

SEXUAL AND REPRODUCTIVE HEALTH HEALTHY LIFESTYLE MONTH MESSAGE BOOKLET 2023

Theme:

“Equalise” get involved in sexual reproductive health matters by keeping everyone safe & protected.



Message booklet for the Campaign

*Equalise to Eliminate STIs and Teenage Pregnancy
#Take Responsibility # Condoms #
#Get Tested #*



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



SEXUAL AND REPRODUCTIVE HEALTH AND HEALTHY LIFESTYLE MONTH

February is a Sexual and Reproductive Health and Healthy Lifestyle Month. The awareness weeks and days that are incorporated in the month of February are as follows:

Dates	Health events
04 February 2023	World Cancer Day
14 February 2023	National Epilepsy Week
10 – 16 February 2023	Pregnancy Awareness Week
12- 16 February 2023	STI\Condom Week
20 Feb – 31 March 2023	Human papillomavirus (HPV) vaccination first round
18 February 2023	Health Lifestyle Awareness Day

WORLD CANCER DAY

04 February 2023



CANCER

Cancer is the second leading cause of death worldwide. Together, we will change that.

While we live in a time of awe-inspiring advancements in cancer prevention, diagnosis and treatment, many of us who seek cancer care hit barriers at every turn. Income, education, geographical location and discrimination based on ethnicity, gender, sexual orientation, age, disability and lifestyle are just a few of the factors that can negatively affect care.

So, this year's World Cancer Day's theme, "Close the Care Gap", is all about raising awareness of this equity gap that affects almost everyone, in high as well as low and middle-income countries, and is costing lives. Join us on 4 February to speak out and stand up for a world less burdened by cancer.

#CloseTheCareGap #WorldCancerDay#

Campaign Theme 2022-2024

Whoever you are, you have the power to reduce the impact of cancer on yourself, the people you love ,and the world. The first year of the 'Close the Care Gap' campaign is all about understanding and recognizing the inequities in cancer care around the globe. It's about having an open mind, challenging assumptions, and looking at the hard facts. Only when we learn and understand, can we act and make progress. It's time to close the care gap.

#CloseTheCareGap



What do we mean by “inequity”?

In healthcare, inequality refers to the uneven distribution of resources. By contrast, inequity means unjust, avoidable differences in care or outcomes. The difference may seem subtle but closing the cancer care gap isn't about simply providing everyone with equal resources. One size doesn't fit all, and every challenge demands a different solution. Equity is about giving everyone what they need to bring them up to the same level.

Key issues

Explore the barriers that stand in the way of cancer care.

- Gender norms and discrimination
- Barriers for minority populations
- Socioeconomic status
- The rural-urban divide
- Age discrimination
- Refugee status and forced displacement
- Homophobia, transphobia, and related discrimination

Where you live. Who you are. Where you come from. What you do. Whom you love. These are called the social determinants of health, and they represent the many factors that may lead to inequities. They can unfairly stand between you and cancer prevention, diagnosis, and treatment.



Did you know?

- 10 million people each year die from cancer.
- 70 percent of cancer deaths occur in low-to-middle-income countries.
- Less than 30 percent of low-income countries have cancer treatment services available (compared to 90 percent in high-income countries)
- Palliative care is a resource for anyone living with a serious illness and its helpful at any stage of illness



Breast Cancer

It's important for women to be empowered with knowledge regarding lowering their cancer and health risk and recognizing warning signs. We encourage annual medical check-ups and cancer screening for early detection, as symptoms don't always present until the cancer has spread. Women need to lead a healthy, balanced lifestyle, cutting out lifestyle factors that increase their cancer risk.

Increased incidence of both breast and cervical cancer has resulted in these being identified as national priorities.

Approximately 19.4 million women aged 15 years and older are potentially at risk of being diagnosed with breast cancer. In 2013, deaths from breast cancer and cancers of the female genital tract accounted for 0.7 percent one percent of all deaths in South Africa respectively.

Increased awareness of the symptoms, and early detection through screening, can help lead to earlier diagnosis, resulting in improved treatment outcomes. Creating awareness of risk factors amongst women can help to reduce their personal cancer risk.

Apart from non-melanoma skin cancer, breast cancer is the most common cancer in women of all races, with a lifetime risk of one in 27 in South Africa, according to the 2014 National Cancer Registry (NCR).

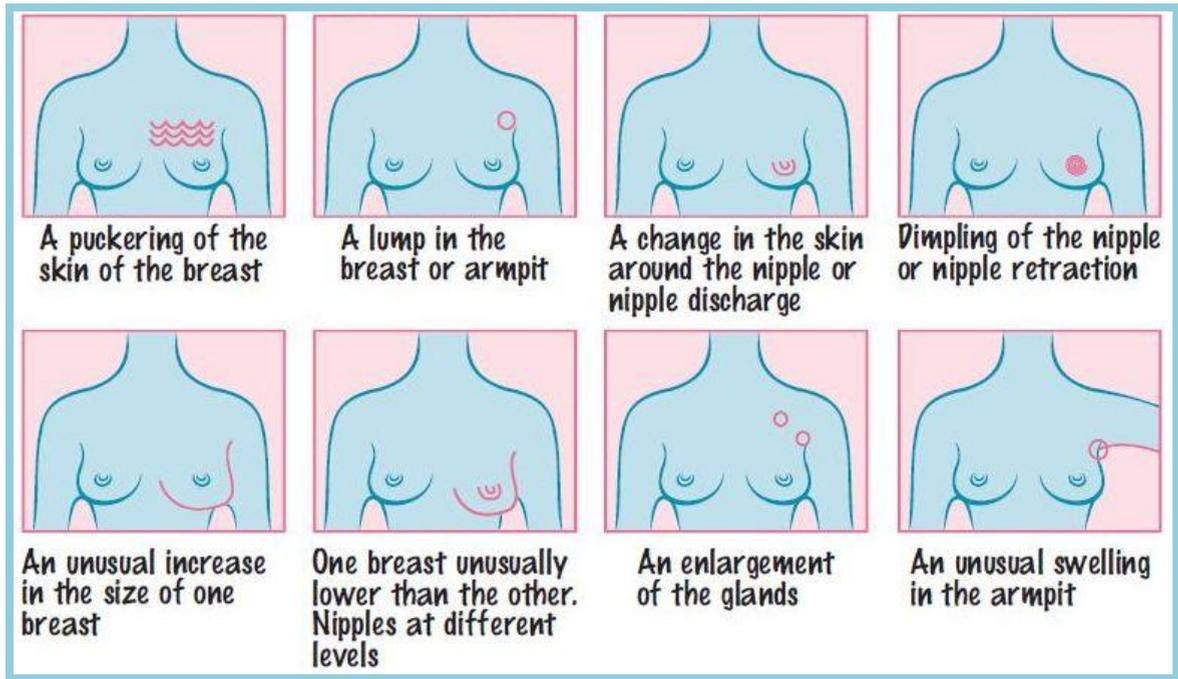


Risk Factors for Breast Cancer in Women

The following are known risk factors for breast cancer in women:

- Sex - just being a woman is the biggest risk factor for developing breast cancer.
- Age - as with many other diseases, one's risk of breast cancer goes up as one gets older.
- Family history - women with close relatives who have been diagnosed with breast cancer have a higher risk of developing the disease. If one has had one first-degree female relative (sister, mother, daughter) diagnosed with breast cancer, one's risk is doubled.
- Also, if one has had one first-degree male relative (brother, father, son) diagnosed with prostate cancer, the risk of breast cancer is increased, especially if the prostate cancer was found at a young age.
- Genetics - about five percent to 10 percent of breast cancers are thought to be hereditary, caused by abnormal genes and certain gene mutations that increase the risk of breast cancer passed from parent to child. The most common gene mutations are referred to as BRCA1 and BRCA2. These genes can greatly increase one's risk of breast cancer and other cancers, but they do not make cancer inevitable.
- Personal history of breast cancer - if one has been diagnosed with breast cancer, one has a three to four times increased risk to develop new cancer in the other breast or a different part of the same breast.
- Radiation to the chest before age 30 - if one has had radiation to the chest to treat another cancer (not breast cancer), such as Hodgkin's lymphoma or non-Hodgkin's lymphoma, one has a higher-than-average risk of breast cancer.
- Race or ethnicity – It is said that white women are slightly more likely to develop breast cancer than African American, Hispanic, and Asian women. But African American women are more likely to develop more aggressive, more advanced-stage breast cancer that is diagnosed at a young age. There is still insufficient evidence to categorically make this statement for South African Black women.
- Being overweight - overweight and obese women have a higher risk of being diagnosed with breast cancer compared to women who maintain a healthy weight, especially after menopause.
- history - women who haven't had a full-term pregnancy or had their first child after age 30 have a higher risk of breast cancer compared to women who gave birth before age 30.
- Breastfeeding history - breastfeeding can lower breast cancer risk, especially if a woman breastfeeds for longer than one year.
- Menstrual history - women who started menstruating (having periods) younger than age 12 have a higher risk of breast cancer later in life. The same is true for women who go through menopause when they are older than 55.
- Using HRT (Hormone Replacement Therapy) - current or recent past users of HRT have a higher risk of being diagnosed with breast cancer.
- Drinking alcohol - research consistently shows that drinking alcoholic beverages - beer, wine, and spirits - increases the risk of hormone-receptor-positive breast cancer.
- Having dense breasts - research has shown that dense breasts can be six times more likely to develop cancer and can make it harder for mammograms to detect breast cancer.

- Lack of exercise - research shows a link between exercising regularly at a moderate or intense level for four to seven hours per week and a lower risk of breast cancer.
- Smoking - smoking causes several diseases and is linked to a higher risk of breast cancer in younger, premenopausal women.
- Low Vitamin D levels - research suggests that women with low levels of vitamin D have a higher risk of breast cancer. Vitamin D may play a role in controlling normal breast cell growth and may be able to stop breast cancer cells from growing.



The World Health Organization about Breast Health and Cancer

The World Health Organization (WHO) states the following about breast health and cancer:

Early diagnosis - early diagnosis remains an important early detection strategy, particularly in low- and middle-income countries where the diseases is diagnosed in late stages and resources are very limited.

Mammography screening - mammography screening is the only screening method that has proven to be effective. Although there is evidence that organized population-based mammography screening programs can reduce breast cancer mortality by around 20 percent of the screened group versus the unscreened group across all age groups, in general, there appears to be a narrow balance of benefits compared with harms, particularly in younger and older women.

Breast Self-examination (BSE) - there is no evidence on the effect of screening through breast self-examination (BSE). However, the practice of BSE has been seen to empower women, to take responsibility for their own health. Therefore, BSE is recommended for raising awareness among women at risk rather than as a screening method.

Doing a Breast Self-Examination (BSE)

Breast self-examination (BSE) is to be performed each month in addition to any mammograms or a clinical breast examination. Knowing the cyclical changes, what is normal, and what regular monthly changes in the breast feel like is the best way to keep an eye on breast health.

Breast tissue extends from under the nipple and areola up toward the armpit.

Make a Regular Date for Doing a BSE - If pre-menopausal: Set a regular time to do the BSE a few days after the menstruation when hormone levels are relatively stable, and the breasts are less tender.

If already menopausal (have not had a period for a year or more), pick a particular day of the month to do the BSE and then repeat the BSE on that day every month

Reduce Risk Through Regular Examinations:

People Living with disability self-examination

Educating Women about Breast Self-Examination

If you feel or see any change in your breasts or underarms, arrange for a Clinical Breast Examination at your local CANSA Care Centre, primary healthcare center, or health practitioner.

Steps: How to do a Breast Self-Examination (BSE)

A Breast Self-Examination is as easy as 1-2-3

Breast self-examination (BSE) should be done once a month during ovulation (preferably at the same time of day).

1. In the mirror

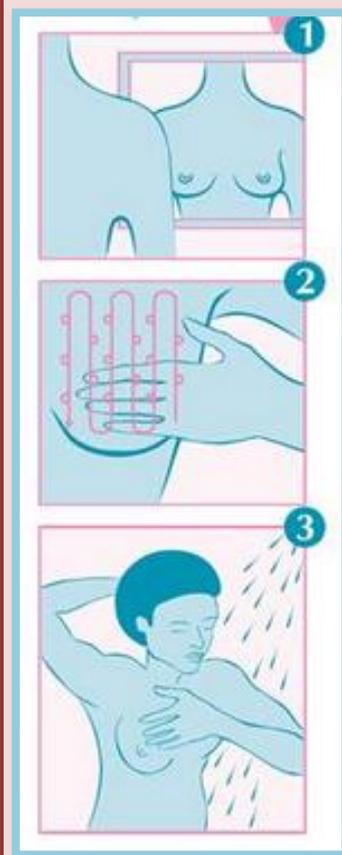
- In front of a mirror, check for any changes in the normal look and feel of your breasts, such as dimpling, size differences or nipple discharge.
- Inspect four ways: arms at sides; arms overhead; firmly pressing hands on hips and bending forward.

2. Lying down

- Lie on your back with a pillow under your right shoulder and your right hand under your head.
- With the four fingers of your left hand make small circular motions, follow an up and down pattern over the entire breast area, under the arms and up to the shoulder bone, pressing firmly.
- Repeat using right hand on left breast.

3. While bathing

- With the right arm raised, check your right breast with a soapy left hand and fingers flat using the method described under step 2 ('Lying down'). Repeat on the other side.



Discuss any changes with your medical practitioner



Cervical Cancer

Cervical cancer is the **second most common cancer** among South African women. Women have a one in 42-lifetime risk of cervical cancer (NCR 2014). It can be successfully treated if detected in the early stages, so it is important that women are aware of symptoms and what is normal for their bodies.

