Southern African Journal of Policy and Development

Volume 5
Number 1 *June 2020*

Article 6

6-2020

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Various trends affect the operations of civil society organisations related to sexual and reproductive healthcare (SRH) in Zambia. Firstly, there is a dramatic unmet need for SRH services, and organisations are scrambling to meet this need in the face of many barriers. This is coinciding with increasing political repression on civil society, especially targeting civil society organisations (CSO) with politically sensitive underpinnings. A Christian demographic and institutional revival is reshaping the social and moral framework of the Republic. This research investigates the context of SRH organisations in Zambia and assesses how organisations related to SRH are impacted by the religious-political environment. Results were found through a literature review and semi-structured interviews in Lusaka, Zambia with stakeholders relevant to this issue. It was found that the work of SRH CSOs is implicitly controlled by both the government and religious institutions through legal and extra-legal measures. As a result of this context, the study found changes in CSO issue focus, CSO relationships and attitudes toward the government, and CSO operational security and sustainability. By controlling public spaces and obstructing freedom of assembly and expression, the state is obstructing the Zambian people's access to healthcare. A key finding is that as undemocratic as the current regime's actions are, more detrimental to the Zambian health sector than government repression may be how CSOs are responding to it. Organisations are responding with disillusionment and aversion to political engagement as a result of shrinking political space, Christianity, and the invasive stigmas of SRH work in Zambia.

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1. Introduction

In 1991 President Frederick Chiluba of the Republic of Zambia issued a statement declaring Zambia to be a Christian nation. Over the years, and depending on the ruling President, Christianity has had varying degrees of influence. Today in Zambia, under President Edgar Lungu, the sentiment is especially strong. Scholars have found that the declaration has accelerated a Christian demographic growth, which distinctively corresponds with shrinking political space (Kaunda, 2017, p. 297). Currently in Zambia there is a trend towards political repression, understood as the state restricting the citizenry's ability to participate in politics. More than any other regime, the ruling Patriotic Front (PF) has revived outdated colonial laws to bolster the party and strengthen the state's power to snuff out opposition. While the repression tools have always existed, the PF party has begun to use "neocolonial politics as

seductress and manipulator, operating with a hidden agenda to legitimize (their) political power" (Kaunda, 2017, p. 297). This includes legal and extra-legal measures that limit the freedoms of citizens and civil society organisations (CSOs). Reports indicate this repression is occurring through economic discrimination, social media manipulation, and legal harassment (Chipenzi and Mwape, 2019, p. 3).

Given the religious revitalisation and political crackdown in Zambia, organisations that provide sexual and reproductive healthcare (SRH) are in a particularly vulnerable position. The Christian church is a key political player in Zambia. The 2010 census reported that 95.5 percent of Zambians identify as Christian (Zalumbi, 2012, pp.19-20). Specifically, Pentecostalism is on the rise. Christian values influence the everyday decisions of most Zambians, therefore no policy or decision regarding sexual or reproductive practices exists without considering religion.

In this context, there are several trends affecting the operations of civil society organisations related to SRH care in Zambia. Firstly, there is a dramatic unmet need for SRH services, and organisations are scrambling to meet this need in the face of many barriers. The second trend is that the government is increasingly repressing civil society, especially targeting CSOs with politically sensitive underpinnings. In addition to the shrinking of political space, the third trend is a Christian demographic and institutional revival that is reshaping the social and moral framework of Zambia. As a result of this environment, the study found that SRH organisations are not only changing their attitudes and behaviour towards the government, they are also changing issue focus, activities, and policies by largely avoiding all things controversial and religiously or politically sensitive. Organisations have adjusted their policies to overcome the barriers that the religiopolitical environment has created. Lastly, SRH organisations are perceiving a change in their organisational security and their ability to autonomously operate without fear of forced closure or censorship.

2. Background

2.1 Civil Society Framework

In Zambia, the role of civil society has been continuously and historically restricted (Mumba and Mumba, 2017, pp. 2-55; Dupuy, 2016, pp. 299-241). Civil society can broadly be defined by "the arena, outside of the family, the state, and the market, which is created by individual and collective actions, organizations and institutions to advance shared interests" (Firmin, 2011, p. 8). This arena includes organisations that provide sexual and reproductive healthcare services.

