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PROGRAM NAME: WOMANITY – WOMEN IN UNITY

GUEST NAME: DR. YASMIN ADAM – HEAD DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

SPEAKER	TRANSCRIPTION
DR. MALKA	Hello, I'm Dr. Amaleya Goneos-Malka, welcome to 'Womanity – Women in Unity'. The show that celebrates prominent and ordinary African Women's milestone achievements in their struggles for liberation, self-emancipation, human rights, democracy, racism, socio-economic class division and gender based violence.
DR. MALKA	Joining us in studio today is Dr. Yasmin Adam, Head of the Department of Obstetrics and Gynaecology at Chris Hani Baragwanath Hospital in Johannesburg. Dr. Yasmin Adam has been the Head of the Department of Obstetrics & Gynaecology since April 2013, she has been a Specialist in Obstetrics & Gynaecology since 1995 and holds an MSC in epidemiology and biostatistics. She has a special interest in the treatment of Cervical Cancer precursor lesions and has been involved in the development of the South African Guidelines for Cervical Cancer Prevention. Additionally, she examines, supervises and teaches both undergraduates and post graduates and presents her work at local and international conferences and publishes in peer reviewed journals.
DR. MALKA	Welcome to the show Dr. Adam.
DR. YASMIN ADAM	**Thank you very much. Thank you for having me.**
DR. MALKA	Dr. Adam, the Chris Hani Baragwanath Hospital is one of the largest hospitals in the world. My understanding is it's got in excess of 3,000 beds; it services the community of Soweto and is also a referral hospital for other areas in South Africa. You're currently heading up Obstetrics and Gynaecology can you tell us more about your role?
DR. YASMIN ADAM	**I think heading a department like that it's challenging. Some days it's really, really difficult but most times I absolutely love it. It's the biggest hospital I think in Africa and we deliver almost 23,000 deliveries a year.**
DR. MALKA	23 000 babies?
DR. YASMIN ADAM	**Ja. So, and that's just on the Obstetrics side. On the Gynae side we see about a hundred new patients every day and that's just new patients so that's not all the work that we do because obviously they have to come back, some of them will need operations, some of them can be treated medically, so it's a huge challenge.**
DR. MALKA	That's an incredible volume of people that move through, a hundred new patients a day, wow!
DR. YASMIN ADAM	**I once told a colleague that I was saying you know that we were seeing about a hundred patients and they said is that in a month? And that's actually in a day.**
DR.MALKA	To manage that volume, what is the support structure like, how many doctors do you have attending in the department?
DR.YASMIN ADAM	**We have 100 doctors that probably a third who are interns, a third who are registrars and those registrars are doctors who are specialising in obstetrics and gynaecology and a third who are consultants. So they are either specialists or they've completed their registrar training and are waiting to write exams.**
DR. MALKA	And over and above the doctors you've also got the support staff comprising of nurses and ....

DR.YASMIN ADAM	**And social workers, dieticians, physiotherapists, occupational therapists. They don't all only work for Obstetrics and Gynaes so we share the support services with other departments.**
DR. MALKA	But they still fall under your jurisdiction when they're working within the department?
DR.YASMIN ADAM	**Yes. Yes.**
DR. MALKA	Can you share some of the milestones in your career and what you think has impacted on you the most?
DR.YASMIN ADAM	**I think that one of the things was that I was one of those people who knew what I wanted to do from the time I was really little, so I always knew that I wanted to do medicine and it was just focused in that direction, everything I chose was in that direction and then I became, I think I qualified as a medical practitioner in 1985 and then one of the other big things in my life are my children. So I have three children and that's also one of my highlights in my life. And then going to specialise, I, after I specialised I went into private practice for about 8 years and it wasn't bad at all, it gave me a lot of flexibility but I really wanted to go back, I always wanted to go back and when I got the chance to go back I did.**
DR. MALKA	To go back into public services?