Symptoms include abnormal bleeding between periods, heavier and longer menstrual periods, vaginal discharge, vaginal bleeding or pain during intercourse / after menopause, increased urinary frequency.

Risk factors: Cervical cancer is mainly caused by the Human Papilloma Virus (HPV), a common virus spread through skin-to-skin contact, body fluids, and sexual intercourse. Failure to use protection during sexual intercourse, sexually transmitted infections (STIs), multiple sexual partners, early sexual debut, and use of oral contraceptives increases risk.

Women with HIV infection also have a higher risk of developing cervical cancer.

Furthermore, being overweight, inactive, consuming alcohol, poor dietary habits, smoking, and exposure to chemicals increases risk.

Reduce Risk Through Pap smears.

Having regular **Pap smears** can detect abnormal cells in the cervix (lower part or mouth of the womb), that could develop into cervical cancer. Screening involves taking a swab of the cervical cells. It is uncomfortable but painless.

When abnormal cells are identified and removed, in many cases *it is prior to cancer cells developing*. Early diagnosis and treatment of pre-cancerous lesions *prevent up to 80 percent of cervical cancers*, in high resource countries, where cervical cancer screening is routine.

Women making use of *public sector screening services* are entitled to three free Pap smears per lifetime, starting at the age of 30 years or older, with a 10-year interval between each smear. Find

Who should have a Pap smear?

- all women who have been sexually active, should start having Pap smears between ages 18 to 20 years
- every eligible woman should preferably have a Pap smear at least every three years

Note:

- It is better to have a Pap smear at a less optimal time, than not at all
- Routine cervical screening is *not required* for women *under the age of 18 years*, even if they are sexually active
- If a woman is 70 years old and, within the last five years, had *two normal Pap Smears*, she need not continue with Pap smears

Reduce Risk Through Vaccinations

The primary underlying cause of cervical cancer is the Human Papilloma Virus (HPV), which is transmitted through skin-to-skin contact and is *a very common virus infecting most people* at some point in their lives.

There are many types of HPV and some of the virus types can infect the cells that could lead to cancer. About 40 types are sexually transmitted through genital contact, while mostly two types (16 + 18) are considered high risk in South Africa.

High-risk HPV is estimated to cause 70 percent of cervical cancers; 50 percent of vaginal and vulvar cancers; and 20 percent of head and neck cancers.

The **HPV School Vaccination Programme** is conducted to help reduce cervical cancer risk. Persistent infection with HPV may lead to cervical cancer, so all females in the age group of nine to 26 years (provided they are *not* sexually active) may be vaccinated.

Furthermore, CANSA advises delaying sexual debut, reducing the number of sexual partners, and increasing condom use. Medical male circumcision helps to reduce Human Immunodeficiency Virus (HIV) acquisition and transmission and is protective for Human Papilloma Virus (HPV) in males, thus reducing the risk of initial or re-infection of HPV among women.

Human Immunodeficiency Virus (HIV) and Human Papilloma Virus (HPV)

Women living with HIV are at increased risk of developing cervical cancer and experience more rapid progression of the disease.

Prostate Cancer Dr Singh – Please assist to align with guideline

Prostate cancer is the most common cancer among all SA men

The lifetime risk for Prostate Cancer in men in South Africa, is one in 19, according to the 2014 National Cancer Registry.

Men need to go for simple screening tests to detect Prostate Cancer (**see guidelines below**). Screening results in early detection, enabling more effective treatment and a better chance of recovery:

- Routine Prostate-Specific Antigen (PSA) testing, annually, **from age 40** for all men at high risk of prostate cancer. This includes those men with more than one first-degree relative who had prostate cancer at an early age (younger than 65 years)
- Routine Prostate-Specific Antigen (PSA) testing, annually, **from age 45** for all males who are at risk of prostate cancer. This includes men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than 65 years)
- Routine Prostate-Specific Antigen (PSA) testing, at least once every two (2) years, for **all males from age 50**

Reduce Risk Through Screening:

Although most enlargements of the prostate are not cancerous, regular screening is essential.

Prostate-Specific Antigen (PSA) Test

Prostate-Specific Antigen (PSA) is a protein produced by both cancerous (malignant) and non-cancerous (benign) prostate tissue. High PSA levels may indicate inflammation of the prostate or even cancer. A blood test or finger prick test can establish if PSA levels are raised.

What is your risk for prostate cancer?

Factors that increase the risk for prostate cancer

- Age 40 and older (rapidly increased risk after 50)
- Poor diet (more than 300g of red meat four times a week and high fat intake)
- Presence of BRCA1 + BRCA2 gene mutation
- Smoking
- Lack of exercise
- Family history of prostate cancer
- Obesity
- Alcohol intake

Prostate cancer screening

Cancer screening aims to detect cancer before symptoms appear. This may involve blood tests, urine tests ,or medical imaging. The benefits of screening in terms of reducing the cancer risk, early detection, and subsequent treatment are enormous and CANSA encourages all men to have regular screenings. Screening for prostate cancer includes a digital rectal exam and a Prostate Specific Antigen (PSA) blood test.

Screening procedure	What it does?	Starting age	How often?
Digital rectal examination	The doctor examines the prostate through the rectum to check for any prostate abnormalities	50 (40-45 for those at high risk, such as men with a family history of prostate cancer)	Annually
Prostate-Specific Antigen (PSA) blood test or finger-prick test	Blood is tested for PSA levels, a protein produced by the prostate - high levels may indicate inflammation of the prostate or cancer	50 (40-45 for those at high risk such as men with a family history of prostate cancer)	Annually

It's of great concern that the number of men being diagnosed with late-stage cancer is on the rise.

Knowledge is power and can change the lives of men drastically if they are aware of early warning signs and symptoms of male cancers.

Men need to be proactive about their health and should recognize warning signs. We encourage monthly testicular self-examinations, annual medical check-ups, and cancer screening for early detection, as symptoms don't always present until cancer has spread. Men also need to lead a healthy, balanced lifestyle, cutting out lifestyle factors that increase their cancer risk.

We urge men and male cancer Survivors to encourage one another to invest in their health and to ask their doctor for advice on specific cancer screening tests relevant to their age, medical and family history.

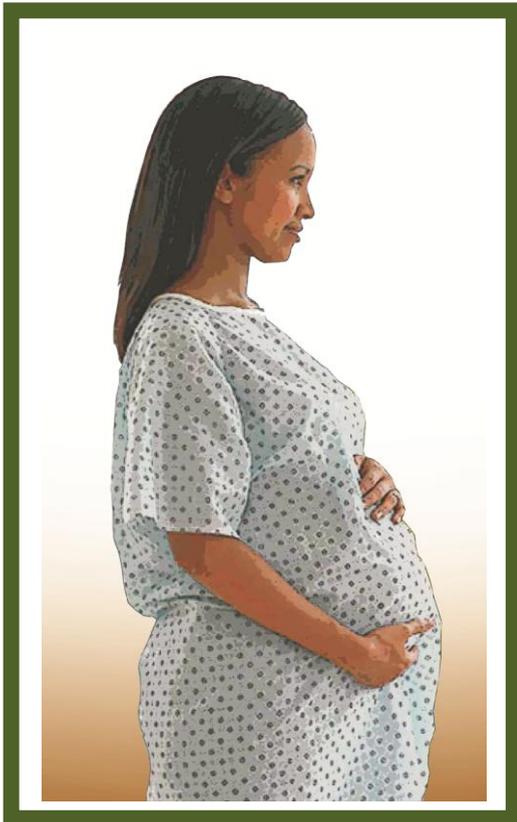
Treatment and prognosis

Treatment depends on age and how aggressive the cancer is, Options include surgery, radiation therapy, chemotherapy, and hormonal therapy.

The prognosis for prostate cancer is good if diagnosed early and treated. Treatments should be complemented with other crucial services like psychosocial and spiritual care.

PREGNANCY AWARENESS WEEK

10 – 16 February 2023



"If I am HIV-negative, I will take all the precautions including use of PrEP to reduce the risk of acquiring HIV during pregnancy and passing it to my unborn child"

Importance of pregnancy education

Women who suspect they may be pregnant should visit their healthcare facility as soon as possible to confirm pregnancy and commence their first antenatal visit early and have their schedule of prenatal visits (eight visits). The healthcare provider will conduct a physical examination, blood tests including HIV test, and tests for TB, weight, and urine checks. It is important that any health issues that may affect the pregnancy are identified and managed or treated early during the pregnancy.

Depending on the stage of the pregnancy, healthcare providers may conduct a sonar or ultrasound tests. These visits also include discussions about the mother's health, the health of the unborn infant, health risks during pregnancy, transport, birth preparedness, and delivery.

Preconception and prenatal care can help prevent complications and inform women about important steps they can take to protect their unborn infant and ensure a healthy pregnancy

Every pregnant woman is anticipated to have a healthy pregnancy and to have a safe respectful delivery of a healthy baby, however, there are dangerous signs and conditions which can be avoided by the mother to avoid unnecessary complications during delivery which can lead to serious problems or even death of the mother or baby.

The six-week postnatal check provides the opportunity to review the mother and the baby's progress since birth.

Before I fall pregnant it is my responsibility to (PRECONCEPTION):

- plan to get pregnant when my body is physically mature (above 20 years) to carry a healthy pregnancy.
- know my HIV status and that of my partner before planning pregnancy.
- protect me from STIs and treat any STIs that I may have contracted prior to falling pregnant.
- plan to fall pregnant before 35 years of age to decrease the risk of fetal abnormalities or complications during pregnancy.
- abstain from risky behaviors (multiple partners/drugs/alcohol abuse) and delay engaging in sexual activity at a young age.
- use contraception in addition to the use of condoms to prevent STIs, HIV, and pregnancy.
- always use condoms correctly and consistently when having sex even during pregnancy
- eat healthily and exercise regularly.
- stop drinking any alcohol, smoking, or taking illicit drugs to prevent fetal abnormalities.
- stop self-medication /taking any medication not prescribed by the healthcare provider.
- take and adhere to prescribed medication.
- take folic acid together with my contraceptive method to prevent fetal abnormalities (three months before planning pregnancy)
- be aware of my health status and medical conditions and have them managed or controlled before planning pregnancy.
- visit the nearest healthcare facility when not feeling well.
- if HIV positive practice safer conception and adhere to antiretroviral (ARV) treatment, to stay healthy and virally suppressed prior to falling pregnant.

Could we add a paragraph on vulnerable groups e.g. women or girls with disability who fall pregnant

During pregnancy, it is my responsibility to (ANTENATAL)

It may be useful to stress that the mother ensures her blood sugar and blood pressure are monitored and if excessive, she is managed appropriately. Joyce

- visit the nearest healthcare facility as soon as I miss the first period or suspect I may be pregnant
- visit the antenatal clinic eight times (eight Basic Antenatal Care (BANC) visits) or as scheduled by the healthcare.
- get tested for TB, STIs such as syphilis, gonorrhoea, and HIV as soon as I know that I am pregnant

- adhere to any prescribed treatment if I test positive for any STIs or HIV
- ensure my partner has an HIV test and commences treatment if HIV positive and for any transmittable disease
- take necessary precautions if I am HIV negative, including the use of Pre-exposure prophylaxis (PrEP)
- reduce the risk of getting infected and passing on the virus to my baby.
- ensure support from my partner during pregnancy, during delivery, and caring for the infant thereafter.
- always use condoms correctly and consistently when having sex even during pregnancy to prevent seroconversion from any STI or HIV that can pass to the unborn infant.
- eat a healthy well-balanced diet and exercise regularly during pregnancy.
- rest adequately while pregnant
- stop drinking any alcohol, smoking, or taking illicit drugs to prevent fetal abnormalities.
- stop self-medication /taking any medication not prescribed by the healthcare provider.
- wear loose clothes and low heel shoes during pregnancy.
- take folic acid, iron, or calcium supplements while pregnant.
- stop eating soil during pregnancy, to avoid anemia and bleeding during delivery.
- check the wellbeing of my unborn baby by counting movements, baby kicks, etc.
- visit and report the nearest healthcare facility when not feeling well e.g., having a severe headache, vaginal bleeding, passing water before 37 weeks, baby's kicks get slow or absent.
- take and adhere to prescribed medication.
- take and adhere to antiretroviral (ARV) treatment of HIV positive and pregnant to stay healthy and to prevent infecting the baby with HIV.
- know my viral load if I am HIV positive and to ensure I am virally suppressed.

Could we add a paragraph on vulnerable groups eg women or girls with disability who fall pregnant

For the delivery of my baby, it is my responsibility to (DELIVERY)

Mothers must be informed of & demand that nursing care follows

guidelines to avoid permanent damage to premature babies eg

Retinopathy of Prematurity Joyce

- plan and prepare for my delivery by arranging transport to the health facility in case of emergency.
- choose to deliver my baby at the clinic or hospital not at home.
- initiate breastfeeding immediately following delivery.
- exclusively breastfeed my baby for the first six months
- ensure the baby is immunized before leaving the healthcare facility.
- report any abnormalities observed on the baby to the healthcare provider.
- report any abnormalities including excessive vaginal bleeding.

Could we add a paragraph on vulnerable groups e.g., women or girls with disability who fall pregnant?

