



From the Editor . . .



**Gill Nelson,
Editor-in-chief**

This issue of *Occupational Health Southern Africa* includes two papers that, while not addressing COVID-19 specifically, are certainly relevant as we move out of the 3rd wave of the Pandemic. The first is an analysis of common mental disorders in the workplace, by Charles van Wijk and colleagues from the Institute for Maritime Medicine and Stellenbosch University. The second paper, written by Carmen Whyte et al. from the University of Pretoria, examines risk factors for absenteeism among healthcare workers in two public sector hospitals. No doubt, COVID-19 has increased the prevalence of both common mental disorders and absenteeism, and it is not a stretch to hypothesise that there is an association between the two.

Earlier this month, it was announced that two researchers from the University of the Witwatersrand's Department of Psychology, Tasneem Hassem and Prof. Sumaya Laher, have been awarded R100 000 to "advance the development and commercialisation of the first validated online depression screening tool suitable for the South African context".¹ Hassem developed the tool as part of her PhD by adapting the Centre for Epidemiological Studies Depression Scale (CESD-R). It will help to identify symptoms at home, and "start the treatment conversation without stigma, and without waiting for a professional consultation to interpret screening results". "The user receives instant, downloadable feedback that provides resources for seeking treatment or care and [it] can be used in the comfort of one's home, on any smartphone, tablet, laptop or computer."¹ As many tools that are used in South African studies on depression and other common mental disorders are adapted from other countries, without being validated in South African populations, this will be a useful tool for researchers too.

Kurten et al., from the Tshwane University of Technology, present findings from a study on the anatomical effects of cranial loading – also known as head loading and head portage. Water and other goods are carried on the head from a very early age, both in rural areas within the family/community environment, and in urban areas as a means of earning money. I recall seeing a young woman walking across the road with a burning brazier on her head, not far from where I live, a few years ago.

Head portage is practised by many women (and men) in several low- and middle-income countries such as Ghana, Nigeria, India and Nepal. Head porters are commonly seen in sub-Saharan African and west African markets, and play an important role in the informal market economies of many countries, providing a link between wholesalers, retailers, transporters and buyers.² In Ghana, those who work as head porters in the narrow aisles of the markets are known as *kayayo* (girl carrier) or *kayayei*. They migrate from poor rural areas in the north of the country to the cities where they earn very little money in return for their hard labour,^{3,4} which often involves carrying bales of clothing of 50 kg or more; most earn \$10 or less a day.⁵ In Nigeria, head porters are known as *alabaru*.² Professional porters in Nepal commonly carry loads on their heads that are twice the weight of those carried by the African

women.⁶ In some cases, they carry up to 120% of their body mass.⁷

Two of the society reports link to papers published in this issue. First, the theme of mental health was raised during the MMPA 2021 annual general meeting (AGM). The MMPA report summarises the presentation given by the keynote speaker, Prof. Zukiswa Zingela, associate professor and head of Psychiatry at Walter Sisulu University and Nelson Mandela Academic Hospital in Mthatha. She discussed the mental health of healthcare workers, with an emphasis on Beck's cognitive triad.⁸ We congratulate Dr Dipalesa Mokoboto and Dr Tumi Legobye on their elections as the new MMPA president and deputy president, respectively, as announced at the AGM. Second, the SASOHN report deals with absenteeism, in line with Whyte et al's paper, and provides some useful advice to both employers and employees. SASOM reports on the World Health Organization/International Labour Organization Joint Estimates of burdens of ischaemic heart disease and stroke attributable to exposure to long working hours, which was launched in May this year. The SAIOH report is, as usual, full of interesting news and information. Hopefully, many of you are currently attending the 2021 SAIOH annual conference webinars.

As the daily number of COVID-19 cases continues to drop after the 3rd wave, several universities are considering COVID-19 vaccination mandates. Let's continue to do what is right for the 'greater good' and get vaccinated, rather than putting ourselves first. Being vaccinated might not prevent you from being infected but it will reduce your risks of hospitalisation and death, and will protect your loved ones.



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