In recent years, civil society has become increasingly policed by the government. The controversial 2009 NGO Act required all non-governmental organisations (NGOs) and CSOs operating in Zambia to register. The law's ability to deregister organisations on a whim undermines CSO's freedom to function. Scholars, including professor of law and

constitutional expert at Cornell Law School Muna Ndulo argue that this anti-NGO legislation violates international human rights commitments, in particular those relating to freedom of association, assembly, and expression (Musila, 2019, pp. 1-22; Ndulo, 2019). Several different laws regulate CSOs, thus the state is able to pick and choose among the provisions it wishes to enforce. Godfrey Musila (2019, p. 20) argues that without explicitly stating it, the predominant objective of anti-NGO legislation is to restrict organisations with "politically sensitive" themes. Sexual and reproductive health CSO's, which by nature foray into the "politically sensitive", are caught in the crossfire of this clash.

2.2 Religious Background

SRH organisations are politically controversial because of the Christian influence in the Zambian government.

Ever since missionaries first arrived in the late nineteenth century, Zambia has been overwhelmingly Christian. Denominations founded by Anglican, Catholic, Baptist, Seventh-Day Adventist missionaries and others make up the local system (Hayes, 2012, pp. 123-39). The 2010 census reported that 75.3 percent of Zambians identify as Protestant and 20.2 percent as Roman Catholic (Zalumbi, 2012, pp. 19-20). Among those with Protestant affiliations, Pentecostals are the largest group (Agha, Hutchison & Kusanthan, 2006, pp. 550-55). Religious affiliation in Zambia affects how individuals engage socially, politically, and economically. The presence and impact of Christianity in Zambia cannot be overlooked.

Christianity has both a negative and positive impact on SHR advocacy, care, and support. The Church as an institution complicates SHR care and advocacy. Sexual and reproductive health discourses – on HIV/AIDs, contraceptives, or abortion, for example – evoke questions on morality, infidelity, and sexual promiscuity; these are issues religious groups often do not identify with. Additionally, due to the stigma surrounding SRH work, churches may fear that their involvement may be seen as an endorsement on promiscuous/immoral behaviour (Adogame, 2007, pp. 475-84). On the other hand, the church has an immensely positive impact on SHR discourse and care in Zambia. Faith-based organisations such as the Church Health Organization of Zambia (CHAZ) have been established to provide SRH care and advocacy. The healthcare endeavours of churches in Zambia have a wide funding network and a national presence. Religious organisations are the main supplement to government efforts to support those in need.[1] The demographic influence, organisational structure, and international scope of Zambian churches make them complicated but key allies in SRH health promotion.

There is a widespread sense that Christianity has contributed to a transformation of Zambia from the top-down and the bottom-up – from both the church as an institution and individual Christians. In 1996, the preamble of the Constitution was amended to say that "the

[1] Justin Mwiinga, National AID Council, interview by author, July 2019.

Republic [will be] a Christian nation" (Hayes, 2012, pp. 123-39). Pentecostalism is widely perceived as "architect and guardian" of the Declaration, which appears to have played a significant role in the extraordinary demographic expansion in Zambian Christianity (Kaunda, 2017, p. 297). Several scholars have contributed to an ongoing debate on the political and democratic implications of the Pentecostal Declaration (Freston, 2001, p. 160; Hayes, 2012, pp. 123-39; Jenkins, 2011, p. 180). Regardless of the debate, the establishment of Zambia as a Christian Nation has changed the religio-political framework of Zambia which affects CSO's related to SRH at the level of the institution and the individual.

For example, under the guise of the Declaration, the Ministry of National Guidance and Religious Affairs was established. The Ministry of National Guidance and Religious Affairs (MNGRA) was created "to guide all national undertakings in line with Zambia's Christian identity." The Minister, Reverend Godfridah Sumaili says, "The MNGRA had been established among other purposes to facilitate the actualization of the declaration." She said MNGRA will create regulatory policy and legal framework on matters related to Zambia's Christian heritage (Lusaka Times, 2018). The Minister has expressed a desire to "clean-up" the nation, create laws based on the bible, and discipline the wayward like one would "discipline children" (Zambia Talk Radio, 2017). The establishment of the MNGRA is one religio-political change in Zambia.