After the birth of my baby, it is my responsibility to (POSTNATAL)

- ensure I support for partner and care for the infant after birth.
- eat healthily and exercise regularly after the delivery of the baby.
- rest adequately after the delivery of the baby
- avoid drinking any alcohol, smoking, or taking illicit drugs to prevent fetal abnormalities.
- avoid self-medication /taking any medication not prescribed by the healthcare provider.
- visit the nearest healthcare facility when not feeling well.
- take and adhere to antiretroviral (ARV) treatment of HIV positive and pregnant to stay healthy and to prevent infecting the baby with HIV.
- return to the clinic for my and my baby's checkup within six days of delivery after discharge.
- ensure that my HIV-exposed baby/child receives ARV's and other prophylaxis to prevent HIV infection.
- ensure that my HIV-positive infant/child receives and adheres to ARV treatment to improve the quality of life.
- exclusively breastfeed my baby for the first six months
- request immunization before leaving the healthcare facility.
- report any abnormalities observed on the baby to the healthcare provider.
- report any abnormalities including excessive vaginal bleeding, abnormal offensive vaginal discharge after pregnancy, headache, or painfully engorged breasts.

- go for a checkup at my nearest healthcare facility after six weeks of delivery and for a pap smear check-up.
- choose and request a contraceptive method before discharge and continue with contraceptives to avoid early pregnancy soon after birth.
- report to the nearest healthcare facility after delivering my baby at home or outside the healthcare facility.
- Mothers who have gestational diabetes must be followed up together with their babies Joyce
- Support mothers with disability to care for babies including those who are unable to breastfeed

You may worry if sex is safe during pregnancy. But if you have a normal pregnancy, it's safe to have sex. Your baby is protected by strong uterine muscles and the thick mucus plug that seals the cervix.

When to avoid sex?

- Your waters have broken 🩸,
- You have vaginal bleeding ,
- You are at risk for pre-term birth,
- You have been told that you have placenta previa,
- You are worried about sexually transmitted infections including HIV and do not have a condom,
- The nurse/midwife advised you against having sex. 🚫 ♀ □

During sex

- Do not put pressure on the belly
- Stop if sex becomes painful
- Spotting/bloody discharge can happen after having sex and is normal – but if you are actively bleeding or you are worried, please go to the clinic,
- Try sex positions that are more comfortable.

Tap the link below for

- Drawings of safe pregnancy sex positions:

https://www.babycenter.com/pregnancy/relationships/pregnancy-sex-positions-illustrated_10408539

NB: ALWAYS CARRY YOUR HEALTH CARDS WHEN GOING TO ANY HEALTH FACILITY

MOM Connect+

Sisonke Mom

Pregnant?
momconnect is here to help!

You'll get weekly messages to help with your pregnancy, and answers to all your questions. Join our community - it's completely free and we're here to support you.

Your friends and family can also join MomConnect by dialing *134*550#

*Remember to tell them to stop by a clinic to complete their registration.



How to register?



1 Ask a nurse to confirm you are pregnant.



2 We will help you register on a cellphone.



3 Answer a few simple questions about your pregnancy.



4 And you're registered - welcome to the family!

How to opt-out:

You can opt-out by simply dialling *134*550*1#. Please tell us why you don't want to receive messages anymore so that we can support you further and improve our service.

What happens when you have your baby:

If you've had your baby, congratulations on being a mother! Reply "baby" to this SMS for SMSs about caring for your baby. They will last until your baby is 1.

CONTRACEPTION, FAMILY PLANNING, AND STIs

FAMILY PLANNING

Steps you can take to avoid getting pregnant can also protect you from HIV

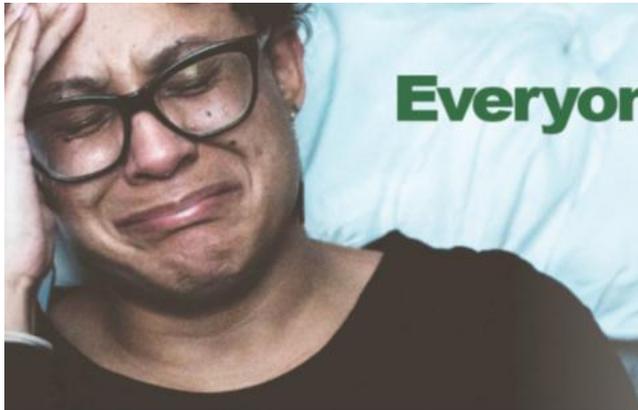


Always use a condom, even if you are using other contraceptive methods. This is called Dual Protection.



**Be that girl who
plans a baby at the
right time**

Avoid worries with DualProtection



**Everyone makes mistakes,
unsafe abortion is
not a solution**

Free and safe termination services
available at public health facilities



**Don't be the next
victim of unsafe
abortions**

Free and safe termination services
available at public health facilities



**Enjoy yourself without
worrying about
tomorrow!!!**

Minimise the risk with
DualProtection

Contraception and family planning

It is important that contraceptives are available and accessible to anyone who is sexually active and requires protection from falling pregnant, including adolescents.

Family planning enables couples or individuals to make informed choices about their sexual and reproductive health and their fertility goals. Through careful family planning the risk of an unintended pregnancy or a planned pregnancy may be attained.

In addition, male and female condoms provide dual protection against unintended pregnancies and against STIs including HIV. A woman's ability to choose when to become pregnant has a direct impact on her health and well-being.

Family planning enables an individual or couple to plan and space pregnancies and children to suit their circumstances (relationships, economic, education, employment, social).



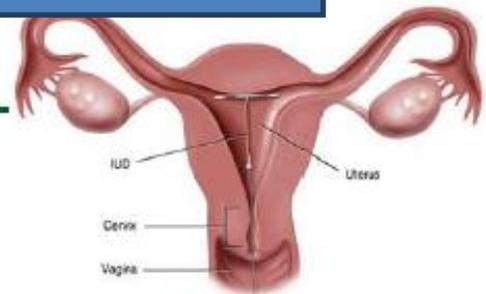
**My Responsibility,
My Choice,
Our Future**

Use dual protection to prevent HIV, STIs and pregnancy

Intrauterine device (copper-releasing IUD)

The copper IUD (intrauterine device) is a T-shaped plastic and metal device that is put into the uterus by a health worker.

It should be used with Condoms to offer dual protection



I Choose Dual Protection

Combined Oral Contraceptives (COCs)

The Combined Oral Contraceptives is convenient and reliable if taken by mouth correctly every day at the same time.



I Choose Dual Protection

Injections - Contraceptives

Facts you should know about long-acting injectables:

This form of contraception is a shot of the hormone progestin. Women with HIV and women who are taking ARVs can use long-acting injectables safely and effectively to prevent pregnancy.

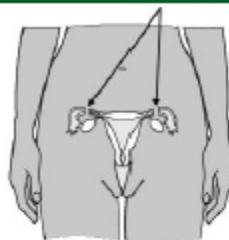


I Choose Dual Protection

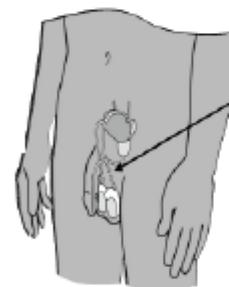
Male and Female Sterilisation

Sterilisation is a small operation that can be done on a man or woman. After this, the man or woman can no longer have babies. It is very hard to reverse this operation if you want a baby later.

Female Sterilization:
Tubes blocked or cut here



Vasectomy:
Tubes cut here



I Choose Dual Protection

Implants - Contraceptives

Hormonal implants are small, thin, flexible plastic rods, about the size of a matchstick inserted under the skin by a health care provider, and can be removed at a later stage. Implants are effective for a period of three years.



I Choose Dual Protection

Emergency Contraception (EC)

Emergency contraception is the method to prevent pregnancy after unplanned, unsafe sex. EC is effective only if you use it within 5 days (120 hours) after sex.



I Choose Dual Protection

Morning after Pill

Should only be used as an emergency pill. It is not healthy to use it again and again. It must be taken between 72-120 hours (three to five days) after you had unprotected sex (sex without a condom)

Pregnancy prevention

Emergency contraceptive tablets must be taken as soon as possible and not later than five days. Emergency contraceptives can be used at any time in the menstrual cycle.

Unprotected intercourse includes the following scenarios:

- When methods fail (i.e., a condom slips or breaks, or an intrauterine device is expelled).
- Situations when a method was used incorrectly (i.e., missed contraceptive pills, late injection)
- Where contraceptive methods were not used at all (i.e., failure to use a condom, as well as coercive sex or sexual assault)

Priorities as part of the standard of care are:

- Establishing whether there was a pregnancy before unprotected sexual exposure
- Prevention a pregnancy because of unprotected sexual exposure
- Providing options for a pregnancy resulting from unprotected sexual exposure
- Respecting a woman's right to choose whether to take active measures to prevent pregnancy or terminate a pregnancy conceived during unprotected sexual exposure

Emergency contraception should be offered to all women who have had unprotected intercourse and who are;

- Not pregnant
- Not covered by other means of contraception, including girls who have not yet started menstruating but have signs of breast development.

Reproductive Health Awareness

If you do have sex, use DUAL PROTECTION

Even if you or your partner is using another type of contraceptive, you must also use a condom every time you have sex to reduce the risk of both of you for HIV and most other STIs,

Condoms + **Pills** or **Injection** or **Implant** or **IUDC**

Remember!

- Use a condom and contraceptive.
- Condoms must be used correctly and used every time you have sex.
- Sometimes you or your partner might not know if one of you has an STI.
- Accidents happen!

Special considerations when educating women and girls who are deaf or blind. Thembi



WHAT DO YOU DO IF YOU OR SOMEONE WAS RAPE? YOU KNOW

You need to get medical help as soon as you can. If possible, you should go to the hospital, medico-legal clinic or Thuthuzela Care Centres (TCCs) within 72 hours (3 days) of the rape.

You will receive an HIV test and if you test negative, you will be given medication to help prevent you from being infected with HIV. This medication is called PEP, which stands for 'post-exposure prophylaxis'. You will have to take these pills every day for 28 days. You will be given medication to prevent you from falling pregnant - emergency contraception. Both of these medicines are free in public hospitals and clinics.

The doctor or nurse will also ask you questions about what happened. Try to be as honest as you can. It's okay if you don't remember. The clinic will do some tests to get evidence for the police to find the abuser but this does not mean that you have to open a case at the police station. Remember, you do not need to open a case to get medical care after a rape. Do not shower or wash after the rape and take any clothes you were wearing with to the clinic so they can find evidence they need.

If your friend was raped, just listen. Do not judge him/her, give them time and remind them that nothing they do will ever make rape their fault.

RAPE IS NEVER THE VICTIMS FAULT! When a girl has been raped, people often ask what she was wearing. They say that if she looked sexy then she was "asking" to be raped because men can't control themselves. That is not true! A girl has the right to dress as she chooses. Men can choose to control themselves.



What will happen when you get to be at Thuthuzela Care Centres (TCC) after rape?

- A nurse or site coordinator will make you feel welcome
- She will explain the medical examination, what needs to be done, and what they need for evidence of the rape.
- You will be asked to sign a consent form to give the doctor your permission to examine you.
- A nurse will be in the examination room with you
- After the medical examination, you can bathe or shower.
- They may give you clean clothes. You may decide to take some with you to the Thuthuzela Care Centres (TCC)



Sexual assault is a crime. It is never your fault.

An investigation officer will interview you and take your statement. You do not have to charge the rapist straight away – or even – if that is your choice. You must still give the services at a TCC even if you do not press charges.

A social worker or nurse will offer you counseling
 You will get a follow-up appointment and treatment and medication for sexually transmitted infections (STIs), including HIV, and pregnancy prevention. You may also be asked if you are prepared to have an HIV Test



- They will give you a referral letter, or they will make an appointment for you to get more counseling.
- They will give you a lift home if you need it.
- The TCC will arrange for you to stay at a place of safety if you need and want this.
- If you go decide to press charges against the alleged rapist, you can consult with a specialist lawyer before the case goes to court.
- A victim assistant officer will help you prepare for court,
- A case manager will explain the trial process to you.

Add specific awareness for women and girls with disabilities who are at greater risk of GBV or who are already victims. Ora



STI/CONDOM WEEK

12- 16 February 2023



Use condoms Correctly and Consistently



Condoms are available at no cost, ask your service provider/health practitioner for free condoms.

All About Condoms

Condoms are the only form of protection that reduces your risk of both unplanned pregnancy and STIs including HIV.

A condom works best if it is used correctly and used every time you have sex.

Use a new condom each time you have sex this will protect you from STIs and HIV re-infection.

Condoms can break, slip, or leak, especially if they are not put on and taken off properly.

The Department of Health provides quality, free male, and female condoms at select distribution sites.

- The male condom is known as the MAX Condom and is scented and coloured; it is offered in four different scents namely vanilla, also known as regular, strawberry, banana, and grape scent.
- The female condom is offered in 2 different types of Maxima with the sponge inside and Maxima with a ring inside, both these condoms are scented (Strawberry, Vanilla, natural).
- **Persons with disabilities must not be stigmatised by health care workers for requesting birth control/condoms or information thereon. Livhu**

Know your CONDOM DO's and DON'Ts

Dos

- Read all the information on the package.
- Check the expiration date on the package. If it is expired, get a new package of condoms, and throw away the expired ones.
- Use only condoms that are made of latex or polyurethane (plastic). Latex condoms and polyurethane condoms are the best types of condoms to use to help prevent pregnancy, STIs, and HIV
- Use a pre-lubricated condom to help prevent it from tearing. put a little bit of water-based lubricant ("lube") outside the condom.
- Condoms come in different Colours and scents.
- Assist your disabled partner to put on a condom.

DON'T

- Do not use two condoms at the same time.
- Do not use the same condom on more than one partner.
- Do not use condoms made of animal skin.
- Do not keep condoms in a place that can get very hot, like in a car. If you keep a condom in your wallet or purse, be sure you replace it with a new one regularly.
- Do not use any kind of oil-based lubricants (like petroleum jellies, lotions, mineral oil, or vegetable oils). These can negatively affect the latex, making it more likely to rip or tear.
- Do not use male and female condoms together (at the same time)
- Do not reuse condoms.
- Do not use condoms that are already opened, torn, or expired.

