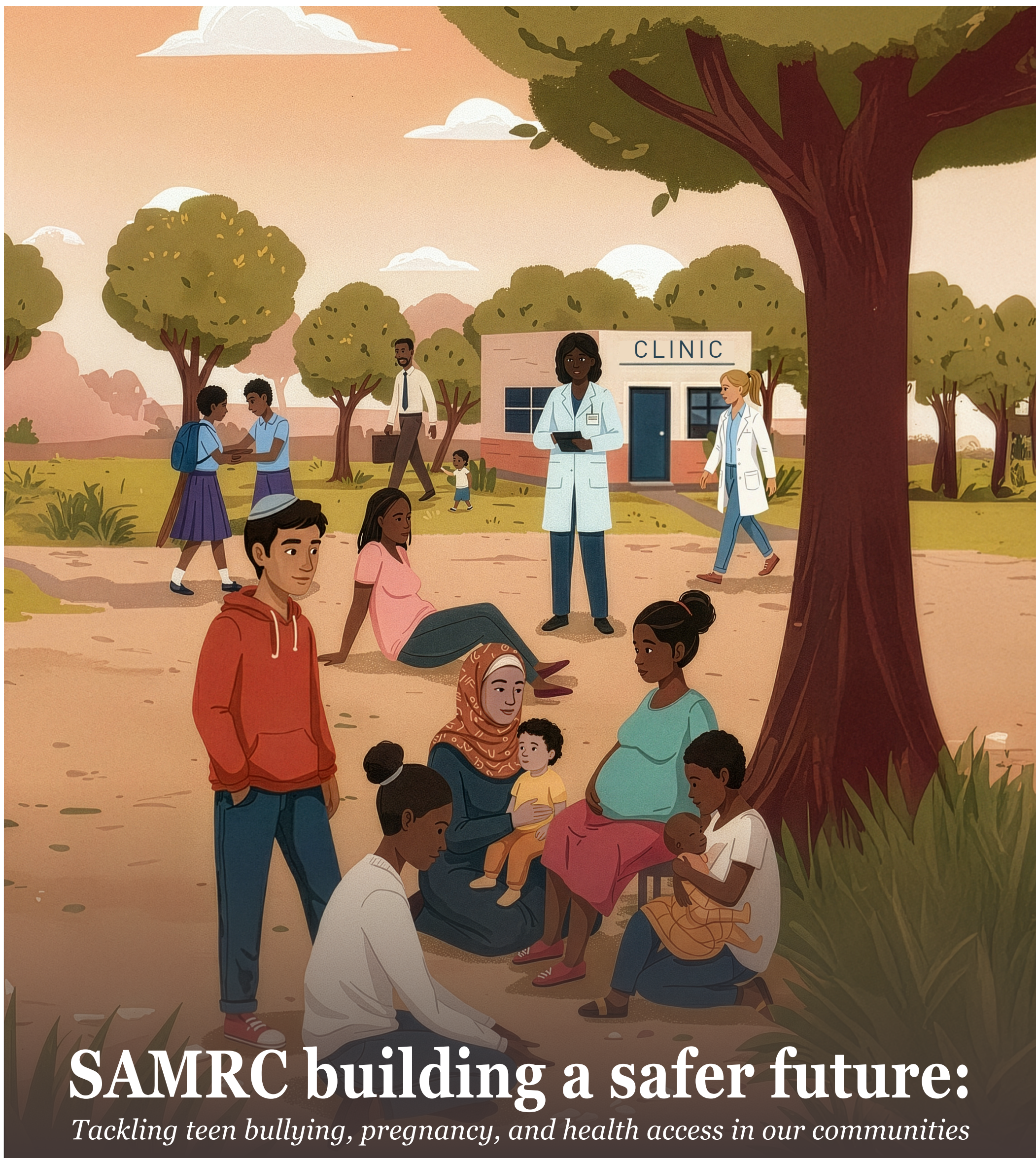


advancing life

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SAMRC building a safer future:

Tackling teen bullying, pregnancy, and health access in our communities



Promising Sexual Violence Prevention

and Mental Health Promotion Interventions for Students in South African Higher Education

By: Mercilene Machisa, Carrie Brook Sumner, and Pinky Mahlangu

For over eight years, as researchers at the South African Medical Research Council's Gender and Health Unit and the Mental Health, Alcohol, Substance Use and Tobacco Unit we have been conducting research amongst young women at public universities and Technical and Vocational Education and Training (TVET) colleges across South Africa. Our goal is to understand how common sexual violence (which means any unwanted sexual act or behaviour done without a person's consent) and mental

They co-created content on sexual rights, assertive communication, self-defense skills, gender and social norm changes, and mental well-being.

health problems are among female students, what causes these challenges, and to develop programmes to address them.

