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Obstacles to the realization of women's reproductive health rights in Zimbabwe

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Leah Gwatimba[1], Nanga R Raselekoane[1], Anthony O Nwafor[2]*

Institute of Gender and Youth Studies, School of Human and Social Sciences, University of Venda Private Bag X5050, Thohoyandou, South Africa[1]; Department of Private Law, School of Law, University of Venda Private Bag X5050, Thohoyandou, South Africa[2]

***For Correspondence:** Email: *leahgwatimba@gmail.com*; Phone: +263778-086852

Abstract

Improving the sexual and reproductive health of young women allows them to reap the personal, social and economic benefits through making informed decisions on their health. Restrictions on the sexual and reproductive health rights of young women are discriminatory because they relegate women to a state of being less valuable than their male counterparts. This study explores the obstacles that women face in asserting their reproductive health rights in Zimbabwe. For this qualitative study, semi-structured interviews were conducted to collect data, which was analysed using narrative analysis techniques. The study found that polygamy and wife inheritance were among the challenges women faced that kept them from exercising their reproductive rights. Other forms of gender inequality also reduces the autonomy of women. Gender norms have an effect on the health seeking behaviour of women within the sexual and reproductive health ambit. *(Afr J Reprod Health 2020; 24[3]: 146-153).*

Keywords: Reproductive health, women, discrimination, autonomy, culture, society, Zimbabwe

Résumé

L'amélioration de la santé sexuelle et reproductive des jeunes femmes leur permet de récolter les avantages personnels, sociaux et économiques en prenant des décisions éclairées sur leur santé. Les restrictions aux droits des jeunes femmes en matière de santé sexuelle et reproductive sont discriminatoires car elles relèguent les femmes à un état de moindre valeur que leurs homologues masculins. Cette étude explore les obstacles auxquels les femmes sont confrontées pour faire valoir leurs droits en matière de santé reproductive au Zimbabwe. Pour cette étude qualitative, des entretiens semi-structurés ont été menés pour recueillir des données, qui ont été analysées à l'aide de techniques d'analyse narrative. L'étude a révélé que la polygamie et l'héritage de la femme faisaient partie des défis auxquels les femmes étaient confrontées et les empêchaient d'exercer leurs droits reproductifs. D'autres formes d'inégalité entre les sexes réduisent également l'autonomie des femmes. Les normes de genre ont un effet sur le comportement de recherche de santé des femmes dans le domaine de la santé sexuelle et reproductive. *(Afr J Reprod Health 2020; 24[3]: 146-153).*

Mots-clés: Santé reproductive, femmes, discrimination, autonomie, culture, société, Zimbabwe

Introduction

The development of any country depends on the health of its citizens. The reproductive health status of women is strongly hinged on behavioural and biological actions. Sexual and reproductive health is an important issue as individual sexual and reproductive health rights empower women and help save lives[1]. Improving the sexual and reproductive health of young women allows them to reap personal, social and economic benefits by aiding young women in making informed decisions on their health.

Reproductive health is a collection of methods and techniques that aid in the attainment of sexual health as well as solving reproductive health problems[2]. Both sexual health and reproductive health work together to achieve the utmost standard of health for individuals. The focus on the reproductive health of women in this study stems from the fact that biologically and socially, women are more affected than men by decisions that are shaped by gender inequality and the gender roles that are expected of women in society[3]. Reproductive health issues are sensitive matters and they arise from the collusion of gender

inequality, culture and society[4]. The definitions of reproductive health bear a link with social justice[5] and therefore issues such as poverty, welfare, reform and violence against women come to the forefront.

Adinma and Adinma[6] reiterate the above point and state that reproductive health is critical for women because healthy women play a significant role in the social and economic development of a country. Therefore, lack of reproductive autonomy has an adverse effect on the reproductive rights of women, and in turn, on the well-being of their communities and states. The consequences include the diminished quality of life which negatively affects the health and well-being of individuals as well as their families[7].

Traditionally, for the Shona, a marriage is not only between the spouses but between the families. Marriage is the destination in society for every woman. A customary marriage is a union that is entered into and celebrated according to the morals, values and traditions of a particular ethnic group. It should be noted that these values are passed down from one generation to the next. In the traditional Shona custom, a man can have as many wives as he desires. The Shona culture is also patriarchal. Popular Shona sayings like "*musha mukadzi",* which simply means *a "home exists because of the woman"*, are invoked to convince women to stay in their marriages and endure even the violations of their sexual and reproductive health rights. There are some other popular cultural beliefs that celebrate masculinity, for example, the Shona saying that "*murume ibhuru rinoonekwa nemavanga-* a man is a bull when he is seen with the battle scars". This means that the scars manifest themselves when men engage in extra-marital affairs which might pose danger to sexual and reproductive health rights of women. Therefore, a marriage is an arena wherein men want to demonstrate control over the women under the guise of culture.

