

# WOMEN'S MONTH ISSUE



MEC FOR HEALTH  
MS NOMAGUGU SIMELANE-ZULU

## CALLING ON WOMEN TO TAKE CHARGE OF THEIR OWN HEALTH ON WOMEN'S MONTH AND BEYOND

In her recently-delivered maiden budget speech, KwaZulu-Natal Health MEC Nomagugu Simelane-Zulu outlined some of the Department's key priorities that are aimed at improving women's health outcomes during this financial year, and going forward.

**MEC Simelane-Zulu made a commitment that the Department will:**

- Initiate and carry out programmes to encourage women to use the free services available to them, such as family planning, mass cancer screening, and adherence to antenatal care and immunisation schedules
- Promote Dual Protection (using condoms and contraceptive services) in order to avoid unplanned and unwanted pregnancy; as well as transmission of sexually transmitted infections, including HIV. This will reduce the rate of baby abandonment, and the death of mothers and new-born babies due to illegal termination of pregnancy;
- Forge ahead with mass cancer screening as part of the Pap Smear Drive-Plus programme.

*"In this day and age, women should not be dying due to preventable and treatable cancers such as breast and cervical cancer. We therefore*

*urge women to heed the call for them to come forward for cancer screening, so that this threat to life can be detected early and dealt with once and for all,"* said MEC Simelane-Zulu.

She added that the Department will be teaming up with law enforcement authorities to deal decisively with illegal termination of pregnancy.

*"We declare war in the Province of KwaZulu-Natal against all practitioners of illegal termination of pregnancy, as this endangers the lives of young women. A partnership between law enforcement authorities, public and private sector organisations, will help to strengthen this drive."*

The MEC also emphasised adherence to antenatal care for pregnant women and their unborn babies, which will enable

the Prevention of Transmission of HIV to new-born babies.

"It is crucial for pregnant women to attend the appropriate and timely ante-natal care clinics. Antenatal care is about detecting and treating existing health challenges as well as screening for complications that may develop during the course of pregnancy. As indicated by the World Health Organization (WHO), a minimum of 4 antenatal care visits are recommended during the first 12 weeks of pregnancy, as well as adherence to antenatal clinic visits for the duration of the pregnancy. We also encourage adherence to the immunisation schedule in order to strengthen babies, and help them fight diseases."

#WhatWomenWant  
#WomensDay  
#WomensMonth2019

In South Africa, women make up 51% of the population. Therefore, in order for the Department to be able to successfully address health issues, it needs to give special attention to women's health.

### 25 Years of Democracy

Growing South Africa  
Together for Women's Emancipation



**"Let us emulate the spirit of the women of 1956."**



# PREVENT MATERNAL DEATHS



Since August is Women's Month, special attention must be paid to women of child bearing age, by instilling in them an awareness of services available within our Department.

This is because our country has unacceptably high rates of maternal mortality. This refers to the number of women and girls who die during pregnancy or shortly after giving birth.

According to the World Health Organisation (WHO), maternal deaths happen when women die while they're pregnant, during childbirth or within 42 days after giving birth. The Department's concern is the one raised by health experts that tell us that 60% of these maternal deaths are avoidable.

The high rates of teenage pregnancy in this country are said to be among the highest in the world, with more than one-third of South African women experiencing their first birth by age 19 years. Statistics show that one million babies are born each year in South Africa, 8% of

these, which is 80 000 in number, are delivered by teen moms.

#### What makes teenage mothers more susceptible amongst others are the following:

- They hide their pregnancy for as long as possible as they fear chastisement from parents
- They book late or not at all for antenatal care, thus missing opportunities for clinical intervention for illnesses that encroach on them or their baby
- At labour they normally experience difficulty due to anxiety
- Post-delivery stage there are a lot of cot deaths due to these girls not being able to handle babies properly
- Lastly, teenage pregnancy means goodbye to school and hello to perpetual dependency and helplessness.

Maternal deaths happen for two reasons, that is, a direct obstetric death which is caused by complication that develops directly as a result of pregnancy, delivery or the postpartum period or an indirect obstetric death which is due to existing medical conditions that are made worse by delivery or pregnancy.

#### There are five major medical causes of direct obstetric deaths:

- Haemorrhage (28 %);
- Complications of unsafe abortion (19%);
- Pregnancy-induced hypertension (17%);
- Infection (11 %); as well as,
- Obstructed labour (11 %).

It is unacceptable that this continues to happen despite the fact that the democratic government has made substantial progress in transforming the health sector

as evidenced by vast expansion of Primary Health Care offered in clinics that are now built even in deep rural settings.

As a first step, family planning methods should be promoted in communities as it helps to prevent unwanted and unplanned pregnancies. Contraceptives also help in spacing the birth of babies that a woman plans to have. Preventing an unwanted pregnancy also means an uninterrupted education and later sustainable economic prospects.

In order to curb maternal deaths the Department also calls on all pregnant women to access appropriate and timely antenatal care.

Antenatal care is about detecting and treating existing health problems as well as screening for complications that may develop during the

course of pregnancy. It is also an opportunity to be provided with vital health information relating to lifestyle risks and offers social support and counselling.