How Common Are Sexual Violence and Mental Health Problems?

We found that sexual violence is alarmingly widespread. About 20% of female students aged 18–30 in selected TVETs and public universities reported experiencing sexual violence in the year before they were surveyed.

This includes 17% who experienced sexual violence by partners and 7.5% who experienced rape by non-partners. Many of these female students also suffer from poor mental health. Among the students surveyed, 43% reported signs of depression, 9% had symptoms of post-traumatic stress disorder (PTSD), and 21% had thought about suicide.

About half of the students also reported binge drinking, which was linked to an increased risk of sexual violence.

What Drives Sexual Violence and Mental Health Problems?

Female students face many interconnected challenges that increase their risk of sexual violence and poor mental health. These include experiences like childhood abuse, other traumas, hunger, mental health challenges, and risky sexual behaviours, such as dating older men or being in relationships mainly for money or gifts.

Pressures from academic work, money problems like delayed funding or family demands and poor budgeting, difficulty finding residences, and social pressures to fit in also harm mental health. Many female students experience controlling or abusive male partners, which worsens their mental well-being.

Similar patterns of abuse are seen among lesbian, bisexual, and queer women (LBQ) students, with links to depression and low self-esteem, and violence perpetration in intimate relationships.

LBQ students also reported experiences of homophobia and discrimination on campus, which contributes to their vulnerability to non-partner sexual violence.

What Do Male Students Say About Sexual Violence?

Focus group discussions with male students revealed important insights. Some said men use sexual violence to show power over women. Some downplayed actions, like sexual harassment, not seen as real violence.

There was also a refusal to accept non-partner rape as a campus problem, blaming it on male perpetrators who were not students or staff. Most felt they had a right to sex with their girlfriends, though some disagreed, showing hope for change.

Many men found it hard to share feelings or ask for help if they had struggles with mental health, and this can also be connected to violence. They often avoided counselling, saying it didn't fit their culture and would be more likely to seek help from a male counsellor, of which there were very few.

Knowing these views is key to the team that is also working towards programmes that can reach and help male students.

Students as Partners in Research and Intervention

The research was not only about gathering data but also about forming strong partnerships with students. From the beginning, students took part as community advisors and co-developers, helping to shape research questions, surveys, and the design of workshops and intervention programmes.

In the Ntombi Vimbela! intervention, a sexual violence risk reduction and mental health programme developed for first-year female students, students were trained as peer facilitators who helped deliver workshops in a relatable and supportive way. They co-created content on sexual rights, assertive communication, self-defense skills, gender and social norm changes, and mental well-being.

For the Vimbela Uvikile! intervention, eight LBQ students worked closely with the research team to design a 12-session programme that also addresses minority stress (the stress one experiences when you are part of a minority group, like sexual minority), mental health promotion, self-acceptance, and violence use.

The co-developers contributed as experts with lived experience and ensured the program fit LBQ women's unique needs and experiences.

What Have Students Said About the Interventions?

First-year female students who participated in the Ntombi Vimbela! workshops gave positive feedback. They gained crucial knowledge about sexual violence and their rights and feeling more confident to seek help after assault or partner violence.

Skills-building in assertive communication and safe sex negotiation helped improve their relationships and their ability to avoid risky situations.

LBQ students who participated in Vimbela Uvikile! also said the mental health information helped them improve awareness about mental health and practice self-care. The workshops created a safe space for emotional relief and connection, helped them improve communication, problem-solving, and managing anger in healthier ways. Though discussing mental health was hard, they appreciated the support provided through the social worker.

Taking the Work Further

We continue to engage with the Department of Higher Education and Training and management at TVET colleges and universities to expand these programs beyond the pilot sites. The goal is to reach more institutions across South Africa and for the team to better understand how the programmes affect different groups of students, including first-year female, LBQ and male students.

We also recognise the urgent need to speed up ongoing work with male students to change harmful attitudes and encourage respect for diversity and healthy relationships on campuses.

