

# Why do we always blame the girls?

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WE WRITE in response to a flurry of media coverage including e.tv's episode of *Third Degree* entitled "Killer moms" (February 8) and statements by several government officials calling for harsh steps to be taken against claims of increasing teenage pregnancies and cases of "baby dumping".

These stories and statements have had strongly moralistic undertones, echoing the alarm that seems to arise in every adult generation. They bemoan what is seen as inappropriate sexual behaviour by teenagers and women, and seek to address behaviour through prohibition and moral outrage.

Economic crises, political uncertainty, times of flux and change: throughout history, we have evidence that times of insecurity are accompanied by the search for a common enemy, a deviant, someone to blame. "Moral panic", as it is also known, stirs something deep and primal: a fear that when the bounds of security shift, when traditional mainstays and cultural bastions are challenged by new thoughts, new ways of being and new crises, all will be lost.

All the moral witch hunt has achieved over centuries is "the persecution, oppression, mayhem, torture, and death" of millions of "imaginary criminals". Witches. Women.

On January 26, Health Minister Aaron Motosoledi expressed his concern that young women were engaging in "sugar daddying" and becoming infected with HIV. The minister also referred to the issue of contraception among young women and questioned what was causing them to "commit" abortions. He noted that despite the Department of Health's distribution of condoms, family planning was not being practised or had been forgotten.

On February 22, the ANC Women's League president and Minister of Basic Education, Angie Motshakga, regressed in saying: "We also want to send a strong message to teenage girls to stop using termination as a contraceptive."

On February 23, as the mother of seven-month-old Devandre Stanley was arrested in Macassar for the alleged murder of her baby, residents shouted: "Kill her. Beat her. She deserves to die."

Taken together with the media frenzy around baby "abandonment" and the repeated call for programmes to promote abstinence to prevent teenage pregnancy, these comments are indicative of a trend as old as time. Moralistic demonising and finger-wagging reinforces the notion of women as perpetrators of social ills, and society's duty to inflict prohibitions or punishment to curb this.

In order to address the problems of HIV, baby abandonment and teenage pregnancy, we need to examine the reality of women's lives in an appraising manner. The evidence needs to be carefully measured before our efforts can be targeted towards meaningful change.

What actually drives the HIV epidemic? It is distressing that our leaders are scapegoating young women in this respect. Violence against girls and women, and gender inequality, are key factors behind the high prevalence we face in the Sub-Saharan region. We need to be mindful of avoiding the rhetoric that women are "vectors and vessels" of HIV/Aids.

What is the case regarding teenage girls and sex? It is a normal and healthy aspect of human development for teenagers to challenge tradition, custom and authority. The older generation tends to respond to this process by blaming, restricting behaviours and punishing.

Parents and elders thus lose the opportunity to engage teenagers in a way that may protect and equip them with life-saving skills, such as how to negotiate consensual and safe sex. Furthermore, adults seldom realise that adolescent girls are among the most vulnerable. It seems easier to occupy the moral high ground and the "policing" role rather than tackle the real problem: the enormously high rate of violence against women and girls in the form of rape and abuse, and the high number of teenage girls who report coerced or forced sexual debut. The "sugar daddying" phenomenon has less to do with choice and more to do with distorted relationships with men.

Many girls in our country grow up without healthy father figures, access to protection and basic human rights: a lodger may withhold rent from a family until he has "enjoyed the services" of the teenager in the house, the school



**BUMP:** Young mothers often have no support from the baby's father, their community or school, say the writers.

teacher may threaten to fail a pupil without due "sexual payment".

What is the case regarding termination of pregnancy? What about contraception?

When it comes to the matter of choice, we are fortunate in South Africa to have a constitution that enshrines the choice of young girls and women to termination of pregnancy. This choice is protected by the Termination of Pregnancy Act of 1997, within strict parameters.

The phrase "commit abortion" does not reflect the legal status of this choice for women. While no quantification of repeat abortions is available, there is no evidence, however, that this is widespread. It is unlikely that women would wish to go through this repeatedly to avoid taking a contraceptive.

Despite relatively good contraceptive services in South Africa, there are serious shortcomings in women and men's knowledge of how best to use contraceptives. Evidence

shows that, especially among the youth, there is little knowledge about how the menstrual cycle works, when a woman may be most fertile, and what the best choices may be for contraception.

