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REPRODUCTIVE RIGHTS AND CITIZENSHIP: FAMILY PLANNING IN ZIMBABWE

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Contents

Abstract

In this thesis, the relevance and practical value of discourses about reproductive rights to women living in a rural area of Zimbabwe are examined. Policy documents indicate that the Zimbabwe National Family Planning Council's (ZNFPC's) community based distribution service is based on principles of respect for particular definitions of reproductive rights and, concomitantly, a degree of women's reproductive self determination. In contrast, recent analyses of post Independence government action suggest that, as citizens of Zimbabwe, women are generally defined as dependants of men. This raises questions about the impact of the context of women's citizenship on the interpretation and realisation of reproductive rights through the family planning programme. Field work data focuses on the interpretation of policy and the consequent practices of local level health workers as well as women's interactions with health workers and their implications for reproductive self determination within household relations. It is suggested that health workers' actions result in the differential realisation of reproductive rights for particular social groups. Health worker relations with clients, in turn, reinforce differences between women in terms of the extent to which they are able to exercise reproductive self-determination within household relations. State employed health workers, in effect, act as policemen of private reproductive decision making. The use of an analytical framework of rights and citizenship highlights the relatively neglected issue of the political system in which family planning programmes are embedded. It is argued that health worker accountability to village populations is as important as the content of policy in determining the realisation and practical value of discourses about reproductive rights to rural women.

Acknowledgements

List of Tables

Introduction

In this thesis I examine the relevance and practical value of discourses about reproductive rights to women living in a rural area of Zimbabwe[1]. Policy documents indicate that the Zimbabwe National Family Planning Council's (ZNFPC's) community based distribution service is built on principles of respect for a particular definition of reproductive rights and, concomitantly, a degree of women's reproductive self-determination. The concepts of reproductive rights contained in the ZNFPC's policies draw upon international definitions set out in UN human rights conventions and global conferences. However, analyses of post Independence government action suggest that, as citizens of Zimbabwe, women are generally defined as the dependants of men. In this thesis, I explore the contrast between women's identification as dependant citizens and the recognition of their greater autonomy in the policies of the ZNFPC. In particular, I examine how the context of gendered citizenship impacts upon the interpretation and implementation of reproductive rights. I further discuss whether and how the ZNFPC's discourse of reproductive rights enables women to address their identification as the dependants of men. In contrast to much demographic work, then, this thesis does not examine the relations between family planning programmes and fertility levels, but rather addresses the question of the relationship between state provision of family planning services and women's reproductive self-determination.

Discussion of the family planning programme within a framework of human rights and citizenship

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[1] I define discourse as including non-discursive practices and institutions as well as groups of statements (Grillo, 1998). As Scott suggests, discourse is 'a historically, socially and institutionally specific structure of statements, terms, categories and beliefs...Discourse is thus contained or expressed in organizations and institutions as well as in words' (Scott, 1988:35).

highlights the relatively neglected issue of the political systems in which policies and programmes are buried and the impact of that context on population processes (Greenhalgh 1990b). I highlight the role of local level health workers in policy interpretation and implementation. This focus, in turn, leads to discussion of the importance of local level accountability of public service workers for the realisation of rights. I examine these issues through the utilisation of sociological and anthropological analyses of policy and household relations. Fieldwork methods included the collection of policy documents in addition to interviews with service users, health workers and managers. All interviews with rural health service users, and non-users, were conducted among the Ndau, one of the groups making up the majority Shona. This thesis, however, is not a conventional ethnography. The main field work site was an Ndau village called Mabika[2]. The thesis provides an ethnography of a set of policies, practices, relations between health workers and citizens and their impact upon the women of Mabika and the gender relations which shape their lives.

The questions raised in this thesis are particularly relevant to current debates about the value and meaning of human rights for development policy and practice. The Department for International Development of the UK Government, for example, has made respect for human rights a cornerstone of its policies aimed at the elimination of poverty. The development view focuses on the incorporation of concepts and values of human rights into government social and economic policies as well as national laws. The human rights defined by the United Nations and International Labour Organisation over the last decade have been identified as the basis for a global social policy. Such a policy could, it is argued, define the baseline standards by which all

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[2] The name of the village and the identities of all people interviewed have been changed.

citizens can judge state performance and provision of services (Eyben 1998).

The idea of a social policy founded upon human rights, however, also has its critics. It has been argued that human rights instruments are ineffectual as a means of redressing social and economic, rather than civil and political, inequalities (Mishra 1998). Some feminist analyses suggest that human rights are not an effective tool for the transformation of gender relations. Human rights, it is argued, are based on western ideas of individualism and reinforce essentialist notions of humanity (Pringle and Watson 1996). Feminist critics further point to the lack of systematic attention in human rights discourses to abuses in the 'private' sphere (Peters and Wolper 1995). Yet, whatever the deficiencies of the concept of human rights, there is wide agreement among feminist theorists that the political strength of human rights claims makes it a discourse which is difficult to ignore (Dixon-Mueller 1993; Petchesky and Judd 1998; Sen and others 1994).

The issue of reproductive rights provides a useful case study for analysis of the value of human rights as a tool for transforming gender relations, as family planning services are one of the few areas of state social provision which have been fought out through reference to principles of women's human rights. Discussions about reproductive rights revolve around two central concerns. The first of these is the identification of who should have authority over reproductive decision making. The second issue is the provision of technologies for fertility control. Feminist activists, religious leaders, government representatives of north and south as well as international population organisations, have formed shifting, and sometimes surprising, alliances in the struggle around these questions (Dixon-Mueller 1993; Jeffery and others 1994).

Feminist understandings of women's reproductive freedom are grounded in the principle of bodily self-determination (Petchesky 1980). Debates concerning this concept draw attention to the central tension between biological sex and socially defined gender that has fuelled feminist social theory and action over the recent decades. Feminist analyses have highlighted the fact that gender relations are socially constructed relations of power, and therefore open to transformation (Moore 1988). The concept of reproductive rights, however, draws analyses back to the fact of a shared biology. While reproduction takes place within a social context, their reproductive organs define women as a sex. As Petchesky argues, no matter how gender relations are realised and transformed,women, as biological child-bearers, should have ultimate authority over their bodies and reproductive decision making (Petchesky 1980). As Correa argues, 'the decision making self must remain at the core of reproductive rights' (Correa and Petchesky 1994:77).

While feminist analyses start from the principle of women's reproductive self-determination, there has been disagreement about the role of contraceptives in fertility decision making. Documented cases of abuse through state provision of contraceptives have fuelled arguments that contraceptive technology is, in itself, a tool of patriarchal subordination (Hartmann 1987; Wajcman 1994). However, a general consensus among feminist commentators that contraceptive provision is a necessary prerequisite for the fulfilment of women's reproductive self-determination can currently be identified. Feminist analyses, however, highlight the importance of two aspects of the context of service provision. First, 'quality of care' standards, necessary to ensure that women's self determination in relation to health workers, have been identified. A second approach has concentrated upon the socio-economic 'enabling conditions' which are necessary if women are to realise particular choices concerning contraceptive use (Berer 1993; Hardon and Hayes 1997; Sen and others 1994; Smyth 1995).

4

Feminist concerns have recently been formally recognised in international debates about reproductive rights. As I discuss in the theoretical chapter, the development of concepts of reproductive rights in international documents can be traced from the Teheran declaration of 1968 and the Plan of Action adopted by the World Population Conference at Bucharest in 1974, through to the 1994 International Conference on Population and Development in Cairo and the 1995 Platform for Action of the Fourth World Conference on Women in Beijing. Teheran and Bucharest set out the right of parents to contraceptive information and the concomitant obligation of the state to provide family planning services. These declarations were presented as enhancing the means by which couples could carry out their reproductive decision making. The political context of the times, however, and subsequent implementation of family planning programmes suggest that the early declarations can be interpreted as an assertion of the state's right to have some say in reproductive decision making (Freedman and Isaacs 1993; Kabeer 1992). As a result of feminist action, in the last decade international concepts of reproductive rights have been revised and redefined. The Cairo conference outlined particular standards of reproductive health care designed to ensure clients' rights in relation to health workers. Beijing defined women's right to reproductive sexual self determination in all relations, including those in the 'private' sphere and linked this right to broader socio-economic conditions (Petchesky and Judd 1998).

Some feminist critics, however, remain dubious about the extent to which the content of these declarations will be implemented in favour of women's increased autonomy. Moreover, there is continuing discomfort with the use of a concept which is based upon the universal biologism which feminism has fought to disarm. There is little room, it is argued, in the international discourse of reproductive rights for considerations of cultural and social difference (Smyth 1995).

5

In this thesis, I take the position that women should have ultimate authority over reproductive decision making. I argue in the theoretical chapter, however, that the interpretation of this principle, and conclusions about the best means of realisation, can only be addressed through attention to the use and value of discourses about reproductive rights at the local level (Petchesky and Judd 1998). The effectiveness of human rights as a tool for the transformation of gender relations has to be assessed through analysis of local level empirical evidence. A focus on the local level takes feminist debate beyond abstract questions of universalism and highlights the importance of concrete issues of the impact of policy and practice on the lives of village women.

1.1   Methodology

This thesis is not, as already indicated, a conventional ethnography. It is, instead, an analysis of a set of family planning policies and practices and their impact on the women and gender relations in the Nadau village of Mabika. It is a 'multi sited ethnography' (Shore and Wright 1997). My objective is to provide a vertical and historical, slice of the links between a set of internationally defined concepts of reproductive rights and the lives of women living in a Zimbabwean village. The obvious drawback of taking this approach is that there may be losses in horizontal coverage. I have, wherever possible, drawn directly on my own field notes for details of dominant understandings of Ndau customs and ways of life. The description of the terms and conditions of Ndau marriage agreements, for example, is distilled from my discussions and interviews with key informants. As one male informant explained, 'I am more like an Ndebele than I am like you. The Ndau are a Shona people. But I am Ndau'. However, I have also drawn upon conventional ethnographies of the Shona, particularly the works of Lan and Boudillon, for supporting information (Bourdillon 1991; Bourdillon 1993; Lan 1985). The historical chapter draws upon

6

existing detailed accounts of gender relations in colonial Rhodesia. Much of this work, including

that of Barnes, Schmidt and Jeater, addresses the lives of Shona women (Barnes 1992; Jeater

1993; Schmidt 1990; Schmidt 1992; Schmidt 1996). The political history provided by Alexander

is based upon research among the Ndau (Alexander 1994; Alexander 1995).

The policies I examine are those of the Zimbabwe National Family Planning Council (ZNFPC),

a para-statal attached to the Ministry of Health. The ZNFPC acts as an advisory body to the

Ministry of Health on family planning issues. Nurses providing family planning in Ministry of

Health run clinics are trained by the ZNFPC and governed by their standards of service provision.

