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The management of risk: adolescent sexual and reproductive health in South Africa

ABSTRACT

Scientific discourse allows for the calculation of negative outcomes attendant on conception and birth during adolescence, thereby producing a discourse of risk. The management of risk allows for the deployment of governmental apparatuses of security. Security, as outlined by Foucault, is a specific principle of political method and practice aimed at defending and securing a national population. In this paper I analyse how techniques of security are deployed in the interactions between health service providers and young women seeking contraceptive and reproductive assistance at a regional hospital in South Africa, and how racialised and gendered politics are strategically deployed within these techniques. Security combines with various governmental techniques to produce its effects. The techniques used in this instance include pastoral care, liberal humanism, the incitement to governmental self-formation, and, in the last instance, sovereign power.

Keywords: teenage pregnancy; security; risk; health service providers; South Africa.

INTRODUCTION

In a paper entitled 'Power and visibility: The invention of teenage pregnancy' Arney and Bergen (1984) indicate how the morally loaded concepts of 'unwed mother' and 'illegitimate child' dissolved into a single new scientifically neutralised concept of 'teenage pregnancy' in the United States towards to the end of the 1960s (the term 'teenage pregnancy appears somewhat later in the South African scientific literature – around the late 1970s). This shift did not take place, they state, because our understanding of the phenomenon was becoming more accurate, or because the problem demanded more humane treatment, but rather because it allowed for the deployment of a scientific discourse. Pregnant teenagers became technical problems requiring endless scrutiny and measurement, and an in-depth knowledge of their structure. The deployment of a scientific discourse regarding early reproduction allows for the calculation of negative emotional, physiological, educational and social outcomes as likely to occur when a woman has children early in life, i.e. for the calculation of risk. For example, teenage child-bearing is associated both in the North American and South African literature with the disruption of schooling, poor obstetric outcomes, inadequate mothering, poor child outcomes, poor social support networks for the teenager and her child, increased welfare dependency (cited mostly in the North American literature), and demographic concerns (cited in the South African literature; see Macleod (1999a) for review of South African literature and Caldas (1993) on North American literature). Thus, in reproducing, the teenager is portrayed as increasing personalised, familial and social risk.

These concerns have an added dimension, however. The topic of teenage pregnancy has always been saturated by racialised, gendered and class politics, both in developed countries like the United States (Jacobs, 1994) and South Africa. For example, in a separate paper a colleague and I (Macleod and Durrheim, 2002) analyse how, through a process of racialisation, scientific discourse on teenage pregnancy in South Africa contributes to the entrenchment of 'race', 'culture' and 'ethnicity' as fixed, natural signifiers, and how the notions of 'tradition' and 'culture' are deployed to sanitize or disguise the underlying racialising project.

In this paper I explore the deployment of the management of risk as a governmental technique in everyday interactions between health service providers and teenagers in South Africa, i.e. at a site where power installs itself and has real effects. I examine how this management of risk re-produces racialised, class and gender boundaries. Risk is conceptualised here as not merely a technique of statistical probability and prediction, but also 'a way in which we govern and are governed' (O'Malley, 2000). Furthermore, government, as used here, does not refer to the formal bureaucratic instruments of government, but rather to the Foucauldian sense of government as the 'conduct of conduct' (Gordon 1991:2). In other words, government constitutes activities that aim to shape, guide or affect the behaviour, actions or comportment of people. More specifically, I utilise Foucault's (1991) notion security as an apparatus of government. 'Apparatuses of security' are 'those institutions and practices concerned to defend, maintain and secure a national population and those that secure the economic, demographic and social processes that are found to exist within that population' (Dean 1999:20). Foucault (1991, and cited in Gordon, 1991) saw security as a specific principle of political method and practice. Although security is distinct from various forms of government, such as pastoral care, liberalism and sovereignty, it combines with these practices in order to produce its effects. In this paper I initially explore how the traits of security described by Foucault (1991) are used to install the management of risk into the lives of sexually-active or reproductive teenagers. Following this I analyse the

deployment of the governmental techniques of pastoral care and liberalism to achieve security's effects. Within this, and in the conclusion, I explore the intersection of socialised risk and individualised risk through the incitement to governmental self-technologies[1].

