

Pervasive porn a threat to healthy child development?

Pornography is not an obvious topic for reporting in a medical journal, but the current debate between predominantly conservative/religious groupings, which count some eminent scientists among their members, and other mainstream scientists who see themselves as 'hard data' purists and/or liberal thinkers, is fascinating. Do there really have to be pre-existing factors for porn to affect the healthy sexual development of a young child, or is this danger so great that legislation using cutting-edge technology is required to block at least the Internet flow? For anyone with (techno-dextrous) children who's struggled with software to block access to porn sites on the ubiquitous cell phone or computer, the debate is not just academic and constitutional. Do you sit your kids down and 'contextualise' depictions of porn (and if so, before or after they've seen it?), or do you kill the threat at source, as current draft legislation intends? Human dignity, children's rights, privacy and freedom of expression all compete for space in our Constitution. Chris Bateman reports on a recent symposium held by the legislative proponents and convened by the government's Film and Publications Board.¹ Is the draft law too blunt an instrument – or just the right scalpel?

Family planning hiatus

Family planning has many benefits, and reliable methods of family planning have revolutionised the lives of those who are able to use them. Its role in achieving the Millennium Development Goals is well recognised. Apart from decreasing fertility and poverty reduction, other benefits include improved health for mother and child, the promotion of gender equality, and environmental sustainability.

In South Africa, free contraceptives are available at public health care facilities. Crede and colleagues² studied family planning services at public sector primary care facilities in Cape Town. They found that 67.3% of women did not want another child and that over 50% of those who wanted another child wanted to wait at least 3 years before doing so, suggesting the need for long-acting contraceptives in this community.

Current use of a method of contraception was reported by 89% (injection (90.2%), sterilisation, condoms and the pill), but none was using an intra-uterine device (IUD). The IUD is more than 98% effective in preventing pregnancy and offers a quick return to fertility after removal.

Improved family planning would help to reduce the high rate of reported unplanned pregnancies (and therefore of abortions). It would also entail the need to train nurses in IUD insertion and removal.

Gender-based violence

The causes and effects of gender violence are reported in two papers.

Abrahams, Jewkes and Mathews³ reviewed the influence of guns in gender violence. The criminal use of firearms in South Africa

is widespread and a major factor in our having the third highest homicide rate in the world after Colombia and Venezuela. Guns play a significant role in violence against women in South Africa, most notably in the killing of intimate partners. In South Africa illegal firearms are more likely to be used in violent crime, whereas legally owned firearms are the main risk factor for murder of intimate partners. Gun homicide has been declining and there is evidence that the changes in firearm laws have had an effect.

An association between intimate partner violence and adverse physical health outcomes and health-risk behaviours among women has been established, but there are few studies from developing countries. Gas and colleagues⁴ assessed the situation in South Africa, which has one of the highest rates of intimate partner violence in the world. The prevalence of reported violence was 31%. This was correlated with several health risk behaviours (smoking, alcohol consumption, and use of non-medical sedatives, analgesics and cannabis) and health-seeking behaviours. Partner violence against women is therefore a significant public health problem in South Africa.

Clinical predictors of low CD4 count among HIV/pulmonary TB patients

Tuberculosis (TB) is an important opportunistic infection among HIV-infected patients. Diagnosing pulmonary TB is problematic, as HIV-positive patients tend to be smear negative. It is estimated that >50% of HIV-infected patients will develop TB in their lifetime. A major challenge in resource-limited settings is clinical identification of HIV-infected TB patients with sufficiently low CD4 counts to merit early initiation of ART without the aid of expensive and not readily available CD4+ cell count tests.

Nzou and colleagues found that HIV-infected sputum-positive pulmonary TB patients presenting with body mass index <18, Karnofsky performance status <54.4% and haemoglobin concentration <8 g/dl should have early initiation of ART since they are more likely to have a low CD4+ cell count, whereas those presenting with pleuritic pain are less likely to have a low CD4+ count.

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3. Abrahams N, Jewkes R, Mathews S. Guns and gender-based violence in South Africa. *S Afr Med J* 2010; 100: 586-588.
4. Gass JD, Stein DJ, Williams DR, Seedat S. Intimate partner violence, health behaviours, and chronic illness among South African women. *S Afr Med J* 2010; 11: 582-585.
5. Nzou C, Kambarami RA, Onyango FE, Ndhlovu CE, Chickwasa V. Clinical predictors of low CD4 count among HIV-infected pulmonary tuberculosis clients: A health facility-based survey. *S Afr Med J* 2010; 100: 602-605.