The ZNFPC also manages the community based distribution programme which is one of the most

widespread in Sub Saharan Africa. The present day government supported family planning

programme, comprising twenty eight family planning clinics, two hundred other clinics which

supply family planning and four hundred community based distributors, supplies three quarters

of all 'acceptors' with contraceptives. The community based distribution programme covers

approximately thirty per cent of the rural population, but supplies forty two per cent of all users

with their contraceptives (Gregson and others 1996; Mazur and Mhloyi 1994; Zinanga 1992).

My requirements for the main field work site were that it should be in a communal area[3], as the

majority of rural Zimbabweans live in these designated lands, and that it should be covered by the

ZNFPC's community based distribution service. Mabika met these requirements. Mabika is

classified as being in natural region IV; hot, low-lying land subject to seasonal drought, marginal

for rain fed cultivation (Campbell and others 1989). It is an area of dust, shrub lands, baobab trees

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[3] The creation of Tribal Trust Lands under colonial rule, the predecessors of the communal areas, is discussed in chapter three.

and clouds which hang low but never burst. In contrast to the surrounding cool, green, white owned plantations of the Eastern Highlands, cultivation in this area is precarious. There was, however, an irrigation scheme operating in the village which supplied water to the fields of approximately one third of all inhabitants. In the non irrigated areas, people grew maize for subsistence purposes. This provided the staple diet of sadza. In the irrigated areas, farmers grew wheat and maize in the summer season and beans and tomatoes in the winter. When there was a surplus, the produce was either sold at local markets or to a commercial dealer who negotiated a set price for produce from the village with local leaders and officials from Agritex, the government's agricultural extension programme.

The composition of the village population conformed to a pattern of wealth differentiation identified in socio-economic analyses of other communal areas in Zimbabwe (Cousins and others 1992; Pankhurst and Jacobs 1988; Potts and Mutambirwa 1998). Mabika straggles along a four kilometre stretch of track which ran from the main road and small township. The irrigated land lay to one side of this track. Households with access to irrigated fields tended to be located along the main thoroughfare. Other households, often with restricted access to land and off farm income, could be found in the dry shrublands to the right up to two kilometres from the track. The main exceptions to the geographical divide were the homesteads of soldiers and their wives, most of which were located in the drylands. These families were new to the area and, as I discuss in chapter four, did not have customary access to irrigated land. As recipients of a regular, relatively high income, however, they were one of the richest groups in the village. These differences in off farm income and cash from agricultural produce were reflected in type and condition of dwelling. A homestead, ideally, consisted of a rectangular sleeping quarters and a separate circular kitchen. In polygamous households, each wife had her own kitchen. The land

8

belonging to the homestead was defined by a branch constructed fence. Households along the main track, and those belonging to soldiers, were more likely to be built of sun baked mud bricks. Those in the dry lands were generally made of mud and thatch and were of varying standards of construction, some being little more than a precarious lean-to. Possession of livestock could also be seen as indicative of amount and security of income. Some homesteads had pens for oxen and goats within their boundaries. Others kept a few hens while some homesteads had no livestock at all. I used these ostensible measures of income as a means of gauging relative poverty, in addition to information obtained during interviews about income from remittances and agricultural produce.

In this thesis, as I have indicated above, I analyse the policies of the ZNFPC, the practices of local level health workers and their impact on the reproductive self-determination of women living in Mabika. The central empirical issue which this thesis addresses is the contrast between the ZNFPC's policy recognition of women as independent individuals with particular rights and the general socio-political context in which women are identified as dependants of their male kin.

The contrasting values that this thesis explores can be conceptualised through reference to political science debates about social contract theory. As Lemarchand and Werbner suggest, a distinction can be made between the Lockean version of the social contract and the Burkean notion of moral partnerships. While in the former, relations between states and individuals are defined in terms of citizen's rights, in the latter those relations are regarded as being rooted in an enduring partnership between those who are living, those who are dead and those who are yet to be born (Lemarchand 1992; Werbner 1995). As I will discuss in the theoretical chapter, it is the Lockean notion of contract which has, historically, informed definitions of human rights as well

9

as western ideals of citizenship (Pateman 1991). As Lemarchand suggests, however, it is Burke's notion of moral partnership which more nearly represents the ideals embodied in many African socio-political institutions (Lemarchand 1992). Such observations have been used to deny the relevance of discourses of human rights to African societies (Cobbah 1987). Yet, discourses of individual rights have long played a part in relations between people and governments in sub Saharan Africa (Chanock 1985; Comaroff 1997; Cooper 1989). In contemporary Zimbabwe, discussions about human rights are increasingly to be heard in the public sphere. The debates which have received the most attention, however, have focused on issues of ethnic and racial violence and exclusion (Mamdani 1996; Moyo 1992; Werbner 1995). In this thesis, I utilise debates about human rights and citizenship to analyse gendered relations in contemporary Zimbabwe. Such analysis has to move beyond the consideration of abstract ideals and values and examine the reality of the constraints which shape women's strategies and lives.

As I will discuss in the theoretical chapter, feminist analyses of rights and western citizenship have highlighted the reality of hierarchical gendered relations behind the ideal of individual equality and freedom. As Pateman argues, the western ideal of equal male citizenship in the 'public' sphere is predicated upon women's subordination in the 'private' sphere (Pateman 1992). Equally, however, the cross generational 'moral partnership' that Lemarchand identifies as representing the ideal model informing African social relations, masks different forms of gendered hierarchy (Lemarchand 1992). As I will discuss in chapters three, four and five, the ideal of state-society relations based on enduring bonds between the living, the dead and the yet to be born is dependent upon the 'private' sphere transfer of rights in women's sexuality, fertility and labour through marriage. Both the Lockean and Burkean models of state society relations obscure the gendered hierarchies upon which their realisation is predicated. Yet, in the concrete realisation

10

of both western and African values through different social and political institutions, there is generally a pay-off for women. Historically, women have gained some small degree of security and support in return for the acceptance of their subordinate position within household relations (Kandiyoti 1988; Petchesky and Judd 1998). Thus, consideration of the relevance and practical value of discourses of rights for women in rural Zimbabwe has to be based upon assessment of women's own survival strategies. What reproductive rights, in reality, can women claim and what is their value to women? What are the gains and losses, in terms of security and well-being, that women are making if they claim rights to greater self-determination? If women claim their rights, are they merely reaching for the chimera of autonomy and liberty at the cost of security and economic support?

Questions about the constraints on women's capacity to claim particular rights highlight the importance of the analysis of citizenship in Zimbabwe. As I will discuss in the theoretical chapter, the concept of citizenship can be used as a framework for consideration of relations between citizens and state at two interrelated levels. The first of these levels incorporates the institutions of citizenship, including the civil, social and political rights which pertain to membership of a particular state. The second level focuses on the practical realisation of citizenship through everyday interactions with state officials or 'street level bureaucrats' (Lipsky 1980; van Gunsteren 1978). The gendered construction of citizenship can thus be seen to have a dual impact on the value and realisation of women's reproductive rights. First, the context of the broader social and economic rights which women are able to claim shape the 'enabling conditions' that underpin the reality of women's choices about their fertility. These issues, as I set out below, will be discussed in the first half of the thesis. Second, as I discuss in the latter half of the thesis, the nature of women's participation in political processes shapes the practices of local level health workers and,

consequently, the realisation of rights defined in ZNFPC documents. Thus, the value and relevance of discourses about reproductive rights to rural Zimbabwean cannot be considered separately from the context of the gendered construction of citizenship institutions which influence the provision of, and women's access to, family planning services. The central focus of this thesis, as already indicated, is whether concepts of reproductive rights, recognised in ZNFPC policies, are valued by women and enable them to address the constraints resulting from the gendered construction of citizenship in Zimbabwe.

In chapter three I discuss the historical construction of citizenship institutions upon divisions of race and gender under the colonial regime. I examine the official identification of women as dependant mothers and wives through the codification of customary law. I suggest, however, that this process was never total or complete. Women were able to use colonial discourses of individual rights and justice to negotiate a stronger position for themselves within customary structures and organisations. In chapter four I examine the years of the Liberation War and the subsequent policies of the Independent government. Recent analyses have suggested that feminist aspirations for gender equality under the new Zimbabwean government have not been realised. Critics argue that the present day government has failed to dismantle the institutions of the colonial regime and women remain defined by state policies and institutions as dependant mothers and wives. Women's exclusion from social, political and economic processes has been reinforced by memories of the violence suffered by rural women at the hands of the nationalist guerrillas. The war years have left a legacy of distrust between villagers and state organisations.

In chapter five, I examine how the context of state policies and institutions shapes women's position in intra-household negotiations including reproductive decision making. I suggest that

in rural Zimbabwe a woman must trade rights in her fertility through marriage in exchange for some degree of economic support from her husband's family. Within marriage, women negotiate for more resources through reference to the terms of the conjugal contract and manipulation of their fertility. I suggest, then, that the links between socio-economic resources and reproductive self-determination are two way. Women require some degree of control over reproductive decision making in order to gain access to other resources. As Whitehead long ago argued, women's ability to control material resources is related to their identification and construction through institutions of kinship and local law as lesser subjects than men (Whitehead 1984). As women have few opportunities for gaining economic resources outside customary kinship structures, most aim to juggle reproductive self determination and economic security within the confines of the customary terms of the conjugal contract. I further argue, however, that women's strategies of claiming resources through marriage are being undermined by economic factors. The evidence suggests that the reality of changing economic conditions in Zimbabwe, as in other Sub Saharan African countries, has meant that men are increasingly reluctant to meet their 'customary' obligations to provide support and security for women (Guyer 1994; Lockwood 1997; Potts and Mutambirwa 1998).

In chapter six I discuss the historical development of concepts of reproductive rights from the policies of Rhodesian Family Planning Association (FPA) to those of its present day successor, the ZNFPC. I suggest that the FPA used concepts of human rights and the obligation of the state to provide family planning services to, in practice, claim greater authority over the reproductive decision making processes of African couples. Despite wartime nationalist objections to the programme, the Independent government took on the organisation rather than disbanding it. I argue that ZNFPC policies and programmes indicate two conflicting concepts of reproductive

13

rights. The ZNFPC recognises women's right to reproductive self-determination in relation to health workers. ZNFPC policies include a number of client rights which correspond to the quality of care standards set out in Cairo. Analysis of ZNFPC programmes, however, indicates that men are defined as having ultimate authority over reproductive decision making in the private sphere.

In chapter seven I discuss how local level health workers interpret these conflicting concepts in their daily practices. I argue that the practices of the Community Based Distributors (CBDs) result in the differential realisation of clients' rights for particular groups. CBDs thus act as policemen of reproductive decision making in the private sphere though their control over the provision of family planning services. CBDs only provide contraceptives to women who have already had a child. Women who are married, however, can obtain services with or without their husband's consent. Some women are also excluded from use of the CBDs services because contraceptive payment exemptions are not systematically applied. The groups of women who cannot obtain contraceptives from the CBD have to visit the local Ministry of Health clinic for supplies. At the clinic, realisation of client rights is linked to the socio-economic status of individuals. Younger women and others of lower socio-economic standing are less likely to be able to obtain the information and services which are theirs by right. The lack of a credible system of local government worker accountability means that villagers are unable to collectively ensure that client rights are always observed.