SOME BACKGROUND

As part of a larger study (Macleod 1999b), service providers at a regional hospital in a middle-sized town in the province of KwaZulu-Natal, South Africa, were interviewed. This hospital was reserved for use by 'white' patients under the apartheid regime. In the nearby township, there is another hospital that was reserved for 'black' patients. Although apartheid saw its official demise in the 1994 elections, 'the pervasive notions of self, Other and legitimacy that saturate racist ideas and behaviour will long outlive the dismantling of apartheid' (Burman, Kottler, Levett and Parker, 1997:5). Indeed, researchers (e.g. Durrheim and Dixon, in press) have documented how racism in post-apartheid South Africa has changed form and developed new legitimising discourses to ground racist practice and informal segregation. This is reflected in the fact that while both hospitals are officially racially integrated, the majority of patients at both are 'black'. Middle-class people, who remain predominantly 'white', tend to make use of the burgeoning private health care system.

Health care functions are split between the two hospitals with sexuality and reproductive services being based at the first hospital mentioned. There are four units at the hospital that deal with the possibility or actuality of teenage pregnancy, viz. the Youth Health Centre (YHC), the School Health Services (SHS), the high risk Antenatal Clinic (ANC) and the Termination of Pregnancy (TOP) Clinic. The preventive programmes (such as holiday workshops for teenagers and sexuality education in the schools run by the SHS, and contraceptive counselling conducted at the YHC) are instituted, inter alia, to manage the risk of teenagers conceiving. The 'curative' aspects (ante-natal care, termination of pregnancy, counselling by a social worker) are about the management of a new set of risks that the error (pregnancy) invokes.

The ANC is fed by the hospital's satellite clinics. It is the 'high risk' clinic to which any woman with problems considered dangerous to the course of the pregnancy is referred. All women 17 years and younger are automatically referred. Those with 'social' problems are counselled. Significantly, all teenagers are referred for counselling. At the TOP Clinic women may request abortions up to the 12th week of pregnancy. After this, up to the 20th week, abortions may be performed on the recommendation of a medical doctor. Women may refuse counselling, but have to sign a form to this effect. The women are encouraged to come to post-abortion counselling but few do.

DATA COLLECTION AND ANALYSIS

In the research individual interviews were conducted with three staff members from the ANC, two from the TOP Clinic, four from the YHC, three from the SHS, and one from the Social Work Services. Apart from one obstetrician from the ANC, who is a 'white' man, all interviewees are 'black' women. Racial and gender politics continue to saturate day-to-day interactions in South Africa, including research interviews. Thus, for example, as I am a 'white' woman, the women participants assumed a certain understanding on my part, as a woman, concerning pregnancy and birth issues (especially as I was visibly pregnant at the time of interviewing), but felt it contingent to explain certain 'cultural' practices. The 'white' male, on the other hand, assumed some racialised solidarity and was happy to share his views

concerning Zulu people (see [8] below).

An interview schedule was prepared, but was used very loosely, with conversation being structured around issues brought up by the service providers. The interviews were taped and transcribed, and analysed, using discourse analysis. I use discourse in its Foucauldian (1972) sense as a set of related statements that construct and produce a particular reading of reality, and which make specific subject positions available within that reality. Foucault wished to restore to discourse its character as an event, which Fairclough (1992) describes as simultaneously a piece of text, an instance of discursive practice and an instance of social practice. The discursive events in this instance are simultaneously the discursive construction contained in my dialogue with the health service providers, the social practices (educative talks, health monitoring, counselling etc.) spoken about in the discussions, and the text produced in the transcription. The analysis consisted of (1) reading and re-reading the texts, (2) chunking the material according to themes, and (3) utilising Parker's (1992) seven criteria for identifying discourses, and (4) infusing the analysis with theoretical insights which draw on Foucault's analytics of power, security and governmentality. This analysis concentrates on the practices (techniques and technologies) referred to in the discursive space created between myself and the service providers.

INSTALLING THE MANAGEMENT OF RISK

The method of security has three general traits, viz. it: (1) deals with series of possible and probable events; (2) evaluates through the calculation of comparative cost; and (3) does not prescribe an absolute demarcation between right and wrong, but rather 'by the specification of an optimal mean within a tolerable bandwidth of variation' (Gordon 1991:20). In this section I analyse how the first two of these traits are utilised to legitimate health care practices by portraying these practices as essential for the common good.