Young people often face judgment from teachers or health staff when attempting to access contraceptive services. Men are rarely encouraged to see preventing pregnancy as part of their engagement with health services. It is not surprising, when scanning the media, that men feel conception and contraception are not shared experiences.

Where in the public debate do we emphasise a sense of joint responsibility in this regard? Surely, it falls to those at all levels in education and health to make every effort to shift the perceptions that prevention of pregnancy and sexually transmitted infections are "women's business".

Do teens become pregnant to receive grants? Studies show no evidence of teen pregnancy increasing

dramatically over the past few decades. In fact, fertility and teenage pregnancy has declined primarily due to policies promoting sexual and reproductive health rights. In addition, research on access to child grants gives no credence to rumours of child grants providing an incentive for teenagers to become pregnant. In fact, findings show that few teenagers access these grants, so this cannot be a major driving factor behind teenage pregnancy.

Pregnancy is likely to have a negative impact on a girl or young woman's life. Parenthood is a major event. When this takes place before the completion of education and the acquisition of the skills, resources and social support that facilitate parenting, it is likely to have a traumatic and emotional impact.

Are abstinence programmes effective? With the older generation and political leaders' concerns about the sexual permissiveness of young people, we hear a growing call

for "abstinence only" programmes. While delaying the start of sexual intercourse in young people is to be encouraged, abstinence programmes have yet to succeed in this regard, in any setting.

Results from US studies during the era of Bush administration, where abstinence programmes were promoted, show that young people who took "virginity vows" were less likely to be equipped with good sexual and reproductive health knowledge and more likely to become pregnant unintentionally. So, while abstinence programmes have no impact in delaying sexual activity, they do leave adolescents poorly prepared, uninformed and unprotected.

How are women affected emotionally? We have, in our attempts to find a scapegoat for the ills of our time, abandoned mothers. What is the impact of sexual violence? Of forced sexual initiation? Of emotional and financial abuse? Of knowing sex is the only means of attaining material support for you and your family? Of finding out you're not only pregnant, but HIV positive as well? Is it surprising, then, that at least a third of South African women living in poverty experience a mental illness related to their pregnancy?

Depression and anxiety among adolescents increase the likelihood of their becoming pregnant. Teenage pregnancy, in turn, increases the risk of mental illness. A depressed teenage mother has a 44 percent higher chance of having a subsequent pregnancy within two years of a birth. Maternal mortality due to suicide is highest with teenage and first pregnancies.

Of the many stories populating the press about baby "dumpings", it is interesting to note how often a young mother attempted to find help, how often women report feeling overwhelmed, helpless, alone.

They've been abandoned by the father of the child and quite often by their families and communities. In addition, after not finding support in the obvious places such as in health facilities or social services, they've been abandoned by us.

How can we support rather than abandon young women in our fading chances of achieving the Millennium Development Goals on maternal and infant targets by the deadline?

There are no magic bullets. View-

ing teenage girls and women's behaviour as "deviant" shifts our attention away from the structural and material roots of our crises. We need to tackle the social, political and individual gendered issues that drive much of the sexual behaviour in our predominantly patriarchal society, leaving girls and women to bear the full burden and consequences of unintended pregnancies.

Pregnancy prevention needs to form an integral part of adolescent-friendly reproductive health programmes for boys and girls. As Motshakga stated in the previous publication by the Department of Education, multi-sectoral efforts in education and in the socio-economic sphere are also needed to increase sexual and reproductive health knowledge and negotiation skills. This will ensure that girls who become pregnant unintentionally gain the support they need to make decisions and also to remain in, or return to, school as soon as possible.

Addressing the obvious: poverty, lack of access to resources, and ensuring that young people have life chances that offer more than early parenthood, will go a long way to encouraging positive choices in young people's lives. Building enabling environments, which include comprehensive health and social services, can provide the meaningful support necessary to enhance the resilience of girls and women, improving their life choices and potential.

Motosoledi has moved forward boldly and decisively since taking office in fighting the HIV epidemic and protecting women's sexual and reproductive rights. The ministers of health and basic education are perfectly positioned to make the long-term, material changes necessary to build caring and supportive communities. Perhaps then there will be fewer teen pregnancies, less HIV and fewer baby abandonings.

And when this does happen, the headlines will no longer read "Kill her. Beat her. She deserves to die," but rather, "Where is the father?"

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