In chapter eight, I discuss how women utilise the entitlements which they are able to claim from the family planning services in their reproductive strategies. Within marriage, I suggest that those women who are less able to claim services have more difficulty in negotiating a degree of reproductive self-determination within the household. They are, consequently, less likely to

successfully claim a greater share of household resources. Those women who are unable to obtain adequate family planning information and services may use contraceptives intermittently and ineffectively. They are, consequently, less able to manage their fertility. Those women who successfully obtain services often use contraceptives as a straightforward replacement for kinship controlled means of fertility regulation. Switching from kinship regulated to state supplied means of contraception allows these women a marginal degree of reproductive self-determination within the household. Some of these women use contraceptives secretly to ensure that the timing of childbirth is geared to their greatest possible material advantage and well being. As discussed in chapter five, however, changing economic circumstances mean that, for some women, customary reproductive strategies are no longer an option. Some women within the village had given up all hope of gaining any economic support from their husbands. There were also number of young unmarried women in the village who, learning from the mistakes of their single mother peers, did not want to risk pregnancy as a means of entering into marriage. These women were searching for greater reproductive self determination, as there was no longer any point of trying to trade rights over fertility for economic support. The strategies of these women highlight the shortcomings of the ZNFPC's dual definition of reproductive rights.

1.2   Field work methods

The collection of data to address the issues set out above involved searching for ZNFPC documentation, interviewing health managers and workers, carrying out participant observation exercises with community based distributors and conducting interviews in Mabika village. Data collection was based entirely on the use of qualitative methods. I had originally planned to carry out a larger socio-economic household survey in the area of research. Time and resources,

15

however, precluded any such exercise. When it came to analysis of the data, this was the principal

area where I felt that the thesis would have benefited from more systematic evidence. All semi-

structured interviews started with a list of questions about household size and composition,

sources of income and resources owned. These questions, however, were not always asked using

the same format and anomalies in response were not always clarified. I have used the

socio-economic information gathered from these questions, then, for descriptive purposes rather

than statistical analysis. I have drawn upon census statistics and other secondary sources to fill

the gap in my own data.

Moving up and down the hierarchy of the health service, and between service providers and users,

highlighted the complexities of power relations in the research process. As a female student I was

not always in a position of authority, despite my race and education. When interacting with health

service managers, I was obviously in a subordinate position. Women in the village often wanted

to ascribe a greater authority to me than I felt I possessed. I was of more use to them as a figure

of some standing than the poor and vulnerable researcher I sometimes considered myself to be.

Feminist epistemological and methodological debates have struggled with the impact of such

power relations on the production of knowledge and claims to 'truth'. These debates have tended

to lead to fairly strong prescriptions about appropriate field work methods for feminist research.

Feminist empiricist and standpoint methodological arguments have led to a preference for

reflexivity, qualitative and, particularly, participatory research methods as a means of addressing

power inequalities between researcher and researched (Maynard 1994). Reflexivity, it has been

argued, provides a means of eliminating androcentric biases in research through stricter adherence

to the existing methodological norms of scientific enquiry. This is achieved by placing the enquirer

'in the same critical plane as the overt subject matter, thereby recovering the results of the entire

research process for scrutiny in the results of the research'(Harding 1987:9). Qualitative techniques require the development of interpersonal communication and involvement between researcher and researched and, it has been argued, are more egalitarian and less exploitative than other methods (McDowell 1992; Oakley 1981). Participatory research methods which call for the active involvement of the interviewees in the research process, their contribution to defining the research agenda and product, are seen as encouraging the reversal of those hierarchies of power in which the researched are generally at the bottom (Mosse 1994).

Feminist empiricist and standpoint methodological approaches have been challenged by the epistemological issues raised by feminist postmodernists. This, along with other variants of postmodernism, is critical of universal grand theories and rejects the existence of an authentic self. Its' focus instead is on fragmentation, multiple subjectivities, pluralities and flux (Maynard 1994). While feminist postmodernism stands, in principle, against the notion of any kind of science and, consequently, has little to offer in terms of practically applicable approaches to empirical fieldwork, the notion of difference does at least highlight some of the problems with the approaches generated by feminist empiricism and standpoint theories. The idea that some methods allow for a more egalitarian relationship between researcher and researched can be criticized for being based on the assumption of an essentialist notion of woman. In many cases, researcher and researched are differentiated by class and race, if not gender. These differences in status and power cannot be obliterated by any kind of research method. McDowell comments, 'Is it a realistic aim to endeavour to empower the subjects of our research or does this in itself reveal contestable notions of domination?...It is becoming increasingly clear that the notion of non-exploitative research relations is a utopian ideal that is receding from our grasp' (McDowell 1992). This being the case, as Lawson argues in contrast to earlier feminist criticisms of the

scientific approach, there is no necessary connection between a particular set of methods and the dominance of masculinist ideas in social science - it is a coupling that has been historically produced. Quantitative methods are no less intrinsically appropriate to feminist research than qualitative techniques. As Lawson points out, quantitative techniques can be used to highlight differences between groups and do not necessarily have to be used to show regularity and norms (Lawson 1995).

While epistemological issues remain unresolved, scepticism about the notion of gender as an analytical category has led to an approach to practical issues which is perhaps less ambitious but more broad minded than earlier proscriptions. Whatever methods are used, the recognition of difference indicates that all views are situated and limited requiring 'knowledges that are explicit about their positioning, sensitive to the structures of power that construct these multiple positions,' (McDowell 1992). This argument, rather than suggesting a particular blueprint for research, implies the need to be critical about how the process of research and the results of that inquiry are limited by the framework of hierarchical social relations within which academic work takes place. The demand for critical reflexivity derived from the development of feminist epistemology meets with growing requirements from academic bodies to be as explicit about the production of research as about the results themselves. As Maynard argues, academic rigour requires researchers to be clear about the nature of the research process, so that it is available for scrutiny and comment as part of the process through which standards are evaluated (Maynard 1994).

My own experience of field work confirms the view that research methods alone cannot rectify the multiple hierarchies of power which govern social relations. In Zimbabwe, race, class and

gender observably shape all actions and conversations. Social hierarchies are mapped out in the geography of the country, with gate-keepers at every boundary. A white, unaccompanied female studying gender issues in a communal area of Zimbabwe is a geographical, and hence social, aberration. While I enjoyed my stay and the company of health workers and informants alike, I always felt that I was fighting to occupy a difficult to maintain space to carry out the research and was never entirely at one with any part of Zimbabwean society. The fact that most of my informants were women at times seemed to be a basis for overcoming my alien presence and at others served to highlight my position as an anomaly.

The most important relationship while I was in the field was that between myself and Wilder, my research assistant. I needed a research assistant to act as translator, as my Shona was not good enough to conduct interviews, as well as to be my guide to Ndau life. Our relationship captured the complexities of finding a level meeting ground on which to build relationships among so many social differences. At times I thought we were friends; at others I felt that my wish to be so was a self-deceiving means of coping with our patently unequal relationship. I wanted to be friends. Wilder had to get on with me whether she liked it or not because I was paying her wage and potentially offered, as a white westerner, a path up and out of her assigned place. Sometimes it was easier for her if I assumed my role and responsibilities as her employee rather than trying to operate as if we had equal status. Wilder was 21, educated to 'O' level and came from an Ndau village right on the Mozambiquan border. Wilder was also a single mother with a two month old baby son. Wilder was keen to work and I was happy to employ her because she was obviously very bright and we made each other laugh. So we shared the one room I was able to rent in Mabika and took it in turns to carry the baby around the village while we were interviewing. Villagers found it hard to comprehend our relationship and would often ask me trick questions

about who did the cleaning just to see whether, after all, I was employing her as my maid. Later, villagers would joke and ask Wilder where she found such a good maid who was willing to carry her heavy baby everywhere. By the end of the period of fieldwork, however, rumours were flying around the village about Wilder's marital status. We were warned that people were jealous of her relationship with me and might try to put poison in her food. There is no easy place for any form of cross racial relationship in Zimbabwe.

I considered employing more than one research assistant in order to gain the advantage of different perspectives. In the end, however, I stuck with Wilder because the relationship appeared to work. Together, we seemed to create a combination of respectability and acceptability which enabled women of all age groups to talk to us. While the baby was not a deliberate attempt to try to create a sense of trust, his presence undoubtedly helped ease any suspicions about the object of the research. Men also appeared to be generally open and willing to be interviewed. It was only with younger, single men of my own age group that there was some uneasiness. Unmarried men appeared to be worried about impressing me and asserting their status. I had been warned, principally by Europeans who had worked in Zimbabwe, that the Shona were a very private people and would be loathe to talk about such personal issues as sexuality and contraception. This was not, in my experience, the case. As I will discuss in chapter five, the Ndau have strict rules about when and with whom it is appropriate to talk about what. I found, however, that it was usually me who was embarrassed by the explicit nature of our conversations.

According to conventional wisdom, qualitative methods, prolonged stays in the field and familiarity lead to the build-up of relationships in which greater confidences are revealed over time. In Mabika, I felt that it was our relative strangeness which enabled people to talk, knowing

that we were not part of the village gossip networks. As time progressed people began to point out that I was seeing some people more than others and Wilder's kinship relations with some villagers were unearthed. I sensed that interviewing was becoming harder as women suspected our impartiality in village matters. I felt the ambiguity of my own position as someone who moved between different levels of society, living in Mabika and yet developing relationships with health workers and other government officials. Had we stayed much longer in the village, I wonder whether we would have been able to contain these conflicts.

I was very much aware that my research would have far greater benefits for me than it would for my informants. I often felt completely inadequate if women talked about the problems of their lives. If women thought that in some way, I might be able to help, then they were bound to be disappointed. I gave every individual I interviewed a photograph of themselves and family as a thank you present. These 'cards' were something that everyone seemed to enjoy looking at. I gave money and goods to people in desperate situations. But I was very much aware that this was often a totally inadequate gesture in the face of death, insecurity and violence. One evening when we were walking home we heard a terrible howling coming from a nearby household. A neighbour digging her garden called us over and told us not to walk any further. She said that it was a woman being beaten with a cow stick by her husband. I said we should go and help. But the neighbour said no, even if I could stop the beating then, when I left it would be worse.

The spread of HIV among the village women was another problem to which there seemed to be no solution. While recorded HIV rates in the region were around 20 per cent, death rates had only just started increasing (Gregson and others 1996). In Mabika, however, deaths of young men and babies, known to be suffering from AIDs, were fairly regular. Women were open with me about

their fears and understanding of AIDs. The main reaction was one of despair knowing that there was nothing they could do to protect themselves from the virus which their husband might be carrying. I soon gave up trying to make obviously unworkable suggestions, when asked for advice, and could offer only sympathy. The body of the thesis does not focus on the issue of HIV, but accounts of women's reproductive strategies illustrate why women are so vulnerable to infection.