The calculation of possible and probable events

The management of risk does not entail only the offer of guarantees should risky events occur. Risk is also produced (Ewald 1991). Problems must be identified in potentia so that prophylactic techniques to pre-empt their occurrence may be prescribed. To be subjected to a programme of risk prevention it is no longer necessary to display symptoms of dangerousness or abnormality, but rather to possess the characteristics that specialists consider to be risk factors. The possibilities for intervention become endless, for 'what situation is there of which one can be certain that it harbours no risk, no uncontrollable or unpredictable chance feature' (Castel 1991:289). The problematisation shifts from pathology to normality, with normality as the fragile outcome of averting risk (Rose 1992). For example, sexuality education programmes, aimed at guiding desire in 'appropriate' directions, are not instituted merely for sexual recalcitrants, but rather for all teenagers. The calculation of the probability of negative events following certain behaviours or attitudes (the recognition of risk in potentia) provides the legitimation for professionalised management of risk. This being said, risk calculation takes on racial and class dimensions. Caldas (1993:12), for example, asserts 'that there are large Black/White differences in adolescent childbearing (in the United States) is well documented'. In the following extracts I represents the author as interviewer, E the 'white' male obstetrician and all other letters 'black' female nurses.

[1] E Well (.) it starts them off on a life-time of reproduction and probably single motherhood, because, you know, once it has happened once it is very likely to

happen again. It also means that there are a lot of children who are being brought up by the Gogos [grandmothers]. [] things are relatively unstructured, undisciplined /hmm/. But I think that the main concern is that these kids are being brought into families where there is stress financially already (.) and then there is the problem of schooling.

[2] G: The economy of the country [is affected], because you find that there are so many teenagers who have got children. They become drop-outs from school. They don't have work to do because they are not trained, they are not skilled.

[3] H: I don't see anything positive [with teenagers conceiving], especially for the over population (1) []

I: In what way is the over population a problem?

H: Ai, it is a problem because now all these shacks that they build next to our houses [] Because people run away from the rural areas. They're starving. People are working in town. They don't bring money home then they build this shacks next to our houses.

[4] E: And then there is a higher medical risk as well, a higher risk of pre-eclampsia, a higher risk of maternal death.

[5] B: After delivery, we find that they have maternal psychosis, sort of mentally disturbed.

[6] E: If a girl gets pregnant, you know, under the age of 16, it cuts short her teenage years [] It leads to a less developed woman than it would have, had she had the chance to go through her education.

[7] K: [I]t is better for the boys, because they don't have any trouble of carrying a baby. All that you know they keep on being boys, while you [as a female] getting (.) being a young teenager being a mother of a child.

[8] E: They think it's okay to have multiple sexual partners.[] The consequences you will think of later. The fact that there may be (.) I am not sure if I am being racist in saying this, but it may be a Zulu phenomenon, that they don't really think about tomorrow.

In [1], E intimates that the probability of continuing error in terms of reproductive behaviour is high amongst teen mothers. He is implicitly referring to 'black' Zulu-speaking teenagers, as evidenced in his use of the Zulu word for grandmothers. This pregnant teenager is calculated as fracturing reproduction within the conjugal bond, the correct formation and functioning of the family, and the production of the economised self, as well as posing a threat to economised security. The fracturing of prosperity or economised security is listed by service providers as one of the key probable events of teenage pregnancy, as noted in [2] and [3]. We see in these extracts how what Donzelot (1993) calls the socialisation of risk operates. The socialisation of risk refers to fate, fortune, and destiny (which are individual matters over which little control can be exercised) being replaced with risk, the combination of abstract factors over which the collective may exercise vigilance and management. In [2], the teenagers are not positioned as experiencing personal misfortune owing to their lack of skills and their consequent inability to trade skills for a living. Instead, it is the country, the collectivised economy, that is affected. However, underlying this socialisation of risk is a finer gradation. In [3], we see how it is not only 'black' reproductive adolescents who are positioned as fracturing economised security, but, more specifically, poor 'black' adolescents and their families (those living in shacks or from rural areas).

Not only is the pregnant or mothering teenager portrayed as posing a threat to economic, familial, and conjugal security, she also poses a personalised risk to her bodily, mental and

social functioning, as evidenced in [4], [5] and [6]. However, the risk is not spread evenly amongst all teenagers. Risk, and therefore its management, centres around racialised, class, gendered, and ethnicised boundaries. In [7], K indicates that fatherhood poses no personalised risk (and is therefore not the target of serious intervention programmes. In [8], E positions ‘Zulus’ as more likely (than whom it is not stated but implied) to be socially negligent.

The calculation of comparative costs: the inadequacy of parents and adolescents

In order to justify the intervention of service providers, as opposed to leaving adolescents to themselves to manage their own destiny, or alternatively allowing parents to intervene, service providers need to position parents and adolescents as incapable of managing their own risk and error, and therefore as incurring costs to the production of reproductive health and welfare.

[9] L: They [parents] say it [talking about sexuality] is embarrassing. Our culture [] doesn’t allow them to talk with you about these things. [] Nowadays (.) you have to tell your child the truth.
[10] J: Well in our culture, our parents, they are so secretive so as nurses we must be open to them.
[11] G: They become angry. They reject this little one. And this little one will go to (.) maybe to the boyfriend’s house. [] Others resort to being street children after getting pregnant.