This study addresses the problem surrounding the protection of the reproductive health rights of women. Not only is this a problem in Zimbabwe, but around the globe, though the obstacles and severity may differ from one country to another. Lack of reproductive rights tend to be a determinant of women's vulnerability to reproductive health related diseases. The barriers that exist socially and culturally inhibit women from making informed decisions concerning their bodies and reproductive choices. This study explores the obstacles that women face in asserting their reproductive health rights in Zimbabwe. These obstacles include discrimination, gender inequality and cultural practices that affect the ability of women to make decisions about their bodies and reproductive health. Therefore, the inquiry question is: What are the obstacles to the realisation of women's reproductive health rights in Zimbabwe? Though reproductive health rights are also possessed by men, they apply more to women as they are more susceptible to the injustices that can ensue from the violation of these rights.

Methods

In this study, qualitative research was conducted on how young women make sense of the obstacles to sexual and reproductive health rights they face in customary marriages and young men on gender equality in marriages. The main reason for a qualitative study design is to answer the how and why questions so that the researchers are able to understand a phenomenon through the eyes of the members of the community, and the ways in which the gender norms play out in the community in question.

The study was conducted in Concession, which is a peri-urban town in Mazowe district, outside Harare, Zimbabwe. Purposive sampling, which is a non-probability sampling procedure, was used for the selection of young women and men for the study. The researchers specifically used a snowball sampling technique to identify and select the participants (i.e. men and women in customary marriages). With the linear sampling method, a single participant nominates the second and then the second nominates the third participant[8]. The researchers therefore assume that a network of the study subjects exists, which the researchers hoped to be linked with through interactions with the first subject. The participants came from two demographic groups: young women between the ages of 18 and 40; and young men between the ages of 20 and 45. All

participants were residents of Concession and were currently in customary marriages.

The sample size for this study was 11 (i.e. 6 women and 5 men). The participants were recruited individually, not as couples. Pseudonyms were used in order to protect the confidentiality of the participants. Semi-structured interviews were used to collect data. The questions centred around the themes of gender equality within a marriage, the ability of women to decide the number and spacing of their children and the challenges that impede women's sexual and reproductive health rights. With this type of interview, the researcher had predetermined questions which were modified according to the situation at hand. Narrative analysis was used as a method of analysing data. This method is used for participants to draw meaning from the events of their lives.

The theory that informed this inquiry was the Framework of Unequal Gender Power in Sexual and Reproductive Health. Blanc[9] conceptualised a framework which articulates the relationship between gender power, inequality and sexual and reproductive health. This framework depicts the nexus between family and community, and the relationship on how all this influences an individual's access to sexual and reproductive health. This view is also shared by Bottorff *et al*.,[10] who state that gender relations can have a huge impact on the acquisition of information, decision making and taking positive action. These impacts usually find footing in marriages, especially customary marriages, as they are characterised by adherence to cultural norms which in effect favour men[11]. Customary marriages impact greater on women's autonomy because of the fact that polygamy is an accepted practice in Shona customary marriages and spouses operate within its ambit.

Unequal power relations place women in difficult positions where they cannot make decisions regarding the use of contraception, therefore impacting their reproductive options[12]. Women in such relationships seldom participate in decision making on sexual matters. These power imbalances can limit the ability of women to access sexual and reproductive information because of a lack of financial resources, which also limit the mobility of women[13]. Cultural and social values in customary marriages in Zimbabwe which depict men as dominant and aggressive seem to take precedence over laws which limit young women's sexual and reproductive decision-making.

Gender roles do not operate in isolation; rather, they work in conjunction with social variables that shape reproductive health experiences. Incorporating social determinants of health in a research framework assists by providing a thorough analysis of the factors that have an impact on gender and health[14].

Results

Some women find themselves in precarious positions where they do not have reproductive decision-making abilities mainly in matters related to the number and spacing of children and sexual decision-making abilities in matters related to when and if to have sex and whether to use any contraceptives. The female participants were asked to provide the researchers with the challenges that, in their opinion, impede them from exercising sexual and reproductive health rights within their marriages. The participants interestingly stated how being unable to refuse sexual advances from their husbands placed them in a position wherein they had to engage in a sexual encounter against their wishes. This can be perceived as a challenge within the sexual and reproductive health domain. Below are some excerpts from the young women:

> *Yes, there are challenges especially not being able to practice safe sex is one of my major challenges* (Rudo, 31 years old).