The female condom- Maxima



What are the advantages of the female condom?

- It is a safe and effective method of contraception.
- It can be obtained without a prescription
- The external ring may stimulate the clitoris, having sex more pleasurable.
- It can be used immediately after insertion. You do not have to put it on eight hours before having sex.
- The female condom places the control of contraception and protection from STIs, including HIV, firmly in a woman's hands

How to use a Female Condom



1. Assess the integrity of the condom and the expiry date. If expired or damaged, do not use discard it immediately.
2. Squeeze the inner ring/sponge of the condom in the middle
3. Hold the outer ring in place and put the inner ring/sponge inside the vagina. With your finger, push the inner ring/sponge as far into the vagina as it will go.
4. Make sure that the outer ring stays outside the vagina.
5. Guide the penis into the condom.
6. After ejaculation, using a tissue twist the outer ring and then remove it carefully to avoid spillage.
7. Using another tissue, wrap the used condom carefully (to avoid spilling the contents) in toilet paper, or ordinary paper, and dispose of in it the bin. Do not dispose of it in a toilet.

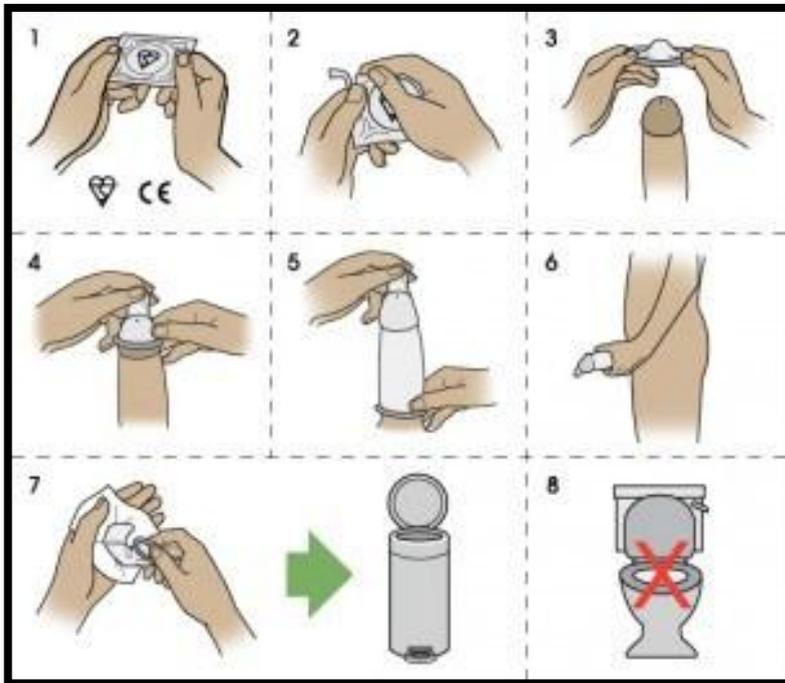
Male Condoms



The male condom comes in four scents and in different colour.

- MAX Regular- Slightly scented with vanilla
- MAX Strawberry- Strawberry scent (Red in colour)
- MAX Banana- Banana Scent (Yellow in colour)
- MAX Grape- Grape scent (Purple in colour)

How to use a Male Condom



1. Assess the integrity of the condom and the expiry date. If expired or damaged, do not use.
2. After opening the Condom Hold and pinch it at the tip to remove the air sac then place it on an erect penis.
3. Make sure you roll the condom completely down in the right direction covering the fully erect penis.
4. Use water-based lubricant if required.
5. After Intercourse remove the condom promptly before the penis loses the erection.
6. Use two tissues: one tissue for removal of the condom and have another tissue ready to wrap the used condom and throw it away in a dustbin.
7. Do not dispose of in the toilet

Methods to prevent unplanned pregnancy, STIs, and HIV/AIDS

If you do have sex, use DUAL PROTECTION

Even if you or your partner is using another type of contraceptive, you must also use a condom every time you have sex to reduce the risk of both you and your partner contracting HIV and most other STIs.

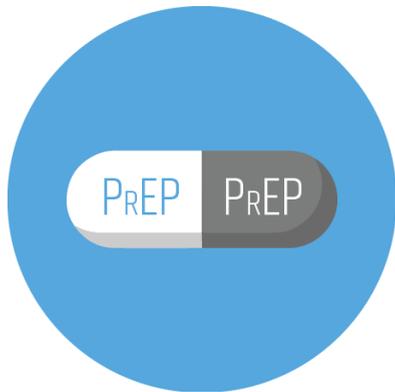


NB: For more information on these methods ask your healthcare professional.

Always remember the ABCs and D

- A - Abstain
- B - Be faithful
- C - Condoms
- D - Delay sexual debut

Even if you are using PrEP, you should still use condoms EVERY TIME – PrEP does not prevent pregnancy or infections from other STIs such as syphilis, Gonorrhoea, and herpes



CONDOMS PROTECT THE UNBORN BABY



NB. Use condoms during pregnancy to protect your unborn baby
Sex is safe during normal pregnancy but always use a condom to protect you and your baby from STIs including HIV and Syphilis

Male and Female Condoms

All men and women need to know how to have safer sex. Condoms protect you from HIV and other STIs. Other ways are to abstain from sex and be in a faithful relationship.



I Choose Dual Protection

Reproductive Health Awareness

Always use a condom and another form of contraceptive!

Girls and Guys, if you are sexually active, protect yourself and your partner from pregnancy, HIV and other STIs. Even if you or your partner is using another type of birth control, agree to use a condom EVERY TIME you have sex, to reduce the risk of both of you for HIV and most other STIs. Contraceptives (such as the pill, implants, IUCDs) provides highly effective pregnancy prevention, but it does not protect you from HIV and other STIs. Condoms can reduce the risk of both of you for most STIs, including HIV, as well as the risk of pregnancy. Be prepared.



The pill
implant
injection or
IUCD



EVERY TIME to
reduce the risk
of pregnancy,
HIV and other
STIs

**It's Your Future.
You Can Protect It.**

What if the condom breaks?

If you feel the condom break at any point before or during sex:



If the condom breaks, pregnancy can be prevented with emergency contraception. Emergency contraception (the 'Morning-After Pill' works the best when it's started as soon as possible after sex, but can be started up to 5 days after sex.

Remember: Emergency contraception helps prevent pregnancy, but it does NOT protect against STIs.

Sexually Transmitted Infections Awareness Week 12- 16 February 2023



What are Sexually Transmitted Infections (STIs)?

Sexually Transmitted infections (STIs) are infections that are spread from one person to another during unprotected sexual intercourse which can either be vaginal, anal, or oral sex. STIs can also be transmitted from mother to child, during pregnancy and during birth.

STIs are a marker of unprotected sex and contribute to the transmission of HIV. c A person can have an STI without having noticeable symptoms of the disease. The term sexually transmitted infection (STI) is, therefore, a broader term than the sexually transmitted disease (STD).

What are the most common symptoms of STIs?

A person with an STI can have one of these symptoms:

- abnormal vaginal or penile discharge
- burning urine
- genital ulcer
- Painful Intercourse
- lower abdominal pain
- scrotal swelling

Risk Factors of getting infected with an STI

- inconsistent or lack of condom use
- use of hormonal contraceptives without condom use
- history of diagnosed and untreated STI
- if you have a partner who has an STI or who once had an STI in the last eight weeks
- periodic separation of partners (Partner not always available e.g., traveling partner)
- uncircumcised males



Reproductive Health Awareness

**It's your future.
You can protect it.**

Know how to use a condom the right way, every time.

The poster features several Maxima condoms in various colors (yellow, pink, blue, purple, red) and their packaging. The text is in a bold, green font on a white background with a green border.

The table below summarises the common syndromes, symptoms, and the complications which they can cause if left untreated.

Syndrome	Type of STI / Causative organism	Symptoms	Complications
Male Urethritis Syndrome (MUS)	Gonorrhoea (drop), Chlamydia in males	Urethral (Penile) Discharge Burning Urine Frequent urination	Involvement of other body parts, mainly anus, throat, eye; urethral stricture, cystitis, Scrotal Swelling, and infertility
Vaginal Discharge Syndrome (VDS)	Gonorrhoea, Chlamydia, Trichomoniasis, Candidiasis in females	Unusual Vaginal Discharge Burning Urine Painful Intercourse Vaginal Itching	Involvement of other body parts mainly anus, throat, eye; Cervicitis, Endometritis, Salpingitis. In pregnancy: premature membrane rupture, pre-term delivery. In neonates: conjunctivitis
Lower Abdominal Pain (LAP)	Gonorrhoea, Chlamydia in females	Lower abdominal pain Painful Intercourse (It is also possible not to see the vaginal discharge, and it can be discovered by a healthcare provider on examination)	Chronic or recurrent salpingitis, ectopic pregnancy, infertility, acute peritonitis, death.
Genital Ulcer (GUS)	Chancroid (Haemophilus ducreyi), Genital Herpes	Genital ulcer (sore) 	Involvement of other body parts, mainly anus, mouth, eye; general body pain and lymph node swelling, rashes, Neurosyphilis, scars, fistula, strictures, elephantiasis of genitals. In pregnancy: miscarriage, stillbirth, premature delivery In neonates: low birth weight, congenital syphilis

Syndrome	Type of STI / Causative organism	Symptoms	Complications
	Syphilis (Treponema Pallidum)	Genital ulcer (painless)  Syphilis bacteria 	
Scrotal Swelling (SSW)	Gonorrhea, Chlamydia in males	Scrotal swelling Scrotal pain  Gonorrhea bacteria  	Chronic and recurrent scrotal swelling, Infertility

Patient education on STI prevention:

How can I protect myself from STIs?

- Present early and report of any STI symptoms at the nearest clinic for management
- Regular STIs and HIV screening.
 - NB: a person with an STI is at greater risk of HIV acquisition and transmission
- Abstain from penetrative sexual intercourse
- Delay sexual debut
- **Use condoms** consistently and correctly
- Pregnant women to commence antenatal care early and be screened for both HIV and STIs which includes Syphilis
- **Partner notification, testing, tracing, and treatment** to avoid re-infection

What to expect at the clinic?

- Private and confidential consultation
- Share full history including sexual history with health care provider
- Examination and diagnosis of STI will be done
- STI treatment will be provided
- HIV test will be offered
- Condoms will be provided and demonstration of use for both male and female condoms
- **Partner notification** slip (s) will be offered
 - **Partner notification** is the process of identifying the sexual partner(s) of a client with an STI and ensuring that they are aware of their exposure, and they should also be treated.
 - Relevant partner(s) include those with whom the client with an STI has had sexual intercourse in the last eight weeks even if they have no symptoms.

What are the benefits of Condom Use?

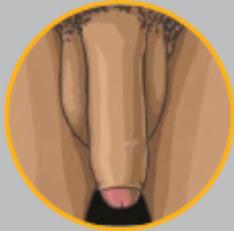
- Used **correctly and consistently**; condoms offer dual protection; for protection against STIs including HIV and prevention of unwanted pregnancy.

MALE MEDICAL CIRCUMCISION

Male circumcision is a proven intervention that offers partial protection against sexually acquired HIV in men. WHO and UNAIDS recommend that it should always be considered as part of a comprehensive HIV prevention package which includes HIV testing and counseling; correct and consistent use of female or male condoms; treatment for sexually transmitted infections; and promotion of safer sexual practices, such as avoidance of penetrative sex.

Benefits of male medical circumcision

- medical male circumcision improves hygiene, reduces the risk of HIV infection, some STIs, and penile cancer
- reducing the risks of HIV and STIs amongst men reduces the risk of women getting HIV, STIs, and cervical cancer
- men who are circumcised still need to use condoms as circumcision does not fully protect from HIV
- men who are circumcised still need to reduce sexual partners to prevent HIV
- male circumcision is only effective if the entire foreskin is removed. In some cultures, circumcision means cutting a slit into the foreskin - this is **PARTIAL CIRCUMCISION** and does not reduce the risk of HIV infection if a man is circumcised it does not mean that he is HIV negative
- if you are an HIV positive male, circumcision does not reduce your or your partner's risk of HIV infection
- male circumcision does not reduce the risk of HIV through anal sex whether between men who have sex with women or men who have sex with men
- male circumcision is a surgical procedure and there may be complications. These are rare, especially where well-trained medical and well-equipped traditional practitioners are involved. If you experience any complications immediately consult your clinic or doctor



✘
**PARTIALLY
CIRCUMCISED
PENIS**



✘
**UNCIRCUMCISED
PENIS**

A foreskin covers the head of the penis leading to the loss of several health benefits.

BENEFITS LOST BY NOT MEDICALLY CIRCUMCISING

- ✘ **Lose pleasure** when your foreskin bruises or tears
- ✘ **Lose** the once-off reduction in risk against **HIV** infection through the foreskin.
- ✘ **Lose** extra protection against STIs and other diseases.
- ✘ **Risk** your partner's health as they can develop **cervical cancer** when you contract and pass on Human Papilloma Virus.



PrEP

PrEP

Know the facts

Taken daily, PrEP is an additional prevention option for HIV-negative people

www.myprep.co.za

THE WE ARE
GENERATION
THAT WILL END
HIV

PrEP is a new, safe, HIV prevention method for HIV-negative people to reduce the risk of becoming infected. PrEP pills need to be taken daily and help to prevent HIV.

When used consistently and as prescribed, PrEP has been shown to reduce the risk of HIV infection by more than 90% among people at high risk for HIV infection.

PrEP is only for people who are HIV-negative.