DR.YASMIN ADAM	**Into public service. I never, ever left, I always did a clinic, I continued to do a clinic even when I was in private practice, that was the Colposcopy Clinic which is looking at pre-malignant lesions of the cervix and that was always and then I went back. When I went back there was a position for me so that was good and then I became a Senior Specialist and then when the post for Head of Department became available I applied for that and that is now I'm Head of Department for about a year.**
DR. MALKA	And during your career, there are a lot of changes that we have through one's lifetime, but as your experience as a doctor when you started your career until today, have you encountered any gender challenges?
DR.YASMIN ADAM	**When I started medicine there was already fifty percent women in the class and fifty percent men, although there was a problem in terms of race, so we were 27 black students in our class and ....**
DR. MALKA	As a percentage .....
DR.YASMIN ADAM	**out of a class of about, about 250, about let's say 200, so it would have been 13/14 percent, ja, was black and so that was the thing but the gender was fifty percent and that has remained. But in terms of specialising, when I was specialising, more than fifty percent of the doctors who were specialising were male. But today it's changed completely, so, so much so that it's probably we're getting close to 70 percent male.... I mean female, sorry, close to 70 percent and we joke about it you know, when we have interviews we're starting to say you know should we give extra points to males. So it's great.**
DR. MALKA	And with the 70 percent is that on the Obstetrics and Gynaecological side or just in general?
DR.YASMIN ADAM	**I'm not sure about the other specialities but for Obstets and Gynae there's definitely more women now. It may also be, you know, that as the democracy has matured, that you're having people who are starting off doing medicine and there's more people and they don't have, so you know, such a big family base to go out and look after, I mean I remember from my friends early on when we had just specialised, some of my friends you know were leaving because they came from a community where they were the only doctor in the whole community. The whole community looked up to them or they had other brothers and sisters who never made it and so**

	they had a whole family looking up to them. And it's almost like now you're finished, you have to pay back.
DR.MALKA	So there's a lot of pressure and expectation and responsibility?
DR.YASMIN ADAM	**Yes, yes and I think that is now changed. That, there's you know with more and more women coming into this speciality, there's more room for specialisation and there's not this community pressure to go out and contribute again or work as a GP.**
DR. MALKA	It's interesting then that specialisation his growing beyond just being on the general practitioner side .
DR.YASMIN ADAM	**Ja, I think that that may be one of the ways in which the national health system will be better is that if you flood the market with so many obstetricians, gynaecologists, that more will stay in the state and that there then may be a public/private partnership and make the national health initiative work.**
DR. MALKA	Well that's the direction that the country wants to go into, towards national health. Dr. Adam can you tell us have you had the opportunity to work in Africa or collaborate with any other hospitals in other countries on the continent?
DR.YASMIN ADAM	**I think that before 1994 you know, we weren't even allowed go to many of the countries in Africa, because we weren't as South Africans, there were those countries that you could go to on holiday. I remember going to a conference in Mozambique and we were only allowed because we were allowed as "special guests" so we weren't allowed to contribute but we were also excluded as South Africans but it was just because of the political nature of some of the stuff that we were doing that we were allowed to go there. So that it was it but we have, now we have many doctors from Malawi, Ghana, DRC, Nigeria, who are coming to specialise with us and that it's, really it's excellent because a lot of them are excellent doctors and it's great to see that the training is so similar at an undergraduate level, but they obviously don't have the opportunity to train in those countries. So they don't get paid when they come here, they come on a bursary. So they, so for them it's a sacrifice and they are, they come on a bursary which allows them to train and specialise, but they have to go back after four years and that I guess will increase the number of specialists there.**
DR. MALKA	But that's a really good way of being able to educate other people within the continent, put that shared learning over and up-skill where there's a skill shortage?
DR. YASMIN ADAM	**Ja, no definitely. So, we have 27 registrars and 4 supernumerary registrars, so they are from outside of South Africa, Botswana, Namibia, Malawi, Ghana and Zimbabwe.**
DR. MALKA	We'll be right back after this.