By safe sex, the participant meant the ability to use contraceptives such as condoms.

> *The issue of not being able to have sexual intercourse when I as the woman want but when he wants to ends up hurting your organs due to dry sex because you do not desire any sexual encounter, but you are compelled. Traditionally I am not allowed to turn down the advances from my husband* (Sekai, 33 years old).
>
> *Being expected to have sex regardless of your wills and wishes. Forced sex injures the woman's organs* (Tariro, 36 years old).

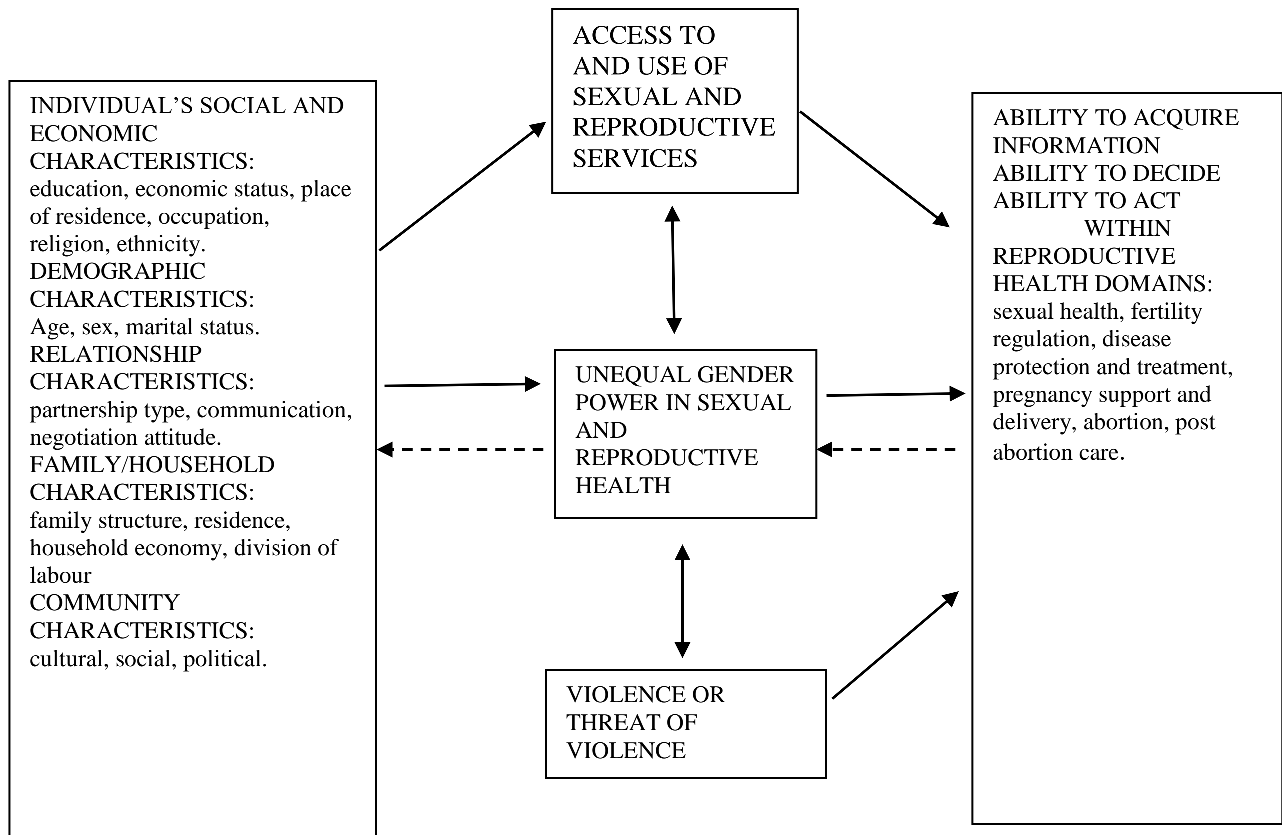

Figure 1: Framework on the nexus between gender roles in sexual and reproductive health and other factors in promoting the involvement of men and the empowerment of women (Source: Adopted from Blanc.)

> *Men believe that sex is for pleasure. There is little information or knowledge on women's bodies which might lead to sex which can cause injury to the woman's private organs like forced sex has terrible effects* (Tatenda 33 years old).

This means that some men do not have an adequate understanding of the anatomy of women and what possible dangers sex might cause if not navigated safely.

To add on, two young men clearly stated that women do not hold the power to dictate and decide on certain aspects within the marriage, such as the number and spacing of children.