Parents are positioned as inadequate in communicating the ‘truth’ [9] concerning sexuality to teenagers. They avoid the issues [10], finding them embarrassing [9]. This inadequacy was often couched in the interviews in culturalised terms, as evidenced in [9] and [10]. In contrast to the parents’ failure in this regard, we have phrases such as ‘you have to tell your child the truth’ [9], and ‘as nurses we must be open’ [10]. This positions the service provider, firstly, as the expert who knows what the ‘truth’ is, secondly, as humanitarian carer who is open as opposed to parents who are closed, and thirdly, as either strangely de-culturalised or acultural (because of the strong ‘our culture = secretive’ equation).

Parents are furthermore positioned as culpable for social problems such as street children in their ineptitude in terms of dealing with a crisis in the family [11] – elsewhere respondents mentioned repeated births, abuse by the boyfriend and school drop-out as consequences of the parents’ response to the pregnancy of their daughter. This portrayal of the inadequacy of parents implies that there cost to the common good in service providers not intervening.

As teenagers are the primary target of intervention with regard to early reproductive issues, the service providers need to position them as unable to conduct their sexual and reproductive lives successfully without the assistance of the expert:

[12] G: And they want to experiment, that what will happen if I sleep with a boy (.) or if I sleep with a girl?
[13] H: [It is] ignorance – because teenagers (.) even if you talk to them (.) they always think that even if I do it for the first time I will not fall pregnant.
[14] H: They can sleep with you today, the following day with somebody else.
[15] F: The older people, they know what they are doing, they don’t need any assistance.

[16] E: I am the only specialist.

[17] P: Because we have the staff that were trained, they know how to answer those questions.

Teenagers are portrayed as: experimenting and hence in need of assistance in planning their activities in a rational fashion [12]; ignorant and hence in need of education [13]; promiscuous and hence in need of information (to use condoms) [14]. This is in contrast to adults [15], who are rational, know themselves and know what they require, and in contrast to service providers who are experts trained, knowledgeable [17] and specialised [16] in the management risk and error.

GOVERNMENTAL TECHNIQUES USED IN THE MANAGEMENT OF RISK

In this section, I indicate how the service providers interchangeably utilise the techniques of pastorship, liberal humanism, the incitement to governmental self-formation and, in the last instance, sovereign power in the management of risk surrounding adolescent sexual and reproductive health. As indicated earlier, security combines with the various forms of government mentioned above to achieve its effects.

The techniques of pastorship

Foucault described pastoral power as a form of power which has Hebraic roots but which only reached its full elaboration in early Christian writings (Dean 1994a). On the one hand, the leader is represented as a shepherd who is accountable for all members of the pastorate; s/he gathers and guides the flock, ensures their salvation through his/her kindness, and is devoted to knowing the flock as a whole and in detail. On the other hand, obedience, self-control, personal submission, mortification and a renunciation of the self and the world by the flock are encouraged. It was through institutional Christianity that the notions of pastorship, the care of others, and a dynamics of self-decipherment and self-renunciation were fully developed.

[18] B: I would like to ask from her why she stays there [with her boyfriend]. [] And to enlighten her that it is not right to stay with a man before marriage.

[19] A: [A had related a story where a teenager's mother had taken her to a private doctor who had administered tablets to induce abortion after having been refused at the hospital because the teenager was not willing to terminate her pregnancy. The teenager returned to the hospital bleeding, with the foetus aborting spontaneously] After the foetus has come, we called the mother and told her [] 'What you did to the child is wrong. You don't think to the future.[] If she happened not to get another child, she will say something to you as her mother'.

[20] I: You said that one of the things that you ask about is what is going to happen to the unborn child?

B: Ya, who is going to look after the child, because she needs to attend the school. The mother's side or the father's side? Have they discussed all those things? (.) Who is going to take the child to the clinic for immunisation? Are they going to have a nanny? Who is going to pay for that nanny to look after that child?

[21] F: Some come because they are sexually active, 'I've just come for the Jorva [injection - usually Depo Provera]'. And then 'What's your age, sisi [sister]?',

and they say 'I'm just 14(.) 15'. 'Ooh, you see, my friend, we are faced with a problem now. If we are fifteen, we are now sexually active. Let us look now at the dangers of early sex'. [] More especially with the blacks (.) this Mhlanga [reed dance][2] thing, where all the really virgins, they go and display their bodies. 'Just look how beautiful you are. If all the small virgins (.) young girls are called to display their bodies, will you still find yourself happy with exposing yourself?' And then she will start to be shy.