Antenatal care also connects a woman to a health system, leading to an increased likelihood of delivery with a skilled birth attendant and continuing care after the baby is born. As per the WHO, pregnant women are advised on a minimum of four antenatal care visits which it recommends that they start in the first 12 weeks of pregnancy.

Early attendance at antenatal clinics is also particularly crucial for pregnant women and girls living with HIV. This is because women and girls living with HIV are over five times more likely to die during pregnancy or shortly after birth than those without the virus.





# CELEBRATING WOMEN IN HEALTH



### Nomagugu Simelane-Zulu

Current MEC for Health in KwaZulu Natal. She is responsible for the health needs of more than 80% of the province's population who use the public health sector. She oversees the implementation of health services in 700 health facilities which include hospitals community health centres, clinics, and mobile clinics.



### Lilian Masediba Matabane Ngoyi

"Mma Ngoyi" born in 25 September 1911; she was South African anti-apartheid activist that contributed greatly in the fight against apartheid. She worked as a nurse in the City Mine Hospital from 1928 to 1930.



### Dr Nkosazana Clarice Dlamini-Zuma

Born 27 January 1949 in KwaZulu-Natal. Dr Nkosazane Dlamini Zuma is a medical doctor by profession and the first black woman to be appointed as the National Minister of Health in South Africa from 1994 to 1999 under the leadership of former president Nelson Mandela.



### Dr Sithembile Ngidi

Born in KwaZulu-Natal, she is a graduate of the University of Kwa Zulu Natal. She trained in clinical and radiation oncology at Inkosi Albert Luthuli Central Hospital. She received the MEC's award of recognition and excellence when she became KZN's first female black oncologist.



### Nonstikelelo Albertina Sisulu

Anti-apartheid activist born in 1918 in the Transkei region. She later trained as a nurse at the Johannesburg Non-European Hospital.



### Mary Susan Malahela-Xakana

Born 2 May 1976, Malahela graduated from medical school and registered as a medical doctor, the first black woman in South Africa to do so. She opened a private medical practice in Kliptown, and a second in Mofolo South. After the Group Areas Act, she worked at a clinic in Dobsonville.



### Dr Nokwanda Zuma

Born in KwaZulu-Natal, Dr Nokwanda Zuma is the second Black African oncologist in KwaZulu-Natal. She is based at Inkosi Albert Luthuli Central Hospital.



# YOUNG WOMEN'S PREVENTION CAMPAIGN: A RESOUNDING SUCCESS

**Young women flocked from the University of KwaZulu-Natal (UKZN), the Durban University of Technology (DUT) and other tertiary institutions at Inkosi Albert Luthuli Central Hospital on Saturday (03 August 2019) for the Department's Plan A Prevention Campaign.**

The Campaign was to address the high rate of teenage pregnancy which is not only an issue in South Africa in general but in the province specifically. Statistics from the Department of Health suggest that close to 20% of all people giving birth in KZN are under 20 years old. It can be assumed that most of these births result from unplanned pregnancies.

As a result of these unwanted pregnancies, some young women fall prey to advertisements from unqualified abortionists. Consequently, some of these women present to facilities with complications from the botched abortions which can be fatal.

As stated in MEC Nomagugu Simelane-Zulu's budget speech, the

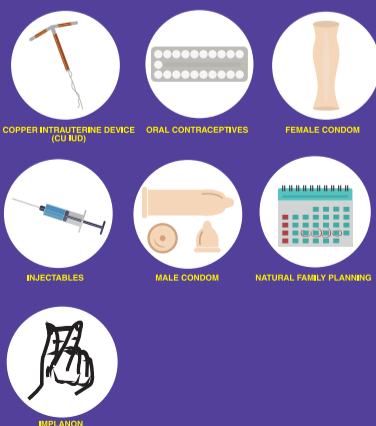
Department is adamant to educate young women and girls on the free services available to them such as various contraceptives and facilities for termination of pregnancy (TOP). The Plan A Prevention Campaign is one of such endeavors to raise awareness on services for young women.

The day kicked off with an educational talk, informing the students of the various family planning methods that the Department offers for free.

The students were then registered and proceeded to have their vital signs checked, underwent a pregnancy test and lastly

were individually counseled in private rooms where they could choose their own method of contraceptives or ask questions.

HIV testing was also encouraged and counseling was made available.







# WOMEN'S CANDID TALK



LET'S BE CLEAR: IF YOU DON'T UNDERGO A PAP SMEAR, YOU'RE EXPOSING YOURSELF TO CERVICAL CANCER, WHICH IS DEADLY WHEN DISCOVERED TOO LATE.

GET SCREENED AND TESTED TODAY FOR EARLY DETECTION OF CERVICAL CANCER.

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FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE

# #WhatWomenWant



# HUMAN PAPILOMA VIRUS: FREQUENTLY ASKED QUESTIONS



**With the Human Papilloma Virus (HPV) Campaign having started in schools across the province this week (06 August 2019), some parents and guardians may have some questions regarding the vaccination.**

**Health Chat Bulletin provides the answers below:**

## **WHY SHOULD GIRLS BE VACCINATED AGAINST HPV?**

HPV vaccine is important to protect against HPV infection that could lead to cervical cancer later in life.