> *That lies with the man if he feels he wants four children and the wife two children that now lies with the woman to justify why she wants two children because if I feel that I need four children I can afford to take care of them who is the woman to say that she wants this number of children* (Danai, 29 years old).
> *A woman cannot choose to do as she pleases for example, she cannot choose to use the pill, condoms or injection. But the moment she starts using condoms now we have a big problem. Some of these children we have in marriages are as a result of not agreeing on the use of contraceptives hence there is no agreement on the spacing of children. They say that they have a right to do so and giving birth later in life can cause complications, but I paid bride-price for those things* (Anesu, 31 years old).

To understand the underlying factors at play in marriages, it was important that the researchers solicit the views of young men concerning gender equality. The researchers sought out personal feelings, thoughts and views about gender equality to be able to understand how the

dynamics were unfolding within a marriage. Among the male respondents, there seemed to be a consensus about the superiority of men. Young men providing their thoughts and perceptions assisted in understanding how relevant this concept is to young married men. This is what the young men had to say:

> *If I would like to bring this concept of gender equality my wife would like to put it into effect in our marriage because she will think that we are equal whereas I fend for the family and she stays at home. How can we be equal? We can never be equal… One has to be superior and one inferior* (Rukudzo, 29 years old).
>
> *I personally am against the whole idea of equality in our marriages that can never happen. God created man to be the head of the house, how can the head of the house be equal to someone else, there is no such thing* (Zviko, 31 years old).
>
> *It is an animal that is not supposed to be there. Biblically we are saying that women are under men so we should never have gender equality: the woman should be placed in her position and the man is the head of the house. We should not have gender equality, but woman should be respected. There is no equality in our customary marriages* (Danai, 29 years old).
>
> *Gender equality as much as it exists it should be there but considering that we are talking about customary marriages I do think it really exists there are cultural dynamics which do not allow gender equality in the marriage but personally I would like to believe that there should be space for gender equality* (Anesu, 31 years old).
>
> *It is good thing but in our African society there are levels where it ends when it comes to gender equality. Women must know where they end and men where they end (Tendai, 38 years old).*
>
> *I am very African I respect gender equality but there are things I feel I should not discuss with my wife, there must be certain measures that should be taken care of first. It is something that is good, but women should be treated the same as men and we need to respect them* (Nyasha, 40 years old).

This could depict that the above participant (Nyasha) adheres to norms that bolster dominance of men therefore there is no room for discussion of some family issues with a woman. One can assume that these decisions are unilateral even if they have an adverse impact on a woman.

The researchers also wanted to find out from the young women their perspectives on some of the cultural practices that may pose a threat to their sexual and reproductive health and to exercising their rights in a marriage. One area of inquiry was polygamy; and the researchers asked the participants to state, in their opinion, whether or not it disadvantaged women. Young women stated particularly how this practice was detrimental to their health and well-being, as some of them were in these kinds of marriage set-ups. There was a consensus among the participants that polygamy has a direct effect on a young woman's sexual and reproductive health rights. The participants had this to say:

> *The competition among wives lowers the woman's negotiating power and multiple partners also increase the risk of diseases* (Tatenda, 33 years old).
>
> *A polygamous marriage makes it impossible to choose freely when you want to have sex because for example you are compelled to have sex if the husband is sleeping in your bedroom that night. There is also a competition to give the husband children even after you might have passed your reproductive age* (Tariro, 36 years old).

Polygamous marriages culminate in a competition among wives, which puts an enormous pressure on them to perform sexually, and to bear children. Cultural practices can be harmful if they have adverse consequences on the well-being of young women. These practices are discriminatory, as they only target women and seldom men. Several women's responses illuminated how the cultural practices that are conducted in customary marriages place women in precarious positions. The participants went further to elaborate by providing the researcher with some examples of how wife inheritance poses a threat to the sexual

and reproductive health of young women. Some of the participants linked the practice of wife inheritance with the lack of desire for sexual relations while the other expressed their opinion on the expectations on having children in the marriage.

> *These practices disadvantage women because some of them are harmful to me as a woman. This is because women are seen as the lower-class citizens hence their rights are never taken into consideration* (Sekai, 33 years old).
>
> *Some practices are a threat because a young woman married customarily do not possess the ability to negotiate for safe sex in your marriage. Having to marry someone I did not choose for myself makes it difficult to have sexual relations with that person and it might lead to forced sexual intercourse. To add on you will be expected to bear children which you might not be able to do due to age* (Tariro, 36 years old).
>
> *Some of the practices disadvantage women as they do not promote the rights of women. For example, practices like wife-inheritance which is still being practiced in many rural communities in the country contributes to the spread of sexually transmitted infections* (Chipo, 27 years old).