[22] J: We used to prepare holiday programmes so that we keep them busy. When they just sit at home, moving up and about the streets (.) you know, they can do a lot of mess. But when they are together sharing something which they can benefit out of (.) it is much better.

[23] J: They do rely on us and we love them.
I: In what way do they rely on you?
J: You know, whatever we are telling them, they take it as a something they need for them. [] So you must be a friend to them.

[24] B: [B had related a story of a mother bringing her pregnant daughter to the Antenatal Clinic where it was discovered that she (the daughter) was HIV positive] I did try to calm her then, you see, that the mother should accept things as it is. Maybe, as the time goes on, God can do wonders. She said 'The child is going to die. What must I do?' I said 'No, she won't die; pray to God'.

The responsibility of the pastor is to care for and guide the members of the flock. Her caring is demonstrated in the regard s/he shows: using words such as 'my friend' or 'sisi' [21]; being loving, helpful and dependable [23], and calming people in a time of crisis [24]. S/he understands what is good for them: getting married [18]; attending school [20]; remaining a virgin [21]; keeping busy [22]. Because s/he cares for the members of the flock, and because s/he understands what is good for them, s/he guides them in the path of rightful action (the possible and probable events of security). In order to perform this function of guidance, s/he has to arbitrate concerning the moral correctness of actions, and to indicate the correct path in cases of wrong action. In [18] the nurse proclaims that 'it is not right' to co-habit with a man. Recalcitrance is, however, anticipated, in which case, the pastor's job is to chastise the perpetrator. In [19] the service provider chastises the mother. Chastisement, however, is not mere censure. Instead, it is designed to assist the member in reverting to the correct path. In [19] the nurse explains to the mother that the daughter may feel resentful of the mother in future. This explication of possible future events performs the function of helping the mother reform her behaviour (she is told later to 'communicate' with her daughter).

In order to carry out the functions of care and guidance, the pastor requires the member to render him/herself accountable to him/her (the service provider). In [20] the service provider puts herself in the position of inquisitor, seeking answers for a multitude of questions regarding the arrangements made. This information is necessary for the nurse to evaluate whether the correct procedures are being followed.

Other than chastisement and moral arbitration, the techniques used by the pastor are shame, rightful activity, comfort, supplication to a higher power, and warning. In [21], the service provider invokes the ritual of the display of bodily purity, and partially positions the adolescent as of pure body ('look how beautiful you are') in order to shame her ('she will start to be shy'). In [22], the holiday programme is depicted as being of benefit (rightful activity), while the other potential activities of the adolescents during the holidays are

portrayed as negative ('do[ing] a lot of mess'). In [24] the nurse acts as comforter ('I did try to calm her') and incites the mother to make supplications to God concerning her daughter.

Warning represents a major technique used by the service providers in the installation of the management of risk in pastoral power relations with teenagers:

[25]	F:	We like to see the children before they get their periods. Just to warn them how they should behave [] So we used to tell them they can be in love, but say no to sex. [] At times you find it's rather too late, and if you tell them of the dangers of steady sex, they are already involved. [] We tell them about (.) that they might fall pregnant, that they do take the contraceptives (1) if they don't want the baby. If they fall pregnant, they might keep the baby. (1) Well, it is just of late that we have had (1) if they do do that, they do the abortion.
[26]	J:	We just teach them about the stages of growth [ ] to know as they grow up what must they expect in life (.) the changes that come. And when they are caught by the stage to get involved in sex (.) and so we used to teach them that they must expect that in life. It is natural, but not in every manner.
	I:	What do you mean when you say, 'Not in every manner'?
	J:	I mean to say what they must watch out (.) what they must not do. But sex they can do it but not in their age.
[27]	I:	And what sort of thing would you like to see discussed about pregnancy and childbirth [with teenagers]?
	E:	Well (.) fairly non-detailed information about the fact that it is necessary to have medical care, [] perhaps just to discuss some of the things that can go wrong in pregnancy.
[28]	J:	We used to tell them [] when you reach that menstrual period for sure what will happen to you which will make you to have a partner or to have sex with somebody. We used to tell them so they grow (.) well (.) knowing the facts.

