

excision of the clitoris diminishes sensitivity, she asserts that the operation does not reduce a woman's sexual desire because this custom as a 'preservation of virginity and the prevention of immorality' should be understood within the context of a society where pre-marital sex and loss of virginity for a woman provoke severe sanctions and penalties.²² For example, in some African countries, the operation enables the prospective mother-in-law to determine if the girl is a virgin or not. If she is found not to be a virgin, the husband-to-be has the right to reject her. In many instances, the dowry is returned and the woman's family is stigmatised.

In essence, the woman becomes 'damaged goods' irrespective of whether sex might have occurred as a result of incest, rape or any other form of coercion. In this instance, the woman is the bearer of the cross of morality while the man is allowed to sow his wild seeds as widely as his organ can reach while at the same time expecting to marry a woman whose body is regarded as 'pure'. The double standards in interpreting the morality of sex as it relates to women and men are at the centre of controlling female sexuality, a phenomenon that will be addressed in later chapters.

Beyond the psychosexual reasons, female circumcision is also practised for religious reasons, which are fuelled by the belief that circumcision is a requirement of the Islamic faith. However, a research report compiled by Graham and colleagues found no general consensus about the religious motives of the custom. The authors believe that some of the confusion may have arisen due to a general interpretation of male circumcision; a view that is supported by Dr Hassan M. Hathout of the Faculty of Medicine at Kuwait University, who asserts that it is incorrect to view female circumcision as an Islamic tradition.²³

In her book *The Hidden Face of Eve: Women in the Arab World*, Nawal El-Saadawi states that the value placed on virginity and an intact hymen in patriarchal societies is the reason why

practices such as female circumcision remain widespread. Behind circumcision, she argues, lies the belief that by removing parts of the girl's external genitalia, sexual desire is diminished. This therefore permits a female who has reached puberty to protect her virginity and therefore her honour and that of her family.²⁴

This cruel mutilation of women's bodies arises from a stereotypical perception of women as the principal guardians of sexual morality and as, supposedly, possessing uncontrollable sexual urges. Female genital mutilation is deemed necessary to promote virginity, a phenomenon designed to enhance men's sexual pleasure, which, in one sense, is derived from the ownership, control and conquest of a woman's body.

The denial of reproductive rights:

the tragedy of motherhood

The patriarchal control of women's reproduction along with the irony that childbearing and childrearing are not regarded as 'work' lies at the root of women's subjugation. It is known that governments and men's social groups will give women 'permission' to use contraception or abortion when male authorities feel that there is a need to control overpopulation or the number of girl children being born.

In other instances, men's social groups can deny access to that right when male authorities feel that the population must be increased for political reasons. To illustrate: after the 1976 riots in South Africa some of the male comrades in the townships are known to have prohibited women from visiting family planning clinics. Because many young black men died as a result of brutal violent attacks of the white regime, black women were asked to stop using contraceptives so that they could replace the fallen heroes. Some of these women are known to have been assaulted by their partners for using contraceptives,²⁵ while others had to produce evidence of family planning clinic attendance before they could be considered for employment in some factories.²⁶

Fertility control in many parts of Africa, including South Africa, has been influenced by the colonial policy aimed at containing black population growth. In South Africa such interventions included, among others, a state-sponsored contraceptive programme housed within the infamous chemical and biological weapons research programme at Roodepoort Laboratories led by Dr Wouter Basson.²⁷ Being housed in a biological research programme, contraception stopped being about women's reproductive choice and freedom and became a weapon of mass destruction. The aim of this programme was to contain the rate of black population growth because blacks were perceived to be reproducing too quickly.

Other methods of contraception included prescribing contraceptives for women without medical supervision as well as forcing women to use harmful injectables such as Depo Provera or to undergo sterilisation without informed consent. In her paper 'The Late Apartheid's Search for a Racially-specific Immunological Contraception', Julia Brown argues that by its nature contraception is a technology of control often used and abused to control women's, rather than men's, fertility.²⁸ It remains ironic that at the height of apartheid, black women's bodies were torn apart when they were used by opposing forces as machines either to replace fallen heroes or to control black population growth.

In addition to the racial motives, such practices emanate from an exploitation of women in the name of the good of the community, i.e. a notion that smaller families reduce poverty, without addressing structural inequalities within society. Closely related to this is the exploitation of the role of women as mothers as opposed to being individuals in their own right. In many cultures, including African culture, a woman's personal identity is tied to her role within the family.