	AD BREAK
DR. MALKA	You're listening to 'Womanity – Women in Unity' on Channel Africa, the voice of the African Renaissance, on frequency 9625 KHz, on the 31 meter band. If you've just tuned in we're talking to Dr. Jasmine Adam who is Head of the Department of Obstetrics and Gynaecology at the Chris Hani Baragwanath Hospital. We would love to receive your comments on Twitter@WomanityTalk. Now continuing with our discussion....
DR. MALKA	Building female leadership capacity, I believe is important for women's development, how do you see the medical profession building this capability and mentoring women in more senior roles?
DR. YASMIN ADAM	**I think that if you think medicine in South Africa is probably one of those fields where at a specialist level, we don't have any issues with gender and we don't have any issues with race anymore. So most of the people that we**

	have are there on merit and there isn't a problem, there isn't a problem with female doctors in leadership positions. So I have hardly ever seen a male doctor not want to take guidance or management, you know, from a woman, so it's been none of those things. So I think that, certainly I think in Obstetrics and Gynaecology we don't have any issues with that. So the doctor in charge of obstetrics is a woman. We have two women who head up our diabetic obstetrics clinic, we have the head of medicine, maternal medicine is a woman. So, there's a lot of those things, you know, a lot of those leadership roles. The head of foetal medicine is a woman, and so it gets better.
DR. MALKA	So you would say in terms of transformation within the Obstetrics and Gynaecological area discipline, that that has occurred and we are seeing, we can put it, the right ratios of gender in those positions.
DR. YASMIN ADAM	**Yes, yes. So I think the fifty/fifty it's starting off at medical school pays I think that the medical school criteria for looking at disadvantaged people, people coming from rural areas, all of those things, so that when you get to the specialist level it just shows that you know, we don't have any issues with getting those ratios correct.**
DR. MALKA	That's a great thing to see and I think it's a really important learning because often what I've found within, I suppose it's not really the private sector per se, but when I look at ratios within government we can see that we are already there on a fifty/fifty level, we currently, although we slid down in the rankings this year in terms of inter-parliamentary union, but our composition of gender is now at 41 percent women versus men in parliament versus 45 percent as it was in 2009. But still, it really shows progress whereas if you start to look in the private sector at top management level, we're at 21 percent in terms of management and it just, it decreases the higher up you go, so 17 percent on directors down to only 3.6 percent at CEO level, which I think is shocking. In terms of the work that you do, the field of medicine is particularly demanding concerning your responsibilities as a professional but also you have to encompass the fact of being a wife and of being a mother to three children, how do you manage everything, do you think there's a right formula for it all to work?
DR. YASMIN ADAM	**Umm. I think that you, whatever you do you have to do, you have to do well and if you're starting to make compromises on one side or the other then you need to think whether you can do all of those things. So you don't want to have to go home and be guilty that you haven't helped your child with homework or you haven't gone to watch the swimming or you haven't done all of those things, I think then you need to consider which is important, but at the same time you have to have support from your family because you can't – if something happens and if something needs to be done, you need to go back to work and that could be at night, it could be a Saturday it could be a Sunday. I remember driving to Bara at night because the electricity had gone –not that I could provide electricity, but so that I could just support the people and be there for them and I think they appreciated it. My husband never noticed that I'd left, so ....**
DR. MALKA	And the children?
DR. YASMIN ADAM	**The children, they stopped noticing when they became teenagers.**
DR. MALKA	But I'm sure it also provides a certain amount of independence and responsibility to your children to look after themselves, to become more independent in their roles and respect the profession that you're involved in I'm sure form an incredible role model to them and of what women can do and what they can achieve.

DR. YASMIN ADAM	**I have two daughters and I think they're very independent and I think they will be successful and ....**
DR. MALKA	And have they chosen a line within medicine?
