

Time to challenge gender disparities

ON March 8 every year, we celebrate International Women's Day to highlight the achievements of women and also to draw attention to important issues that affect them.

The campaign theme for 2021 is "Choose to Challenge".

One of the things that we should challenge is the pervasive gender disparities in mental health that run deep. These disparities need to be understood in the context of historically-rooted social norms and structures. The notion that focusing on sex and gender differences in mental illness only serves to widen the gender inequity gap is what should be challenged.

Why should sex and gender in mental illness be considered at all? For centuries, adolescent girls and women across the age spectrum have suffered disproportionately from depressive and anxiety disorders compared to their male counterparts.

As interacting influences, sex and gender, while unique, are often referred to interchangeably in scientific and lay communication and are difficult to disentangle completely. Sex refers to the biological attributes that determine whether an individual is biologically male or female, while gender refers to the sum of social attributes, roles, behaviours and identity. Also, gender, unlike sex, is not a static determinant of mental health outcomes. Gender norms (behavioural norms attributed to women and men), gender relations (how women and men interact with

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PROFESSOR SEEDAT



or are treated by others based on their ascribed or experienced gender), gender identity (how women and men see themselves on the femininity-masculinity dimension) and institutionalised gender (the distribution of power between women and men in institutions in society which shapes social norms and justifies different expectations and opportunities for women and men) can be modified over time, across generations, and within and between cultures.

Although gender and sex are crucial dimensions of mental illness, they are often an afterthought in mental health research and in clinical practice. Sex and gender influence the occurrence and presentation of mental disorders through a confluence of biological, psychological and social factors. These include but are not limited to gender inequality, gender discrimination, gender role traditionality, cumulative life adversities, and vulnerability to interpersonal violence.

Interpersonal violence and mental health are inextricably linked. Specifically intimate partner violence (or domestic violence) committed against women and girls is one of the principal contributors to mood, anxiety and trauma-related disorders (e.g. posttraumatic stress disorder: PTSD) among women. This link is bi-directional and likely causal with exposure to intimate partner violence among women leading to the onset of mental disorders, like depression and anxiety, and the presence of mental disorders in women increasing the risk of intimate partner violence and other forms of abuse.

To quantify this, pooled research studies indicate that women who have experienced intimate partner violence and abuse have a three times increase in the likelihood of depressive disorders, a four times increase in the likelihood of anxiety disorders, and a seven times increase in the likelihood of PTSD. Risks for women are especially high during the perinatal period. In South Africa, for example, women experience very high rates of perinatal depressive and anxiety disorders compared to the rest of the world. Women are also at an increased risk of intimate partner violence during pregnancy. Moreover, for pregnant and postpartum South African women, as the severity of intimate partner violence increases so too does the severity of symptoms of depression, suggesting mutually reinforcing effects.

Considering this backdrop, research on mental disorders, and on medical disorders in general, has for too long largely ignored casual pathways, risk and protective factors, provider-patient characteristics and responsiveness to treatments (both medications and psychological therapies) that may be differentiated on the basis of sex and

gender. Violence against women (intimate partner violence, sexual violence, and other forms of violence) has been rarely measured or identified in clinical trials of mental health interventions, even though it is a putative moderator of the response to these interventions.

Women have been grossly under-represented in drug development trials. Most clinical trials exclude pregnant women because of safety considerations and few clinical trials undertake a stratified analysis of the efficacy and safety data by sex and gender. Yet the inclusion of women in the likelihood of anxiety disorders, and a seven times increase in the likelihood of PTSD. Risks for women are especially high during the perinatal period. In South Africa, for example, women experience very high rates of perinatal depressive and anxiety disorders compared to the rest of the world. Women are also at an increased risk of intimate partner violence during pregnancy. Moreover, for pregnant and postpartum South African women, as the severity of intimate partner violence increases so too does the severity of symptoms of depression, suggesting mutually reinforcing effects.

However, this is starting to change. Over the past five years large grant funding agencies, such as the National Institutes of Health (NIH) in the USA, have explicitly requested that scientists account for the possible roles of sex and gender in their research designs, analyses, and reporting when conducting animal and human studies, so as "to inform the development and testing of preventive and therapeutic interventions", with the NIH acknowledging that "failure to account for sex as a biological variable may undermine the rigour, transparency and generalizability of research findings".

With regards to the assessment of gender, several key gender-related

dimensions have also been identified that can help researchers and clinicians capture information that provides a more nuanced understanding of gender differences in health outcomes. These dimensions cover caregiver strain, work strain, independence, risk-taking, emotional intelligence, social support, and discrimination. Gender discrimination, which extends to discrimination within the family, in the workplace, at school and university, in the receipt of medical and psychiatric care, and in other public spheres, has received scant attention.