## **WHAT IS CERVICAL CANCER?**

Cervical cancer is a cancer that affects the cervix, which

is the lower part of the womb.

Cancer is when abnormal cells in the human body start to grow very quickly and cannot be controlled by normal body process. Over time, normal cells are replaced by cancer cells and without early diagnosis and treatment the person may die.

## **WHY ARE BOYS NOT GIVEN THE HPV VACCINE?**

This campaign aims to prevent cervical cancer, which occurs only in women.

## **HOW CAN YOU CONFIRM IF A PERSON HAS CERVICAL CANCER?**

A special test is required to detect if a person has early signs of developing cervical cancer, called a PAP smear. The cells from the cervix are

collected and sent to a laboratory for testing and confirmation

## **HAS THE HPV VACCINE BEEN THOROUGHLY TESTED AND USED BEFORE?**

The HPV vaccine has been tested and used in many other countries. More than 200 million doses of the HPV bivalent vaccine have been administered worldwide. It is a World Health Organization recommended vaccine and is presently used in more than 130 countries globally. The Medicines Control Council of South Africa has registered this HPV vaccine, after confirming that the vaccine is safe for use.

## **HOW SAFE AND EFFECTIVE IS THE VACCINE?**

The HPV vaccine used in South Africa is very safe and effective in preventing the HPV-16 and HPV-18 strains of the virus

## **WILL I GET HPV INFECTION FROM THE HPV VACCINE?**

No-the vaccine is non-infectious and you will not get HPV infection through vaccination.



# DOH EMPLOYEES

## ENCOURAGED TO SAVE & DECREASE EXPENSES



**On 2nd of August 2019 DOH employees were treated to a financial workshop by Asisa Foundation at Natalia Building.**

**The financial educator, Zain Khan, presented an informative talk which included topics such as:**

- Prioritization of distribution of a salary; differentiating between needs and wants.
- Increasing savings by decreasing expenses created by wants
- Creating a monthly budget
- Opting for cash rather than credit accounts
- How to negotiate with creditors
- How to access debt counselling services

His presentation was interactive and innovative; including educational videos and a workbook for each person present. Attendees also received a gift and a certificate after the talk.

# WOMEN IN HEALTH WHO PAVED THE WAY



**Dr Patricia Bath born in 1942 in Harlem, became a pioneer in the treatment and prevention of blindness, and revolutionised the field of ophthalmology when she invented the Laserphaco Probe, a device that refined laser cataract surgery. She also advocated for eyesight as a basic human right by co-founding the American Institute for the Prevention of Blindness in 1976.**

Bath became the first African-American to complete a residency in ophthalmology in 1973, which led to her appointment two years later as the first woman faculty member at UCLA's Jules Stein Eye Institute. In 1988, Bath became the first African-American woman physician to receive a medical patent with her Laserphaco Probe, which improved cataract treatment.

Bath is a trailblazer in other areas, too: She was the first African American to finish a

residency in ophthalmology at New York University and the first woman to chair an ophthalmology residency program in the U.S. If that weren't enough, Bath's research on health disparities between African American patients and other patients gave birth to a new discipline, "community ophthalmology," in which volunteer eye workers offer primary care and treatment to underserved populations.



# ETHICS TALK

## LET'S TALK BRIBERY

Bribery means giving or receiving an unearned reward to influence someone's behaviour; a common form of bribery is a "kickback".

The Citizen's Bribery Survey of 2017 gives an understanding of the ethical challenges relating to bribery that South Africans face daily. We can all agree that bribery is considered unethical regardless of the reasons for accepting or giving a bribe. The effect of bribery weakens the development of an organization as well as the development of the country as a whole.

### This Survey revealed that:

37 % know someone who was asked for a bribe in the last year – up 4 % from 2016

24 % Know someone who paid a bribe in the last year – up 4 % from 2016.

The top 5 reasons for bribes:

**1** Avoiding traffic offences

**2** Getting driver's licenses

**3** Getting jobs

**4** Public Services

**5** Police/criminal charges

On the positive side the Survey revealed that there has been an increase of citizens who have said no to paying a bribe – up 8 % from 2016. There are many reasons why ordinary people say no to bribes with the main reason being against moral or religious principles. Even more good news from the survey is that over 50 % of the participants believed that it is possible to get through life in SA without paying a bribe.

An important issue emanating from such surveys is the influence that our leaders have on the ethical environment and specifically the fact that people look to leaders to be a role model of desirable behaviour. Are you an ethical leader at work? Are you an ethical leader at home?

So let's all aim to be ethical leaders within our organizations as well as our homes so that we can have a positive effect on those around us as well as the upcoming generation.

We need to foster open communication when dealing with ethical issues such as bribery and encourage each other to take bribery and corruption claims seriously.





# GALLERY

## DOH PLAN A PREVENTION CAMPAIGN - ETHEKWINI DISTRICT







**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**COMPILED BY:**

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TEL: 033 395 2547 OR 033 395 2653 | FAX: 033 342 9477

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