DR. YASMIN ADAM	**No. My oldest daughter is an actress and the middle daughter is in media and my son is still at high school, so he has to decide.**
DR. MALKA	I see what you mean about the independence, they've definitely got independent thinking with what they want to channel their futures to. With Obstetrics and Gynaecology being a gender specific discipline because obviously it is about looking after women, according to Stats SA in 2010, there were approximately a million live births in South Africa and it estimated that about 40 percent of those births were in Gauteng and you mentioned earlier that you have delivered 23 000 babies a year and you also said that we've got a 70 percent increase in specialisation in terms of the ratio between women and men in Gynaecology and Obstetrics, that there is a 70 percent to 30 percent ratio. Do you think we need to see more women in this space or more doctors entering this space?
DR. YASMIN ADAM	**No, I don't think so, I think that you know, it has to be on merit and what people enjoy doing because I think if they enjoy doing that they will be good at it**
DR. MALKA	And do we have enough?
DR. YASMIN ADAM	**No, definitely not so I think we don't have enough in terms of number of doctors to patients, we definitely don't have enough. We don't have enough specialists in terms of specialists to patients, but what we do have is a mismatch of in private practice for example, you've got low risk patients that will be delivered by obstetrician gynaecologists and they could safely be delivered by midwives. So you know, I think that's a problem because I also think that obstetricians, you know it's like over-doctoring and as an obstetrician you're trained to see what the complications could be and as a midwife you're trained to see what the good outcomes can be and I think that's the difference also.**
DR.MALKA	So looking at the level, based on the level between the responsibility and the qualifications of staff versus the ailments of the patients that they're treating?
DR. YASMIN ADAM	**Ja.**
DR. MALKA	That there's the mismatch there?
DR. YASMIN ADAM	**Ja.**
DR. MALKA	Due to the nature of the conditions treated by obstetricians and gynaecologists, do you think that as a female doctor that your female patients possibly feel more comfortable with you attending to them as a woman and do you think that women have greater empathy towards female patients than male doctors?
DR. YASMIN ADAM	**I think that women do prefer to be treated by women for gynaecological and obstetric medical problems, but I don't think women have more empathy.**
DR. MALKA	Women doctors?
DR. YASMIN ADAM	**Ja. I don't think so. I think that I've seen some of my, the doctors, some of the male doctors who have got so much of empathy and not just because they're married and they have wives or they have daughters and they would like, and they see this in their own, you know, and look back at their own situations, I just think that we're lucky at the moment to have that particular ...**
DR. MALKA	So it's more individual characteristics as opposed to gender specific ...
DR. YASMIN ADAM	**Ja.**

DR. MALKA	We'll be right back after this.
	AD BREAK
DR. MALKA	You're listening to 'Womanity – Women in Unity' on Channel Africa, the voice of the African Renaissance, on frequency 9625 KHz, on the 31 meter band. If you've just tuned in we're talking to Dr. Yasmin Adam, Head of the Department of Obstetrics and Gynaecology at the Chris Hani Baragwanath Hospital. During the course of our conversation we have looked at the various progression that we've seen in obstetrics and gynaecology, the evolvement and transformation of the discipline and looking at some of the key areas Dr. Adam's work governs.
DR. MALKA	Dr. Adam one of your areas of specialisation is treating cervical cancer precursor lesions and one of the major causes of cervical cancer is Human Papilloma Virus and I read that cervical cancer is responsible for the deaths of over 3,000 women in South Africa per year, which is a huge number, and in South Africa the Minister of Health launched the government's HPV Vaccine Campaign to vaccinate nearly 500,000 girls across 17,000 schools. What are your thoughts on that initiative?
DR. YASMIN ADAM	**I think that if you're right, that the number of, I think we see between 5,000 and 6,000 new cases of cervical cancer and if you think about the figure that you said ....**
DR.MALKA	5,000 to 6,000 new cases....
DR. YASMIN ADAM	**New cases.**
DR.MALKA	A year?