Organisations and individuals which are not Christian, which fall outside conventional categories, naturally feel threatened by MNGRA (Shimunza, 2018). For example, as reported by the Lusaka Times in 2019, the ministry banned Somizi Buyani Mhlongo, a South African gay television personality, from travelling to and performing in Zambia. Furthermore, the vague criteria the ministry uses to enforce Zambian "values, principles, and ethics" has affected civil society operations. Will the mandate of the bible prevail over the mandate of the law and allow the ministry excessive implicit power?

As proven by MNGRA, while political spaces are shrinking for some in Zambia, Christian institutions have been rewarded a platform in a manner that is inherently exclusive and undemocratic. The MNGRA has become an extension of the state's power to regulate civil society. As this paper will show, MNGRA's impact on sexual and reproductive health in Zambia is one example of how it has become an extension of state control.

2.3 Sexual and Reproductive Health

In Zambia, civil society, the government, and the health sector work together to provide SRH care. However, to promote SRH initiates like condom or other contraceptive use in a Christian nation suggests that the government is condoning promiscuity and immoral behaviour. Thus, a tension arises between the different morals and goals of each actor. With the tension between the Church, the State, and civil society, it is clear why SRH organisations are in a precarious situation. As a result of the conflict between these three sectors, the nation has an unmet need for SRH services. Zambia has high morbidity and mortality,

especially owing to a Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome (HIV/AIDS) pandemic. According to the 2007 Zambia Demographic and Health Survey, one in seven adults was HIV positive. Despite the prevalence of HIV, condom usage is low, a 1998 study showed that only seventeen percent of women and 24 percent of men had used a condom at last intercourse (Agha, 1998, pp. 32-37). Furthermore, twenty-one percent of currently married women and twenty-five percent of women aged 15-19 have an unmet need for family planning services. The wide-held Christian teaching of abstinence before marriage and faithfulness in marriage has been institutionalised in the Zambian health sector. This is inherently problematic because married people are among the largest population of individuals with HIV/AIDS. Female African theologians have reasoned that because Africa has been overwhelmingly committed to the Christian institution of heterosexual marriage, marriage remains the most dangerous institution for African women in the context of HIV (Bediako, 1995, p. 183). In addition to increased AIDS risk, unmet contraceptive needs result in increased unintended pregnancies which increases the prevalence of unsafe abortion. The top five causes of maternal deaths in Zambia are unsafe abortion, haemorrhage, infection, hypertension, and obstructed labour (Malake, 2018, p. 10). At the national level, unsafe abortion, infant and maternal mortality, and HIV have remained major public health crises, raising a crucial need for SRH services.

There is little to no *legal* restriction for access to SRH services like contraceptives or abortion. Still, unsafe abortion remains a major challenge in Zambia despite a law that is considered liberal. The 1972 Termination of Pregnancy (TOP) Act is the principal legislative act on pregnancy termination. Despite the TOP Act, taboos stemming from religious and political beliefs are a hindrance for organisations navigating the sexual and reproductive health sector, and this negatively impacts Zambian's health. Therefore, many women face logistical, financial, social, and legal restrictions to safe abortion services, and thus resort to unsafe abortion (Parmar, 2017, pp. 236-49). Amid a public health crisis, the barriers for both those seeking SRH services and those providing SRH services are incredibly problematic. There is the possibility that some women may simply be unaware of SRH services in Zambia, which is only exacerbated by the additional religio-political barriers. This article demonstrates that many of these barriers are a result of the religious and political climate in Zambia.

Additionally, international factors are interfering with Zambian SRH organisations' ability to operate. The Mexico City Policy, also known as the Global Gag Rule, forbids the allocation of U.S. assistance (funding, technical assistance, training, or commodities) to foreign NGOs that perform abortions, provide counselling or referral for abortion, or lobby to make abortion available. The Mexico City Policy not only affects abortion services in Zambia, but the reduction in funding forces NGOs to erode other services like family planning service provision and reproductive rights protection (Access Denied, 2003). The loss of American funding has negatively affected Zambian CSO's – in their activities, issue focus, and linkage to foreign CSOs. The Planned Parenthood Association of Zambia (PPAZ) is the leading

non-governmental body providing reproductive health services in the country. In Zambia, PPAZ took the hardest hit – with a 45 percent funding cut.[2] Closed due to the Mexico City Policy, a PPAZ programme in Zambia's Nyangwena health center offered HIV testing in homes, distributed condoms in the community, and gave SRH information to teenagers in schools (Ratcliff, 2019). Organisations are now unable to sustain their public reach, both in terms of promoting family planning options, HIV prevention, and many other SRH services.

