Sex and the 2010 soccer World Cup

Sex sells. With the soccer World Cup just around the corner, Richter and Massawe[1] raise the question of South Africa's capacity to deal with sex work during this period (and beyond!).

There is no systematic research showing a dramatic increase in the demand for paid sex during international sporting events. Before the 2006 World Cup in Germany, media hype suggested that 40 000 women and children would be trafficked to meet the demand for paid sex of three million soccer tourists. But only five people were found to have been trafficked during that period.

Partly in anticipation of hosting the World Cup, Germany legalised sex work in 2002. South Africa has been slower on the uptake and currently criminalises all aspects of sex work. Although the South African Law Reform Commission has been considering changes for a decade, it has made no recommendations. Several human rights groups, women's groups and AIDS organisations advocate that decriminalisation will have important public health benefits: expanding sex worker access to health, legal and social services, reducing unsafe working conditions, diminishing stigma, and empowering sex workers to negotiate safer sex. The last recorded HIV prevalence rates among sex workers were 45 - 69%. They clearly need focused attention, care resources and treatment – not scorn or disinterest.

The World Cup-generated interest in sex work should be mobilised towards law reform for an under-served population. This would be an important legacy that will invest in public health.

Vuvuzelas blast hearing

With the soccer cup imminent, the finding that the sound of vuvuzelas creates dangerously high sound volumes to which all in the stadiums will be exposed was an important finding reported in the February 2010 issue of the *SAMJ*. In this issue Swanepoel and Hall report on further studies on spectators exposed to such noise during a soccer match.[2] They found significant changes in post-match hearing thresholds and cochlear responsiveness. Public awareness and personal hearing protection should be prioritised as preventive measures.

Progress in managing HIV

The HIV pandemic has skewed medical practice in many ways. Instead of being treated like any other disease entity, whether lethal or not, it has occupied a parallel position. The voluntary counselling and testing (VCT) approach was instituted primarily to ensure patient rights amid much prejudice and persecution. This strangely reflects the early historical experiences of syphilis in Europe; it too is sexually transmitted, there was no cure, it was often fatal, if not in the early stages then as a result of its later stages – and it too was accompanied by prejudice and persecution.

Two papers address important advances in managing the HIV pandemic in South Africa.

In their editorial[3] Leon and colleagues discuss the possible strategies for expanding HIV testing that include 'provider-initiated' HIV testing and counselling (PITC). This has been recommended by the World Health Organization and other major bodies as a streamlined and cost-effective approach to rapidly and massively increase HIV testing rates in medical settings. PITC potentially normalises HIV testing for patients and staff, by integrating testing and associated HIV into standard clinical practice.

Eric Bateman and his team have been working with the Free State province on the provision of nurse initiation and management of patients on antiretroviral treatment (NIM-ART).[4] They, with all South Africans, applaud the government proposal to initiate ART treatment for another 1.2 million people. However, their experience advises caution on the rate of rollout of this programme. The combination of decisive leadership, political will and an expanded delivery platform has the potential to accelerate ART access like never before. But the complexity of the risks this may present to the backbone of our public health sector, nurse-led primary care must be recognised and addressed and all tested strategies employed to ensure that the system is strengthened and not undermined.

Rugby and cervical spine injuries

Of all organised sport in South Africa, rugby has the highest incidence of cervical spine injuries (CSIs). CSIs have a potentially catastrophic effect on individuals and their families. They are potentially fatal and many result in lifelong paralysis. Two papers[5,6] and an editorial[7] consider CSIs in South Africa.

Hermanus and colleagues[5] report on the first national attempt to record the number of rugby-related CSIs in South Africa. Dunn and Van der Spuy[6] consider outcomes and note that in the Western Province many occur outside the metropole.

The importance of early recognition and treatment is highlighted, and a plea is made to establish a prospective injury register. These studies also provide an impetus for the rugby authorities to embark on pro-active educational programmes in educating all role players in an effort to minimise injury and promote safe play.

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1. Richter M, Massawe D. Serious soccer, sex (work) and HIV – will South Africa be too hot to handle during the 2010 World Cup? *S Afr Med J* 2010; 100: 222-223.
2. Swanepoel DW, Hall JW. Football match spectator sound exposure and effect on hearing: A pretest-post-test study. *S Afr Med J* 2010; 100: 239-242.
3. Leon N, Colvin CJ, Lewin S, Mathews C, Jennings K. Provider-initiated testing and counselling for HIV – from debate to implementation. *S Afr Med J* 2010; 100: 220-221.
4. Colin CJ, Fairall L, Lewin S, Georgeu D, *et al*. Expanding access to ART in South Africa: The role of nurse-initiated treatment. *S Afr Med J* 2010; 100: 210-212.
5. Hermanus FJ, Draper CE, Noakes TD. Spinal cord injuries in South African Rugby Union (1980-2007). *S Afr Med J* 2010; 100: 230-234.
6. Dunn RN, Van der Spuy D. Rugby and cervical spine injuries – has anything changed? A 5-year review in the Western Cape. *S Afr Med J* 2010; 100: 235-238.
7. Dunn RN. Rugby and cervical spine injuries. *S Afr Med J* 2010; 100: 223.