. Reforms such as laws and policies on property rights, equal pay, sexual and other forms of gender-based violence (including honour killings and female genital mutilation) and access to safe abortion - have improved women's health, status and reduced inequalities.

Achievement 5: women's health is more than maternal health



In the early part of the last century, women's health was solely understood in the context of reproductive roles or of motherhood. Women's health researchers and activists broadened this definition to address other health issues, women and girls of all ages and structural factors of disadvantage (such as gender inequality, class or social position) at household and community levels. Both sex (biology) and gender (social norms) are important determinants of health that need to be addressed.

Achievement 6: women as agents of social change



Women have been forging social change in many ways over the last 100 years. From national suffrage and feminist movements to international declarations and resolutions, women all over the world have secured freedoms, rights, voice and justice for themselves and other women. These efforts contributed to several international resolutions that hold governments and organizations responsible and accountable to achieving and prioritizing women's health and gender equality in their health and development plans.

Achievement 7: maternal health improvements



100 years ago, women's life expectancy was much lower than today because they often died in childbirth or due to pregnancy-related complications. In 2011, life expectancy is higher for women than men in most countries.

While more women survive childbirth now than they did 100 years ago more still needs to be done in developing countries.

Achievement 8: women delivering health care



During the 20th century, there was a dramatic shift in health care delivery through the admission of women into paid health professions such as midwifery, nursing and medicine. Over 75% of the paid health workforce is female with significant benefits to their socio-economic status and the quality of care provided. In addition, over 80% of all health care is provided in the home by women.

Achievement 9: economic empowerment



Economic empowerment allows women financial independence both within households and communities. It enables them to participate more fully in household decisions on health and education. An analysis of 75 countries, correlating women's empowerment and several health indicators reveals the higher women's empowerment, the better the health indicators such as infant mortality rate, total fertility rate, under five mortality rate, maternal mortality, low-birth-weight infant percentage as well as life expectancy for both women and men.

Achievement 10: women as decision-makers



100 years ago, women had little say in the way that health systems - or national governments for that matter - were structured or managed. Over the decades, women have become more involved in decision-making processes that affect their lives.

Whether it is through voting, village health council participation, membership of a patient rights, health professional association or civil society organisation, leading Ministries of Health or national governments, women around the world have changed political landscapes, contributed to sustainable development outcomes and raised issues of importance to women's health.

Looking forward, there are continued challenges and barriers that women and girls face in protecting their health. Concerted action to address these barriers will be critical to further progress.

Source: http://www.who.int/features/2011/international_womens_day/en/index.html

The WHO: TEN FACTS ABOUT WOMEN'S HEALTH

Smoking rates among men tend to be 10 times higher than women. However, due to recent aggressive tobacco marketing campaigns aimed at women, tobacco use among younger females in developing countries is rising rapidly. Women generally have less success in quitting the habit, have more relapses than men, and nicotine replacement therapy may be less effective among women.



Women and girls continue to face gender-based vulnerabilities that require urgent attention - especially in sub-Saharan Africa where 80% of all women living with HIV are located. Improving women and girls access to antiretroviral therapy, HIV and testing and a range of care, treatment and support services (such as screening for cervical cancer or CD4 count diagnoses) requires specific targets and benchmarks for women and girls.



Between 15% and 71% of women around the world have suffered physical or sexual violence committed by an intimate male partner at some point in their lives. The abuse cuts across all social and economic backgrounds. Violence has serious health consequences for women, from injuries to unwanted pregnancies, sexually transmitted infections, depression and chronic diseases.



Some studies show that up to 1 in 5 women reports being sexually abused before the age of 15.



Even though early marriage is on the decline, an estimated 100 million girls will marry before their 18th birthday over the next 10 years. This is one third of the adolescent girls in developing countries (excluding China). Young married girls often lack knowledge about sex and the risks of sexually transmitted infections and HIV/AIDS.