Despite the government-private partnership, there is still an unmet need for SRH services and information in Zambia. Organisations are battling harassment, taboos, the anti-choice movement, the cumbersome TOP Act, and international factors like the Mexico City Policy. Furthermore, individuals lack access to legal and medical knowledge due to financial, religious, and political barriers.

3. Methodology

This study aims to better understand the context of sexual and reproductive health (SRH) organisations in Zambia and assess how such organisations related to SRH are impacted by the religious-political environment. Little research has been done on the impact of religion and politics, as one entity, on SRH civil society. This study aims to start a dialogue on these matters with key stakeholders. To gather information on the current status of institutions related to SRH services and advocacy, relevant literature was reviewed and semi-structured interviews with stakeholders were conducted in collaboration with the Southern African Institute for Policy and Research (SAIPAR). A total of 11 key informants were interviewed in Lusaka, Zambia including representatives from Planned Parenthood Association of Zambia (PPAZ), the Centre for Reproductive Health and Education (CHRE), the National AIDS Council (NAC), BBC Media Action, UNICEF, Innovation for Poverty Action, a representative of the University of Zambia, SRH service providers (wishing to remain anonymous) and a leading researcher on MNGRA (also anonymous). These individuals represent a pool of leading healthcare practitioners, organisational executives, journalists, public intellectuals, and civil servants, all of whom have extensive experience and knowledge on topics relating to SRH and/or civil society. This sample of respondents was chosen in an attempt to find actors who represented the healthcare industry, advocacy organisations, media organisations, and research organisations. While some requested to remain anonymous given the sensitive and critical nature of their work/statements, the majority opted to be quoted freely. The interview findings were analysed taking into consideration the numerous perceptions and realities regarding the government, the church, and sexual and SRH organisations.

[2] Daniel Sambo, Planned Parenthood Association of Zambia, interview by author, June 2019.

4. Findings

As observed through the documented interactions and professed perspectives of interviewed representatives and experts, civil society space is shrinking for SRH organisations in several ways. In response to the suppression, the study found that organisations are changing their relationships and attitudes towards the state and changing their organisational policies. Additionally, there are changes in organisational functioning, survival, and security.

4.1 Fluctuating Relationships/Attitudes Between Church and CSOs

Firstly, civil society organisations are changing their attitudes and relationships with Christian institutions. All respondents acknowledged that they worked tangentially with local churches and faith-based organisations. There was consensus that while church organisations are an omnipresent factor, small-scale religious institutions do not affect the autonomous operations of SRH organisations. Nevertheless, the SRH organisations that reported working most often with churches acknowledged that the relationships require careful and thoughtful navigation but are positive and mutually beneficial. For example, the respondents Justin Mwiinga, the Public Relations Manager and Donor Coordinator, and Rita Kalamatila, the Knowledge Management Coordinator of the National AIDS Council (NAC), a government-funded coalition, reported that they appreciate the churches' advocacy efforts for HIV prevention and nation-wide health interventions. Nevertheless, the NAC felt that they had to "in a subtle way" supplement the church's abstinence-only teachings with additional comprehensive preventive education (condoms, PrEP medication, etc.).[3]

4.2 Indirect Impact of Christian Political Institutions: Stigmatisation

In response to the question, "What is it like operating in a Christian Nation?" most stakeholders did not perceive this as a factor that affected their operations. Organisations generally agreed that the Declaration itself did not restrict them in a legal sense, nor did they have the feeling that the government was able/willing to overstep with implicit power. Given that Zambia is a Christian Nation, some SRH topics (especially regarding abortion services or youth services) are viewed as a sensitive and controversial topic, making stakeholders prefer a holistic reproductive health approach. Stakeholders acknowledged that while Christian influences affected their operations, the Declaration itself was not perceived as a barrier.