DR. YASMIN ADAM	**Yes, so if you look at that and you 3,000 deaths, so that's 50 percent of women who will die from that condition. So, these cervical, the peak age of cervical cancer is like in its fifties. So if you're saying that these are women over the age of 40, so these are women who still have got young children and so they also economically active and they've got social responsibilities. So it's not a nice cancer at all from that point of view. As far as the vaccine is concerned, there's, its shown a lot of promising results so in – we don't know the final answer because the precursor lesion is a surrogate so it, so it, from HPV infection ...**
DR. MALKA	Can you just explain that a little more in terms of surrogate?
DR. YASMIN ADAM	**So from HPV infection to cervical cancer we think that takes between 20 and 30 years but the precursor lesion comes before. So you've got infection with Human Papillomo virus and then you get the precursor lesion and this is where I work, so if you treat the precursor lesion we will reduce the chances of cervical cancer. But once you've got the precursor lesion we will never, even if we treat it, we won't reduce your risk to naught so there's still a 5 percent chance of that woman developing a malignancy even if she's been treated, that risk will always remain. The thing about finding the precursor lesions is that it's either using a pap smear or its using HPV screening, which we don't do at the moment, but you have to then screen women to find it and once you find it you have to treat it. So, it's like three stages. It's doing the pap smear, making sure the woman comes back for the pap smear, finding a place to treat that lesion, treating it and then she needs to be followed up forever, whereas with the vaccination, the vaccination will stop the HPV infection. But the vaccination is against two high risk HPV types or four HPV types, two of which will be low risk, so there's two vaccines that are registered with the MCC, one is the Bivalent, which is two HPV types and the other is that pap smear quadvalent which is four HPV types but both of them target 16 and 18. 16 and 18 will still,**

	16 and 18 that makes up about 70 percent of the cancers that we get but 30 percent will still be due to other HPV types so, even with the HPV vaccine you'll reduce a large number, but you won't take it away completely.
DR. MALKA	And at what age are girls, or should girls be vaccinated?
DR. YASMIN ADAM	**All of the studies and all of the information we have is that the vaccine should be given before they have HPV infection, so before they're sexually active. So it's between 9 and 12 and then, and then, there has to be, so it, so as far as I know we're going to be using the two doses. So the first dose and then a six month dose, or, I'm not sure whether it's the first dose and then the next dose is in a month but its two doses which will reduce the cost. And two doses, there is work which shows that two doses are better than no doses but three doses would still be the best. But look at this, this is, you'll only really know in 30 years but there is a reduction in the precursor lesions in those countries where they are giving it. So the UK is giving it, the US - the uptake is not 100, it's not even 80 percent. Australia - there's a good uptake and I think in Australia they're already looking at catch up, so women who haven't had it may still have it later on so their first initiative was to give young girls between the ages of 9 and 12 and then there was a catch up phase.**
DR. MALKA	So it's an established intervention that yes, we'll only know in real terms what happens in 30 years but we've already seen successes in other countries where they've been running the programmes?
DR. YASMIN ADAM	**Not in terms of the cancer, in terms of reducing the precursor lesions.**
DR. MALKA	Reducing the lesions. And Dr. Adam any other countries in the continent that are investing into the vaccine?
DR. YASMIN ADAM	**See, other countries can use, have their vaccinations paid for, so they, by the World Bank. South Africa is in this mid-income and they can have their vaccinations much cheaper.**
DR. MALKA	Dr. Adam one of the things that I find curious is in terms of education of girls, particularly if we're talking about gynaecological or obstetrics areas, do you think that we as a country are doing enough to ensure that the right knowledge is disseminated across platforms and passed on, whether it is from mothers or teachers to daughters and children, especially in underprivileged communities. One thing in the media, the media is talking about teenage pregnancy that there has been increased incidences and I'm sure that in your area you must come across a number of teenage pregnancies and I'm not sure what the frequency is of the cases that occur?
DR. YASMIN ADAM	**So at our hospital teenage pregnancies we see between 5 and 10 percent of women who are teenagers. I think that the figure probably sits around 5 percent. There is a feeling that the teenage pregnancy rate is reducing but that the abortions from teenagers is increasing and that may be what's causing the rate to decrease.**
DR. MALKA	So they're not going to full term, they're having abortions?