About 14 million adolescent girls become mothers every year. More than 90% of these very young mothers live in developing countries.



Every day, 1600 women and more than 10 000 newborns die from preventable complications during pregnancy and childbirth. Almost 99% of maternal and 90% of neonatal mortalities occur in the developing world.



Insecticide treated nets (ITNs) reduce malaria cases in pregnant women and their children. When women earn an income, they are more likely than men to buy the nets for their households. However, use of the nets is often linked to sleeping patterns that sometimes preclude actual use by women.



In most countries women tend to be in charge of cooking. When they cook over open fires or traditional stoves, they breathe in a mix of hundreds of pollutants on a daily basis. This indoor smoke is responsible for half a million of the 1.3 million annual deaths due to chronic obstructive pulmonary disease (COPD) among women worldwide. In comparison, only about 12% of COPD deaths among men each year are related to indoor smoke. During pregnancy, exposure of the developing embryo to such harmful pollutants may cause low birth weight or even stillbirth.



Once thought to occur mainly in wealthier countries, the health impacts of cardiovascular disease, cancers, diabetes, depression and other mental, neurological and substance abuse (MNS) disorders are increasingly felt by women globally. In fact, noncommunicable diseases (NCDs) account for 80% of deaths among adult women in high-income countries; 25% of deaths among adult women in low-income countries are attributable to NCD.



Source: <http://www.who.int/features/factfiles/women/en/index.html>

Call to African Union and UN General Assembly to support the development of a high quality and effective health care workforce



4 March 2011

Dear President Kikwete,

We applaud your leadership in making a difference for women and children at the African Union and the United Nations General Assembly in 2010. We believe that the newly created Commission on Information and Accountability, which you co-chair with Prime Minister Harper of Canada, is an opportunity to make tangible progress on one of the greatest health and development challenges in 2011. It builds on the agenda developed by the United Nations Secretary General's *Every Woman, Every Child* strategy and will provide valuable baseline information for the work of the new United Nations Women's Agency.

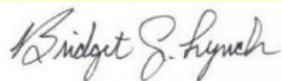
As you know, it is estimated that an additional 3.5 million health workers are needed to deliver life-saving services for women and children in order to reduce maternal, infant and child mortality. The Commission is the ideal vehicle to build momentum on health workers at global moments throughout 2011 and to promote the value of routine data collection and review through instruments such as the recently approved WHA code on recruitment.

In order to achieve Millennium Development Goals 4, 5 and 6, the G8 and AU summits must highlight the importance of building a strong health workforce, filling the global human resource gap and ensuring appropriate financing. Building on this, we believe the UN General Assembly in September will be an ideal moment for donor and developing country governments to make specific commitments to provide more and better trained doctors, midwives, nurses and community health workers, and enabling work environments.

Given the bold commitments that you made at the MDG Summit last September to more than double the number of graduates from health training institutions in Tanzania and to develop innovative schemes to improve the recruitment, deployment and retention of health workers, we believe that you would be ideally placed to spearhead such an important global initiative.

As representatives of global health professional associations, we join with advocates around the world to call on you to support the development of a high quality and effective health care workforce. Women and children are counting on you.

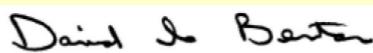
Signed,



Bridget Lynch
President

International Confederation of Midwives

On behalf of 250,000 midwives in 93 countries



David C. Benton
Chief Executive Officer

International Council of Nurses

On behalf of 13 million nurses in 134 countries



Prof. Sergio Cabral

President

International Pediatric Association

On behalf of 600,000 pediatricians from 162 countries



Prof. Gamal Serour
President

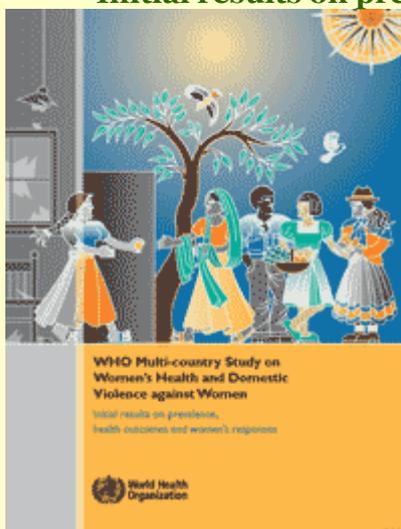
International Federation of Gynecology and Obstetrics