The pastor's task of guiding the members of the flock involves warning them of the potential of future hazards. In this way, security's pre-occupation with probable and possible events is installed in the everyday actions of individuals. The service providers warn teenagers about potential pitfalls and difficulties regarding sexuality, pregnancy and child-bearing. They tell teenagers 'of the dangers of steady sex', 'that they may fall pregnant' [25], that 'things can go wrong in pregnancy' [27]. Certain inevitable events, such as menstrual periods [28] or the stages of life [26], are warned about together with the probable (owing to a biological urge) sexual behaviour that will accompany them. These warnings of future possibilities are neatly converted into prescriptions for behaviour. Teenagers are warned 'how they should behave' [25], 'what they must watch out' for and 'what they must not do' [26]. They are instructed to 'say no to sex' [25], to 'take the contraceptives' [25], and to seek medical assistance during pregnancy [27].

As specified above, security does not make a clear binary distinction between what is permitted and what is not. Instead, there is a bandwidth of variation concerning the allowed, although there is an optimal middle-path within this bandwidth. Abstinence from sex is the optimal middle-path recommended by the service providers. However, sexual intercourse and even pregnancy lie within the acceptable bandwidth, but carry with them a different set of warnings and prescriptions concerning behaviour than does non-coital behaviour. Put simply, if the teenager is a virgin, there is the danger of the desire for sex, and thus the behaviour recommended is 'say no'. If she is sexually active, there is the possibility of pregnancy, and

thus she should use contraceptives. If she is pregnant, there are potential complications in the pregnancy, and thus she should seek professional medical assistance.

The techniques of liberal humanism

Interspersed with the pastoral care, the service provider positions her/himself as the liberal humanitarian. Liberalism places limits upon direct coercive interventions into individual lives; the rights, needs and desires of the individual have to be respected, and cannot be dictated to by the authorities. Rights and liberties are simultaneously external to liberal political authority and necessary for its operation. In liberalism security operates by insisting on liberty and by tolerating difference within a bandwidth of possibilities. The expert's task is to set in motion forms of regulation that facilitate the unfolding of the natural processes intrinsic to the population. Thus the authority must act upon the choices, wishes, values, and conduct of the individual in an indirect manner (Dean 1999). The individual is rendered truthful to his/her fundamental nature, a nature known in depth by the expert.

[29] B: She's having a right to live, and also a right to decide. And so that she will feel free to report anything that is happening.

[30] P: There are many topics that they cover [in sexuality education], but according to the need of that particular group.

[31] P: It's the approach.[] take that teenager as a unique teenager. (1) Respect that teenager. [] You should trust them. In fact the relationship develops trust. [] You have to accept them as they are, even if she comes to you and says 'I am pregnant'.

[32] H: We just don't instruct them [in counselling]. They tell you where the problem is and you find out from them which is the best way to solve the problem.

[33] P: You need to empathise [in counselling]. You need to show that person that you are there and that you are listening.

[34] G: We are not going to tell anyone about what they have told us because it is confidential, so that's then why they like to come to our services and ask questions.

[35] B: She can raise her other problems [in counselling] rather than the one she is consulting on. And also maintain privacy.

A principle technique of liberal humanism is individualisation in which the individual is accorded rights and obliged to be free [29]. She has to make her own decisions, and is rendered unique [29 and 30]. The humanitarian's job is to respect, accept, trust [31] and empathise [33] with the person, thus allowing her to render her problems audible ('report anything' [29]). This stands in contradistinction to the pastor's role of moral arbitration. Instead, the humanitarian remains neutral, even when the teenager presents deviancy ('comes to you and says "I am pregnant"' – [31]). The humanitarian's task is to understand difference, and to accommodate it within a broad bandwidth. S/he adjusts her approach according to the 'needs' of the individual or group [30].

As opposed to the pastor, the humanitarian is not there to instruct [32]. Instead his/her role is to allow the teenager the space to render herself truthful to herself. The teenager must be permitted to confess what the problem is, and then to labour to find the solution [32]. The task of the confessor is to make it possible for the teenager to render herself audible by demonstrating to the teenager feelings of identification ('empathise'; 'you are there' – [33]), maintaining confidentiality [34], and creating a private space within which the teenager may

confess [35]. The individualisation inherent in liberal humanism together with the provision of the confessional space allows for the incitement to certain technologies[2] of the self (in particular the self-technology of epistemology). This is discussed in depth in the next section.

The incitement to self technologies

Dean (1994b) refers to governmental self-formation as the ways in which authorities seek to shape the conduct of individuals, enlisting them in seeking defined goals through technologies of the self. These technologies are 'the elaboration of certain techniques for the conduct of one's relation with oneself, for example requiring one to relate to oneself epistemologically (know yourself), despotically (master yourself) or in other ways (care for yourself)' (Rose 1996:135). In the following, I trace the ways in which teenagers are encouraged by service providers in the self technologies of (1) despotism, (2) epistemology, and (3) attentiveness. In this process, the techniques of pastorship and liberal humanism are strategically invoked. It is through governmental self-formation that regulatory effects are installed in the everyday lives of teenagers and their families.