DR. YASMIN ADAM	**Which is not the right thing because you shouldn't abortion as a contraceptive method. I think abortion saves lives. I think there's no doubt that the maternal mortality from abortion has gone down to naught in some places in South Africa because of the safe abortion, so there's, it's definitely extremely important, but my feeling is that it can't be government, you know that education has to start at home and that part of it has got to be with gender differences. It's the way mothers and fathers are different towards their girl children than they are to their boy children and you know like, with a girl child she can't go out at this time and out at that time and she's got to be in within a certain time. You should do the**

	same with your boys because they should be equally responsible and the problem with teenagers is, is that I think that we focus on teenage pregnancy, but we should focus on adolescence, because it must be boys and girls.
DR. MALKA	So adolescence as behaviour,..
DR. YASMIN ADAM	**Ja.**
DR. MALKA	and how children are growing up, how they mature, how they go through adolescence, puberty, etc., and look at those developments as opposed to going teenage pregnancy?
DR. YASMIN ADAM	**Ja.**
DR. MALKA	So there's a lot of social dynamics that need to be included?
DR. YASMIN ADAM	**I think so. I saw that one of, I think when there was a boycott in one of the schools recently, one of the things that they took, one of their issues that they had written down was that the school system and the education system is not doing enough about teenage pregnancy and I don't think it can be one particular area or one, you know, the blame cannot sit at the door at the department of education, it's got to be all the players have to be together and there is certainly a social dynamic, I think that teenage pregnancies are more common in women who have themselves had a teenage pregnancy.**
DR. MALKA	So it's sort of a vicious cycle that perpetuates
DR. YASMIN ADAM	**Ja. But having said that, I think that it's, if you break the social problems, if you take away the socio-economic problems you'll make it better for everybody and girl children should, it should be compulsory that they go back to school after a baby.**
DR. MALKA	Because in a way that almost cuts them off from their futures because without...
DR. YASMIN ADAM	**Definitely.**
DR. MALKA	....without a matric that just puts a total block in terms of where they're going to go in their direction and their careers.
DR. YASMIN ADAM	**Ja.**
DR. MALKA	But I guess then at that point then it's looking at well who's looking after the child. How do we provide those support systems, do we have nurseries to take care of them so that we've got that support to help them?
DR. YASMIN ADAM	**Ja. And I think one of the reasons grandmothers look after the children in our society- in our community, is so that they want their own children to be able to progress and to continue to study or go out to work, 'cause you would make that - if you were a mother of a child who had a child, you would want your own child to continue to go to school and look after the child and I think that's where also grandmothers look after so many children.**
DR. MALKA	Yes because you want to see the best for your child and you don't want anything to hinder them. I think that's a really interesting observation that you've made there with grandmothers investing their time and looking after children.
DR. MALKA	We'll be right back after this.
	AD BREAK
DR. MALKA	If you've just tuned in, we're talking to Dr. Yasmin Adam who is Head of the Department of Obstetrics and Gynaecology at the Chris Hani Baragwanath Hospital. We would love to receive your comments on Twitter@WomanityTalk.

DR. MALKA	And now Dr. Adam, in closing the discussion, given what we've just been talking about, what message would you like to pass onto girls and their mothers regarding underage or unplanned pregnancies who are listening to this show across Africa.
DR. YASMIN ADAM	**I think that we have to accept that teenagers are sexually active and so we need to make it as safe as possible. I think it's not to say that, I think if you know that it's happening that you should make it as safe as possible, but that it is best not to be sexually active until much later. You should treat it like alcohol, you shouldn't drink before you're eighteen and you shouldn't have sex before you're eighteen.**
DR. MALKA	Dr. Adam thank you very much for your time today it's been a pleasure having you on the show and thank you for sharing your insights.
	PROGRAMME END