To better understand differences in the prevalence, severity, course and management of mental and physical disorders, it is prudent to parse out sex and gender effects.

For example, women with depression are more likely to experience greater symptom severity, a more persistent course of depression, and optimal response to different treatments than men. Similarly, PTSD in women tends to be more chronic and severe, women have higher comorbidity rates but generally respond better to treatment (especially psychotherapy) than men.

Research and clinical practice that are sex and gender blind only serve to maintain and reinforce gender inequalities and gender inequities in mental health.

Professor Seedat is the executive head of the department of psychiatry at Stellenbosch University.

LETTERS

Email ctletters.co.za (no attachments). All letters must contain the writers full name, physical address and telephone number. No pen names.

Disclosure Report allows public to scrutinise books

I WOULD like to correct some misrepresentations about the Procurement Disclosure Report ("Opposition criticise procurement report - 03 March 2021).

When we launched the first edition of the Procurement Disclosure Report in July 2020, it was the first of its kind in South Africa, disclosing to the public detailed information on all personal protective equipment (PPE) procurement and Covid-19 expenditure by the Western Cape Government.

We did this because it was important to us that we maintained the trust of those living in the Western Cape during the crisis by being transparent about how we were allocating resources to the health response.

The monthly Procurement Disclosure Report disclosed all Covid-19 transactions, including details such as the name of the supplier, a description of the item, the unit price per item and the total spent.

In October 2020, the National Treasury launched an online reporting tool, or dashboard, where the full set of provincial procurement information is published monthly, including all the transactions by Western Cape Government departments and entities.

This dashboard is embedded on the Provincial Treasury website allowing members of the public to further interrogate and download the detailed transaction data in more depth, comparing transactions across provinces and spheres of government.

Our monthly Procurement

Disclosure Report now provides a complementary summary of the transactions by department and entity, together with insights and analysis on the amount of Covid-19 procurement spent with SMMEs for that month and over the financial year.

The latest edition of the Procurement Disclosure Report confirmed that to date R1.92 billion has been committed towards Covid-19 related expenditure across departments and public entities in the 2020/21 financial year in the Western Cape. Furthermore, a total of R907.69 million, or 47.26% of all Covid-19 expenditure by provincial departments and public entities was spent with small businesses, which exceeds the national target of 30%.

In our efforts to continually improve our reporting framework, this month we also released a quarterly edition of the Procurement Disclosure Report which provides further insights and trend analysis across transactions, commodities and suppliers over a 3-month period from 01 October 2020 to 31 October 2021. At the end of the financial year, we will publish a comprehensive annual Procurement Disclosure Report with the same level of detail and analysis.

We are proud of the Procurement Disclosure Report which is an excellent example of Provincial Treasury's continued commitment to innovation and good governance.

FRANCINE HIGHAM | Media Liaison Officer for Western Cape MEC of Finance and Economic Opportunities, David Maynier

Throw the book at Pauw, if he is guilty

IN THE article "Media industry shouldn't be a scapegoat" (Cape

Times, March 4) Edward West claims that veteran journalist Jacques Pauw lied about the recent incident at a restaurant in the V&A Waterfront.

In addition, he criticises Pauw for referring to his lies as mistakes and errors but makes no attempt to explain why these so-called mistakes and errors are more accurately described as lies. This seems a little unfair. According to a Daily Maverick article, CCTV footage shows that Pauw's money was taken off the table by his female dining-companion, who also took possession of his keys and cellphone (which she returned the following day).

Consequently, the most likely explanation is that she stole his money and that Pauw was, therefore, simply mistaken about who had stolen his money.

However, the possibility still does exist that Pauw knew she had taken his money but went ahead and accused the police anyway without realising the incident had been captured by CCTV. If this is the case, Pauw deserves to "have the book thrown at him". Unfortunately, according to Daily Maverick, Pauw described his dining-companion as an "aspiring writer from Angola" which has the potential to turn a story that allows blacks to point the finger at whites into a story that portrays a black person in a negative light. The media, hence, is likely to drop the story as soon as it can. In war, truth is always one of the first casualties.

TERENCE GRANT | Cape Town

Karima, doyenne of SA journalism

BELOVED journalistic icon Karima Brown has passed away.

Karima will be remembered for her unflinching support in the struggle against oppression, endemic corruption and against racism.

She gave impartial and objective journalism the respect and admiration it deserved. She was a giant among journalists who strove to put the ordinary man and woman at the heart of her reporting. She took on the establishment and those powerful men and women in the corridors of power without fear or favour, and earned a deserved reputation as our greatest journalist. She gave us an essential standard which will in time prevail against the prejudiced and reckless fabrications of the media at large.