A Message of Hope and Support

Our team supports the implementation of evidence-based programmes that help young people stay safe and healthy. We encourage students and young people to seek help for poor mental health and report sexual violence. There are services available on campuses and in local communities, and reaching out can improve well-being.

By: Nancy Hornsby

The brain is one of the most amazing and complex parts of the human body. Scientists have tried to fully map how it works, but because it’s made up of billions of neurons and countless connections, this task is still far from complete. The brain shapes who we are, our personalities, our likes and dislikes, and the way we think and behave. When the brain is damaged by injury, disease, or substances like alcohol, it can have serious effects on a person’s health and behaviour.

Teenage years are a time of major brain growth and change, which means the teenage brain is especially sensitive to alcohol. In South Africa, drinking is a big problem; many young people drink heavily, and alcohol is easy to get. The tragic deaths of 21 teens aged 13–17 in the Eastern Cape on 26 June 2022 showed just how dangerous this culture of underage drinking can be. This article looks at how heavy drinking harms teenagers’ health, brains, and behaviour.

The Health Impact of Teen Drinking

Alcohol misuse is one of the world’s biggest health problems. It causes around 3 million deaths each year, about 5% of all deaths worldwide. Africa has some of the highest rates of alcohol-related illness and death.

In South Africa, many teens, especially boys, binge drink (that means drinking a lot in a short time). But more girls are starting to do it too. Research shows that teen drinking is linked to risky sexual behaviour, injuries, violence, poor mental health, and even permanent changes to how the brain works. Starting to drink early (before



The Teenage Brain and Alcohol

age 13) increases the risk of developing alcohol dependence as an adult.

Because young people make up almost a fifth of South Africa’s population, protecting their mental and physical health is key to building a healthier country.

Why Teen Brains Are So Vulnerable

The teenage brain is still developing, especially the prefrontal cortex (PFC), the part that helps you plan, make good decisions, and control impulses. This area doesn’t fully mature until your mid-20s. That’s why teens sometimes take risks or act without thinking things through.

When alcohol is added into the mix, it can interfere with how brain cells communicate and even change the brain’s structure. Drinking during this critical time can lead to long-term problems with memory, learning, and decision-making.

How Alcohol Affects the Brain

Brain scans show that heavy-

drinking teens often have less grey and white matter (the tissues that help the brain process information). They also show lower brain activity in areas responsible for memory and self-control.

Alcohol also affects the brain’s reward system, which is responsible for feelings of pleasure and motivation. This system matures earlier than the PFC, which means teens might crave the “feel-good” effects of alcohol before they’ve developed the ability to manage impulses. This imbalance can make it harder to stop risky drinking once it starts.

Alcohol and Hormones

Alcohol doesn’t just affect the brain; it also disrupts the endocrine system, which controls hormones that regulate (or control) growth, reproduction, and mood.

Heavy drinking can cause hormonal imbalances that affect:

- Growth and puberty
- Reproductive health (like

- irregular periods or lower testosterone)
- Thyroid function (which affects metabolism and energy)
- Stress and mood regulation
- This can lead to issues like anxiety, depression, and physical health problems.
- Alcohol, Risky Behaviour, and Mental Health

Because the teenage brain is still developing, it’s more likely to make impulsive decisions. Alcohol makes this worse by lowering self-control and increasing the desire for excitement or “reward.” This can lead to risky behaviours such as:

- Drunk driving
- Violence or fights
- Unsafe sex, leading to unplanned pregnancies or STIs
- Substance abuse and addiction

Teens who drink heavily are also more likely to experience mental health issues like depression, anxiety, suicidal thoughts, and attention problems.

Teen drinking isn’t just “harmless fun” it has real effects on how your brain and body develop. The combination of an immature prefrontal cortex and an overactive reward system makes teenagers especially vulnerable to alcohol’s effects.

But the good news is that the brain has a remarkable ability to recover if you act early. Avoiding alcohol, getting help when needed, and supporting policies that protect young people can make a huge difference. A healthy brain means better focus, better relationships, and a stronger future.

Protect your brain, you only have one.

...teen drinking is linked to risky sexual behaviour, injuries, violence, poor mental health, and even permanent changes to how the brain works.



Teenage Pregnancy: Who Is Really to Blame?