Nevertheless, all interviewed respondents professed that prominent Christian morals in Zambia have stigmatised SRH CSOs. There was consensus that individuals – be it service-

[3] Justin Mwiinga, National AIDS Council, interview by author, July 2019.

providers, parents, patients, teachers, high-ranked cooperate or government officials – often cited their values in instances of refusal of service. For example, according to Project Manager Patricia Sinyangwe from BBC Media Action, one radio programme "*Tikambe Natulande*—Let's Talk About It," was taken off the air because a "conservative high-rank official" in the company felt uncomfortable in the face of community protest.[4] Furthermore, the Centre for Reproductive Health and Education (CHRE) Executive Director Amos Mwale responded that some teachers are known to "just skip that chapter in the book" when it comes to sexual education in schools owing to values or discomfort.[5] PPAZ Director of Programmes Daniel Sambo reported that Christian influence has "infiltrated" some services providers in instances when youth/adolescents seek services. Occasionally, SRH practitioners would harassingly question youth patients.[6] Whether this intolerance stems exclusively from religious values is impossible to purport, but it appears as though Christian traditions have prevented Zambians seeking SRH care to universally receive services in a safe, supportive, and inclusive environment.

4.3 Adjustment of CSO's Policies and Operations

As a result of the changing relationship to political and religious institutions, organisations are changing their policies. Namely, SRH organisations are unanimously pushing "evidence-based" interventions. These evidence-based interventions are supported, or at least tolerated, by the government and church. The Ministry of Health (MoH) and organisations such as Unicef have been involved in improving access to supportive, inclusive, and youth-friendly care.[7] The MoH also leads several Technical Working Groups that consist of various stakeholders and meet quarterly to address the challenges related to SRH health and religion (Malake, 2018, p. 15). In terms of healthcare provision, all interviewees feel as though adjustments in company policy have helped service centres overcome the barriers that religion has created. On the media/advocacy side, actors do not let "fear of backlash" restrict them.[8] Not only is continuing honest, factual advocacy in the face of pushback often company policy for media/advocacy organisations, but the MoH also provides extensive support.[9] Evidence-based interventions are key across all sectors to compensate for religious restrictions. Information dissemination is essential for religious individuals to access safe and proper care. The religio-political climate in Zambia has forced CSOs to change their policies and practices to combat intolerance.

[4] Patricia Sinyangwe, BBC Media Action, interview by author, July 2019.
[5] Amos Mwale, Centre for Reproductive Health and Education, interview by author, July 2019
[6] Daniel Sambo, Planned Parenthood Association of Zambia, interview by author, June 2019.
[7] Winfred Mutsotso, Unicef Representative, Health and HIV Section, interview by author, July 2019.
[8] Patricia Sinyangwe, BBC Media Action, interview by author, July 2019.
[9] Patricia Sinyangwe, BBC Media Action, interview by author, July 2019.

Most interviewees responded that they have struggled against "individual religious values" since their organisation's inception, most of which were established in the last two decades. Only one stakeholder felt as if this barrier was worse in the current day as compared to ten years ago.[10] Based on these findings, it does not appear as though the Declaration of Zambia as a Christian Nations has in itself (as a legal provision) directly impacted how organisations perceive their ability to operate. Instead, the resulting "Christian demographic boom" (Kaunda, 2017, p. 297), has affected CSOs. Christianity is increasingly institutionalised in Zambia which will continue to create barriers for civil society organisations. In response to the change of the national framework, organisations rework company policies, push evidence-based insertions, and air on the cautious side of holistic reproductive health approaches.

4.4 Fluctuating Relationship/Attitude Between the State and CSOs

Undoubtedly, the government is a key player in the SRH arena, and CSOs attitudes and relationships towards the government are changing as a result of the closing political space. In Zambia CSOs work closely with the government's ministries. The MoH, the Ministry of Education, and the Ministry of Gender and Development are some of the biggest actors in Zambian SRH work. Across the board, all interviewees responded to working closely with the MoH in particular, and to varying degrees with other ministries and government departments. For that reason, having close personal relationships with ministers or permanent secretaries was cited as being highly important for CSO operations. A close connection with the MoH would help save an organisation when it faced any trouble or backlash.[11] Having an ally in the government could get organisations out of tough positions. For example, in 2018 when the MNGRA terminated a NAC radio show on circumcision, the NAC was able to "have negotiations" with the MoH and the MNGRA in order to reinstate the programme.[12] There is agreement among stakeholders that within the national framework, the MoH reigns supreme, and SRH organisations widely have the support of the government.