The geographical boundaries of the research were set by the list of 113 households given in the 1992 census. I did not cover the whole area defined by the census map as it ran into the nearby township and the settlement of local government workers. I initially made attempts to match up interviews with names given in the census. I quickly gave this up, however, as a hopeless task. In total, I conducted semi-structured interviews in ninety four households over the six month period spent visiting and in residence in the village. Ninety of these interviews were with women who defined themselves as the female head of the household. Three women identified themselves as divorced. I was told that the one woman, who refused to be interviewed, was also divorced. Eighteen women were widowed. Of these women, five were under the age of fifty. In four households there was no female head and so I interviewed the male household head. Two of these men defined themselves as divorced, one as 'separated' and one whose wife was 'away in South Africa on business'. I conducted a further ten semi-structured interviews with the daughters or daughters in law of female headed households, making a total of one hundred semi-structured interviews with women. I supplemented these interviews with informal, in depth discussions with a few key women informants and informal group discussions with the younger, not yet married women who tended to congregate at our base in the mission. I conducted a further seven semi-structured interviews with men, six of whom were husbands of women interviewed and one son.

22

I further relied on a couple of key male informants from among this group to provide insights into male perspectives. We usually interviewed individuals but group discussions sometimes evolved naturally as other women would turn up and join in the conversation. Similarly, if a woman's husband was around, we would talk to the couple together and then come back later to interview the woman on her own.

Prior to settling in Mabika, we had carried out a number of trial interviews in another Ndau village[4]. So I had, to a certain extent, refined the list of subjects that I wanted to talk about. As we progressed, however, new issues were raised and I found different means of discussing the topics in which I was interested. I initially wanted to ask broad questions in order to avoid pre-defining the answers to my questions. I found, however, that general questions merely got vague answers and it was much easier to ask people to recount precise details of events or practices. So, for example, I initially asked women whether they had any problems with the services when they went to get contraception from the clinic. Women would usually say that they had no problems. When the visit, however, was broken down into its particularities; what time did you go? Why? How many people were waiting? Where were you seen? Was there anybody else in the room? etc. Women seemed to find it much easier to give a critical evaluation of each of the component parts of the service. If we hit upon what seemed like a particularly good way of asking a question we would write it down and repeat it word for word in other interviews. If someone brought up a new topic, or had something interesting to say about a particular issue, we would pursue this at the expense of other subjects. We asked everyone for their personal details; age, marriage, number of children, composition of household, access to land, education, religion.

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[4]   I have used some information from these interviews for supplementary data on Ndau customs .

As I have already indicated, however, the format of these questions evolved as my understanding of the complexities of social and economic issues developed.

Semi-structured interviews were recorded in a note-book and, later that day, transferred onto my lap-top. Wilder would first ask   the set questions in Shona and I would write down the answers. I would then ask questions in English, Wilder translated the questions into Shona, I asked another question and wrote down the previous response. I also wrote the wording of a question down when I thought it was important to have an exact transcript of a particular interview. Sometimes I queried a particular word or an issue that I thought Wilder had missed out in her translation. Sometimes Wilder would throw in a question of her own or pursue a topic without my prompting if the conversation required. While the process of translation, discussion and writing down was time consuming, it also seemed to fit in with an informal stop/start rhythm of women's daily lives. The women interviewed invariably had to attend to cooking or children, just as Wilder's son required constant attention. When we tired of interviewing, we would revisit women just to say hello or to informally discuss subjects on which I wanted more information. On these occasions, I would often just sit and listen, picking up the gist of the conversation, as Wilder pursued the issues which I had previously identified. I made notes on these conversations when we left the homestead after discussion or clarification with Wilder.

Records of these interviews with the people of Mabika form the bulk of the material on which the thesis is constructed. If discussions of methodology oversimplify the complexities of power relations in the field, they often overlook altogether the power that the researcher has through analysis and presentation of data. I collated information from the semi-structured interviews in

the form of tables for descriptive purposes. The remainder of the data from interviews with villagers was sorted under a number of different headings. I did not use a computer programme for this purpose, preferring to carry out the exercise through reading, re reading and cataloguing of information. I hope that as the writing up progressed, I learned to refine my arguments through inclusion of all relevant cases rather than trying to ignore the evidence which didn't fit my arguments. It was from this process that I gained a greater appreciation of the differences between women, their situations and strategies, which were evident in the information collected. Quotes in the text from field notes are either my transcripts of interviews conducted in English or translations of interviews in Shona as given by Wilder. While, I hope, I have allowed the voices of the women I interviewed to be heard, the thesis is my interpretation of events and attempts to answer questions which are important to me.

Theoretical Issues: Human Rights, Reproductive Rights And Citizenship

The principal issue which this thesis explores, as discussed in the introduction, is the relevance and practical value of discourses about reproductive rights to women living in a rural area of Zimbabwe. The thesis provides an ethnography of a set of policies, practices, relations between health workers and citizens and their impact upon the women of Mabika and the gender relations which shape their lives. Consideration of these issues highlights an apparent contradiction between the values embodied in the ZNFPC's policies and the general context of Zimbabwean gender relations. The ZNFPC's community based distribution programme is presented as being built upon respect for particular concepts of reproductive rights which draw upon internationally defined standards. In contrast, in general analyses, Zimbabwean state and society have been consistently identified as 'patriarchal'. Assessments of Zimbabwe's post Independence policies indicate that the government has failed to systematically dismantle colonial gender bias in legal, political, social and economic institutions. Women are identified in national legislation and, concomitantly, in customary rules and norms governing household relations as the dependants of men. Women are excluded from equal participation in social, economic and political processes (Folbre 1988; Gaidzanwa 1992; Jirira 1995; Nhongo-Simbanegavi 1997). As set out in the Introduction, the contradiction between the values promoted by the family planning programme and the general context of gender relations in Zimbabwean society raises a number of empirical questions and issues. The first set of questions relates to the nature of relations between Zimbabwean women and the state. The second set addresses issues of how reproductive rights

have been interpreted and implemented in practice. The third issue to be examined is whether and how women have been able to utilise the policies and practices of the family planning programme to change their position within the household. In this chapter I set out the concepts I will use to examine these issues.

The primary concepts I employ are entitlement, human rights, reproductive rights and citizenship. I use the concept of entitlement in this thesis to describe the totality of rights, or legitimised claims, that are inscribed in legal, political, economic and social structures. Human rights constitute one set of claims legitimised by the international community under the auspices of the United Nations (UN). I use the term 'reproductive rights' to refer to rights relating to the areas of procreative and sexual life. The concept of citizenship is used, in this thesis, to examine the relations between the state and the individual and the mechanisms through which rights are realised. These concepts, then, allow analysis of whether the discourse of reproductive rights has increased the entitlements available to rural women in Zimbabwe. This, in turn, enables discussion of whether women want to, and are able, to use those entitlements to positive advantage.

It has been argued that concepts of human rights and, concomitantly, reproductive rights have limited use as a tool for transforming gender relations (Pringle and Watson 1996). Critics have suggested that human rights are based on western ideas of individualism and do not have universal applicability. It has further been argued that human rights do not adequately address social and economic issues or gender relations in the private sphere (Mishra 1998; Peters and Wolper 1995). These critiques have been applied to concepts of reproductive rights defined in international human rights documents. Critics suggest that these concepts of reproductive rights reinforce

biologically essentialist notions of women and fail to deal with central issues of women's reproductive autonomy within household relations (Heise 1995; Smyth 1995). I argue in this chapter that the value of human rights can only be judged on the basis of their meaning and use at the local level.

In order to examine the ways in which rights are operationalised in social relations, it is necessary to examine not only definitions of rights, but also how they are interpreted and satisfied (Fraser 1989; Moore 1994). While human rights discourse is global, these rights are interpreted and realised through national institutions and organisations (Wilson 1997). Analysis of the value of human rights at local level, then, requires examination of the relations between citizens and state. Feminist analyses of citizenship have focused on abstract ideals or the formal institutions of citizenship. These accounts have indicated that citizenship is gendered (Vogel and Moran 1991). Following van Gunsteren, I argue that analysis of different forms of citizenship further requires understanding of the everyday interactions between people and state. State bureaucracies form a key site where this relationship can be examined (van Gunsteren 1978). I suggest that in order to analyse this relationship, it is necessary to examine first the way rights are interpreted in policy and then how these interpretations are implemented through the actions of 'street level bureaucrats' (Fraser 1989; Lipsky 1980). I suggest that one of the key factors determining the actions of local level workers, and consequently the implementation of rights, is the degree of accountability of state workers to village populations. This, in turn, is dependent upon the nature of citizen participation in local level political processes (Lonsdale 1986; Paul 1991; Sen 1992). I argue, then, that there are two factors which need to be examined in assessing the local level value of discourses about reproductive rights. The first is the definition and interpretation of the

rights themselves. The second is the system of accountability which guarantees the enforcement of any given right.

2.1 Entitlements

I use the concept of entitlements in this thesis as a term for defining the totality of rights that are inscribed in legal, political, economic and social structures of a given country. Sen first used the concept of entitlements to describe the more formal rights given by state institutions in order to examine inter-household relations (Sen 1981). Sen later developed the idea to allow for analysis of intra household distribution. The concept of 'extended entitlements' refers to socially sanctioned notions of legitimacy beyond the system of state enforced laws (Sen 1990). Claims made within the private sphere are based upon customarily or socially legitimised rules and norms which, although not formally codified, may have greater force and acceptance than state defined regulations. As will be discussed in chapter five, for example, dominant understandings of the terms and conditions of the 'conjugal contract' underpin the gendered division of resources within the household (Whitehead 1981). I use the term entitlements to refer to the extended version of the concept.

Following Petchesky and Judd, I suggest that the concept of entitlements should be reconfigured through several normative levels (Petchesky and Judd 1998). In contrast to Petchesky and Judd, Hausermann makes a distinction between human rights and entitlements. Hausermann argues that human rights describe what ought to be, whereas Sen uses the concept of entitlement to describe what is (Petchesky and Judd 1998; Hausermann 1998). For the purposes of clarity, I use the term

entitlements to refer to claims to goods rather than realised resources. In contrast to Petchesky and Judd I make a distinction between such accepted or legitimized rights and women's own subjective claims (Petchesky and Judd 1998). While, in reality, this is obviously a difficult line to draw, for the purposes of analytical clarity I retain the distinction between legitimised and unofficial claims. Different sets of entitlement may be conflicting rather than complementary. Drawing upon Armstrong's definitions of the different legal systems operating in Sub Sahran Africa, I suggest that the universe of legitimized claims or entitlements can be defined as follows:

1   codified international human rights
2   national policies and codified laws
3   customary law ('traditional' law, codified during the colonial era covering family relations)
4   living law (traditions, customs and norms as commonly understood)

(Armstrong 1997).