By: Zoe Duby

In South Africa, many people view teenage pregnancy as a moral problem. When a young girl falls pregnant, she is often blamed and shamed. People call her careless or disrespectful, and this affects how she is treated at home, at school, and at the clinic. However, blaming girls has not helped reduce teenage pregnancies. In fact, the number of young girls giving birth has

gone up across the country. Between 2017 and 2021, births among girls aged 10–14 increased by almost 49%, and among those aged 15–19 by about 18%.

Research shows that becoming a mother too young can affect a girl’s education, future job opportunities, and physical and mental health. It can also affect the well-being of her baby. Yet instead of giving support, young pregnant girls often face judgment and rejection.

Harsh Judgments and Myths. – This can be a graphic made up of speech and thought bubbles.

In research done in Moretele in the North West and Newcastle in KwaZulu-Natal, researchers found that many people believe teenage pregnancy happens because girls are “loose,” “immoral,” or “badly behaved.” People often say things like, “These girls drink, smoke, and go to taverns,” or “They get pregnant just to receive the child support grant.”

Teenage Pregnancy: Who Is Really to Blame? (continued)

These negative labels create the idea of the “wrong girl,” someone who is blamed for bringing shame to her family and community. An educator in Newcastle said, “Girls do not care about education or improving their lives. They only want to get pregnant so they can get the child grant and buy alcohol.” This kind of thinking ignores the real struggles that many young women face, such as poverty, lack of information, and limited access to health services.

When young girls hear these messages, many start blaming themselves. One young woman in Newcastle said, “We do not take contraceptives. We listen to bad advice from friends. The government has tried, but we do not use the protection.” Feeling shame and guilt can lead to depression, anxiety, and low self-esteem. Some girls may use alcohol and other drugs to cope, and others may avoid going to the clinic because they are afraid of being judged.

One parent shared: “Our children are afraid to go to clinics. Even if the child makes a mistake, she won’t go because she feels embarrassed.” This shows how stigma can stop girls from getting the care they need.

*... many parents
say they feel
uncomfortable talking
about sexual health
or don’t know how to
start the conversation.*

Blaming Parents and Men

Parents and caregivers are also often blamed for teenage pregnancies. Some community members say parents do not discipline their daughters or teach them about sex. But many parents say they feel uncomfortable talking about sexual health or don’t know how to start the conversation. One teenage girl said, “Parents are not talking to their kids about these issues.”

In other cases, people blame absent fathers or parents who misuse alcohol. Some also point out that older men take advantage of young girls by giving them money or gifts in exchange for sex and then disappear once the girl becomes pregnant. But again, the bigger problems of poverty, unemployment, and poor

access to health information are often ignored.

Big Problems, Small Solutions

Government and public health programmes often focus on teaching girls not to fall pregnant, for example, by promoting contraception and school-based sexual health education. While these are important, this approach puts all the responsibility on girls themselves. It sends the message that the problem is bad choices rather than bad systems.

The truth is that teenage pregnancy is not only a personal issue. It is a community issue, and even a national one. Poverty, poor education systems, gender violence, and unequal access to healthcare all play a role. These factors make it much harder for young women to make safe, informed choices about sex and relationships.

Building Better Systems

To truly address teenage pregnancy, we need to shift from blame to support. Parents and caregivers should be encouraged to have open, honest, and non-judgmental conversations with their children about sex and relationships.

Schools should go beyond teaching abstinence and also discuss consent, contraception, and healthy relationships. Clinics must become safer and more welcoming spaces for young people, where nurses and counsellors treat everyone with respect.

Policymakers should focus on solving the root causes of teenage pregnancy, such as poverty, gender inequality, and lack of opportunity. Empowering girls through education and economic support can make a real difference.

Changing the Story

It’s time to stop seeing teenage pregnancy as the fault of “wrong girls” or “bad families.” Instead, we need to look at how our communities and systems can do better. When young girls are supported instead of shamed, they are more likely to stay in school, use contraception, and access healthcare early in pregnancy.

Teenage pregnancy is not a sign of moral failure; it is a sign that our society still has work to do. Together, families, schools, and health workers can help create a South Africa where young women have choices, chances, and a future filled with hope.

Supporting Young Mothers with Mental Health, Alcohol Use, and Healthier Pregnancies



By: Petal Petersen Williams

Pregnancy and early motherhood can be a joyful time, but for many women in South Africa, it is also filled with challenges. Rates of depression, anxiety, and stress are high, and some women turn to alcohol as a way to cope. Alcohol use during pregnancy increases the risk of miscarriage, premature birth, and fetal alcohol spectrum disorders (FASD). Children born with FASD often face long-term developmental and learning challenges.