4.5 Direct Impact: Self-Censorship and Organisational Security

SRH organisations feel as though the government, specifically the MoH, is supportive through funding, partnerships, and provision of care. But there is a catch—organisations that are funded or created by the government enjoy total security. Contrastingly, unaffiliated CSOs – either international or private organisations – are skeptical and cautious of the political system. Therefore, healthcare practitioners without close government alliances

[10] Amos Mwale, Centre for Reproductive Health and Education, interview by author, July 2019.
[11] Anonymous, SRH Practitioner, interview by author, June 2019. Stakeholder wishes to remain anonymous due to the critical nature of the comment.
[12] Justin Mwiinga, National AIDs Council, interview by author, July 2019.

abide by strict "self-censorship."[13] Notably, organisations closely allied to the government often do not provide abortions services. Independent CSOs are more likely to offer abortion services or other controversial services. Certain such organisations are quick to admit fear of punishment during elections years – afraid of being made into an example for a politician to win votes.[14] Furthermore, during politically tense years, otherwise supportive politicians won't "stick their necks out" to save a so-called controversial organisation. Having close political connections is essential for organisations to survive, but simultaneously, close political connections may limit organisational operations. Civil society organisations are facing changes in their relationships to the government as well as their perceived security.
On one level, these bureaucratic checks and balances and the distribution of power across ministries and branches is democratic and helps prevent a government overstep from a single actor. However, healthcare practitioners complain about the pressure of "living in the shadows" of these all-powerful ministries.[15] Stakeholders[16] profess that the work of CSOs is overwhelmingly controlled by the government, albeit the control is generally supportive. Nevertheless, it is problematic for the operational success of CSOs that their legitimacy can be arbitrarily given and taken. Organisation's operational survival depends on the affirmation of the government. There is no protection for CSOs in a system held up by cronyism. While stakeholders acknowledged this, they did not feel compelled to act. The majority of interviewed stakeholders felt no need to change the system – either out of complacency, fear, or trust in their established relationships.

4.6 MNGRA's Effect on CSO's Autonomy, Issue Focus, Survival

This problematic church-government-CSO relationship is hyper-visible in the MNGRA's forays into the SRH sector. All actors expressed they do not work directly with MNGRA, but they interact with the ministry when issues are cross-cutting. CSOs expressed a broad "we avoid you, you can't catch us" tactic when it comes to dealing with MNGRA. Nevertheless, respondents cited several instances in which the MNGRA restricted their operations and issue focus. The newly established ministry was described by stakeholders as "teething" "disjointed" and "conservative." According to representatives of SRH organisations, MNGRA has intervened in instances when organisations were operating legally but supposedly

[13] Anonymous, SRH Practitioner, interview by author, June 2019. Stakeholder wishes to remain anonymous due to the critical nature of the comment; Patricia Sinyangwe, BBC Media Action, interview by author, July 2019.
[14] Anonymous, SRH Practitioner, interview by author, June 2019. Stakeholder wishes to remain anonymous due to the critical nature of the comment.
[15] Anonymous, SRH Practitioner, interview by author, June 2019. Stakeholder wishes to remain anonymous due to the critical nature of the comment.
[16] Stakeholders representing Innovation for Poverty Action (Research Manager Emma Lambert-Porter and Senior Survey Coordinator Grace Msichili, UNICEF (Winfred Mutsotso, Specialist from Health and HIV Section), PPAZ (Daniel Sambo), CHRE (Amos Mwale), and NAC (Justin Mwiinga and Rita Kalamatila), interviews by author.

"contradicting Zambian values, morals, and ethics" or "encouraging promiscuity" (Malake, 2018, p. 16).[17] Stakeholders across the spectrum wonder how the ministry measures or defines Zambian morality. To some stakeholders, the MNGRA's vague mission suggests that the ministry is weak and ineffective, i.e., not a threat. Others reported an intense fear to remain "morally upright," to avoid confrontations. As one would guess, organisations that feel the most threatened by the MNGRA are organisations with the weakest alliance with the government and most likely to offer taboo care. The MNGRA is affecting organisations' autonomy, issue focus, and attitudes towards the government and Christian institutions.

Furthermore, the MNGRA is unpredictable, and it impacts SRH organisations future survival. SRH stakeholders remark that MNGRA is underfunded, understaffed, and without a clear mandate. Certainly, the MNGRA is not a monolith – it is made up of a variety of public servants from diverse backgrounds. Nevertheless, the Minister herself is notably conservative – anti-gay, anti-abortion, and pro-abstinence (Lusaka Times, 2019). The Minister holds the majority of the power; she holds the power to override the TOP Act and banish an organisation from Zambia for offering abortions. The ministry is a symbol of egregious government power. As observed through professed perceptions, stakeholders were anxious about the future of MNGRA and CSOs security.