2.2   Human rights and social policy

The term 'human rights' is generally used in connection with those rights which have been recognised by the global community, under the auspices of the UN, and protected by international legal instruments. Human rights constitute one particular set of rights claims. The operation of human rights has, to date, largely been addressed as a legal issue with primary concern for the *de jure* recognition of human rights by national governments. A more recent perspective, and the one taken in this thesis, addresses human rights in relation to development and social policies (Hausermann 1998). It has been recognised that the *de facto* realisation of human rights requires more than ratification of UN treaties and the establishment of appropriate judicial bodies to deal

with human rights claims. In order to be effective, the norms and values of human rights have to be incorporated into all areas of government policy and action (The Human Rights Council of Australia 1995). It is now widely accepted that states have an obligation not only to respect, but also to protect, promote and fulfil human rights. These obligations require the state to take positive action through social policy measures to ensure that there is *de facto* realisation of internationally defined human rights (Gooneskere 1998). In this thesis, then, I examine social policy, rather than judicial institutions, as a means of promoting human rights.

Table 1: Theoretical Approaches to Human Rights

	Mainstream approaches	Feminist approaches
Liberal	Human rights based on abstract concept of humanity. Existing human rights framework serves as a means of protecting individuals against state abuses.	Existing human rights framework needs to be redefined to incorporate feminist concerns about abuses in the private sphere.
Marxist	Human rights are an instrument of class based state domination. They are meaningless without the redistribution of economic resources.	Gender subordination based in socio-economic inequalities. Substantive 'enabling' conditions are required to allow women to realise their rights.
Post-structuralist	Human rights discourse serves as a means of extending coercive forms of bureaucratic power.	Human rights reinforce essentialist concepts of 'woman' and can only reinforce existing power inequalities

Human rights can be examined from a number of different theoretical approaches. These can be categorised as Liberal, Marxist and post structuralist. Feminist approaches cut across the different perspectives. As set out in the introduction, for the purposes of analysis in this thesis I take a 'pragmatic' approach to human rights, informed by Marxist and post structuralist, feminist perspectives. I argue that the usefulness of human rights as a transformative feminist tool depends upon the extent to which women have been able to use concepts of human rights, in practice, as a means of claiming political, symbolic or economic resources (Kiss 1997; Petchesky and Judd

1998). In order to justify this position, I discuss the different theoretical approaches to human rights and feminist critiques of those perspectives outlined above.

2.3   Liberal theories of human rights

Rights can broadly be defined as claims which are supported by some objective standards or general theories. Legal rights are those claims recognized in a system of law. Human rights are now commonly defined as those rights recognised in UN treaties and conventions (Hausermann 1998; Semler and others 1998). Concepts of human rights, however, predate the UN and are rooted in the political philosophy of Liberalism. In philosophical terms, human rights can be defined as 'those claims made by men (sic), for themselves or on behalf of other men, supported by some theory which concentrates on the humanity of man, on man as a human being, a member of human kind.' (Dowrick 1997:12). The liberal theory of human rights thus rests on a concept of an abstract notion of humanity from which, a priori, a set of universal rights can be derived. The complexities of the abstract debate in political philosophy about human nature remain unresolved and will not be discussed here[5].

Mainstream historical critiques of liberal theories trace the origins of the concept of human rights to seventeenth century English political philosophy. The development of ideas about human rights was historically associated with the growth of the market economy and concomitant concepts

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[5] Wilson suggests that such arguments offer little insight into the operation of human rights 'on the ground'. 'In defending conceptions of human nature, and arguing that universal rights must be designated through an over-arching super-perspective, rationalist social philosophy and natural law lift the discussion of rights out of any particular context and raise it to the level of categorical imperative...In particular, the influence of the neo-Kantian tradition in human rights theory has led to too great an emphasis on securing a priori foundations and continues to obstruct empirical attempts to understand rights ' (Wilson, 1997:8)

of individualism. The evolution of the concept of human rights marked the early development of liberal opposition to traditional authority based on divine wisdom (Cobbah 1987). Hobbes introduced the idea of rights as a part of human nature. This was followed by Locke's argument, in 'Two Treatises of Government', that all human beings are born with natural rights or human rights to freedom and equality. As these rights are insecure in the state of nature, society and the state are required to guarantee a more secure enjoyment of human rights. A government is only legitimate to the extent that it actually protects human rights through positive law and practice (Donnelly 1989).

Feminist critiques, largely following on from the work of Carole Pateman, have examined the notions of gender embedded in the historical development of liberal concepts of human rights. This work focuses, in particular, on the writing of Locke and the construction of the public/private dichotomy which underpins contemporary concepts of human rights [6]. In the Two Treatises, Locke sought to deny the legitimacy of the traditional authority of kings without challenging patriarchal family structure. In order to dispute the analogy employed by royalty between their authority over society and the father's authority over the family, Locke argued that the two spheres were separate and distinct (Binion 1995). As Pateman argues, 'In theory, liberalism and patriarchalism stand irrevocably opposed to each other. Liberalism is an individualist, egalitarian, conventionalist doctrine; patriarchalism claims that hierarchical relations

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[6] The concepts of public and private *are* not straightforward. Within western political science there is ambiguity about the definition of the terms. The public/private dichotomy is used to refer both to the distinction between state and society and to the division between non-domestic and domestic life. The crucial difference between the two is that the intermediate socio-economic realm is included in the category of the 'public' in the first definition and the 'private' in the second. In both cases, however, the state is (paradigmatically) public and the family, domestic life are seen as private (Okin, 1991). Whatever the definition used in western political science, it does not necessarily have universal applicability. The construction of the 'public' and 'private' realms is historically and socially specific, in terms of both the place and significance given to the boundary (Moore, 1988).

of subordination necessarily follow from the natural characteristics of men and women. In fact the two doctrines were successfully reconciled through the answer given by the contract theorists in the seventeenth century to the subversive question of who counted as free and equal individuals. The conflict with the patriarchalists did not extend to women or conjugal relations; the latter were excluded from individualist arguments and the battle was fought over the relation of adult sons to their fathers..' (Pateman, 1995:120). Thus, the rights of men to be free from intrusion by the state, were also these individuals' rights not to be interfered with as they controlled the other members of their private sphere (Okin 1991).

Thus Locke's theory of natural rights was ostensibly predicated upon the ideas of individualism and equality (Cobbah 1987). The overt universalism of the notion of human rights, however, masked the conceptual exclusion of women. Men, associated with the public sphere, were defined as having equal rights while women, seen as confined to the private domain, were considered to be the subordinate gender in a naturally defined hierarchical relation.

The further evolution of the idea of human rights, constructed upon the supposed equality of individuals, is embodied in the English Bill of Rights of 1689, the American Bill of Rights of 1789 and the Declaration of the Rights of Man and the Citizen adopted by the French National Assembly in 1789. These documents outlined a concept of individual liberty in which the primary role of the state was to ensure freedom of the citizenry from abuses of power. The newly defined rights included rights to own property and to compete freely in a market economy as well as other civil and political rights such as freedom of assembly, religion and speech (Dixon-Mueller 1993). The notion of individual liberty was embodied in the United Nations Charter, adopted in 1945 and

the Universal Declaration of Human Rights in 1948. The latter affirmed the right of all people to life, liberty and security of the person; to freedom of thought, conscience and religion; to property ownership and free choice of employment. The treaties, however, also included ideas of social entitlement. They thus broadened the concept of human rights to include the responsibility of the state to guarantee achievement of results, as well as freedom of opportunity, to all its citizens. The Declaration set out the entitlements, or economic rights, that were to be guaranteed to all people regardless of race, sex, language or religion. These included the right to an adequate standard of living, to education, to just and favourable conditions of work and to protection against unemployment. In 1966, the UN General Assembly adopted two instruments designed to implement the human rights provisions of the Charter and the Declaration; the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights (Dixon-Mueller 1993; Boland and others 1994). In UN terminology, the rights embodied in the first of these covenants have become known as first generation rights while those in the latter are identified as second generation indicating the earlier historical development of political and civil rights. There are continuing debates about whether economic and social rights are justiciable, and therefore of equal status to civil and political rights (Mishra 1998)[7].

While these labels are intended to indicate historical development, feminists have argued that they also reveal the primacy accorded to civil and political rights and, hence, the public domain. Civil and political rights are seen as having developed as a means of protecting men within public life in their relationship with government (Charlesworth 1995). Human rights law has, moreover, not

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[7]Plant provides a clear and concise rebuttal of arguments that economic and social rights should be differentiated from civil and political rights (Plant, 1998).

only focused on state abuses in the 'public' sphere but has enshrined in international documents, such as the African Charter of Human Rights, the right of privacy in the institution of the family without challenging the concept of the male head of the household. Such declarations are, in effect, a reiteration of the right of male rule in the private domain.

As Charlesworth argues, the distinction between private and public spheres has had a defining influence on international law. 'The UN charter makes the (public) province of international law distinct from the (private) sphere of domestic jurisdiction. The law of state responsibility sorts out (public) actions for which the state is accountable from those "private" ones for which it does not have to answer internationally ' (Charlesworth and others 1991:10). This failing has, to some extent, been rectified by the UN's adoption of the Convention on the Elimination of Discrimination Against Women (CEDAW) (Gooneskere 1998). CEDAW sets out state obligations to address gender equality in both the private and public spheres and, in particular, to take action against discriminatory customary and religious norms. A number of the countries which have signed up to CEDAW, however, have placed reservations against central articles of the convention (Tomasevski 1998). Such action illustrates the lack of acceptance by national governments of the principle that human rights should govern private as well as public relations.

As feminist scholars have consistently argued, the distinction between public and private is an ideological construct (Okin 1991). The state regulates life in the private domain both directly through, for example, legislation on marriage and indirectly through broader socio-economic policies. As Bunch argues, the assumption that states are not responsible for violations of women's rights in the private sphere ignores the fact that such abuses are often condoned or even

36

sanctioned by states, even when the immediate perpetrator is a private citizen (Bunch 1995). The myth that state power is not exercised in the private realm thus masks its control (Charlesworth and others 1991). Scholars, however, differ on the value of the public/private divide. Charlesworth argues that feminists should aim for 'the eradication of the cultural distinction which underpins women's exclusion from power: the gendered public/private dichotomy' (Charlesworth 1993:11). Engle, in contrast, argues that the critique of the private/public distinction in international law often fails to recognize that the private is a place which might ultimately afford some protection to women (Engle 1993). This view is supported by Allen, who argues that the private domain potentially provides women with the opportunity for self-development, a prerequisite for continued progress toward social equality (Allen 1987). While feminists writing from a liberal perspective, then, argue for the further redefinition of international human rights, questions remain concerning where the boundary should be drawn between public and private domains.