The self technology of despotism

[36]	K:	I just tell them, 'Well (.) all what is happening it is just natural (.) but one thing is to control yourself. When the time comes, you must stick to only one partner'.
[37]	J:	I would include the gospel [in training]. []
	I:	In what way does it help the teenagers to know about the gospel?
	J:	[] According to the Bible it is a sin to have sex before marriage (.) and then as you grow up you have a goal that I will have sex when I am married, you know, and you keep on praying that 'God, please help me', then I can't do it (1) even if, you know, I've got those feelings (.) but you don't do it.

The most clear indication of despotism over the self is control. In [36] teenagers are incited (in a pastoral fashion) to exercise control over natural sexual urges. Sexual impulses must be recognised and controlled with regard to timing and number of partners. The notion of sin is invoked in [37] as a motivation for control. Christianity is depicted as rescuing the individual from hard-to-control urges with the inscriptions of God in the Bible as a guide. The teenager is encouraged to maintain her relationship with God who assists her in her self-despotic efforts at abstinence. The service provider as pastor guides her in her supplication to a higher power.

The despotism of the self in terms of sexuality is strongly gendered:

[38]	F:	Tell her about the dangers of early sex. What should she avoid (.) like the privacy (.) They will never do that in public. It's you (.) female (.) who will give him privacy.
[39]	L:	I used to talk to them about that they must avoid having so many boyfriends.
[40]	H:	We will give them [boys] information [] how the pregnancy occurs (1) explain the menstrual circle [] It will help them in the end, because there are safe periods. If they really can't make it, how they use the safe periods.

The gendering of the self technology of sexual despotism takes on three aspects above, viz. control of access to the body, avoidance of particular situations, and the hydraulic sexual

drive. Female teenagers are incited to patrol male access to their bodies because of the 'dangers of early sex' [38]. This type of warning is not extended to males (instead they are 'informed' – [40]), and the incitement to control sexual bodily access is limited. Female teenagers are incited to employ the strategy of avoidance (of privacy and multiple partners) in order to implement access control, while males are informed that 'if they really can't make it', then they may have sex [40]. Underlying the gendering of mastery of the self is the implicit assumption that males are more at the mercy of their sexual desires than females (see Hollway's (1989) analysis of the Male Sexual Drive discourse).

The self technology of epistemology

The self technology of epistemology requires the person to labour to know the self. It relies heavily on the humanistic discourse of individuality:

[41] G: In terms of self-esteem (.) um (1) we talk about (.) telling them that they are just unique. [] He must never be influenced by other people /hmm/. Because [] you find that you do something that you were not prepared to do (.) because of the peer pressure /hmm/. And we encourage them to go through to their careers.

[42] M: I think they should be encouraged to be as open as possible (1) to get the information that they think they need to get to help them. [] Because they just do whatever they think at any time. (.) It means that they are not going anywhere. But if they have got a goal in life they will do all they can to discipline themselves /hmm/. With the information that they have, they will be able to make informed decisions.

[43] L: We started to do counselling. (.) Just 'Why you want abortion?'. Then she will tell you her reason why she wants abortion. Then you have to tell her the options (.) to do this and that and that.

The uniqueness and individuality referred to in [41] implies that the person must labour to get to know the self. This labour extends to maintaining that uniqueness from the threat of negative outside influences such as the peer group. Knowing the self is complemented with 'factual' knowledge of the world [42]. This knowledge together with knowledge of the self are presented as allowing teenagers to make decisions, protect themselves from negative external influences, and formulate and follow through on goals. Although the teenagers are depicted as making individual decisions, and planning their own futures, there is an implicit understanding that only certain of these decisions, and only certain of these goals, gain the approval of the authority. In [42], for example, the adolescent who does not conform to particular practices of the self are presented as 'not going anywhere'.

The incitement to the self technologies of epistemology allows for the positioning of the service provider as confessor. The expert may question the teenager as to why she wants to engage in certain actions, such as having an abortion [43], because she must know herself and her reasons for her actions. However, the power relations between the adolescent and the service provider allows the service provider to consider her (the adolescent's) knowledge as deficient, and hence in need of supplementation. The expert presents the teenager with other alternatives, but not in an imposing manner. Instead, the individual is incited to consider options and to labour with regard to her decisions.