PrEP is recommended for people at high risk for HIV infection.

PrEP is another option for prevention. Prevention options include:

- Condoms
- PrEP
- Counselling
- PEP
- Healthy lifestyles
- Treatment for STIs
- Male medical circumcision
- ART for partners living with HIV

WHAT IS THE DIFFERENCE BETWEEN PrEP, PEP, AND ART?

All three contain antiretrovirals in different combinations for different purposes:

- **PrEP** is a pill that has 2 antiretrovirals taken daily to prevent HIV for HIV-negative people
- **PEP** is taken within 72 hours after exposure to HIV (eg after rape) for 28 days to prevent HIV
- **ART** is a pill that has 3 antiretrovirals for HIV-positive people to reduce the levels of HIV in a person's body

BUT WHAT DOES PREP MEAN?

Pre = before

Exposure = coming into contact with HIV

Prophylaxis = a medicine to prevent infection

So... a medicine you take before you come into contact with HIV, to protect you from HIV.

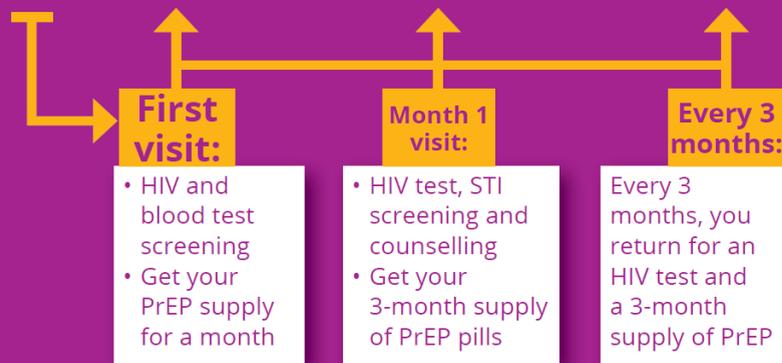
PrEP is an extra prevention method for HIV negative persons who are at high risk of getting infected with HIV.

PrEP works best when taken daily and used with a condom. In the first 7 days of taking PrEP, you are not yet fully protected and need to use a condom too. After 7 days, you need to continue taking PrEP daily.



STARTING PREP...

You can get PrEP from your clinic or a mobile van clinic. This is how it happens:



WHERE CAN I GET PREP...

PrEP is now available in all public primary health care clinics. Visit your closest local clinic if you are interested in protecting yourself using PrEP and condoms, and want to find out more about PrEP, please visit www.myprep.co.za.

www.myprep.co.za

You'll find more information on PrEP, and **where** you can get PrEP.

PrEP does:

Reduce your risk of HIV infection, by 90%, if taken daily and correctly. It takes up to 7 days to be fully protected.

PrEP does not:

- Prevent other STIs
- Prevent pregnancy
- Protect you from HIV if you start taking it after exposure. PrEP reduces your risk before exposure.

Acknowledgment: Information adapted from: https://www.cdc.gov/hiv/pdf/prep_gl_patient_factsheet_prep_english.pdf, prepfacts.org and Mia Malan April 2016 - <http://bhekisisa.org/article/2016-04-21-what-you-need-to-know-about-prep>.

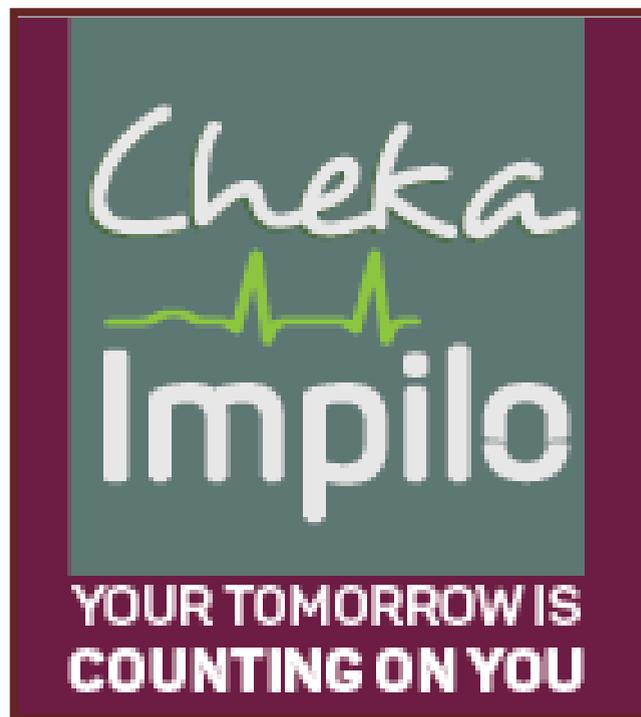
POST-EXPOSURE PROPHYLAXIS (PEP)

<p>What is PEP?</p>	<ul style="list-style-type: none"> • PEP is emergency treatment taken after possible exposure to HIV to prevent infection, e.g. after condomless sex (including a broken condom) or after occupational exposure
<p>Difference between PEP and PrEP</p>	<ul style="list-style-type: none"> • PEP is taken after exposure and is not for long-term use. • PrEP is taken before potential exposure to HIV • If you face a prolonged risk of HIV, or if you regularly have sex without a condom, PrEP is a better choice for you.
<p>How to take PEP?</p>	<ul style="list-style-type: none"> • PEP is most effective at preventing HIV infection if you take it within 24 hours of exposure. • PEP can't be taken more than 72 hours after exposure. • PEP is taken for 28 days. • PEP should be taken at the same time every day. • PEP should not be taken if you already have HIV.
<p>PEP side effects</p>	<ul style="list-style-type: none"> • PEP is safe and not everyone will have side effects. • For those who may have side effects, they are usually mild, (the most common are nausea, diarrhea, and headaches). • If you experience side-effects let your health care provider know. It is important that you don't stop taking PEP, otherwise it may not work.
<p>PEP during pregnancy and breastfeeding</p>	<ul style="list-style-type: none"> • PEP can be taken during pregnancy and breastfeeding and reduces the chance of HIV being passed on to your baby.
<p>Testing for HIV after taking PEP</p>	<ul style="list-style-type: none"> • It's important to get tested after using PEP, to make sure the treatment was successful. • You will test 3 months after potential exposure, and again 6 months after.
<p>Other tests and treatment</p>	<ul style="list-style-type: none"> • Women might also need emergency contraception to prevent pregnancy after sex. • You may also need to test/screen for STIs and

	other blood borne diseases (HBV and HCV).
Sex whilst taking PEP	<ul style="list-style-type: none">• Whilst taking PEP and during the follow-up period, you should use safe sex practices, including condoms for sex, to protect sexual partners from potential exposure to HIV.

HEALTHY LIFESTYLE 18 FEBRUARY 2023

“Behavioural risk factors of today are diseases of tomorrow, Be wise and practice a healthy lifestyle”



Cheka Impilo

The department earlier this year launched Cheka Impilo which is a national wellness campaign that encourages everyone to take specific steps toward achieving their health and well-being. The campaign outlines three steps that are important towards ensuring one's wellness; namely: Get your health checked, take action once you know, and Live smart and healthy.

Step 1: Get your health checked.

For you to be there for the ones you love and to also reach for your dreams, it begins with having your health checked. Having a health check-up puts you in control of your health and well-being. You get to understand your current health situation for you to make the correct health choices.

Cheka Impilo encourages you to know your *blood pressure, cholesterol level, blood glucose, body mass index*. It also encourages you to get checked for TB and HIV, hypertension, as well as diabetes.

Getting your health checked can help you foresee the potential health problems you may face, allowing you to begin treatment or to adjust your lifestyle accordingly. Only once you know where you stand, will you be able to take the correct actions.

Step 2: Act once you know

Once you know your health status, it's time to act. Depending on your health situation, you will have to take different forms of action, these may include:

- controlling your weight
- becoming physically active
- avoiding unhealthy habits like smoking or excessive drinking
- eating healthier foods
- beginning treatment and adhering to it

It is very important to understand that being on treatment is not the end of life, but rather it is the beginning of it. Treatment controls whatever health condition you have and allows you to live a long and healthy life.

Step 3: Live smart, live healthily

Living smart and healthy is not an event that you participate in occasionally, but it is a constant, daily habit you must practice. It starts with:

- eating healthy food daily and being physically active
- maintaining a healthy weight
- avoiding habits that open opportunities for diseases e.g., risky sexual behavior, smoking, and excessive alcohol
- healthy sexual habits – using condoms and dual protection
- adhering to chronic treatment and any other treatment as per clinic/doctors' instruction.
- have your health checked on an annual basis

Being there for the ones you love tomorrow and reaching for your dreams, starts today.

Use an appropriate means of communication for person with disabilities.

PROMOTING HEALTHY LIFESTYLE

**South Africa cares and is taking responsibility to
promote healthy lifestyles**



Topics:

- **Nutrition**
- **Promoting physical activity**
- **Substance and alcohol abuse**
- **Tobacco control**
- **Safer sexual practices**
- **Diabetes**
- **High blood pressure**
- **Anaemia**

Nutrition



Nutrition

Many South Africans are not as healthy as they could be. Many children and adults are overweight or obese, while some children are underweight and or stunted. The food guide and the guidelines for health eating will help one to follow a healthy eating plan which in turn will help promote health, prevent undernutrition (underweight and stunting) and over nutrition (overweight and obesity). A healthy eating plan also helps one make healthy food choices and food portions adequate to promote energy and essential nutrients our bodies need to function well an prevent short and long-term illnesses.

Guidelines for healthy eating that promote healthy lifestyle:

- enjoy a variety of foods, which includes fresh fruit and vegetables
- be physical active
- drink lots of clean and safe water

Guidelines to help plan good healthy (balanced) meals:

- make starchy foods part of most meals
- eat plenty of vegetables and fruit every day
- eat dry beans, split peas, lentils, and soya regularly
- fish, chicken, lean meat, or eggs could be eaten daily
- drink milk, maas or yogurt every day

Guidelines on limiting the use of foods that can be harmful when too much is consumed or used:

- use fate sparingly; choose vegetable oils rather than hard fats
- use salt and foods high in salt sparingly
- use food and drinks high in sugar sparingly

Enjoy a variety of foods

Eating a variety of foods from various food groups in the food guide as well as using a variety of methods to prepare them is key to a healthy eating plan. Various foods provide various nutrients thus having a variety of foods ensures that we get all essential nutrients.

Be physically active

Physical activity is as important as healthy eating in promoting health and wellbeing. The two are linked in that the way a person eats influences their ability to be active and their activity levels influence how much they can eat. Inactivity is harmful to health whilst being physically active has many benefits, including the following:

- it reduces the risk of developing cardiovascular disease (CVD), high blood pressure, and diabetes
- helps burn fat and build muscles to achieve and maintain a healthy body weight
- strengthen bones, reducing the risk of developing osteoporosis.

Drink lots of clean

Water is essential for life and the body loses water through breathing, sweating, excreting wastes, etc. These losses are important and this water has to be replaced daily. One needs 1,5L to 2L (six to eight glasses) of liquids per day and most of it should come from water.

Drink six to eight glasses of clean and safe water throughout the day.

Consumption of sugary drinks including sweetened and flavored water regularly is not recommended as it contributes to excess energy intake, which leads to weight gain.

Make starchy foods part of most meals

Starchy foods are the main source of energy in one's meal but they also contribute dietary fiber and micronutrients.

Good choices include:

- Whole grains – mabele, oats, brown rice.
- Root vegetables like potatoes and sweet potatoes, amadumbe, etc.
- Fortified bread, maize meal, and flour.



Eat plenty of vegetables and fruits

Vegetables and fruit are rich sources of vitamins as well as dietary fiber, which helps prevent and relieve constipation. Enjoy a variety of vegetables and fruits: dark green vegetables, yellow vegetables, leafy vegetables, and many fruits which are available each season.

- Eat at least five servings of vegetables and fruits daily. Five servings can be: ½ cup of carrots two medium apples, one banana
- Vegetables and fruit juice are not the best choices to replace the actual vegetables and fruits as they do not have much fibre and are high in sugar.
- Prepare vegetables and fruits in a variety of methods to make vegetables or fruit salads as well as prepare with little (if any) added fat, sugar, and salt.
- Vegetables should be eaten daily not only during weekends.

Eat dry beans, split peas, lentils, and soya regularly

Dry beans, split peas, lentils, and soya are a rich and cheaper source of protein and contribute vitamins and minerals as well as dietary fiber.

- Use dry beans, split peas, lentils, and soya instead of meat/chicken or fish or to extend meat dishes. Examples include salads, stews, and curries, vegetarian dishes, samp and beans (mnqushu), rice and lentils, soup.

Fish, chicken, lean meat, and eggs could be eaten daily

Fish, chicken, lean meat, and eggs are rich but expensive sources of protein, iron, and other essential vitamins and minerals. It is not a must to eat foods from this group daily and only one option can be included from this group in one of the meals each day. Good choices from this group included:

- Fish with fatty flesh like pilchards, salmon, tuna, mackerel, etc.
- Lean meat cuts or remove all visible fat on meat and skin from chicken before preparation
- Organ meats like kidneys, liver, gizzards are better choices than tripe as it contains high amounts of fat.

Drink milk, maas or yogurt every day

Milk, maas, or yogurt are milk products that are the most important sources of calcium and contribute protein, vitamins (Vitamin B12 Riboflavin), and minerals. Cheese is included in this food group and the fish/meat/chicken food group as it is a source of protein and calcium. The best choices in the group are:

- Low fat or fat-free milk and milk products
- Choose milk and milk products with little or no added sugar.

Use fat sparingly: choose vegetable oils rather than hard fats

Fat is essential in healthy eating, but the type and amount eaten are very important. It has many functions in the body including the absorption of fat-soluble Vitamins (vitamins A, D, E, and K).

