DSI-NRF Centre of Excellence in Human Development

Individual and Society

CoE-HUMAN NEWSLETTER November 2024

November - 16 Days of Activism against Gender-based Violence

The 16 Days of Activism for No Violence Against Women and Children (16 Days Campaign) is an annual United Nations campaign that runs from November 25 (International Day of No Violence Against Women) to December 10 (International Human Rights Day). It aims to raise awareness of the negative impact that violence and abuse have on women and children and to rid society of abuse permanently.

The campaign's theme is "30 Years of Advancing Collective Action to End Violence Against Women and Children." The focus of this year's campaign is on tackling the underlying causes of GBVF, encouraging gender parity, good masculinity, and generating economic possibilities for women and children. The theme's primary goal is to heighten and expedite multisectoral and societal accountability as well as provides an opportunity to revitalise commitments and action from decision-makers in order to achieve the necessary equity for the development of the region.

Gender-based violence is pervasive and it is a life-threatening protection and health issue. In order to advocate for the rights and empowerment of all women, it is necessary to address critical gaps and amplify the voices of those most affected by Gender-based violence.

The research featured below, conducted by CoE-HUMAN grantees Prof Lisa Ware and Dr Ranganai Chidembo, explores perspectives and beliefs concerning health and technology by addressing critical gaps in health literacy in order to foster behaviour change and human wellbeing.

Bridging the Gap: Health Literacy and the beliefs that influence Solar System

Exploring health perceptions and priorities of South African youth: Understanding what matters for health literacy interventions

Prof. Lisa Ware

Health literacy is an important aspect in determining health habits and the effective utilization of health information.

Prof Ware et al. (2024) explored South African adolescents' and young adults' (AYA) perspectives on health and priorities in order to inform the design of contextually appropriate health literacy interventions.

A community youth development centre in Soweto, Johannesburg, South Africa, served as the site of the co-creation study and the participatory qualitative data collecting. The study recruited 24 AYA (18–25 years) who lived in the vicinity of the community youth development centre and were not in education, employment, or training (NEET) at the time of recruitment. Given the number of NEET youth in the area, the youth development centre was created to help the AYA find work and training possibilities, as well as to encourage skill development. AYA health attitudes, priorities, and experiences interacting with health providers were investigated through focus group discussions (FGDs). Sessions of data gathering were carried out in 2022 from March to June.

Stress was prevalent among AYA and linked to a number of health issues. Furthermore, the results indicate that AYA perspectives on health are not isolated. These perceptions are shaped by their broader social surroundings as well as a complex web of interrelated micro and macro elements, such as peers, families, social conventions, the physical environment, and the availability or lack of services. Overall, according to their HELT-LL scores, just 15% of the AYA had sufficient health literacy levels.

According to the authors, AYA views health holistically, incorporating all aspects of physical, psychological, and mental well-being. Thus, providing health information or services based on a medical delivery model primarily to AYA may result in a disconnect between service providers and intended users.
https://doi.org/10.22038/jhl.2023.71473.1405

Underlying beliefs that influence solar home system adoption in Vhembe district Municipality, South Africa

Dr. Ranganai Chidembo

Adoption of solar home systems (SHS) by rural residents requires individual decision-making. At the moment, SHS adoption in South Africa is disappointingly slow.

This study is a component of the first author's doctoral thesis and an expansion of a prior investigation (Chidembo et al., 2022a) at Thulamela Municipality, Vhembe District, South Africa. It was carried out at Mbahe (22-53'35.53"" S;'30-35'25.91"" E), Duvhuledza (22-45'22.57"" S;'30-47'23.03"" E), and Tshamutlikwa (22-53'33.73"" S;'30-35' 54.69"" E). These villages were chosen because the government attempted, but failed, to electrify them in the beginning of the twenty-first century in collaboration with Solar Vision Private Company (Chidembo et al., 2022a).

This study identified four key beliefs—control, behavioral, normative, and trust beliefs—that influence SHS intention in the district among South African rural households.

The affordability of SHS for rural households in Sub-Saharan Africa that do not have steady, regular income is another issue impeding the development and adoption of solar technology. The findings of the study, which indicate that 70% of the district's households cannot afford SHS, corroborated this.

The district's rural families' perceptions of rooftop solar systems were not entirely uniform. Since SHS is unaffected by load shedding, some people think it's perfect for them. As technology, it may help people save their limited financial resources. It is easy to use and accessible, inexpensive to install and operate, and environmentally friendly. However, some have pointed out that this technology is readily stolen and performs poorly in overcast and wet weather. Some questioned the quality of the power produced by a solar system at the same time.

According to the authors, first and foremost, SHS needs focused educational and awareness initiatives in light of the conflicting expressions. Second, in order to discourage theft, policy should prioritize and subsidize security features like alarms or lockable mounting systems. ***https://doi.org/10.1016/j.ssaho.2023.100754***

CoE-HUMAN

Upcoming Events

A Qualitative Health Research Series will be hosted by the CoE-HUMAN during the last week of November.
This two-part series is open to anyone who is interested in Qualitative Health Research and aims to advance methodological discussions.

Webinar 1: Qualitative Data Collection for Health Research: Techniques, Tools, and Best Practices

This webinar will delve into core qualitative methods, including developing a semi-structured interview guide, focus group discussions and in-depth interviews. This will be done by focusing on practical applications, real-world examples and health-specific considerations. The session will equip attendees with the tools and techniques to collect high-quality, actionable data in health research.

Date: 28 November 2024
Time: 14h00 – 15h00

You can register in advance for this meeting on this link: ***https://tinyurl.com/2k49hk7t***

Click to register for Webinar 1

Webinar 2: Webinar 2: Maximising Thematic Analysis: Leveraging Both Deductive and Inductive Approaches for Comprehensive Qualitative Insights

This webinar is designed to help researchers, students and practitioners to enhance their qualitative data analysis skills using thematic analysis. This session will explore the strengths of both deductive and inductive approaches to thematic analysis, providing attendees with the tools to integrate both methods for a more holistic and nuanced understanding of qualitative data.

Date: 29 November 2024
Time: 14h00 – 15h00

You can register in advance for this meeting on this link: ***https://tinyurl.com/yycdbhxk***

Click to register for Webinar 2

Publications

1. Luan, Y., Hodgkin, D., Behrman, J., Stein, A., Richter, L., Cuartas, J., & Lu, C. (2024). Global Development Assistance for Early Childhood Care and Education in 134 Low- and Middle-Income Countries, 2007-2021. SSRN Electronic Journal. ***https://doi.org/10.2139/ssrn.4790230***
2. Eekhout, I., Weber, A. M., & Van Buuren, S. (2024). Harmonizing measurements: Establishing a common metric via shared items across instruments. Population Health Metrics, 22(1), 30. ***https://doi.org/10.1186/s12963-024-00351-z***

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