On behalf of 500,000 obstetricians and gynecologists in 124 countries

Gender-based Violence against Women

WHO Multi-country Study on Women's Health and Domestic Violence against Women

Initial results on prevalence, health outcomes and women's responses



This report presents initial results based on interviews with 24 000 women by carefully trained interviewers. The study was implemented by WHO, in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM), PATH, USA, research institutions and women's organizations in the participating countries. This report covers 15 sites and 10 countries: Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand and the United Republic of Tanzania.

Report findings document the prevalence of intimate partner violence and its association with women's physical, mental, sexual and reproductive health. Data is included on non-partner violence, sexual abuse during childhood and forced first sexual experience. Information is also provided on women's responses: Whom do

women turn to and whom do they tell about the violence in their lives? Do they leave or fight back? Which services do they use and what response do they get?

The report concludes with 15 recommendations to strengthen national commitment and action on violence against women.

Data from the report show that violence against women is widespread and demands a public health response.

Download full report at http://www.who.int/gender/violence/who_multicountry_study/en/

UN backs efforts against gender-based violence in southern Africa



6 January 2011 – In an effort to help law enforcement agencies in southern Africa respond to gender-based violence effectively, the United Nations Office for Drugs and Crime (UNODC) said today that it has launched a handbook and a training curriculum to improve the capacity of national police forces in the region to combat the problem.

Through the UNODC-backed capacity-building initiative, the agency is working with officials and civil society in Botswana, Lesotho,

Mozambique, Namibia, South Africa and Zimbabwe to support law enforcement and national criminal justice systems in their efforts to tackle violence against women.

The handbook is designed for first-responders, such as the police, and helps to define violence against women by providing an overview of relevant norms and standards, and giving guidance on how to intervene. It focuses on how to investigate acts of violence against women, a process that requires sensitivity.

The training curriculum has been developed to equip local and national police with the knowledge and skills required to respond to violence against women in an effective manner. It has a special focus on violence within intimate relationships.

It includes preventive measures, how to respond to and investigate acts of violence, and specifies resources required to meet the needs of victims during and after an incident.

In addition to the regional initiative focusing on law-enforcement, UNODC is also working with communities in South Africa to provide local-level support to victims of gender-based violence.

Several UNODC-supported “one-stop centres” have been established across South Africa to provide legal, psychological and medical services to the survivors of violence, as well as rehabilitation and support services for men in order to break the cycle of domestic violence.



Guns and gender-based violence in South Africa

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ABSTRACT

BACKGROUND: The criminal use of firearms in South Africa is widespread and a major factor in the country having the third-highest homicide rate in the world. Violence is a common feature of South African society. A firearm in the home is a risk factor in intimate partner violence, but this has not been readily demonstrated in South Africa because of a lack of data.

METHODS: We drew on several South African studies including national homicide studies, intimate partner studies, studies with male participants and studies from the justice sector, to discuss the role of gun ownership in gender-based violence.

CONCLUSION: Guns play a significant role in violence against women in South Africa, most notably in the killing of intimate partners. Although the overall homicide data suggest that death by shooting is decreasing, data for intimate partner violence are not readily available. We have no idea if the overall decrease in gunshot homicides applies to women in relationships, and therefore gun control should remain high on the legislative agenda.

Source: SAMJ, *S. Afr. med. j.* vol.100 no.9 Cape Town Sept. 2010

Access full article at: http://www.scielo.org.za/scielo.php?pid=So256-95742010000900020&script=sci_arttext