Her exposures of shattering events in the conflict zones of our divided nation had the country's various leaders on their toes. She was the master craftsman of journalism, a pioneer whose exceptional career spanned decades and whose legacy will influence generations to come.

We have lost the most powerful voice of a Western journalist who stood on the side of justice and liberty. We lost not only one of the most recognisable faces in journalism, but an articulate voice and personality who was always for the well-being of the downtrodden members of humanity.

Karima spoke truth to power and graphically exposed the chicanery of those who stood in the corridors of power and who had very deep pockets. She was among those great heroes who were a source of pride for humanity, whereas the shameless stained the pages of history with their misdeeds.

The world needs heroes more than ever, and Karima Brown stands among the giants in our pantheon on her infinite grace. May her profound soul rest in eternal peace.

FAROUK ARAIE | Benoni

Do your bit to save the planet from plastic bags

IN SOUTH Africa only 16% of commercially purchased plastic is recycled.

The rest ends up in landfills due to wind, improper waste management systems and the overflowing of landfills. A large percent of this plastic lands up in our oceans.

Did you know that it takes about 450 years to decompose naturally?

But at least it does eventually decompose. In the ocean, plastic does not decay and at the moment there are approximately 51 trillion individual pieces of plastic scattered across our oceans and that plastic is not going anywhere.

South Africa has been ranked 11th on the list of worst offenders regarding plastic pollution in the world. South Africa has also been described as one of the most beautiful places on this planet. Do we really want to risk losing all that beauty?

An avid seafood eater consumes approximately 13 000 microplastics per year. Depending on how much, and what type of plastic you digest, serious health complications can occur.

Now what can we do to help? First, just don't litter; second stop accepting plastic shopping bags from supermarkets and do not use straws and takeaway containers that are not biodegradable. Try to replace plastic with glass or other materials in your daily life and recycle as much as possible. There are many things you can do to help, and together – but only together – we can and will turn this situation around.

TALUKE BOLD | HOUT BAY



MONDAY | MAR 8

TIMES MONDAY 8 MARCH 05:00 Path to Wellness 06:00 The Faith Show 07:00 Fiji: Destroying Paradise 07:30 NASA Humans in Space 08:00 Ek Se (R) 09:00 Revulva (R) 09:30 Open Studio (R) 10:00 From Hurricane To Climate Change 11:00 Democracy Now (R) 12:00 Al Jazeera International News 13:00 Russian Gypsies' Child Marriage Tradition 13:30 TED 14:00 Soul Buddyz (R) 14:30 The Future of Cities 15:00 Raggs 15:30 Fuse School 16:00 Ek Se 17:00 Open Studio 17:30 The Faith Show 18:00 From the Same Soil 18:30 Our City News (Live) 19:00 Khayelitsha TV 20:00 Al Jazeera International News 21:00 The Contradictions SA 22:00 Phillip TV – Monday Movies 23:00 Democracy Now

RECIPE



Pickled fish

INGREDIENTS

1kg snoek or any firm fish cut into large slices
1 tsp salt
1/4 cup sunflower oil
1 cup brown vinegar
1/2 cup water
1/4 cup lemon juice
1/4 cup sugar
3 large onions, sliced
1 lemon, sliced
1 – 2 tsp whole peppercorns
1 tsp salt
2 tsp ground coriander / koljana
2 tsp ground cumin / jeera
1/2 tsp turmeric
1/4 tsp dry ginger
2 tsp fish masala (optional)
1/4 tsp chilli powder
5 bay leaves

METHOD

Wash and drain the fish. Wipe the fish dry with a clean kitchen towel. Salt the fish slices.

Heat a large saucepan over medium to high heat. Add the 1/4 cup of oil. When the oil is warm, fry the fish 5 minutes on each side or until the fish is cooked thoroughly. Remove and set aside.

Wipe the pan with kitchen towel to remove the residue from the fried fish, and add the sliced onions and fry till they turn golden. Add the liquids and spices, bring to boil, turn low and simmer for about 5 minutes. Turn off heat, let cool to warm.

Arrange the fish chunks and sliced lemon in a Pyrex or glass dish, and pour the sauce over.

Cover, and refrigerate for a day or two before waiting for the flavours to develop. The flavour improves the longer it's left before eating and will keep up to two weeks in the refrigerator. Serve cold with crusty buttered bread.

| Cape Malay cooking and other delights

Time to shine the spotlight on the taboo subject of infertility across the globe

INFERTILITY is a challenge that many couples face. Globally 48.5 million couples experience infertility (Reproductive Biological Endocrinology, 2015). It is a taboo subject that is barely spoken about, not only in South Africa but across the world.