Good choices and sources of good fats include:

- Plant fats/oils from avocado, olive, peanut butter, canola, and sunflower
- Tub margarine
- Low-fat salad dressings

Eating too much fat/oils even from good choices and sources is not recommended as too much fat can increase the risk for weight gain and the development of cardiovascular diseases.

Use salt and foods high in salt sparingly

The body needs a small amount of salt from food to maintain health. The total amount of salt to be eaten daily should be less than five grams (less than a teaspoon), High salt intake is a risk factor for developing in high blood pressure. Limit high-salt food choices, these include:

- Instant breakfast cereals, canned vegetables, savory snacks, instant sauces and dressings, cheese, processed meats and vegetables, pickled meats, and vegetables.

Use sugar and foods and drinks containing sugar sparingly

Sugar provides energy but has no other nutrients. It can be enjoyed as part of a healthy eating plan with limited use. Frequent consumption can displace nutrient-rich foods and result in a poor eating plan. It can also lead to weight gain as it contributes to having excess energy.

Body Mass Index



Body Mass Index Rebone Review

Your doctor or nurse will be able to advise you about your weight and tell you if you are a healthy weight or not. To do this, they will use a calculation called the Body Mass Index (BMI), which tells you what weight you should be for your height.

You can calculate your own body mass index. To do this, you need to measure your height in meters and your weight in kilograms:

- Divide your weight (in kilograms) by your height (in meters)
- Then divide the number by your height (in meters) again.

What does your body mass index mean?

If your body mass index (BMI) is:

- Less than 18.5 – you are “underweight”. You may need to gain weight
- 18.5 – 24.9 – you are in the “healthy weight” range. By eating healthily, you should be able to stay in the range
- 25 – 29.9 – you are “overweight”. Aim to lose some weight for your health’s sake, or at least prevent further weight gain
- 30 – 35 – you are ‘obese’. Visit your doctor for a health check, as you may need extra help to manage your weight and health
- More than 35 -you are “very obese”. Visit your doctor for a health check, as you may need extra help to manage your weight and health

The benefits of being a healthy weight

Being a healthy weight means that you have the energy to do the things you want to do and can enjoy a varied diet. It also means that you are not putting unwanted strain on your heart and arteries. Your BMI (body mass index) is a useful guide to finding a healthy, comfortable weight for you.





health

Department:
Health
REPUBLIC OF SOUTH AFRICA

BODY MASS INDEX (BMI)

is a number calculated using a person's weight and height. Healthcare professionals worldwide use BMI to see how a person's weight relates to their height – the calculation can thereby help determine whether a person is underweight or clinically obese, for their height.

		Weight in Kilograms																		
		45	48	50	53	55	58	60	63	65	68	70	73	75	78	80	82.5	85	87.5	90
Height in Centrimeters	145.0	21.4	22.6	23.8	25.0	26.2	27.3	28.5	29.7	30.9	32.1	33.3	34.5	35.7	36.9	38.0	39.2	40.4	41.6	42.8
	147.5	20.7	21.8	23.0	24.1	25.3	26.4	27.6	28.7	29.9	31.0	32.2	33.3	34.5	35.6	36.8	37.9	39.1	40.2	41.4
	150.0	20.0	21.1	22.2	23.3	24.4	25.6	26.7	27.8	28.9	30.0	31.1	32.2	33.3	34.4	35.6	36.7	37.8	38.9	40.0
	152.5	19.3	20.4	21.5	22.6	23.6	24.7	25.8	26.9	27.9	29.0	30.1	31.2	32.2	33.3	34.4	35.5	36.5	37.6	38.7
	155.0	18.7	19.8	20.8	21.9	22.9	23.9	25.0	26.0	27.1	28.1	29.1	30.2	31.2	32.3	33.3	34.3	35.4	36.4	37.5
	157.5	18.1	19.1	20.2	21.2	22.2	23.2	24.2	25.2	26.2	27.2	28.2	29.2	30.2	31.2	32.2	33.3	34.3	35.3	36.3
	160.0	17.6	18.6	19.5	20.5	21.5	22.5	23.4	24.4	25.4	26.4	27.3	28.3	29.3	30.3	31.3	32.2	33.2	34.2	35.2
	162.5	17.0	18.0	18.9	19.9	20.8	21.8	22.7	23.7	24.6	25.6	26.5	27.5	28.4	29.3	30.3	31.2	32.2	33.1	34.1
	165.0	16.5	17.4	18.4	19.3	20.2	21.1	22.0	23.0	23.9	24.8	25.7	26.6	27.5	28.5	29.4	30.3	31.2	32.1	33.1
	167.5	16.0	16.9	17.8	18.7	19.5	20.5	21.4	22.3	23.2	24.1	24.9	25.8	26.7	27.6	28.5	29.4	30.3	31.2	32.1
	170.0	15.6	16.4	17.3	18.2	19.0	19.9	20.8	21.6	22.5	23.4	24.2	25.1	26.0	26.8	27.7	28.5	29.4	30.3	31.1
	172.5	15.1	16.0	16.8	17.6	18.5	19.3	20.2	21.0	21.8	22.7	23.5	24.4	25.2	26.0	26.9	27.7	28.6	29.4	30.2
	175.0	14.7	15.5	16.3	17.1	18.0	18.8	19.6	20.4	21.2	22.0	22.9	23.7	24.5	25.3	26.1	26.9	27.8	28.6	29.4
	177.5	14.9	15.1	15.9	16.7	17.5	18.3	19.0	19.8	20.6	21.4	22.2	23.0	23.8	24.6	25.4	26.2	27.0	27.8	28.6
	180.0	13.9	14.7	15.4	16.2	17.0	17.7	18.5	19.3	20.1	20.8	21.6	22.4	23.1	23.9	24.7	25.5	26.2	27.0	27.8
	182.5	13.5	14.3	15.0	15.8	16.5	17.3	18.0	18.8	19.5	20.3	21.0	21.8	22.5	23.3	24.0	24.8	25.5	26.3	27.0
185.0	13.1	13.9	14.6	15.3	16.1	16.8	17.5	18.3	19.0	19.7	20.5	21.2	21.9	22.6	23.4	24.1	24.8	25.6	26.3	
187.5	12.8	13.5	14.2	14.9	15.6	16.4	17.1	17.8	18.5	19.2	19.9	20.6	21.3	22.0	22.8	23.5	24.2	24.9	25.6	
190.0	12.5	13.2	13.9	14.5	15.2	15.9	16.6	17.3	18.0	18.7	19.4	20.1	20.8	21.5	22.2	22.9	23.5	24.2	24.9	

Underweight

Normal

Overweight

Obesity

A

Promoting Physical Activity



Promoting Physical Activity

Physical inactivity is widely recognized as a major risk factor for non-communicable diseases such as hypertension, cardiovascular disease, diabetes, and cancer. Engaging in physical activity and exercise is essential for the excellent health and well-being of all communities.

The Department of Health calls for a community-based approach that will enable all societies to live a healthy lifestyle and therefore a successful integration of exercise clubs and exercise communities is essential to take place throughout the country.

The Department of Health emphasized that physical activity be used as one of the solutions that produce health benefits, and it is as simple as:

- exercise for at least 30 minutes of moderate to intense physical activity daily
- choose a form of exercise that is enjoyable
- exercise should be in groups to gather support (community exercise groups)
- brisk walking
- walking up the stairs instead of taking the lift
- Take a walk during lunch breaks.
- playing active games
- dancing, cycling, swimming, and jumping.

Benefits:

- reduce the risk for heart disease and stroke
- helps manage high blood pressure.
- helps reduce and control weight by decreasing fat increase.
- helps to cope with stress and release tension
- gives more energy
- improves self-image
- provides a way to share an activity with family and friends
- establishes good heart-healthy habits in children.
- counters the conditions that lead to heart attack and stroke later in life like high blood pressure
- helps people to delay and prevent chronic illnesses and diseases associated with aging and maintain good quality of life.

Substance And Alcohol Abuse



Substance and Alcohol Abuse Kgalabi Assist

Substance abuse in South Africa places immense health and socio-economic burden on society. As in the rest of the world, it reaches across social, racial, cultural, language, religious, and gender barriers. Research has highlighted the link between substance abuse and various health and social problems, in particular:

- intentional and non-intentional injuries and premature death
- dysfunctional family life
- risky sexual behaviors and infectious diseases, such as tuberculosis, hepatitis C (HCV), and sexually transmitted infections including HIV/AIDS
- non-communicable Diseases including cardiovascular diseases and cancers.
- mental health problems such as the increased risk of anxiety depression and some psychoses
- antenatal and neonatal complications such as fatal alcohol spectrum disorders (FASD)
- child abuse and neglect
- crime (particularly crimes of violence, especially family violence, property crimes, and crimes associated with the supply of or trafficking in substances)
- motor vehicle crashes
- absenteeism and school failure
- loss of productivity, unemployment, and other negative economic effects

Tobacco Control



Tobacco Control

Key facts

- Tobacco kills up to half of its users
- Tobacco is a slow killer
- Tobacco users who die prematurely deprive their families of income
- Tobacco users who become sick, raise the cost of healthcare
- There is no safe level of exposure to second-hand tobacco smoke
- Tobacco users need help to quit or to stop using tobacco products
- About 44 000 lives are lost to tobacco-related diseases

Harmful effects of tobacco

Chemicals contained in tobacco products and other dangers.

- Cigarettes contains over 7 000 chemicals, including over 80 known to cause cancers and are associated with other priority NCDs including cardiovascular diseases and diabetes
- Over 200 of these chemicals include: alcohol, ammonia (lavatory cleaner) arsenic, benzene, cyanide, carbon monoxide (motor car exhaust fumes) radioactive polonium-201, phenol (which paralyses the cilia which clean the lungs), acetone (paint stripper), naphthalene (mothballs), butane (lighter fuel). Methanol (rocket fuel) and tar.
- 70 per cent of the tar and nicotine from inhaled smoke remains in the smoker's lungs.
- Smoke from a burning cigarette contains very fine particles and is deadly to both smokers and non-smokers.
- Tar in cigarette smoke causes lung cancer and emphysema and can kill you.
- Both nicotine and carbon monoxide contained in cigarettes can cause abnormal changes in the heartbeat that lead to a heart attack.
- A public place like a restaurant that allows smoking has six times the pollution level of a busy highway.
- Chemicals in tobacco smoke damages cells in the skin and causes premature aging
- Smoking affects taste and smell. Smoking gives you bad breath.
- Cigarettes are a common source of fires at home (when the smoker falls asleep while smoking in bed) and in the workplace (from cigarettes that are not extinguished.)
- Burning cigarette ends thrown away (e.g., out of a car window) increases the risk of field fires, and butts discharged on the street or in natural areas are harmful to the environment.
- Smoking can cause impotent in men and fertility in women.
- Hookah smoking is highly addictive, dangerous, and can kill you.
- Cigar, pipe, and hookah smoking causes cancer and is dangerous to non-smokers.

Passive smoking

- The smoke released while a cigarette or pipe burns, contains twice, as much nicotine, 60 times more ammonia, and one hundred times more nitrosamines (a cancer-causing chemical) than the smoke exhaled by the smoker.
- Breathing other people's smoke (passive smoking) causes lung cancer, heart diseases, and many other diseases in non-smokers.
- Non-smokers who live with smokers have a 20 to 30 percent greater chance of death from heart disease than those who have never smoked and live with non-smokers.
- Parents who smoke may cause their children to have bronchitis, pneumonia, colds, wheezing, and asthma.
- Just 30 minutes of exposure for healthy non-smokers in a smoke-filled room acutely increases the risk of heart disease and dramatically decreases blood flow.
- Sudden Infant Death Syndrome (Cot death in the first year of life) is 30 percent higher in children of parents who smoke than those of parents who do not smoke.

Diseases caused by Tobacco products

Smoking is known to cause:

- death from cancer and heart disease, heart attack, stroke, pulmonary diseases, and hypertension.
- cancer of the lip, mouth, throat, larynx-vocal cords, oesophagus, bladder, pancreas, kidney, stomach, cervix
- emphysema, chronic bronchitis, asthma, tuberculosis, pneumonia
- low birth weight babies and increased infant mortality
- peptic ulcers, infertility, impotence, blindness, and ear diseases
- puts you at high risk when you have other ailments and health problems
- high risk of death from other related diseases

Smoking increases the risk of:

- prostate cancer
- non-insulin-dependent diabetes mellitus

Smoking and poverty:

- Many studies have shown that in the poorest households in some low-income countries such as 10 percent of the total household expenditure is on tobacco. This means that these families have less money to spend on basic items such as food, education, shelter, and healthcare.
- There are financial benefits to quitting or stopping to use of tobacco products.
- If you smoked a packet of 20 cigarettes a day you could save enough for a holiday or other projects over a few years of not smoking.
- A packet a day wastes more than R10 000 a year.
- The many diseases caused by tobacco products increase the country's healthcare costs.

Benefits of quitting tobacco use

- you will reduce the risk of family, friends, and colleagues being affected by passive smoking and allow them to enjoy the fresh air.
- Young children will also be less likely to get asthma, be hospitalized with pneumonia asthma or bronchitis.
- You will be a better role model to your children, and they will be less likely to start smoking themselves if they are not exposed to second-hand smoke at home.
- It's never too late to stop smoking but the earlier you quit smoking the better and the sooner your health improves.
- Quitting smoking benefits health, no matter at what age one quits.
- Within 24 hours of quitting, your bloodstream improves and nicotine levels in your body reduces.
- Three years after quitting, the risk of heart disease is halved, and within five years the risk is almost the same as if you had never smoked.
- It also reduces the risk of cancer, lung cancer, and stroke.
- 10 to 14 years after quitting a smokers' risk of death from cancer reduces to that of a lifelong non-smoker.
- Food tastes better.
- Clothes do not smell tobacco.
- Breath does not smell bad.
- You don't pollute the air which others have to breathe.
- Children benefit when parents stop smoking.
- Improved immune function and ability to fight infections.
- Better reproductive health and improved fertility for men and women (improved sperm count and motility and better sex drive).