4.7 Reactions of SRH Legal Framework

Along such same trends, interviewed stakeholders did acknowledge that the legal SRH framework has some challenges, but most of the respondents feel that there is no need to revise the laws and policies. There was no expressed need to make the TOP Act more liberal – namely no need to remove the clause that three physicians' signatures are required. Furthermore, respondents did not perceive the impending NGO Act revision to be of relevance. There was a widespread feeling that "things just are the way they are." This disillusionment and complacency were observed frequently. Organisations appear complacent not because they are content with the existing system, but because they feel powerless. It was unclear if this aversion to political engagement was a direct result of closing the political space for civil society organisations.

The key informant interviews helped illustrate the current context that SRH organisations are operating in today. In the SRH arena, faith-based organisations, religious institutions (like the Declaration and MNGRA), and governmental ministries are ever-present players. Civil society organisations' work continuously overlaps with the state and the church. Close government alliances are essential to CSO survival but simultaneously limit organisational autonomy. Furthermore, the religious and cultural framework of Zambia makes individual beliefs the largest barrier to universal, safe, and supportive care. Given this

[17] Justin Mwiinga, National AIDS Council, interview by author, July 2019.

context, the study found that SRH organisations are changing their attitudes and behaviour towards the government – evident in bureaucratic alliances and aversion to political engagement. Additionally, organisations are changing issue focus by retraining practitioners and doubling down on comprehensive reproductive health approaches and strict evidence-based advocacy interventions. Policy changes have helped organisations overcome the barriers that the religio-political environment has created. Lastly, SRH organisations are perceiving a change in their security and their ability to operate without fear of forced closure or censorship.

5. Conclusion and Recommendations

5.1 The Threatening Nature of CSOs' Aversion to the Religio-Political Realm

Under President Lungu, the Christian church has become politically institutionalised which poses a threat to SRH CSOs. The work of CSOs is overwhelmingly controlled by the government and now by religious institutions as well. Civil society ensures that the gains of development are accessible in an equitable manner to all. Most importantly CSOs protect the right of the community to actively engage in development. In today's Zambia, it is incredibly worrisome for CSOs that their legitimacy can be arbitrarily given and taken. Civil society exists to complement and hold the state accountable – not to be a servant to the state. CSOs are not protected in this system, and thus Zambian communities are excluded from contributing to human development. CSOs need legal protection to operate with autonomy and meet the healthcare needs of Zambia.

Global trends of the shrinking of political space are typically described as authorities repressing expression and organisation – this is occurring in Zambia. However, an Action Aid report found a worrisome response to repression is underway in Zambia – CSOs are voluntarily abandoning political spaces, out of fear and disillusionment. Seeing other organisations threatened with suspension or loss of funding, some CSOs confine themselves to "safe service delivery work" (Chipenzi and Mwape, 2019, p. 2). The Action Aid report says, "The actions the government is taking, worrying as they are, may not be as harmful in the long run as how people respond to them."

Through our research, we have established that the apathy and passivity described in these reports is evident in SRH organisations in Zambia. The pattern of confinement to safe service delivery work is evident. Organisations are averse to political engagement as a result of the shrinking political space, the increase of Christian influence, and the invasive stigmas that surround SRH work. Additionally, organisations cautiously avoid taboo and controversial service work. The Declaration of Zambia as a Christian Nation and the establishment of the MNGRA has allowed the church, in addition to the state, to contribute to the shrinking of democratic arenas and to the CSOs' disillusionment and fear. Christian Zambians may be unwittingly contributing to the state's control of civil society. Civil society

organisations and officials are self-enforcing a strict code of "self-censorship," choosing to opt out in the name of organisational survival. Avoidance of "controversial topics" and "careful navigation" will have a negative impact on the health of the Zambian people. Political factors, religious factors, and international factors are all encouraging this disillusionment. CSOs' collective, kneejerk aversion to the religio-political realm is impacting their survival, activities, and issue focus as well as the public health of Zambian communities.

