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.

Jane Fleet
CMO, Mosvold Hospital
Private Bag X 2211
Ingezaneza, KwaZulu-Natal
janefleet@hotmail.com

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 adults2 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 (B20) cohort4 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, créche, school meals, TV viewing); and eating behaviours (snacking).

Consider this B20 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 there are 3/13 who have not had their bloods done.

Nina S Lewin
Birth to Twenty Research Programme
Department of Paediatrics
University of the Witwatersrand
Johannesburg
lewinn@medicine.wits.ac.za

Shane A Norris
Birth to Twenty Research Programme
Department of Paediatrics, and
MRC Mineral Metabolism Research Unit
University of the Witwatersrand
Johannesburg

Linda M Richter
Child, Youth, Family and Social Development
Human Sciences Research Council
Durban/Pretoria

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