BRIEWE

adherence and alcohol issues); and 3/13 have not had their bloods done.

We believe that these results are encouraging and represent what is possible at a rural public hospital.

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Health and social scientists need to weigh in

To the Editor: In South Africa, a substantial segment of the population is overweight.[1] In 2000, non-communicable diseases (NCDs) accounted for 37% of deaths among adults[2] and this figure is rising alongside expanding waistlines. Overweight children are twice as likely to have elevated blood pressure, 13 times more likely to have elevated insulin levels, and 7 times more likely to have higher triglyceride levels.[3] This noxious cocktail of risk factors predisposes overweight young people to develop NCDs as adults.

The Birth to Twenty (Bt20) cohort[4] found that more than 70% of black female caregivers were overweight, and a staggering two-thirds of these adults were obese. Also, 9% of black female adolescents at age 13 were overweight and an additional 6% were obese.

We need evidence-based research that tackles the social epidemiology of obesity. There is no published South African research incorporating joint insights from both social and health science theory. We need to move towards a more comprehensive local model of obesity causation – properties of food (portion size, energy density, sugar-sweetened beverage intake); socio-economic factors (transportation, food pricing and availability of food choices, sedentary work, child care arrangements); home-environmental influences (parental role modelling, family meals, crèche, school meals, TV viewing); and eating behaviours (snacking).

Consider this Bt20 scenario: an adolescent living in Soweto uses public transport to school as her mother can't afford a bicycle and it's not safe or 'cool' to ride. She has R10 for lunch, which she spends on a sweetened beverage and a packet of potato chips. There are few sports facilities at school and physical education is not promoted, and consequently she doesn't participate in any school sport. At home she watches the afternoon 'soaps' and snacks on sandwiches. She strolls down the street to meet up with her friends, but engages in little other home-based physical activity. Her mother, who is obese and has high blood pressure, gets little exercise other than walking to and from the taxi rank and local grocery store. With her modest income she prepares a usual dinner – stiff maize-meal with fatty bones fried in oil and made into gravy. After dinner she has her fourth cup of coffee for the day with 3 teaspoons of sugar and watches some television while doing the ironing.

This may seem over-simplistic, but this daily scenario is commonplace and is placing young urban adolescents, especially girls, at high risk of developing obesity-related diseases. If social and health scientists do not work together to understand and combat the complex aetiology of obesity by imparting information to health professionals, educators and parents, then the South African NCD burden will increase unabated.

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Surprise 'social status' finding in rape study

To the Editor: The recent Izindaba report entitled above refers.[1] The link between higher levels of maternal education and the perpetration of rape by these women's sons in the rural Eastern Cape is worth comment. The explanation given by the members of the community advisory board was that the reported situation is due to the higher social status of the mothers in a society that has relatively few men because of premature death and migratory labour.

This begs the question as to why young men from families of higher social status would engage more frequently than their peers in violent crime against women and girls in their own community. After all, young men from poorer families suffer from the same absence of father figures in the

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community. The latter could arguably have greater reason to have little sense of investment in their community and greater reason to lash out in anger against weaker members. A possible explanation for this phenomenon is that women with higher levels of education are more likely to be absent mothers in present-day rural communities. Teachers are often placed at schools many kilometres from their homes. Nurses often look for posts offering the most remuneration, with little regard for being properly present to their children. Others with higher education may find it impossible to find jobs near home and may have to migrate to the cities. Paid maternity leave is restricted to 3 months postpartum. In all these cases, children are likely to be left to grannies or other members of the extended family while their mothers pursue their careers. The mothers, in turn, are often driven to such decisions because they are obliged to support other members of the extended family as well, or they are often the only employed people in the family unit. They will understandably try to compensate by ensuring that the family at home have such comforts as they can afford. This will almost invariably include a television – and now the family is set up for tragedy if there is no father around.

The little boy who grows up with deep maternal deprivation may be forgiven for developing internalised anger against female figures, since mother seems to have resources to meet his needs, but has failed to be present for him emotionally. The TV may well become his babysitter as a distracted granny tries to cope with the household and her old age. The soft porn and disastrous value systems of our advertising and entertainment industries will do their work in his impressionable, wounded heart. Girls and women are easily reduced to sex objects in the minds of boys hurt in this way.

It can be argued that our nation has totally neglected its greatest challenge since 1994, which is to direct every energy we have into rebuilding stable family units so disastrously damaged by apartheid, migratory labour and the problems of rapid urbanisation of rural people. Indeed, in many respects we have acted against that aim in the thrust of our current legislation on same-sex marriage, attempts to get gay rights taught in our schools, wide-open access to pornography in the media and on the internet and the scant attention we give to what we know so well about the vulnerability of little ones who are deprived of paternal and maternal contact in the first 3 years of life.

As a profession, we are particularly well equipped to speak into this situation, and it is essential that our voices be heard. Otherwise we leave the field open to those whose god is their profit margin, and to those with a confessed intention to destroy family life.

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Chris Bateman comments: Without going too deeply into the disturbing web of societal and historical causes, what struck me about the research is how neatly it dovetails with the known power dynamic of rape. Rape is about one person exerting power over another, and in these findings status equals power. If one then begins to talk about economic power, culture and its influence on widespread transactional sex in our poorer communities, one gets an idea of how powerful a factor gender imbalance is as an HIV prevalence driver.

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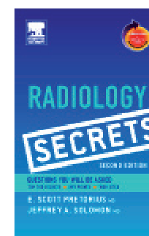

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