2.4   Marxist and Post-structuralist critiques of human rights

A second set of critiques of human rights draws more directly on the work of Marx. In Marx's account of capitalist civil society, human rights serve as a facade to mask fundamental economic and social inequalities (van Gunsteren 1978; Turner 1993). Marx argued that the Rights of Man, the rights to liberty, equality, property and security, proclaimed during the French Revolution, were the rights of man as bourgeois illegitimately elevated to human status. Marx argued that political rights were meaningless without the redistribution of economic resources (Kiss 1997). He thus highlighted the means by which constructions of human rights mask underlying structural

inequalities. Feminist critiques which draw on these arguments start from the supposition that

gender subordination is rooted in socio-economic inequalities. Critics question the extent to which

human rights legislation can transform the socio-economic conditions which are assumed to

underpin gender subordination. From this point of view, substantive socio-economic 'enabling

conditions' are a prerequisite to the realization of rights (Sen and others 1994). While the

Universal Declaration might proclaim the formal rights to life and liberty, these statements are

empty if people do not have the material means to survive. As already noted, in the international

legal system the primary emphasis is on political and civil rights. Furthermore, Charlesworth

argues that the International Covenant on Economic, Social and Cultural Rights does not touch

on the contexts in which most women live. The focus of the document is on state action in the

public sphere rather than the gender relations which underpin women's socio-economic well being

(Charlesworth 1995). As already discussed, while CEDAW does address women's subordination

in the private sphere, in practice this convention is largely ignored by the majority of nations

(Tomasevski 1998). Even if nation states were prepared to recognise human rights law

concerning the socio-economic inequalities underpinning gender relations, however, the question

remains as to the effect such legislation could have. As Charlesworth *et al* argue, 'the formal

acquisition of a right is often assumed to have solved an imbalance of power. In practice,

however, the promise of rights is thwarted by the inequalities of power: the economic and social

dependence of women on men may discourage the invocation of legal rights that are premised on

an adversarial relationship between the rights holder and the infringer ' (Charlesworth and others

1991:635). Marxist based critiques thus question the extent to which, in practice, even a feminist

defined set of human rights could be used as a tool to transform gender relations. From the

Marxist perspective, rights, whether formalized in national regulation or international human

rights documents, disguise rather than transform structural socio-economic inequalities.

Post structuralist arguments are based upon critiques of notions of universality. These critiques can be broadly categorised as drawing upon either Foucauldian or relativist theories. Foucault criticized the ideal philosophical approach which seeks to define an abstract concept of 'human nature' and derive from this a set of universal needs and rights. This approach, he argued, would always be doomed by its own unacknowledged contingency. The idea of human rights, Foucault suggests, involves the universalization of specific norms and ideals from particular societies and cultures (Kiss 1997). The discourse of human rights was viewed by Foucault as a state technique of surveillance and discipline. Foucault argued that, 'rights talk functions in contemporary society as a language of mystification, obscuring the actual processes of social domination and helping to produce the subjects of those processes' (Fraser 1989:57). The discourse of human rights encourages individuals to make claims on the state and thus integrates people into governmental structures of regulation. Human rights discourse consequently operates as a means of extending bureaucratised, coercive forms of power (Kiss 1997). Some feminist authors, writing from a post structuralist perspective, reject the use of human rights as a feminist strategy. Pringle and Watson, for example, take a self proclaimed post structuralist stance and reject any idea of rights on the grounds that the concept remains necessarily tied to the Enlightenment project and assumes a universal human subject. The use of universal notions such as 'woman', it is argued, can only serve to mask the power relations that the use of such categories, in reality, perpetuates (Pringle and Watson 1996).

The largest block of opposition to human rights is formed by those drawing upon the relativist

arguments that the Universal Declaration of Human Rights represents a charter of European rather than universal values (Renteln 1985). Human rights instruments are seen as a tool for enforcing those values (Wilson 1997). Southern governments have, for example, objected to the primacy given to civil and political over social and economic rights. These claims are supported by the use of donor aid sanctions against governments which are perceived to have violated particular standards of democratic process (Tomasevski 1997). The same donors, however, have failed to systematically analyse how their own aid policies might be undermining the realisation of social and economic rights. These objections, then, can be seen as a fair complaint against the way in which northern governments use human rights rather than a repudiation of the notion of human rights itself.

Cultural relativists also generally argue for a redefinition of human rights according to particular 'traditional' values rather than an abandonment of the discourse. Cobbah, for example, states that the 'Western natural rights perspective denies the existence of the needy's right to economic sustenance and society's obligation to satisfy that right ' (Cobbah 1987:311). Cobbah argues that it is the individualistic postulate of natural rights theory which presents the most insurmountable barrier to cross cultural agreement on human rights. While Western social contract theorists emphasize individual competition, the African worldview is tempered by a sense of cooperation and the general guiding principle of the survival of the entire community. In contrast to Western philosophy, it is the family rather than the individual which constitutes the basic unit of society. Cobbah argues that Western individualism is not compatible with the recognition of socio-economic rights which require acknowledgement of social responsibility, rather than individual liberty, for their fulfilment (Cobbah 1987).

Feminist scholars have criticised the relativist use of culture as an argument against the universal validity of human rights. It has been observed that, in practice, 'culture' is frequently used as a defence in regard to governmental denials of fundamental rights to women (Binion 1995). As Butegwa argues in relation to Africa, governments commonly use African culture and traditions as an excuse for not amending national laws to recognize women's rights (Butegwa 1993). Calls for recognition of women's reproductive rights, for example, are often opposed in terms of conflict with traditional norms and values. The relativist definition of culture, then, in many cases, is one which reinforces ideas of female subordination. As Wilson argues, such definitions are based on a reified notion of 'culture' as a static, unified, entity rather than a changing process linked to societal relations (Wilson 1997). Feminist critics agree that human rights discourse fails to incorporate differences of race, class and culture as well as gender. Correa and Petchesky argue, however, that 'it is important to distinguish between the feminist principle of respect for difference and the tendency of male dominated governments and fundamentalist groups to use 'diversity' and 'culture' as reasons to deny the universal validity of women's human rights. Women's assertions of their particular needs and values should be used to clarify what those rights mean in specific settings rather than denying the universal application of rights' (Correa and Petchesky 1994:118).

2.5   Political tools: Rights, needs and interests

Feminists writing from different theoretical perspectives agree that the concept of human rights used in UN in legislation is the product of a western historical discourse. As such, it undoubtedly

embodies, to a large extent, androcentric western values in the name of abstract individualism and universality. The issues raised by critiques, feminist, Marxist as well as Foucauldian in origin, remain unresolved. Yet many feminist scholars support the continued pursuit of women's human rights on the grounds of practical politics. Claims to the political usefulness of human rights are justified in terms of the globalization of the discourse. Arguments about the globalization of human rights take two forms. First it is argued that human rights in the contemporary world have become universal in the sense that they are almost universally accepted, a fact witnessed by the expansion of the UN system of human rights legislation and the growth in non governmental human rights organizations (Donnelly 1989; Wilson 1997). Secondly it is argued that 'cultural relativists' arguments are increasingly undermined by the globalisation of cultural, economic and political processes' (Wilson 1997:10). Such changes in virtually all areas of the world, it is suggested, have given human rights a near universal contemporary applicability despite their obvious historical contingency (Donnelly 1989). Moreover, whatever the historical values embodied in human rights concepts, as the adoption of CEDAW illustrates, new concepts and definitions can be introduced (Gooneskere 1998). The development of ideas about reproductive rights in international fora, discussed below, provide a further example of the continuing evolution of human rights concepts.

Competing concepts in the lexicon of political tools include 'interests' and 'needs'. Pringle and Watson argue that the term 'interests' constitutes a theoretically superior term for representing the different claims of women, as it does rest on universal concepts (Pringle and Watson 1996). Its connotations of self concern, however, make it an unlikely hook for political action. The concept of 'needs' has been much used in the formulation of social policy. While rights claims,

however, evoke the obligations of the state, needs convey 'a sense of lack and marginality' (Pringle and Watson 1996). Needs claims remain a useful bureaucratic planning tool. The concept of rights, however, rooted in understandings of legitimised claims, endorses the notion of state accountability which is lacking from discourses of needs.

Given the contemporary strength of human rights discourses many feminists suggest that it would be strategically foolish to opt out of the debate, whatever the theoretical weaknesses of the concepts (Binion 1995; Charlesworth and others 1991; Bunch 1990). As Correa and Petchesky state, while criticisms are 'theoretically compelling, they offer no alternative discourse for social movements to make collective political claims. Whatever its theoretical weaknesses, the polemical power of rights language cannot easily be dismissed' (Correa and Petchesky 1994:109). Some feminist critics thus support the pursuit of a strategy of working within the framework of international human rights despite the questions raised by social theorists. This approach to human rights can be described as pragmatic. From this perspective, the value of rights must be justified by the particular relationships of power they set up and legitimate and by the quality of life they make possible, rather than by reference to a moral order derived from human nature (Kiss 1997). The value of human rights as a feminist political tool, consequently, needs to be justified in relation to the operation of rights rather than the globalization of the human rights discourse. As the critiques of Marx and Foucault indicate, it cannot be taken for granted that, in practice human rights operate as tools of liberation rather than domination. These critiques suggest the need to move beyond abstract arguments and examine the concrete effects that the operation of human rights concepts has on relations of power.

2.6 Rights in practice

As Moore argues, in order to examine the ways in which rights are operationalised in social relations, it is necessary to focus attention on discourses about rights and to look at the way issues about rights are framed (Moore 1994)[8]. One starting point for such analysis is the work of Nancy Fraser. Fraser's framework grows out of a critique of Foucault. Fraser argues that Foucault's analysis of the liberal use of rights itself relies on the assumption of humanitarian values as a standard by which to judge the effects of liberal discourses such as human rights. This is inevitably so, as no amount of reflexive self consciousness allows escape from contemporary values. Fraser suggests that Foucault's later work acknowledges this position. Two strands to Foucault's thought are thus discernible. The first strand transpires to transgress or transcend humanism. The second aspires to keep humanism honest rather than to overthrow it. This latter approach highlights the variety of ways in which humanist rhetoric has been and is liable to abuse. Fraser herself takes the later Foucauldian position and argues for the critically aware pursuit of human rights as a feminist strategy (Fraser 1989).

Fraser suggests that 'rights talk', as well as 'needs talk' constitute officially recognized idioms for the making and contesting of political claims. As Moore argues, rights and needs talk are inter related, with claims for needs being defined by established definitions of rights (Moore 1994). Fraser's framework for the analysis of needs and rights claims sets out three 'moments' that are analytically distinct, but interrelated in practice. First, the struggle to establish the political status

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[8] Here discourse is defined as ' a historically, socially, and institutionally specific structure of statements, terms, categories and beliefs....Discourse is thus contained or expressed in organizations and institutions as well as in words' (Scott, 1988:35)

of a given need (or right), that is to establish it as a matter of legitimate political concern. Second, the struggle over the implementation of the need, the struggle for the power to define it and, so, to determine what would satisfy it. Third the struggle over the satisfaction of the need, the struggle to secure or withhold provision (Fraser 1989). As Moore points out, Fraser's argument underlines the fact that interpretations of needs and rights are not merely representations, but also constitute practical acts and interventions. The politics of needs and rights interpretation mobilizes the distribution of political, economic and social resources (Moore 1988). The question remains as to whether the mobilisation of resources instituted by human rights discourses has reinforced or undermined relations of gender subordination.