The self technology of attentiveness

[44]	B:	And I told the child, 'As you are now HIV positive [] eat healthy food; do exercises. (.) Your close friends should know [] Don't be shy; mix with other people.
[45]	L:	They also must use condoms (1) and I also advise them if they see any changes, [] they must go straight to the hospital [] because some of them after TOP they [have] irregular menses.
[46]	I:	What should the contents be [of a course on teenage pregnancy]?
	L:	(2) How to care for themselves [] You can find then a child of 17 years (.) she is staying at the University of *** but the parents they are staying in Jo'burg. She needs to think how to present herself (.) even if she is staying away from home but she can respect herself (1) and her parents.

The self technologies of attentiveness imply an awareness and care of various personal functions. In [44] the adolescent is incited to monitor the exchange of matter from the external to the interior of the body ('eat healthy food') and to maintain the body through bodily exertion ('do exercises'). In [45] the adolescent is encouraged to patrol reproductive care (use condoms) and to present herself to the expert when she notices bodily deviation (such as irregular menses).

Care of the self includes attentiveness to relationships and to the presentation of oneself to the external world. In [44] the adolescent is incited to communicate with others concerning her HIV+ status, and to labour concerning her contact with others ('don't be shy'). In [46] the teenager is encouraged to present herself in particular, respectful ways which reflects not only on herself but also on her family.

Sovereign power

[47]	L:	You are not allowed to say that you must not do that [terminate the pregnancy].

Ostensibly the service providers do not utilise sovereign power over the teenagers, as testified to in [47]. However, there are times when sovereign-type power is invoked. The aim of sovereign power is to reinforce, strengthen and protect the domain of the authority (the prince). The purpose is circular: 'the end of sovereignty is the exercise of sovereignty ... [the] good is obedience to the law, hence the good is that people should obey' (Foucault 1991:95).

[48]	H:	I must inform her, 'No, even if you want injection you cannot take it because of this reason. Take this'. I give the last opinion.

Access to contraception (and various other things such as termination of pregnancy) are patrolled by service providers. The teenagers have little option in these instances but obedience.

CONCLUSION

Ruhl (1999), in her paper on liberal governance, risk and the regulation of pregnancy, separates the socialisation of risk from 'individualised risk', which emphasizes individual responsibility for and negotiation of risk. She indicates that the management of pregnancy is becoming a more privatised mode of governance, with pregnant women being held

accountable for the outcomes of their pregnancy. This is the crux of individualised risk in which ‘the governed’ assume responsibility for their own health and welfare, utilising self-surveillance and self-regulation to avert potential risks. Paradoxically, however, this process relies on the proliferation of expert advice.

Two questions arise in response to this in the context of this article. Firstly, how is risk management in South Africa different or similar to that deployed in the late capitalist welfare states referred to by Ruhl? Secondly, does the regulation of pregnancy take on a different aspect in the case of adolescents? The first question is too large to answer adequately here. What this paper has indicated, however, is that in institutional settings such as hospitals, the management of risk is deployed in many similar ways to that described elsewhere. However, in South Africa, many women do not have access to primary health care. They may never, or infrequently, visit ante-natal clinics, and may deliver their babies at home. Quality of health care is divided along class, race and urban/rural lines. This means not merely that these women’s health status may be compromised, but also that opportunities for the installation of individualized risk management in their lives is limited. In response to the second question, it appears that teenage pregnancy does take on a slightly different aspect. It incorporates both socialised and individualised risk. Teenagers are subject to the same and more incitement to monitor their habits prior to, during, and after pregnancy as are older women (note how all women 17 years and younger are automatically referred to the high risk ante-natal clinic in this instance). However, the emphasis on child and parent outcomes, and, in South Africa, demographic concerns implies a socialisation of risk necessitating social insurance against the dangers accompanying early sexual activity and reproduction. This legitimates the use or tax payers’ money to establish and staff such facilities as Youth Health Centres and School Health Services. Programmes of prevention and reform are instituted to ensure not only the well-being of the individual teenager, but also to secure the common good. Nevertheless, as illustrated in parts of this paper, risk and its management tends to centre around class, gender and racialised boundaries.

NOTES

1. The words ‘technique’ and ‘technology’ are used somewhat interchangeably here although they have slightly different meanings(the art of doing something versus the knowledge concerning doing something). Instead of getting into complicated arguments about the appropriateness of one or the other in a particular instance I have followed the authors most referred to in each instance. Thus Foucault (1991) tended to use governmental ‘techniques’ while Rose (1996) coined the term self-technology.
2. This is a ceremony in which virgins are presented to the Zulu King. It takes place when the reeds are high, and there is a lot of dancing.

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