Safer Sexual Practices



Safer Sexual Practices

Live a healthy life by practicing safe sex. Unsafe sexual practices can cause Sexual Transmitted Infections, HIV/AIDS, and unwanted pregnancy.

Practice safer sex by:

Abstaining: don't rush into sex with every partner you meet. If your new partner is worth a relationship, then wait until you are committed to each other and able to handle the consequences of sex together.

Being faithful: choose a partner and be faithful to that partner. When you respect your partner by not cheating on him or her and sleeping with others, then you can demand the same respect in return.

Using condoms: protect yourself during sex by always using a condom.

It is also very important to know your HIV test result. Clinics offer free counselling and testing for those who volunteer to be tested. If you have had sex and have not been tested for HIV, then you must be tested as soon as possible. If you do not have HIV, then make every effort to remain HIV negative. If you have HIV, know that it is not a death sentence, and you need to take steps to look after your health to prevent passing the virus on to others and getting re-infected.

HIV testing is confidential; the clinic staff is not allowed to tell your family, friends, or employer about your test result. The clinic staff is also trained to counsel, and to help those living with HIV to make good choices in dealing with the virus. If these choices are made, people living with HIV can continue to lead productive and healthy lives for much longer.

Diabetes



Diabetes

Diabetes is a chronic disease where your blood glucose levels are above normal causing damage to your eyes, heart, kidneys, general circulation. This may result in blindness, kidney failure, heart disease, stroke, and limb amputations. The food we eat is turned into sugar, which we call glucose, for our bodies to use as energy. The pancreas makes a hormone called insulin to help glucose to get into the cells of our bodies when we eat and need energy. When you have diabetes your body either does not make enough insulin or cannot use its own insulin. This causes glucose to build up in your blood.

You get three kinds of diabetes: Type 1 diabetes, Type 2 diabetes, and Gestational diabetes.

Causes

Type 1 diabetes seems to be caused by autoimmune, genetic, and environmental factors, is most often found in children and may or may not have a family history.

Type 2 diabetes occurs mostly in older people, those with a family history of diabetes, people who are physical inactive and some people who have been on some chronic medication e.g., cortisone. Type 2 diabetes is fast on the increase in young children who are overweight and inactive.

Signs and symptoms

- if you have diabetes, you may have some of the following symptoms:
- frequent urination
- excessive thirst
- unexplained weight loss
- extreme hunger
- sudden vision changes e.g., blurred vision
- tingling or numbness in hands or feet
- feeling very tired much of the time
- very dry skin
- sores that are slow to heal
- more infections than usual
- erectile dysfunction
- persistent vaginal thrush and urinary tract infections

Prevention

There is no known way of preventing Type 1 diabetes, however, it is important to confirm a diagnosis early and start treatment immediately to prevent immediate complications. If any symptoms occur in children, they need to be seen by a doctor immediately.

You can prevent Type 2 diabetes by:

- getting more physical activity
- eating food with plenty of fibre
- eating whole grain food

Gestational diabetes occurs during pregnancy and in most cases is unavoidable as this occurs due to hormonal changes in the body during pregnancy. It is important to be screened for diabetes throughout your pregnancy but especially for week 24 of your pregnancy. Gestational diabetes in most women goes away after birth, however, if a healthy lifestyle is not maintained, the women can develop Type 2 diabetes later in life.

Prevention

Health eating, physical activity, insulin injections and regular blood glucose testing are the best treatment for Type 1 diabetes.

Health eating, physical activity and blood glucose testing are the basic treatment for Type 2 diabetes. In addition, many people with Type 2 diabetes require oral medication, insulin, or both to control their glucose levels. It is important to know that most people with Type 2 diabetes will have to inject insulin to control their blood glucose levels at some point in their lives because the pancreas continues to produce less insulin over the years and eventually produces no insulin at all.

Other

It is important to know that diabetes is not a death sentence. Diabetes can be managed effectively with education, lifestyle changes, and medication. There are many people living with diabetes who have a quality of life and have very little to no complications.



High Blood Pressure



High Blood Pressure

What is high blood pressure?

You probably have high blood pressure (hypertension) if your blood pressure readings are consistently 140 over 90, or higher, over several weeks.

You may also have high blood pressure if just one of the numbers is higher than it should be over several weeks.

If you have high blood pressure, the higher pressure puts extra strain on your heart and blood vessels. Over time, this extra strain increases your risk of a heart attack or stroke.

High blood pressure can also cause heart failure, and kidney disease, and can lead to damage to the eye and blindness and is closely linked to some forms of dementia.

What are the signs and symptoms of high blood pressure?

High blood pressure usually has no signs or symptoms, which is why it's a silent killer, so the only way to know if you have high blood is to have yours measured. However, a single high reading does not necessarily mean you have high blood pressure. Many things can affect your blood pressure throughout the day, so your nurse or doctor will take several blood pressure readings to see that it stays high over time.

Occasionally people with very high blood pressure say they experience headaches, but it is best to visit your clinic if you are concerned about symptoms.

What causes high blood pressure?

For most people, there may be no single cause for their high blood pressure. We do not know exactly what causes high blood pressure. We do know that your lifestyle can affect your risk of developing it.

You are at a higher risk if:

- You eat too much salt
- You don't eat enough fruit and vegetables
- You are not active enough
- You are overweight
- You drink too much alcohol

Additional causes of high blood pressure

There are some factors that increase your risk of developing high blood pressure, which you cannot control.

These include:

age: as you get older, the effects of an unhealthy lifestyle can build up and your blood pressure can increase.

family history: you are at greater risk if other members of your family have, or have had high blood pressure

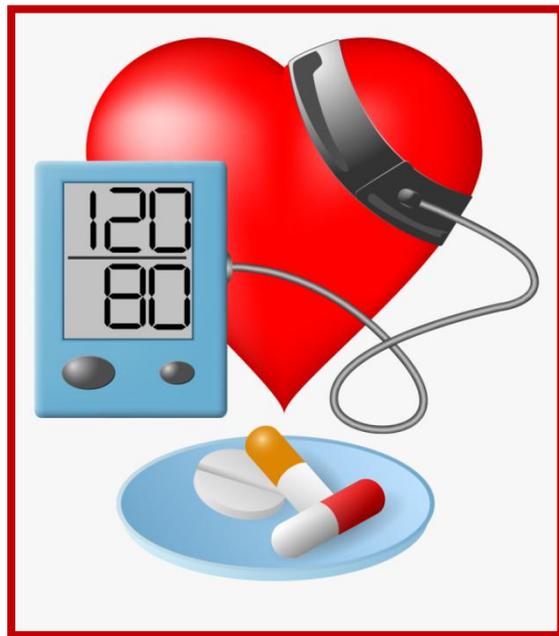
Some people may have high blood pressure that is linked to another medical condition, such as kidney problems. For these people treating the medical problem may lower their blood pressure back to normal.

Prevent of high blood pressure

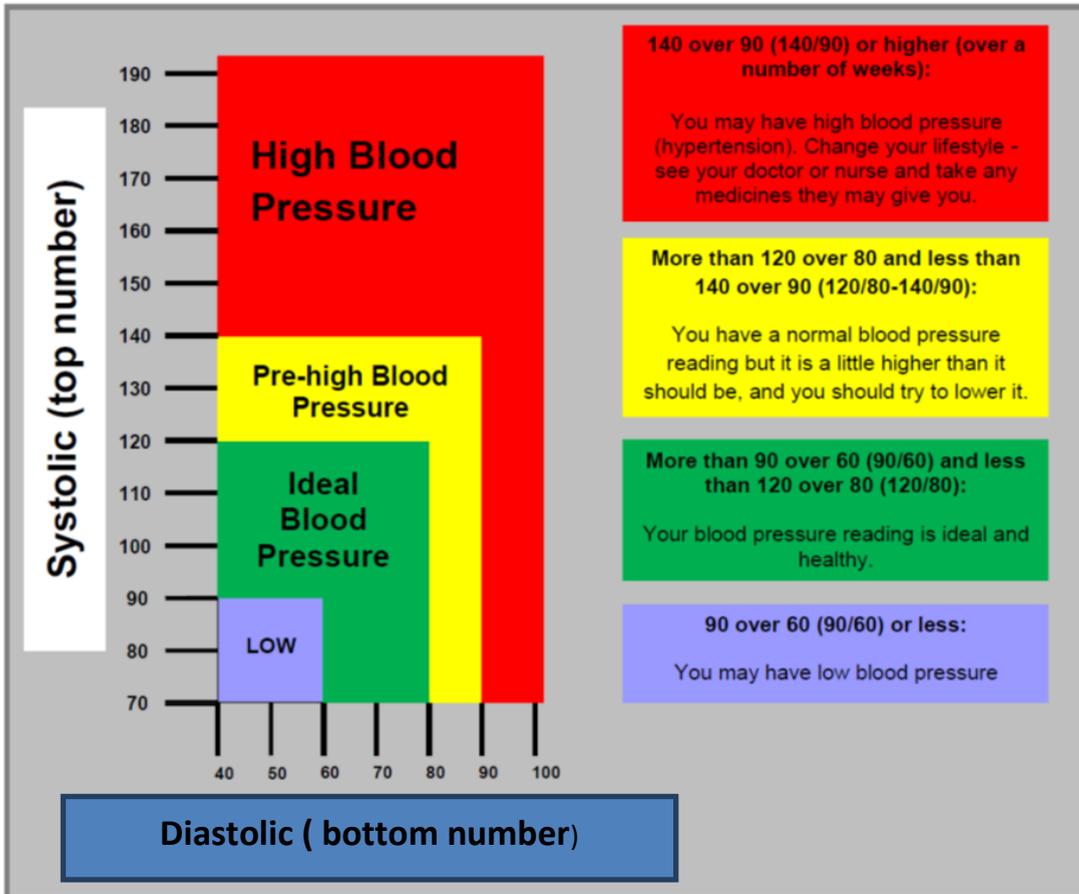
By living a healthy lifestyle, you can help keep your blood pressure in a healthy range and lower your risk for heart disease and stroke.

A healthy lifestyle includes:

- eating a healthy diet
- maintain a healthy weight
- getting enough physical activity
- not smoking
- limiting alcohol use



Blood Pressure Chart for Adults



Anaemia



Anemia

What is Anaemia?

Anaemia means that:

You have fewer red blood cells than normal, OR you have less haemoglobin than normal in each red blood cell.

In either case, a reduced amount of oxygen is carried around in the bloodstream.

What are the symptoms of anaemia?

- Common symptoms are due to the reduced amount of oxygen in the body. There includes tiredness, having little energy (lethargy), feeling faint, and becoming easily breathless.
- Less common symptoms include headaches, a thumping heart (palpitations), altered taste, and ringing in ears (tinnitus).
- You may look pale.
- Various other symptoms develop, depending on the underlying cause of the anaemia.

What are the causes of anaemia?

Iron-deficiency anaemia

Lack of iron is the most common cause of anaemia. This is called iron-deficiency anaemia. If you eat a formal balanced diet, it usually contains enough iron. The following are some reasons that may lead to a lack of iron resulting in iron-deficiency anaemia:

- **Pregnancy or childhood growth spurts** are times when you need more iron than usual. The amount of iron that you eat during these times may not be enough.
- **Heavy menstrual periods.** The amount of iron that you eat may not be enough to replace the amount that you lose with the bleeding each month.
- **Poor absorption** of iron may occur with some gut diseases – for example coeliac disease and Crohn's disease.
- **Bleeding from the gut (intestines).** Some conditions of the gut can bleed enough to cause anaemia. You may not be aware of losing blood this way. The bleeding may be slow or intermittent, and you can pass blood out with your stool (faeces) without noticing.
- **If you eat a poor or restricted diet,** it may not contain enough iron.

Finding the cause of anaemia and treating it

A simple blood test can measure the amount of haemoglobin in your blood and count the number of red blood cells. Although this test can confirm that you are anaemic, it does not identify the cause of your anaemia.

Some causes of anaemia are more serious than others and it is important to find the reasons for anaemia. The treatment of anaemia depends on the underlying cause. For many people this may simply be iron tablets. For others it may be a course of vitamins or other more complex treatments.

Can anaemia be prevented?

Some types of anaemia can be prevented, such as those caused by diet. You can help prevent this type of anaemia by increasing the amount of iron in your diet.

How can I increase the iron in my diet?

Eat more foods that are high in iron such as:

- liver
- red meat
- seafood
- dried fruit such as apricots, prunes, and raisins
- nuts
- beans, especially lima beans
- green leafy vegetables, such as spinach and broccoli
- blackstrap molasses
- whole grains
- iron-fortified food like many breads and cereals (check the label)

Some foods prevent your body from absorbing iron, including coffee, tea, egg whites, milk, fibre, and soya protein. Try to avoid these foods when you are eating food high in iron.



YOUTH-FRIENDLY SERVICES

Adolescent Youth Friendly Services (AYFS) is a government-mandated initiative using a standards-based quality improvement model to improve the use of available resources for the provision of AYFS that:

- Integrates SRHR/HIV service package.
- Is responsive to the needs of young people.
- Is equitable; accessible, acceptable, appropriate, and efficient for young people.
- A service package that meets the prevention, risk reduction, service delivery, advocacy and information sharing needs of young people.