Mental health struggles also make it harder for mothers to attend antenatal care, bond with their infants, or continue their education and employment. Despite this, pregnant women, particularly adolescent girls and young women, are often overlooked in mental health and substance use services. Many face stigma, judgement, or simply a lack of access to appropriate support.

One approach that has shown promise is Counselling for

Alcohol Problems in Pregnancy (CAP-Pre). This project adapted a proven counselling method into a format suitable for pregnant women in South Africa. Instead of being delivered by specialists, the counselling was offered by trained community health workers (CHWs), making it more accessible within local communities.

Through CAP-Pre, CHWs met with pregnant women to discuss their stress, worries, and alcohol use. These sessions helped women set personal goals, find healthier coping strategies, and feel supported without judgement. The pilot study showed that this type of intervention is both feasible and acceptable; participants were willing to take part, and many said it provided a safe space to share their struggles.

Several key lessons emerged. Young mothers need non-judgmental spaces to talk openly about alcohol, mental health, and pregnancy challenges. Community health workers can play a powerful role in supporting mental wellness and reducing alcohol use, especially where specialist services are limited. Interventions must also be culturally adapted to the realities of South African women’s lives, which often include poverty, gender-based violence, and limited access to care. Supporting mothers supports babies: healthier pregnancies reduce risks for infants and improve their long-term development.

Adolescent girls and young women face unique and urgent challenges. Teenage mothers are at particularly high risk of depression, anxiety, and alcohol use, yet they are often the most excluded from health and support services. Stigma, disrupted schooling, and economic pressures all add to their vulnerability. Recognising this, ongoing research aims to adapt and pilot approaches like CAP-Pre specifically for this group, ensuring they too have access to non-judgmental, evidence-based support for mental health and wellbeing. This kind of care can give both young mothers and their babies a stronger start in life.

The goal is not only to test these interventions but to use the evidence to shape future health programmes and policies. By showing that community-based counselling is both effective and acceptable, researchers hope to see it integrated into public health services. This would allow more young mothers across South Africa and potentially in other low- and middle-income countries to benefit.

Supporting adolescent mothers is an investment in the next generation. Addressing alcohol use and mental health challenges early can help break cycles of disadvantage, empower young women, and give babies the healthiest possible start. With the right support, young mothers can thrive, and so can their children.

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What Teens Need to Know about South African Cannabis Laws

By: Nadine Harker, Tara Carney, Nancy Hornsby

Cannabis is widely used in South Africa. While there is growing evidence for medical use, there are also concerns for certain subpopulations with the change in legalisation, including young people.

What Changed?

In May 2024, South Africa became the first African country

to legalise recreational use (for fun or relaxation) of cannabis (also known as dagga or marijuana, or weed) for adults.

This means adults can use cannabis privately, but it is still illegal for anyone under 18. The law also says adults can't use cannabis around children or teens.

Why Does This Matter for Young People?

Cannabis "edibles" (foods containing cannabis) are not

well controlled by laws and rules. Cannabis "edibles" can look like harmless sweets or snacks, BUT can be dangerous if eaten by children or have bad side effects for teens.

The government is working on better rules to keep young people safe from these products.

How Many Teens Use Cannabis?

In South Africa, more teens are using cannabis than before. In

2017, about 8 out of 100 teens said they used cannabis, up from 1.5 out of 100 in 2002.

Nearly half of young people admitted for drug treatment were under 18, and most said cannabis was the main drug that they used.

What Are the Risks?

Eating or using cannabis can cause health problems for young people, including:

- Feeling very tired or "out of it"
- Lack of concentration
- Muscle weakness or feeling lame in the legs
- Fast heartbeat
- Difficulty Breathing
- Psychosis (for example, seeing or hearing things that aren't real), which can be serious and permanent

Regular cannabis use can affect the developing brain (the brain develops up until the age of 25), leading to:

- Memory and learning problems
- Higher risk of depression, anxiety, and even suicidal thoughts
- Greater chance of addiction

Nearly half of young people admitted for drug treatment were under 18, and most said cannabis was the main drug that they used.

Are Young People Protected Enough?