When faced with difficult social and personal choices, such a woman is tacitly trained to obey the rules (covert or overt) by making a choice based on others' needs and aspirations over

her own. On its own, the notion of self-sacrifice and selflessness is not a bad thing. However, it becomes problematic when it is used to prevent people from realising their dreams and living their lives to their full potential.

Colluding with colonial governments, patriarchal religions and imperialists, husbands in oppressed nations readily collaborated with the struggle to suppress women's sexuality and control their fertility. Desire for control and ownership is reflected in fighting for ownership of land and women's bodies. This has found its way into nationalist and post-colonial reproductive health policies. On the whole, access to contraception, sterilisation and abortion remains enmeshed in male-dominated arenas and is based largely on patriarchal interpretations of the dominant culture and religion. In many ways, the modern woman is pressured into compromising her reproductive health rights when confronted with the multiple agendas of the state, religion, tradition, pharmaceutical companies as well as the broader global economic world order.

There is no doubt that lack of reproductive health rights and comprehensive reproductive healthcare for women is the main reason why so many suffer and die. According to UNICEF, thousands of women die annually from complications arising from pregnancy and childbirth.²⁹ Some of these women die bleeding in a van, a bus or donkey cart as their relatives search in vain for quick access to the nearest point of help. Some die from attempting to abort their pregnancies on their own, inserting a sharp object into the uterus or taking drugs, herbs or chemicals in attempts to induce an abortion. Most survive, however, often enduring a lifetime of guilt and chronic medical problems. Those who end up with chronic pelvic infections accept painful sexual intercourse as their lot along with feelings of guilt that come from an inability to refuse a partner's demand for sex. Others do not survive; they die in pain and alone with deep feelings of shame arising from being born female.

For every woman who dies, many others are sentenced to lives of trauma (physical and psychological), infections and disabilities that go untreated and are not spoken about. Considering that some of the women will suffer the trauma of repeated pregnancies while trying to give birth to a son, the cumulative effects of such traumas on a mother's psyche cannot be described.

Sexually transmitted infections: the gender factor

Sexually transmitted infections (STIs) represent a deepening crisis in women's health. A study by the World Health Organisation found that women with STIs bear the brunt of complications and serious consequences related to STIs, with thousands of deaths and millions of illnesses reported among women worldwide.³⁰

Even though sexually transmitted infections can be prevented, their spread is perpetuated by myths and traditional beliefs surrounding female sexuality. For example, in some parts of southern Africa, there is a belief that encourages men with sexually derived infections to have sex with virgins to cure themselves. This practice contributes to the spread of these diseases (including HIV) among adolescent girls.

In addition, there are other socio-political factors that entrench traditional practices or encourage the spread of the disease. In South Africa, for example, the phenomenon of the migrant labour system, which necessitates men living in hostels far away from their families, has created an environment that condones multiple sexual partners, which in turn entrenches the ideology perpetuated by proverbs such as *monna ke selepe o a adimiva* (like an axe, a man can be borrowed to chop different pieces of wood). For a wife who has been repeatedly infected with an STI, complications such as infertility may prove to be devastating, often resulting in scorn, ridicule, abuse or abandonment by her spouse.

We have seen from the Zuma rape trial, and other reports of leaders caught with their pants down, that monogamous married

women are at greater risk of contracting STIs because of their partners' behaviour. In many instances, using a condom is perceived to be the man's decision. Fear of rejection or violence may inhibit women from acknowledging symptoms that could lead to early detection and treatment of STIs. For some women, chronic vaginal discharge, pelvic pain and pain during intercourse may be regarded as a normal part of being a woman.

Trafficking of women and sex tourism

Tourism has its own history that affects women and men differently. Traditionally, being female meant remaining at home, while being a man was a passport to travel. A woman travelling alone without an acceptable male escort risks being blamed for any 'harm' that may befall her on her travels.

Sex tourism is made possible through a network of local and foreign companies from Europe, North America, Japan and Australia that encourage men to travel to Third World countries specifically to purchase the sexual services of local women.

Sex tourism is part of a global market of human trafficking that trades in, among others, babies for adoption, cheap labour and sex workers. Fuelled by corruption in home and host countries, the market is run by an illegal underground operation that moves people across borders without the necessary paperwork. Many of the women and children intended for use in the sex industry are lured out of their neighbourhoods or countries with the promise of good jobs. Many end up in brothels.

Recently in South Africa, 26 Thai women were arrested in Durban after the Organised Crime Unit swooped on a club in Durban and a brothel in Pinetown.³¹ The women who were arrested insisted that while they were in Thailand they were told of better jobs in South Africa. Once they arrived, it was reported, their passports were confiscated and they were forced into prostitution.³²