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The Karl E. Peace Award is bestowed upon a distinguished individual who has made substantial contributions to the statistical profession that has led to direct ways to improving the human condition. The award was established by Christopher K. Peace, son of Karl E. Peace, on behalf of the Peace family, to honor the life work of his father. The 2015 honoree is James J. Cochran, professor of applied statistics at the University of Alabama. Cochran has worked tirelessly to promote statistical training and expertise in the developing world. He believes statistical methods can be used to improve health and living conditions in developing countries and is dedicated to this effort. This belief led him in 2008 to be a cofounder and co-chair of the volunteer organization, Statistics without Borders (SWB). SWB now has an extensive group of volunteers who provide their statistical expertise pro bono to projects around the world. With Mark Griffin, he founded the Friends of Australasia, an ASA Outreach Group that helps develop statistical expertise in the Pacific Islands. In 2011, Cochran chaired the first International Conference for Health Statistics in the Pacific Islands; the event was themed “Making Statistics Work for Society.” He is the founding chair of the International Education Initiative and in this position he has organized and led workshops in many countries, including Uruguay, South Africa, Colombia, India, Argentina, Kenya, Cameroon, Croatia, Namibia and Cuba. Cochran also is a mentor and adviser to his students in the U.S. and Africa.

Georgia Southern researchers say that while the United Nations (UN-Water) met its recent goal to provide clean water and sanitation to global communities, these numbers might not account for the difficulties in providing these life-saving resources to women.

In a correspondence article entitled “Gender disparities in water, sanitation, and global health,” published in The Lancet, one of the world’s leading medical journals, Georgia Southern doctoral student Varadan Sevilimedu and Isaac Fung, Ph.D., assistant professor of epidemiology in the Jiann-Ping Hsu College of Public Health, suggest that women are disproportionately affected by the scarcity of water and sanitation more than men.

“In 2000, [UN-Water] said by 2015 the number of people that don’t have access to water and sanitation will be halved,” said Sevilimedu. “Water-wise, they did achieve that goal. But our point is: even though they did achieve that goal, we don’t know if men and women are equally benefitted through that improvement.”

In the article, the co-authors cite the many difficulties women from low-income countries in Africa, Asia and Latin America face when collecting water for their families and communities. As the primary water-collectors, women have increased risks of infection from a range of faecally transmitted diseases. These infections, added to the intense physical effort of carrying the water, affect their wellbeing and limit their ability to pursue economic opportunities.

In addition, and more frightening, is the fact that fetching water, bathing and defecation in the open expose women and girls to sexual harassment and sometimes sexual assault. To escape these dangers, the women will often avoid water sources and avoid personal hygiene, resulting in further psychosocial distress. And with a 40 percent water shortfall estimated by 2030, women will face even more difficulty in finding sources of water.

And even though the facts paint a harrowing picture, Sevilimedu says the data isn’t yet clear on the extent of the problem.

“So that’s the reason we’re actually recommending that in order to know if both men and women are equally benefitted, we need gender-segregated data or gender-specific indicators,” said Sevilimedu.

“I think we share a similar passion for people who live in low- and middle-income countries, where — in some parts of India for example — access to water, access to care, access to sanitation depends a lot on your social status, wealth or even gender, it so happens,” said Fung. “And therefore, we hope that what we are doing — however small a manner — that we will be able to contribute to our understanding and have an impact on health policies on a global scale.”

Sevilimedu, a medical doctor in India before coming to Georgia Southern, says that his training took him to rural areas of his country, where he interacted with some of the poorest of the population. Fung says that students from these countries add a great perspective to the work of the College.

“The Jiann-Ping Hsu College of Public Health is a focus for the underserved populations — rural health — and when we talk about rural health, it means both rural areas in the United States and rural areas in other parts of the world, including India,” said Fung. “And so what we have published in our correspondence served very well the mission of this college.”

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