The law tries to protect children and teens, but more needs to be done:

- Stop sales to anyone under the age of 18 years.
- Make sure cannabis products aren't advertised to young people
- Make sure the packets that cannabis edibles are not sold with pictures that make them seem harmless
- Have clear labels showing how much THC (this is the "high" chemical) is in each product
- Teach everyone about the risks, especially parents, teachers, and teens
- School and community programmes to help teens make informed choices
- Easy access to help and treatment for young people who need it
- Regular surveys to track teen cannabis use and update laws as needed

Key Message for Teens

- Cannabis may be legal for adults, but it is not legal for young people.
- Cannabis is a risk to your health, brain, and future are real.
- Know the facts, make informed choices, and look out for yourself and your friends.

SAMRC's Work in HIV, TB, and Emerging Innovations



PedMab Annual Meeting, Chatsworth CRS, June 2025

By: Catherine Orrell & Anitha Gupta

At the SAMRC's HIV and Other Infectious Diseases Research Unit (HIDRU), science is deeply connected to everyday life. Behind every study, every data point, and every lab result is a commitment to improving the health of people, families, and communities across South Africa.

The unit's work focuses on HIV and tuberculosis (TB), two diseases that continue to weigh heavily on the country's health system. Through innovative research, HIDRU is helping to shape prevention, treatment, and service delivery strategies that make a real difference.

Among its recent breakthroughs is Lenacapavir (LEN), a new HIV prevention product developed with HIDRU's support. Expected to roll out in the public sector in 2026, LEN offers a major step forward in HIV prevention. A single injection every six months replaces the need for daily tablets. HIDRU is also part of cutting-edge research into a once-a-week oral antiretroviral tablet, signalling a shift toward more convenient, sustainable HIV treatment options.

Preventing HIV transmission from mothers to babies is another major focus. While breastfeeding is essential for protecting infants from infections like diarrhoea and

SAMRC's Work in HIV, TB, and Emerging Innovations

(continued)

pneumonia, it also carries risks for mothers living with HIV who have high viral loads. HIDRU's PedMAB1 study, completed in April 2025, explored a new way to protect babies. The trial tested two laboratory-made antibodies known as broadly neutralising anti-HIV-1 monoclonal antibodies (bNABs) designed to fight HIV infection. The results were promising: the antibodies were safe, well-tolerated, and could become part of a new generation of tools to stop infant HIV transmission during breastfeeding.

HIDRU's work also extends to tuberculosis, especially drug-resistant TB (DR-TB), one of the toughest challenges in public health. Each year, more than 7,000 South Africans develop DR-TB, requiring

treatment with harsh drugs that are often less effective than standard TB medicines. Pregnant women face even greater risks, yet they are typically excluded from clinical trials of new TB drugs. For the past 12 years, HIDRU has been following pregnant women treated for DR-TB, tracking their treatment responses, pregnancy outcomes, and the growth of their children. This has built the world's largest database of pregnant women with DR-TB and offered new insights into how to improve treatment and care for this vulnerable group.

Innovation at HIDRU isn't limited to infectious diseases. The unit will soon launch the Afriplex GRT trial, a pioneering local study exploring the health benefits of *Aspalathus linearis*, better known as rooibos. Long enjoyed as a traditional South African tea, rooibos has been linked to heart and metabolic health, but scientific evidence has been limited.

The trial will be the first to test a locally developed rooibos-based product in adults with high blood sugar and cholesterol levels. If successful, it could provide an affordable, natural supplement to modern medicine, reducing both costs and chronic disease risks.

Beyond the laboratory, HIDRU takes its work into the community. Researchers host workshops and dialogues to share findings and hear directly from those affected by the issues under study. Visual aids and infographics help turn complex science into clear, relatable information. Partnerships with NGOs, traditional leaders, faith-based groups, and government, particularly the National Department of Health, ensure that research findings reach the people and systems that can act on them.

Through this blend of science, collaboration, and compassion, HIDRU is helping turn research into real-world impact.

Its evidence feeds into national policy, clinical guidelines, and public health programmes, all aimed at improving prevention, treatment, and care.

For HIDRU, the goal is simple but ambitious: to transform discovery into healthier lives, and to make every breakthrough count for the people who need it most.



Sindisiwe Hlangu (left, HIDRU study staff) at King DiniZulu Hospital MDR-TB clinic with one of the doctors. There is a good working relationship because Sindi assists by bringing back patients who defaulted treatment, and in return inform Sindi if there are new pregnant women initiated on treatment.