I want to highlight this issue in light of it being International Women's Day. There should be absolutely no shame in suffering from infertility or talking about it, but the sad truth is that in many households this shame is evident.

There is a stigma that couples suffering from infertility, especially women, are different. They are often looked at as inferior and have to endure negative stereotypes, prejudiced attitudes, and discriminatory behaviour.

I know this all too well. I was diagnosed with polycystic ovarian syndrome (PCOS) at the tender age of 16 and all my life I have had to deal with discrimination from friends, family, church members and my community.

The burden of infertility is complicated by the fact that it is underplayed as a problem.

This is a situation that needs to be

COMMENT

LEIGH-ANN GEYDIEN



addressed so that those who are infertile, regardless of their gender or race, receive the attention they require to experience a quality life.

It's a very private issue and perhaps a decade or so ago people were not reporting it as much or talking about it as openly.

Infertility deals with a host of sensitive topics such as sexuality, conception, birth, life, miscarriages and stillbirth.

These are topics that society generally shies away from.

Although infertility is a problem that has existed for many years, there is still a widespread belief that it is mainly a woman's problem.

To a certain extent, infertility in men is kept a secret, particularly in the black South African community. Now more than ever, we are seeing a shift with more men being diagnosed with

infertility.

Thirty percent of infertility cases can be attributed solely to the female, 30% can be attributed solely to the male, 30% can be attributed to a combination of both partners, and 10% of cases have an unknown cause (Fertility Answers, 2020).

In the African culture, everything derives from community values, social goals, traditional practices, cooperative virtues and social relationships.

Society in general and particularly relatives, put a lot of pressure on women to have babies.

There is a lot of stress and demand placed on women to provide children for their in-laws as soon as they are married, and many suffer from guilt and heartbreak when they cannot produce any children.

"The relatives, when getting together, talk a lot about their children or being pregnant and having children. Those are the moments when I feel extremely isolated. So often, people do not regard you as a human. There is no respect. Women like me often have to bear the extra-marital relationships that our hus-

bands tend to have. I have overheard other women talking about us as being cursed."

These are the words of an African woman taken from an article written by reporter Weiyuan Cui, which featured on the bulletin of the World Health Organization who explored the burden many women carry in developing countries. This is the reality many are still facing today.

Numerous individuals suffering from infertility feel that their bodies have failed them and that they are just not good enough.

This mentality can easily harm an individual's mental health as not only do you have to deal with your own anxiety, stress, and frustration but you also have to face the stigma attached to the condition.

My journey struggling to fall pregnant made me feel unworthy and incapable. We are taught that conceiving a baby is a natural process and I grew up thinking that my fertility is a guarantee. When couples struggle to conceive, they are often ashamed and broken.

This is something I want to help

change and it is also one of the driving forces behind why I started Fertility Solutions.

Since its establishment in 2019, Fertility Solutions has grown in leaps and bounds. The company hosts weekly live videos on Facebook and Instagram such as Fertility Talks every Friday, Health Talks every Wednesday, and Real Women, Real Stories every second Wednesday. Each of these live videos delivers unique insights into infertility, unpacking its truths and struggles. Fertility Solutions also offers an online fertility directory featuring top fertility clinics in South Africa, support groups, free resources such as ovulation calculators and BBT charts, insightful articles, expert advice, the ability to apply for finance, and the latest news on infertility stories that inspire hope.

You can access all of these resources on the Fertility Solutions website and social media pages: www.fertilitiesolutions.co.za.

At Fertility Solutions we want couples to know that despite societal pressure, and a personal sense of decreased self-esteem that most women experi-

ence, there is hope.

All people challenged by their family building journey should feel empowered by knowledge, supported by our community, united by advocacy, and inspired to act.

Fertility Solutions was created with every couple in mind and deals with infertility across the world.

I have come across so many couples with emotions swinging from hope to despair, from pain to joy, but they still do not give up trying and that is what I love.

I hope that conversations like these will create an opportunity for couples to develop a new language, with which they can negotiate new meanings for their negative experiences, feelings, thoughts and beliefs, thus giving them alternative views on their existing realities.

Follow Fertility Solutions on Facebook and Instagram here:

Facebook: [fertilitiesolutionsSA](https://www.facebook.com/fertilitiesolutionsSA)
Instagram: [fertilitiesolutionsSA](https://www.instagram.com/fertilitiesolutionsSA)

Geydien is the founder of Fertility Solutions