2.7   Reproductive rights

The issue of reproductive rights provides a useful case study for analysis of the value of human rights as some feminist concerns about this issue have been incorporated into the international agenda. The development of concepts of reproductive rights in UN documents from Teheran in 1968 to the Beijing Platform for Action of 1995 can, thus, be analysed in terms of Fraser's outline of struggles over the definitions and interpretation of rights and needs. Arguments concerning the issue of reproductive rights have developed along two parallel sets of ideas. In feminist theory, the idea of reproductive rights has grown out of concepts of human and women's rights. These centre around the ideas of women's self-determination, autonomy and bodily integrity. As Correa argues, the decision-making self remains at the core of reproductive rights (Correa and Petchesky 1994). A second set of arguments uses ideas about economic and population growth to justify population control through family planning (Dixon-Mueller 1993). Articles concerning access

45

to family planning have appeared in UN declarations since the early sixties. Such articles have subsequently been seen as belonging to, and being interpreted in terms of, arguments for population control. The work of women activists, however, has ensured that the documents produced by the Cairo and Beijing Conferences of 1994 and 1995 respectively, contained feminist inspired definitions of reproductive rights (Cook and Fathalla 1996). There has, then, been a development of concepts concerning reproductive rights in international documents. While Teheran and Bucharest asserted the state's obligation to provide contraceptives, Cairo set out the limits and standards of that provision and put it in the context of women's reproductive health. Beijing established women's right to reproductive self-determination in all relationships, both in the private sphere and in relation to public workers, and linked that right to sexual self-determination.

2.8   Unmet 'need' and the right to family planning

While the origins of the population control argument can be traced to the nineteenth century and Malthus, it was only in the 1960s that fertility became a concern at international level. Information, made available after a wave of censuses in a number of newly independent nations in 1960-61, indicating what were considered to be high levels of fertility, preceded a climate of 'hysteria' in relation to population issues (Wajcman 1994). Robert McNamara, the then governor of the World Bank, promulgated the view that 'overpopulation' was the primary cause of poverty and political instability in the Third World (McNamara 1981). In neo-Malthusian arguments, a homogeneous womanhood, defined exclusively in terms of their reproductive capacities, were seen as both the cause and the solution of 'the population problem' (Pearson 1994). The

46

ideological climate, and the availability of US funding, made possible and legitimated work on the pill. 'Populationist ideology, not scientific discovery was the catalyst for major financial investment in research on birth-prevention methods, and influenced specific techniques which have become available' (Wajcman 1994:170). Having defined women as the cause of 'the population problem', and the pill as its solution, researchers identified women's 'unmet need' for reproductive technologies. Where field research showed that there was a gap between a woman's stated ideal and actual number of children, researchers concluded that the interviewee 'needed' contraception (Dixon-Mueller and Germain 1992). The concept of the 'need' for women to have contraception thus arose from demographic objectives rather than women's own perceived requirements.

In international legal documents, it was not until the late sixties that the 'need' for contraception was redefined in terms of rights. The 1948 Universal Declaration of Human Rights failed to mention reproductive rights at all. But, in 1968 the Final Act of the Teheran conference included a provision stating: 'Parents have a basic human right to decide freely and responsibly on the number and spacing of their children and a rights to adequate education and information in this respect' (cited in Freedman and Isaacs 1993). Freedman and Isaacs suggest that, considered in its historical context, this enactment is best understood as 'a statement of the international community designed to pressure less developed states that had resisted the spread of contraception within their borders' (Freedman and Isaacs 1993:21). In terms of practice, the mobilisation of funds, the design and implementation of policy, the struggle over the interpretation of this rights and the means to satisfy it did indeed result in the support of top down family planning programmes in the Third World aimed at increasing women's contraceptive use.

In a number of well documented cases, these programmes were often coercive, involving both direct pressure from health workers and the use of indirect persuasion through financial incentives and the use of demographic targets (Hartmann 1987; Kabeer 1992).

Northern enthusiasm for the technological fix of contraception was equalled by southern hostility. Third World governments perceived population programmes to be both racist and a means of avoiding the more pressing issue of the redistribution of resources. The clash between north and south came to a head, infamously, at the 1974 Bucharest conference when Third World governments delivered a blow to international agencies with the slogan 'development is the best contraceptive'. Nonetheless, the Bucharest conference went further in defining the right to family planning outlined in Teheran. The Plan of Action included the statement that couples and individuals were entitled to family planning and also the information and contraception necessary to exercise this right. Bucharest, then, provided an outline of governments' obligations to provide family planning services (Tomasevski 1994).

The overt hostility of the south, however, coupled with the failure of many family planning programmes to have an impact on fertility levels, was enough to prompt a rethink in the population establishment. As a result, the scientific technocrats were ousted by the social scientists as 'emphasis on socio-economic criteria changed the terms of the debate and empowered a new group of demographers' (Jaquette and Staudt 1990:222). The rise of the demographers led to a new interpretation of the best means to meet women's 'need' for contraception. Studies pointed to correlations between socio-economic variables, in particular female education, and levels of fertility. Such variables consequently came to be seen as levers

through which fertility could be controlled (Pearson 1994).

2.9 Feminist concepts of reproductive rights

The international women's health movement emerged in the late 70s largely in response to the family planning programmes and policies supported by the population establishment. (Garcia-Moreno and Claro 1994). The resulting feminist concept of reproductive rights is based on the central tenet of reproductive self determination (Correa and Petchesky 1994) Within the feminist movement, however, there are differences over how this concept should be interpreted and implemented. In particular, the value of reproductive technologies is disputed. When initially marketed, the pill was seen by western feminists as a technology of liberation (Wajcman 1994). Extrapolating from western experience, feminists generally advocated the promotion of contraception in the Third World as a means for women to achieve greater autonomy and control over their own bodies (Jaquette and Staudt 1990). Coercion in the implementation of population policies, however, necessitated a review of this position leading to two broadly defined approaches. First, it has been argued that reproductive technology is inherently patriarchal and that there are no conditions under which such technology can contribute to female empowerment. The majority of activists, however, argue that such blanket condemnation of contraception denies the possibility of the legitimacy of the practices of the many women in the Third World who do use contraception and thereby portrays women as inevitable victims in the face of western technology. Proponents of this second approach would agree with the view that women have a 'need' for contraception, but see this need as arising from women's reproductive health requirements and rights rather than demographic aims. They thus dispute the way that this need

has been interpreted and met by the population establishment (Warren and Porque 1993; Kabeer 1994). Consequently, the focus of this approach is the contexts in which contraception has been employed (Smyth 1995). Analysis has concentrated on two aspects of the context of contraceptive provision. First, there has been analysis of the conditions of family planning programmes themselves and the 'quality of care' necessary to ensure women's reproductive self-determination in relation to health workers (Winikoff 1988; Berer 1993). A second approach has concentrated on the broader context: the socio-economic conditions which enable women to realise particular choices about contraceptive use. These conditions involve social and political as well as material well-being. This analysis thus extends beyond the realm of interactions between health workers and clients and include gender relations within the private domain (Heise 1995; Kabeer 1992; Correa and Petchesky 1994).

These two aspects of the context in which contraception is provided have been incorporated into definitions of reproductive health and rights agreed at the Cairo and Beijing Conferences.

The Cairo Programme sets out a broad definition of reproductive health pertaining to all matters related to the reproductive system. It further defines the reproductive rights that should be promoted in government supported policies and programmes: the right of couples and individuals to decide freely and responsibly the number and spacing of their children, and to have the information and means to do so; the right to attain the highest standard of sexual and reproductive health; the right to make decisions free of discrimination, coercion or violence (Family Care International 1994). The Cairo Platform sets out criteria for the practical realisation of reproductive rights in family planning service provision. It is recommended that all family planning programmes should: ensure free and informed choice of methods; ensure safe, affordable and

convenient services for the user; ensure privacy and confidentiality; ensure a continuous supply of high-quality contraceptives; ensure adequate follow up care (Hardon and Hayes 1997).

As Cook and Fathalla outline, the Beijing Platform for Action reaffirms the Cairo definition of reproductive health but places it in a broader context. The Beijing Platform for Action reaffirms that 'reproductive rights embrace certain human rights that are already recognized in national laws, international laws, international human rights documents and other consensus documents' (paras 95 and 223). These include the rights to life and survival, liberty and security, the highest standard of health and the right to private and family life (Cook and Fathalla 1996). But, further, it recognises that the realisation of women's reproductive rights is dependent upon equality in private sphere sexual relations. Thus, 'the human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences' (para 96).

2.10 Feminist critiques of reproductive rights

Despite, or perhaps because of, success at the international level, feminists remain concerned about the use of human rights discourse as a means of ensuring women's reproductive self-determination. The inclusion of the language of reproductive rights at international conferences has been seen by some as the co-option of feminist values in the continued pursuit of reduced fertility levels (Smyth 1995). Concerns about the concept of reproductive rights arise

51

out of critiques of human rights discourse discussed above. First, the issue of the private/public division remains unresolved. Some argue that international human rights documents continue to address reproductive rights in terms of protection of the private realm from public abuse rather than protection of women in the private realm (Heise 1995). Second, the emphasis on political and civil liberties at the expense of social and economic rights remain. While the enabling conditions for reproductive choice are included, the primary focus at international level, remains on family planning provision. A third area of criticism is that of difference between women. It has been argued that the idea of reproductive rights, as expressed within the international human rights framework, contains echoes of the biological determinism that feminism contests. There is little recognition of cultural or social differences in understanding of reproductive processes and, hence, rights. In particular, it is argued that the concept of reproductive rights, based on western ideas of individualism, autonomy and ownership of one's body, do not address many women's understandings of interdependence in reproductive and sexual relations (Correa and Petchesky 1994; Petchesky and Judd 1998; Schneider 1986). As outlined above, I argue that these questions and doubts have to be addressed through analysis of the use of discourses of reproductive rights *by* women at the local level.

2.11   Citizenship

While human rights discourse is global, in practice human rights are realized through the organisations and bureaucracies which make up the state (Wilson 1997). Examination of the value of human rights discourses at the local level, then, requires analysis of the relations between states and citizens. As van Gunsteren argues, citizenship can be studied at three related levels: as a

theoretically constituted object of political thought, at the level of the formal institutions of citizenship and at the level of its practical realisation in the everyday relations between state officials and population (van Gunsteren 1978). Feminist analyses of citizenship have, in general, focused on the first two of these levels. It has been argued that, both as an abstract ideal and in terms of the formal citizenship rights, citizenship is gendered (Pateman 1991; Vogel and Moran 1991). Following van Gunsteren and Lipsky, I suggest that in order to understand the processes by which citizenship institutions shape gendered outcomes, it is necessary to examine the reality of everyday interactions between citizens and state workers. As Lipsky argues, this requires analysis of the operation of 'street level bureaucrats' (van Gunsteren 1978; Lipsky 1980). From a feminist perspective, however, which highlights the importance of the relationship between private and public sphere, a fourth level of analysis is required. Examination of the gendered nature of citizenship necessitates discussion of the interplay between everyday interactions with street level bureaucrats and social relations in the private sphere.

