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Public health care staff need training to curb ill-treatment of patients

By Patience Nyangove, recently in Liverpool, UK

THERE is need for Namibia to train its public health care staff on the care of patients from marginalised communities like the lesbian, gay, bisexual, transgender, queer or questioning, intersex and others (LGBTQI+) in order to bring to an end their rampant discrimination and humiliation, the Deputy Director General- Programmes for the World Health Organisation (WHO), Dr Soumya Swaminathan has said.

Speaking to *Confidente* during the sidelines of the fifth Global Symposium on Health Systems Research that brought over 1 000 delegates from research, policy and practice backgrounds to Liverpool, England, last week Dr Swaminathan said WHO can assist Namibia with training programmes for its public health care staff in order to bring to an end the practice of ill-treatment of patients.

Confidente recently reported that the overt discrimination and humiliation of the LGBTQI+ is understood to have forced some members of the community to commit suicide. Although the country's constitution is explicit when it comes to non-discrimination on the basis of sex, it is sadly quiet on the issue of discrimination on grounds of one's sexual orientation. It has become a common



Dr Soumya Swaminathan

practice for some health personnel at public health care centres to be homophobic by denying patients from the LGBTQI+ community the privacy and dignity every other patient is accorded while seeking medical treatment.

Some of the unethical conduct by nurses during consultation, for instance with a gay patient who has anal herpes, includes the

health official calling others into the consultation room before passing degrading homophobic comments.

"Discrimination of patients by health care staff is quite common across the world and it is taking us a long time to change. WHO's stance is that there should be zero discrimination in the health system. The basic principle of non-discrimination should come from

the health ministry and they can do this by training of health staff. WHO is against all discrimination and they're tools WHO can help with the training of the Namibia's public health care workers not to discriminate patients based on their sexual orientation and it's important for health care staff to get this training," said Dr Swaminathan.

Commenting on the cholera and hepatitis E outbreaks that continue to affect Namibia, Dr Swaminathan said it was vital for the country to identify its source of contamination and work on ensuring that its entire people are protected.

The hepatitis E outbreak last month saw 3 000 suspected cases reported in the country's nine regions. The hepatitis E outbreak was first reported in October 2017.

The outbreak is concentrated in the informal settlements of Havana, Goreangab, Hakahana, Greenwell Matongo, Ombili and the broader Katutura in Windhoek.

Hepatitis E is a liver infection spread either by direct contact with an infected person's faeces or by indirect faecal contamination of food or water. Infection is more severe among pregnant women as they are at greater risk of acute liver failure, foetal loss and death.

The outbreak is fuelled mainly by a lack of clean water, poor sanitation and poor personal hygiene.

Breast Cancer more prevalent in women

By Dr Nelson Makemba

BREAST Cancer is a cancer that forms in the cell of the breasts. Breast cancer can occur in both men and women, but it's far more common in women.

Doctors know that breast cancer occurs when some breast cells begin to grow abnormally. These cells divide more rapidly than healthy cells do and continue to accumulate, forming a lump or mass. Cells may spread (metastasize) through your breast to your lymph nodes or to other parts of your body. Breast cancer most often begins with cells in the milk-producing ducts (invasive-ductal carcinoma). Breast cancer may also begin in the glandular tissue called lobules (invasive lobular carcinoma) or in the other cells or tissue within the breast. Researches have identified hormonal, lifestyle and environmental factors that may increase your risk of breast cancer.

But it's not clear why some people who have no risk factors develop cancer, yet other people with risk factors never do. It's likely that breast cancer is caused by a complex interaction of your genetic makeup and your environment. Factors associated with an increased risk of breast cancer include women who are more likely to develop breast cancer than men. Your risk of breast cancer increases with age. Abnormal breast biopsy results increase your risk of developing cancer. Breast cancer in one breast increase the risk of developing cancer in the other breast. Family history of breast cancer makes you most likely to develop breast cancer. Beginning your period at a younger age and late menopause increase your risk of developing breast cancer. Having your first child after the age of 30 years or never been pregnant at all increase your risk of breast cancer. Finally, obesity, alcohol abuse and hormone replace-



Early stages of Breast Cancer

ment therapy increase your risk of developing breast cancer.

Individuals with breast cancer often present with breast lump, change in size, shape and appearance of a breast. Change to the skin over the breast, such as dimpling. A newly inverted nipple, peeling, scalling, crusting or flaking the pigmented area of skin surrounding the nipple (areola) or breast skin. Redness or pitting of the skin over your breast, like the skin of an orange. Making changes in your daily life may help reduce your risk of breast cancer. Ask your doctor about breast cancer screening. Become familiar with your breast through breast self-exam for breast awareness. Limit postmenopausal hormone therapy. Maintain a healthy weight and choose a healthy diet.

Breast cancer can be diagnosed through test and procedures that your doctor can conduct. This may include breast-exam, breast ultrasound and mammogram. A breast biopsy which involve taking a piece of a lump and sending it off for further evaluation is key in making the definitive diagnosis.

The gold standard method of treating breast cancer is surgery, followed by chemotherapy or hormonal therapy and radiation.

Dr. Makemba Shayela Nelson - MBChB - University of Kwazulu-Natal, Durban, South Africa. Nesha Medical Practice.

INVITATION FOR BIDS

A. G/ONB/SSC-01/2018: Supply and Delivery of Computer Equipment and related services to the SSC for a period of two years.

B. G/ONB/SSC-02/2018: Supply, Installation and Maintenance of an Enterprise Printing Solution for the SSC for a period of three years.

- Bids are invited through Open National Bidding procedures for the above mentioned services. The invitation is open to all Namibian bidders.
- A complete set of Bidding Documents in English may be obtained by interested bidders from Cashiers at the address below **ONLY** upon payment of a non-refundable fee of N\$300.00 (Three Hundred Namibia Dollars) per bidding document. The method of payment is cash only.
- Bidding documents will be available for collection as from **Thursday, 11th October 2018 at 09:00**.
- Interested eligible bidders may obtain further information at: Elise.Teofelus@ssc.org.na
- Bids (1 original and 3x copies) clearly marked with the relevant bid reference number and description must be placed in a sealed envelope and deposited into the Tender Box located at the entrance foyer at the Security Desk on or before **Monday, 12 November 2018 at 14:30**. Electronic bidding **will not** be permitted and Late bids will be rejected.
- Bids will be opened in the presence of the bidders' representatives who choose to attend in person at the address below on **Monday, 12th November 2018 at 14H45**.
- The address referred to above is:

Social Security House
Corner. A. Kloppers & J. Haupt Streets, Khomasdal
Windhoek

Vision: To be the preferred provider of comprehensive social protection in Namibia.
Mission: To improve the welfare of our members and beneficiaries by providing comprehensive social protection.

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Visit our offices at: Chr A, Kloppers & J Haupt Street, Khomasdal, Windhoek.