Adolescent Youth Friendly Services has four pillars of implementation

- Adolescent Youth Friendly Service standards.
- Youth Zones.
- Ideal Adolescent Youth Friendly Services clinic.
- Youth Care Clubs.

Overarching Objectives of AYFS:

- To promote the access and service utilization of adolescent and youth-friendly services within all sectors that have an impact on the outcome of young people's health.
- to improve and optimize the health status of adolescents and adolescents and youth in South Africa by addressing the eight key health priorities namely, psychosocial support, sexual and reproductive health, HIV services, pregnancy support, healthy lifestyle, screening and treating injuries and minor ailments, violence, and sexual assault, immunization TD at 12 years and screening.
- To build the capacity of healthcare providers and other public health personnel to improve service performance for the delivery of adolescent and adolescent and youth-friendly health services.
- To promote health delivery services for HIV infected and exposed adolescents and adolescent and youth.



Youth Zones

Times: Time is set aside that is dedicated and responsive to the needs of young people, at least once a week, or more, where possible

Space: Dedicated space is created or set aside for young people, for example, a consulting room or in the waiting area

Staff: Staff are trained/orientated in the provision of youth friendly services – attitude is vital

Young people: Youth are involved and participate in the design and provision of Youth Zone services
Integrated, comprehensive services: Services provided during Youth Zone include package of care available at clinics with a specific focus on sexual & reproductive health (SRH) and HIV-related services.
Lovelife and Soul City are conducting orientation to managers, clinic supervisors and facility managers



Current support for youth zones

- All DREAMS funded partners have supported the rollout since October 2020
- All Global Fund supported AGYW organizations are expected to support the rollout
- All PEPFAR district support partners
- UNITAID in partnership with WRHI in Eastern Cape, Gauteng, and KwaZulu-Natal
- KFW in partnership with beyond zero in Eastern Cape
- UNPFA in Eastern Cape, Limpopo, and KwaZulu-Natal



She Conquers Campaign for Adolescent Girls and Young Women

The She Conquers Campaign for Adolescent Girls and Young Women is an HIV prevention campaign aimed at adolescent girls and young women aged 15 to 24 and their male partners in South Africa. It is a coordinated campaign that seeks to address the disproportionately high burden of HIV among adolescent girls and young women in this age group as well as related challenges, particularly, teenage pregnancy, school dropout, sexual and gender-based violence, and few economic opportunities. The She Conquers Campaign promotes a comprehensive package that includes social, behavioral, structural, and biomedical interventions. This multi-sectoral campaign serves as a coordinating platform that leverages programmes focusing on adolescent girls and young women offered by government departments, civil society, private sector, donor agencies and development partners.

Goal

She Conquers goal is to achieve a long and healthy life for all adolescent girls and young women including girls and women with disabilities in South Africa.

Objectives

The Campaign seeks to achieve the following five objectives:

- Reduce new HIV infections among adolescent girls and young women.
- Reduce the incidence of teenage pregnancy.
- Increase retention of girl learners in school until matric
- Reduce sexual and gender-based violence experienced by adolescent girls and young women.
- Increase economic empowerment of adolescent girls and young women.

Target population

The **Primary Target Population** for this Campaign is adolescent girls and young women aged 15 to 24 years old.

The **Secondary Target Population** includes young girls aged 10 to 15, older young women aged 25 to 29, and adolescent boys and young men aged 16 to 35. Adolescent boys and young men are included because they play an important role of the transmission of HIV. Including these secondary target populations ensures a

holistic programming approach to reach the wider population of adolescents and youth in the provision of services.

A Particular focus of attention is on vulnerable groups in this **wider population**, including orphans and vulnerable children; youth that are not in employment, education, or training; young sex workers; youth with disability; and rural youth.

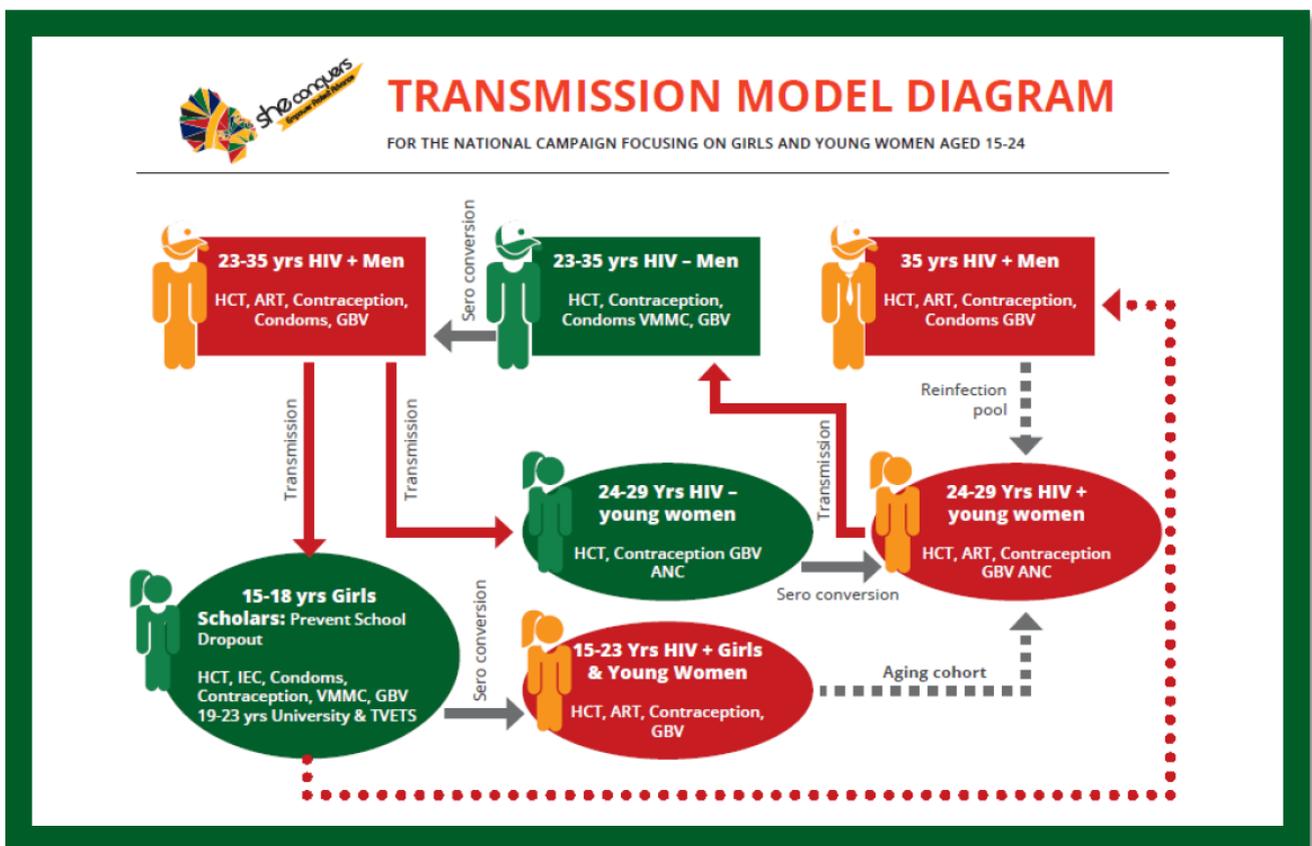
Strategy

The strategic direction for the Campaign is informed by a theory of change, a transmission model that seeks to break the cycle of HIV transmission, and a package of biomedical, behavioral, and structural interventions that is segmented according to specific target audiences.

Breaking the cycle of HIV transmission

The pathway of HIV transmission is shown in Figure 1, providing further guidance on what efforts are required to break the cycle of HIV transmission. Based on evidence from studies specific target groups are segmented by age and gender, HIV status and the services required by these groups to break to break the cycle of HIV transmission are identified.

Figure 1: Transmission Model Diagram for She Conquers



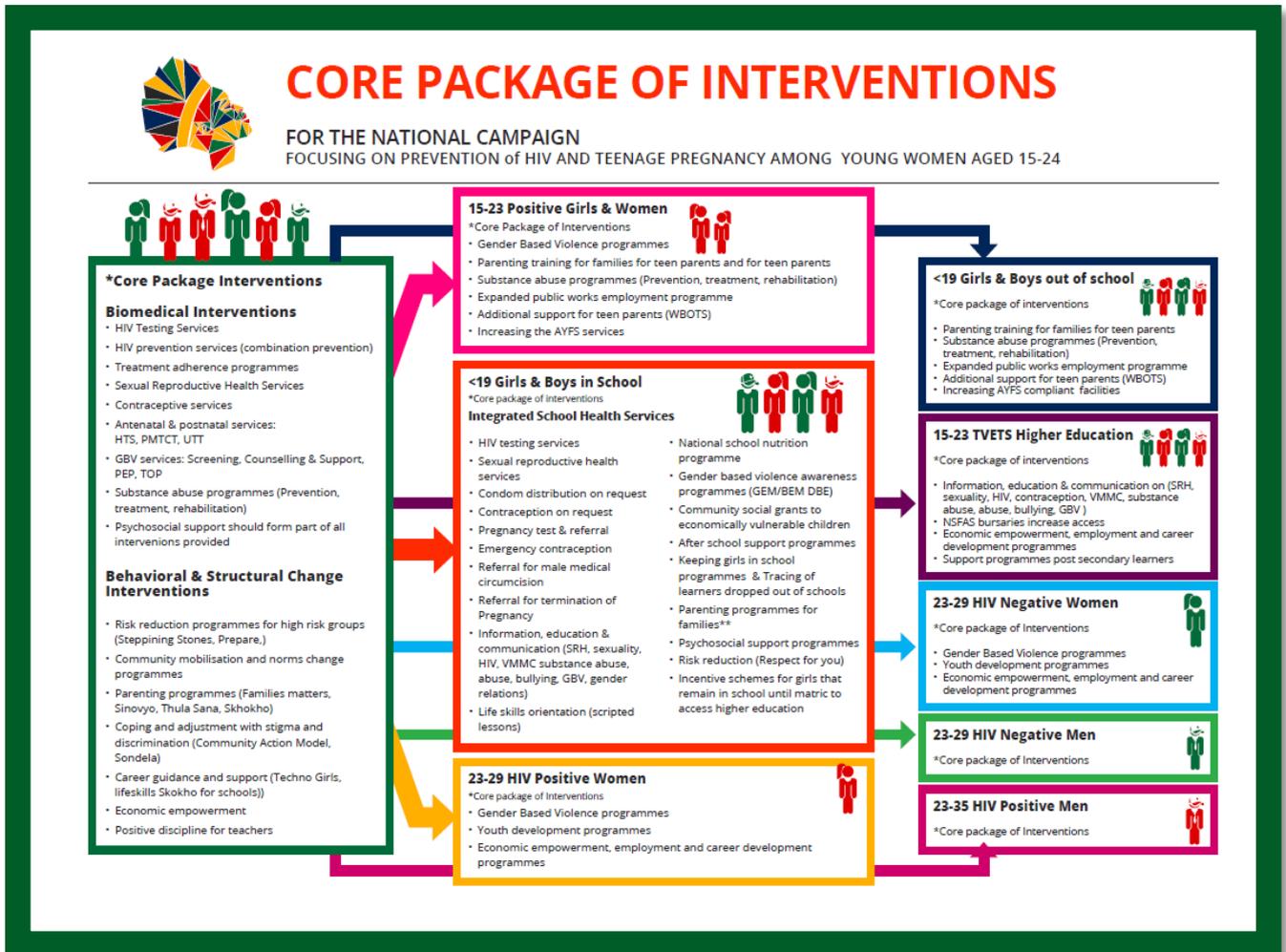
A **Core Package of Interventions (Figure 2)** to address the needs and services A **Core Package of Interventions** tailored to address the needs of each segment of the target group. The package of interventions supports HIV negative persons to remain negative and those that are positive to access treatment.

The aim is to encourage all persons to know their HIV status. The package of interventions supports HIV negative persons to remain negative and those that are positive to access treatment.

The target groups is further segmented by age, gender, HIV status, and social context in terms of in/out of school, TVET or college, and unemployed or employed.

Though these interventions should be made available to all young people where possible, particular attention must be paid to reaching core sub-groups of the overall youth population (indicated in Figure 2). These sub-groups are critical in the HIV transmission pathway.

Figure 2: Core Package of Interventions



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Content designed for adolescents and young people

How B-Wise can help you:

1. Use B-Wise as a resource for NDOH-approved IEC material and content for your community-based or facility-based programming:
 - a. Visit B-WiseHealth.com
 - b. Print articles from the site, link patients to the appropriate articles or use B-Wise content on your printed materials
 - c. Use B-Wise content as a teaching tool during patient counselling or support groups

Please make sure to use the B-Wise logo and link to B-Wise content used (see the brand guide page). If you translate B-Wise content, please share it back with us and we'll update it on our site.

2. Share campaign messages through the B-Wise Team. The B-Wise Team will in turn share messages with other B-Wise partners {DREAMS, National Campaign for Young Women and Girls):
 - a. Contact us with your key messaging
 - b. We'll create youth appropriate articles
 - c. Link to our content in your campaign materials

How you can promote B-Wise:

3. Promote B-Wise in your community-based or facility-based programming:
 - a. Share the B-Wise partner pack and video with your staff
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 - d. Support young people to register on B-Wise and to access the clinic finder and rating tool
4. Share B-Wise content through your communications and social media
 - a. We'll send you weekly social media posts
 - b. Share your posts with us for cross-promotion
 - c. Contact us for audio and video marketing opportunities

For more information visit B-WiseHealth.com or contact us.