South Africa Launches First Locally Manufactured Oral Cholera Vaccine Trials in Over 50 Years

By: Tendani Tsedu

South Africa has entered a historic new chapter in public health with the launch of clinical trials for the first locally manufactured Oral Cholera Vaccine (OCV) in more than five decades. Developed by Biovac, the vaccine represents a significant step toward strengthening the country's vaccine sovereignty and its ability to respond rapidly to future disease outbreaks.

The launch took place at Chris Hani Baragwanath Hospital, drawing senior leaders from government and the national health sector. Among those present were Minister of Health Dr Aaron Motsoaledi, Deputy Minister of Science, Technology and Innovation Dr Nomalungelo Gina, Gauteng MEC for Health and Wellness Ms Nomantu Nkomo-Ralehoko, and hospital CEO Dr Nthabiseng Makgana, a clear signal of the vaccine's national importance.

The clinical trials are under the leadership of Professor



Minister of Health, Dr Aaron Motsoaledi, pictured with two oral cholera vaccine (OCV) clinical trial participants, alongside dignitaries including the Deputy Minister of Science, Technology and Innovation, Dr Nomalungelo Gina.

Glenda Gray, Chief Scientific Officer at the South African Medical Research Council and Distinguished Professor in the Faculty of Health Sciences at Wits University.

Cholera remains a persistent threat in parts of Southern

Africa, where outbreaks place pressure on health systems and vulnerable communities. A locally developed and produced vaccine stands to improve the country's readiness and reduce reliance on global supply chains during emergency response efforts.

The initiation of the OCV trials is more than a scientific milestone; it is an investment in South Africa's long-term public health resilience and a move that promises far-reaching benefits for communities across the region.



A Community Conversation about Diabetes

By: Nireshni Chellan, Carron Finnan & Yolanda Phakela

Marking World Diabetes Day 2025, the South African Medical Research Council hosted Diabetes Unplugged, an open discussion designed to bring real stories, practical advice, and community voices to the forefront of diabetes awareness.

The event established enthusiastic support and left organisers encouraged by the collective need for continuous dialogue.

The event established enthusiastic support and left organisers encouraged by the collective need for continuous dialogue.

The highlight of the morning was the participation of members from the Mitchell's Plain Diabetes Club, whose lived experiences grounded the dialogue in the everyday realities of managing diabetes. Their contributions emphasised the importance of community-driven support, reminding attendees that information alone is not enough; people need connection, shared understanding, and spaces to speak openly about chronic illness.

Feedback from participants revealed a clear theme: there is a critical need for accessible, practical, and sustained engagement on diabetes. Many expressed frustration at the lack of clear, tangible information available in their communities. Others emphasised how rarely diabetes and mental health are discussed together, despite the significant emotional strain the condition can create.

Next year, we plan to continue reaching in towards our SAMRC community, and beyond to the communities outside our gates to raise awareness and offer support to those facing the challenge of diabetes, either themselves being diagnosed or a loved one.