In terms of policy recommendations, CSOs deserve legal protection that ensures autonomy and organisational survival. Namely, the 2009 NGO which violates international human rights commitments, in particular those relating to freedom of association, assembly, and expression should not be tolerated. Uniquely Zambian policy must find a balance that respects the Christian identity while protecting against the non-democratic aspects of Christian institutionalisation. Pathways should remain open for international donors and actors as well as the positive actors like the MoH and the MoE.

References

Adogame, A. 2017. "HIV/AIDS Support and African Pentecostalism: The Case of the Redeemed Christian Church of God (RCCG)." *Journal of Health Psychology,* 12 (3), pp. 475-84.

Agha, S., P. Hutchinson, and T. Kusanthan. 2006. "The Effects of Religious Affiliation on Sexual Initiation and Condom Use in Zambia." *Journal of Adolescent Health,* 38 (5), pp. 550-55.

Agha, S. 1998. "Sexual Activity and Condom Use in Lusaka, Zambia." *International Family Planning Perspectives,* 24 (1), pp. 32-37.

Dupuy, K., J. Ron, and A. Prakash. 2016. "Hands Off My Regime! Governments' Restrictions on Foreign Aid to Non-Governmental Organizations in Poor and Middle-Income Countries." *World Development,* 84, pp. 299-341.

Firmin, A. 2011. "Bridging the Gaps: Citizens, Organisations and Dissociation." *Civicus.* pp. 1-52.

Freston, P. 2001. "Evangelicals and Politics in Asia, Africa, and Latin America." *Cambridge University Press*, p. 160.

Haynes, N. (2012) "Pentecostalism and the Morality of Money: Prosperity, Inequality, and Religious Sociality on the Zambian Copperbelt." *The Journal of the Royal Anthropological Institute,* 18 (1), pp. 123-39.

Jenkins, P. 2011. "The Next Christendom: The Coming of Global Christianity." *Oxford University Press*, p. 180.

Kaunda, C. 2017. "From Fools for Christ to Fools for Politicians: A Critique of Zambian Pentecostal Theopolitical Imagination." *International Bulletin of Mission Research,* 41 (4), pp. 296-311.

Malake, N.Z., and I. De Vries. 2018. "Zambia Country Report Needs Assessment on Safe Abortion Advocacy." *Health Unit, Kit Royal Tropical Institute,* pp. 1-40.

Mumba, M.H., and Mumba, R.P. 2017. "The Status of Civil Society in Zambia: Challenges and Future Prospects." *CIVICUS Civil Society Index Analytical Country Report for Zambia*. pp. 2-55.

Musila, G. 2019. "Freedoms Under Threat: The Spread of Anti-NGO Measures in Africa," *Freedom House,* pp. 1-22.

Mwape, L., and M. Chipenzi. 2019. "Shrinking Space in Zambia: Time for Action." *ActionAid Zambia ,* pp. 1-9.

Ndulo, M. 2019. "The National Dialogue (Constitution, Electoral Process, Public Order and Political Parties), A Comment." *Lusaka Times*.

n.a. 2003. "Access Denied: U.S. Restrictions on International Family Planning." *Population Action International.*

n.a. 2018. "Zambia Commemorates 25th Anniversary of the Declaration as a Christian Nation." *Lusaka Times*.

n.a. 2019. "In Zambia We Do Not Condone Gayism and Homosexuality, This Is a Crime-Sumaili." *Lusaka Times*, 2019. Accessed 26 July 2019.

Parmar, D., T. Leone, E. Coast, S.F. Murray, E. Hukin, and B. Vwalika. 2017. "Cost of Abortions in Zambia: A Comparison of Safe Abortion and Post Abortion Care." *Global Public Health*, pp. 236-49.

Ratcliff, Rebecca. 2019. "'People Will End up Dying': Trump's Cuts Devastate Clinics in Zambia." *The Guardian.*

Shimunza, Daniel. 2018. "The Ministry of Religious Affairs Must Be Banned." *Lusaka Voice.*

Tiendrebeogo, G., & Buykx, M. 2004. "Faith-Based Organisations and HIV/AIDS Prevention and Impact Mitigation in Africa." KIT Publishers.

Zalumbi, John. 2012. *2010 Census of Population and Housing National Analytical Report*. Available at: https://www.zamstats.gov.zm/phocadownload/2010_Census/2010 Census of Population National Analytical Report.pdf. (accessed 26 July 2019)

Zambia Blog Talk Radio. "Rev. Godfridah Sumaili- Minister of National Guidance & Religious Affairs."