Wife inheritance poses a threat to a young woman's sexual and reproductive health because it also creates a sexual web. Furthermore, one cannot be sure of the HIV status of the inheritor (Sekai, 33 years old).

Discussion

This study has revealed the importance and the consequences of women's empowerment, especially within the domain of sexual and reproductive health. When women are empowered, they can avoid the harmful effects of gender discrimination, and can achieve positive health outcomes.

Gender norms also create a situation where men are unquestioned and the sexual subordination of women exposes them to higher risks of reproductive health challenges like maternal mortality, STIs and HIV/AIDS[15,16]. Gender inequality and power imbalances also affect interpersonal relationships. A survey conducted in 2018 from fifty-four countries indicates that four in five women do not have power in important aspects of family relationships[17]. These aspects include the ability to make decisions on the family size, whether to engage in sexual intercourse, the type of sex and whether to use any type of contraceptive. Prior studies have revealed that women and girls have the higher burden of morbidity caused by maternal complications and might result in mortality[18-20]. These gender norms violate the principles of a rights-based approach to health. Every individual has the right to determine their own choices. Gender inequality depicts powerlessness and vulnerability and makes women susceptible to pain in many aspects of their lives. Dickson and Louis[21] found in their study that women in Zimbabwe experience discrimination, especially on social issues which rank men superior to women. This study revealed how some men in Zimbabwe view their wives within their marriages and how gender inequality is a form of discrimination against women which is evident in the way that women are powerless in decision-making within the marriage.

Being forced to have sex against your desire amounts to spousal rape. Most women are not even aware that this is an offence that is punishable by law in Zimbabwe. This can be seen in the participants of the study because none of them ever mentioned it, although they categorically stated they were often forced to have sexual intercourse by their husbands. The women did not see that being forced to have sex by their husbands was tantamount to rape. In a marriage, there is unequal power which does not allow women to exercise their sexual and reproductive health rights[22,23]. Therefore, only male decisions prevail in such relationships. This means that women's lack of power does not allow them to exercise their sexual and reproductive health rights through taking preventive measures to safeguard their health and wellbeing.

McDermott and Cowden[24] are of the view that polygamy tends to exist in particular social environments where the empowerment of women is low. As already highlighted in this study, the lack of women's empowerment limits women's

choices of action. Data that have been collected in many countries worldwide clearly show that polygamy is a practice that involves abhorrent abuse of human rights and dignity[25]. This makes the practice to be in direct contravention of all international and national legal instruments. The study findings that women find it impossible to assert their sexual and reproductive health rights in polygamous marriages were similar to the findings of the study carried out by Baschieri *et al*.[26]. That study indicated that women in polygamous marriages are at an increased risk of HIV transmission and also experience intimate partner violence. This is due to the gender power dynamics in customary marriages. Not only do women in polygamous marriages suffer from physical abuse, they also experience emotional, sexual and psychological abuse[27]. A study by Yerges *et al*.[28] found that women in Malawi who were in polygamous marriages view it as an injustice and they also judged the dominating behaviours of their husbands negatively.

Wife inheritance is a practice that poses a threat to the health and well-being of young women. This is through expecting women to bear children and to have sex with the inheritor, who, in most cases, has an unknown HIV/AIDS status. A study by Agot *et al*.[29] revealed a 63% HIV/AIDS infection rate among widows in Nyanza Province who were inherited to perform sexual rituals. Furthermore, in this same study, it was found that there is limited use of condoms, with only 2.7% of the widows reported to have used condoms after the death of their husbands. This reveals that the lack of condom use among widows aids the transmission of HIV/AIDS. Perry *et al*.[30] reveal that each partnership within this marriage increases the potential of being exposed to HIV/AIDS which not only puts the widow and inheritor at risk but also the inheritor's partner at risk. This practice encourages the creation of a sexual web just as polygamy does. It is the researchers' contention that mandating or giving away the widow to an inheritor is disposing of her like a property of the deceased. This is a violation of the human rights of women, such as the rights to equality and dignity.

Conclusion

Culture as a determinant of social relationships discriminates against women. This emanates from the belief that men are superior to women. Such a misconception ultimately denies women their reproductive autonomy which affects their power to make choices. Autonomy and reproductive health work in tandem with each other because women can only exercise their freedoms to decide for themselves. It was also apparent in this study that practices such as wife inheritance and polygamy affect the reproductive health rights of women. Gender inequality norms also affect the autonomous decision-making of women in the reproductive health domain.

Contribution of Authors

The first author prepared the manuscript for publication. The second and third authors reviewed the final version and approved the manuscript.

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