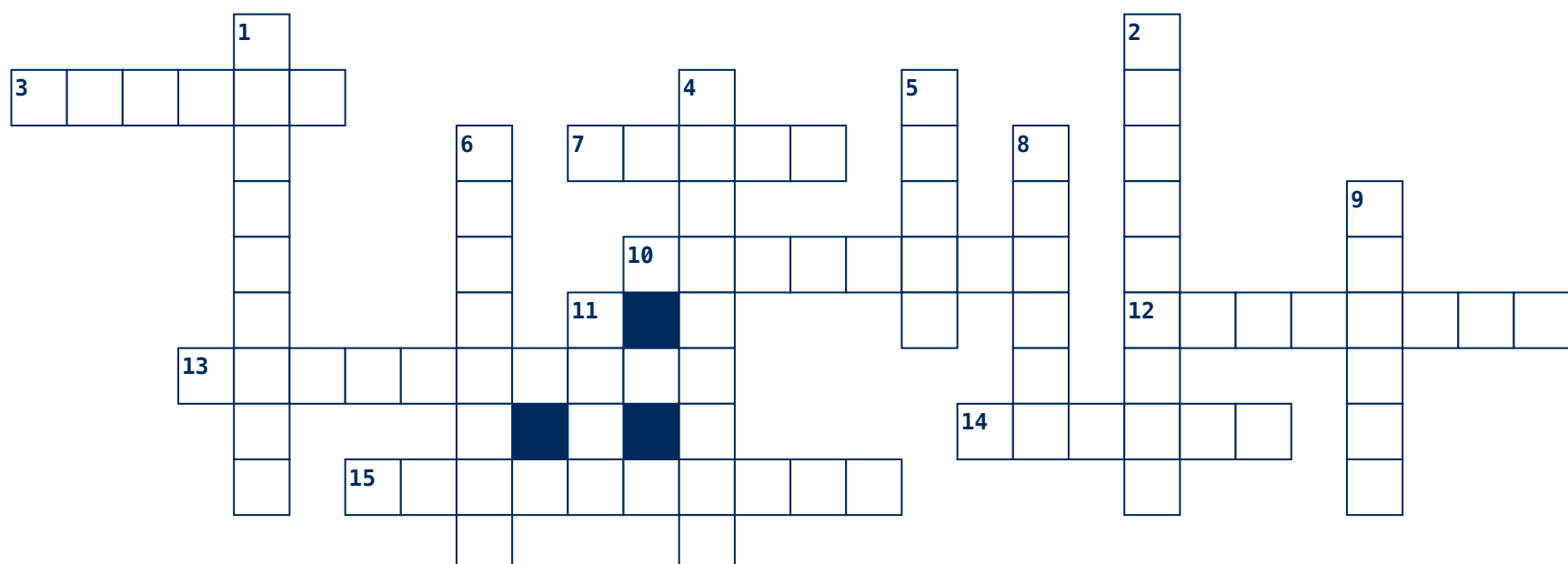
Be intentional about:

1. Be proactive in self-care. Make small changes (and stick with them) to your lifestyle (diet and physical activity).
2. Know your numbers. Test your blood glucose levels regularly.
3. Taking care of your mental health will help you take care of your physical health.

We look forward to keeping this conversation going and making impactful change in diabetes awareness, prevention and management.



CROSSWORD PUZZLE



ACROSS:

3. Time period that has not yet occurred.
7. Organ responsible for thought, memory, and decision-making.
10. Systematic investigation to establish facts or new knowledge.
12. Plant often used for medicinal or recreational purposes.
13. The act of introducing new ideas, methods, or technologies.
14. Medical facility offering outpatient care.
15. Action taken to stop something harmful before it happens.

DOWN:

1. Condition of carrying a developing fetus.
2. Moving forward or making progress.
4. Related to motherhood or childbirth.
5. South African organisation conducting scientific and medical research (abbrev.).
6. Person between the ages of thirteen and nineteen.
8. Place where teaching and learning take place.
9. State of physical and mental well-being.
11. Existence characterized by growth and biological processes.

ANSWERS:

1. Pregnancy
2. Advancing
3. Future
4. Maternity
5. SAMRC
6. Teenager
7. Brain
8. School
9. Health
10. Research
11. Life
12. Cannabis
13. Innovation
14. Clinic
15. Prevention

Who we are

The SAMRC was established in 1969 and is dedicated to improving the health of people in South Africa, through research, innovation, development, and technology transfer. The scope of research includes laboratory investigations, clinical research, and public health studies. We conduct research on South Africa's quadruple burden of disease: maternal, newborn and child health, HIV/AIDS and TB, non-communicable diseases, and interpersonal violence. Our work is to acquire evidence-

based information to inform health policy and practice and improve the quality and health status of people in South Africa. We are the largest local funder of health research, medical diagnostics, medical devices, and therapeutics. We are pioneers in cutting edge medical innovations focusing on genomic research, the development of novel treatment regimens, vaccine development, diagnostic tools, and developing new drugs and devices. Transformation remains an integral part of building sustainable

health research capacity in South Africa. Through Self-Initiated Research (SIR) grants, the Mid-Career Scientist programme, the Bongani Mayosi National Health Scholars Programme, and other programmes and platforms, the SAMRC will continue to address gender, racial, institutional, and geographic parity, and strengthen our capacity to flourish in the 21st century. As a custodian of health research, the SAMRC is building a healthy nation through research and innovation.

Vision

Building a healthy nation
through research, innovation
and transformation.

Mission

To advance the nation's health and quality of life and address inequality by conducting and funding relevant and responsive health research, capacity development, innovation, and research translation.

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