As indicated above, feminist analyses have largely concentrated on deconstruction of the concept of citizenship in political thought, and the gendered construction of formal institutions of citizenship (Kymlicka and Norman 1994). The work of Pateman has concentrated on the first of these levels. Pateman's analysis, and the debates her work has initiated, focuses on the gendered definition of the concept of citizenship in political theory. As already outlined, Pateman's analysis of the works of liberal theorists shows how the concept of equality among men rested on a public/private distinction in which women were seen as the natural subordinates of men in the private realm (Pateman 1992). Involvement in decision making was seen as requiring the ability to make decisions about the public good on the basis of objective rational standards rather than

53

personal interests. Young argues that 'founded by men, the modern state and its public realm of citizenship, paraded as universal values and norms, were derived from specifically masculine experience. The opposition between the universality of the public realm of citizenship and the particularity of private interest became conflated with oppositions between reason and passion, masculine and feminine' (Young 1989:253). Women, defined as mothers and associated with irrational emotion, were held by nature to lack the characteristics required for political life and citizenship. The notion of citizenship thus depends on the distinction between the realms of the public and the private and, as Pateman argues, that distinction is predicated upon gender (Pateman 1992). As Vogel and Moran argue, then, the very formulation of the concept of citizenship is dependent upon divisions of gender (Vogel and Moran 1991).

As Pateman argues, however, in Western societies women have not been totally excluded from engagement from the state but rather have been incorporated on a differential basis as mothers and, therefore, as subordinates (Pateman 1992). This observation has given rise to the 'equality versus difference' debate. As Pateman explains, 'within the existing patriarchal conception of citizenship, the choice always has to be made between equality and difference, or between equality and womanhood. To insist that women's distinctive attributes, capacities and activities be revalued and treated as a contribution to citizenship is to demand the impossible; such 'difference' is precisely what patriarchal citizenship excludes' (Pateman 1992:20). Elshtain takes the 'maternalist' position of incorporation informed by the different values of love and intimacy (Elshtain 1983). Dietz argues that Elshtain's model reinforces gender inequalities (Dietz, 1985). Young argues for a 'group differentiated citizenship' and is criticised by Mouffe for the introduction of an essentialist notion of 'group' (Mouffe 1992;Young 1989).

Feminist works have also focused on the issues that van Gunsteren defines as the second level of analysis - formal institutions and citizenship rights. The work of T. H Marshall stands as the classic reference point for the definition of citizenship rights. Marshall set out three categories of rights which he argued pertained to citizenship. First, civil rights referring to the legal status and civil rights of individuals. These rights were to be defended through a system of formal law courts. Civil rights were concerned with such issues as freedom of speech, rights to a fair trial and equal access to the legal system. Second, political rights which were associated with the development of electoral rights . Third, social rights which formed the basis of claims to welfare and which established entitlements to security in periods of unemployment, sickness and distress (Turner 1990).

As van Gunsteren argues, debates about citizenship as an abstract concept of political thought are interrelated with the reality of formal institutions of citizenship in any given state system (van Gunsteren 1978). Feminist authors have also examined gender differentials in definitions of citizenship rights. Citizenship, then, is gendered both as an abstract political concept and in terms of the historical development of citizenship rights. Analyses of the gendered construction of citizen's rights have focused primarily on the welfare state. Walby argues that, in western European history, women's achievement of political citizenship has been followed more slowly by the acquisition of civil and social rights (Walby 1994). As Phillips points out, much of the western women's movement has been concerned not only with acquiring a voice for women but with establishing the political legitimacy of discussions about supposedly private concerns, such as domestic violence, and, concomitantly, civil rights. This concern is stated in the feminist slogan

'the personal is political' (Phillips 1991). A second set of feminist analyses of citizenship institutions have concentrated on social rights. Walby argues, for example, that there are gendered differences both in employment rights and in access to welfare state social support (Walby 1994).

A second strand of feminist work on the institutions of citizenship has been the identification of the links between political participation and the definition of citizens' rights. As outlined above, in conceptual terms, the western idea of citizenship has been predicated upon the equal participation of men in the public arena. This ideal of citizenship has been reflected in the historical reality of women's exclusion from public political processes. In many societies, women have only recently acquired formal rights to vote (Moore 1988). Lister further argues that the material reality of women's economic subordination has prevented their full participation in public life (Lister 1995). The outcome, it has been argued, has been the gendered differential in the definition of citizens' civil and social rights as described above. In terms of Fraser's analysis of the struggle over the definitions and interpretation of rights and needs, the reality of political participation will define who has an authoritative voice in the politics of rights definition and interpretation (Fraser 1989). As Jelin argues, there is two way relationship between citizenship as a process of political participation and citizenship as a set of rights (Jelin 1996). Walby, acknowledging this relation, argues for greater feminist attention to political rights and processes (Walby 1994).

Some aspects of this relation between political participation and citizens' rights have been dealt with in the literature on 'civil society'. Haddenius and Uggla argue that, 'a common way of clarifying the concept of civil society is to say that it denotes a) a certain area of society which

is b) dominated by interaction of a certain kind. The area in question is the public space between the state and the individual citizen (or household). Civil society is further distinguished by the fact that the activities contained therein take an organised and collective form. When we speak of civil society, it is to groups arranged in social networks of a reasonable fixed and routinised character that we refer' (Hadenius and Uggla 1996:1621). As Stewart observes, much of the literature in this field has focused on the role of Non Governmental Organisations (NGOs) in mediating the relationship between the state and individual (Stewart 1997)[9]. Jelin, for example, examines the actions of the New Social Movements of Latin America and the expansion of formally recognised rights in the region (Jelin 1996). The focus of this thesis, however, is not collective political action as a means of advocating new rights. I do not review, then, the 'civil society' literature [10].

The primary focus of this thesis is the local level implementation and value of a set of rights already defined in particular policies. I therefore concentrate on analysis of the relationship between participation in political processes and the realisation of rights. I assume that one of the prerequisites for the realisation of rights is the means for holding governments to account (Beall 1998; Ferguson 1998; Paul 1991; Sen 1992). As Lonsdale argues, '[accountability] is a dual notion. It combines the ideas of responsibility and accountability. Rulers claim to be responsible to their people; people try to hold them to account. Accountability is thus the measure of responsibility' (Lonsdale 1986:127). Without mechanism of accountability, there is no guarantee

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[9] Stewart provides a critical view, based on work in Zimbabwe, of many of the optimistic and unquestioned assumptions about the role of Non Governmental Organisations (Stewart).

[10] Wuyts *et al* provide a useful overview of 'civil society' issues (Wuyts, 1992).

that rights recognised in policy documents, or elsewhere, will be met. My focus, then, is on the relation between political participation and accountability rather than collective action as a means of advocacy.

The participation literature can broadly be seen as dealing with two problems, the 'why' and the 'how' of participation. The 'participatory development' literature addresses the 'why' question and answers it in terms of 'empowerment' and participation as a transformative process [11]. The Participatory Rural Appraisal literature focuses on the technical aspects of carrying out participatory research processes as a means of identifying local level 'needs' [12]. In this thesis, I understand the term 'participation' to mean the collective involvement of citizens in some level of decision making. I do not assume or address the question of whether participation is in itself an empowering or transformative process. Neither do I address the construction of participatory processes as a technical issue. Rather, I examine the power relations between state agents and citizens which shape local level participation, or non participation (Mosse and others 1998). I do not, then, review the large body of literature on the 'why' and 'how' of participation. I focus instead, as indicated above, on the relationship between political participation and accountability. In particular, I examine the effect of mechanisms for ensuring accountability on the practices of street level bureaucrats.

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[11] Oakley and Marsden's text is generally recognised as the most authoritative introduction to issues of participation, development and empowerment (Oakley, 1984). Nelson and Wright provide a recent overview of the field (Nelson, 1995).

[12] Holland and Blackburn provide a comprehensive overview of the technical issues involved in carrying out participatory research (Holland, 1998).

Feminist analyses of citizenship have paid less attention to van Gunsteren's third level of analysis - the everyday interactions between citizens and state workers. It is the practices of street level bureaucrats which define the concrete realities of citizenship in any society (van Gunsteren 1978; Lipsky 1980; Plant 1998). As Turner argues, different political systems determine, through legislation and particular institutions such as elections, the formal limits of citizen participation in decision making (Turner 1990). Turner's own analysis of the mechanisms which define citizen engagement is, however, itself prescribed in terms of formal and legal institutions, rather than analysis of the organisations through which the majority of individuals interact with the state. He consequently suggests that, in the context of globalisation and the increasing reliance on international bodies as a means of upholding rights, the concept of citizenship has limited relevance (Turner 1993). In practice, however, few individuals ever have contact with these organisations. As van Gunsteren argues, citizens' relations with the state are forged through contact with the low level bureaucracies and organisations which provide services and administer state legislation (van Gunsteren 1978). It is 'street level bureaucrats', who act as arbiters of citizenship rights and status. Local level bureaucrats, such as health workers, act as gatekeepers to public material and political resources and thereby shape the gendered reality of relations between states and citizens (Lipsky 1980). Globalisation has not, as Turner argues, negated the relevance of citizenship (Turner 1993). Rather it raises questions about the links between international discourses and local realities of citizenship (Plant 1998).

While van Gunsteren and Lipsky highlight the importance of examining the practices of local level state workers, feminist theory, as discussed above, highlights the interdependence of the public and private spheres. Discussion of the gendered construction of citizenship, then, requires analysis

59

of household relations. A feminist framework for the analysis of citizenship should include, in addition to van Gunsteren's three given levels, examination of the household. In order to question the links between international discourses and local realities of citizenship, it is also necessary to discuss the impact of the practices of street level bureaucrats on gender relations in the private sphere.

As set out in the introduction, questions about the links between international discourses of reproductive rights and the local level value of those rights to women in Mabika are addressed in the body of this thesis. In chapter three, I examine the impact of the western concept of the ideal citizen on the gendered construction of citizenship rights in colonial Rhodesia. In chapter four, I discuss civil, social and political rights in contemporary Zimbabwe. The impact of the gendered construction of citizenship rights on household relations in Mabika, and concomitantly women's reproductive strategies, is discussed in chapter five. In chapter six, I examine the incorporation of international discourses about reproductive rights in the policies and programmes of the ZNFPC. The practices of street level bureaucrats, and the relations between their actions and processes of political accountability, are discussed in chapter seven. The final substantive chapter contains an analysis of how this discourse of reproductive rights has been used by women in their reproductive strategies.

Chapter 3

The Rhodesian State And The Gendered Construction Of Citizenship

3.1   Introduction

In order to understand the meaning of citizenship for women in Mabika today, it is necessary to

first examine the historical development of citizenship institutions during the colonial era. The

everyday existence of women in Mabika is governed by the 'living law. These uncodified rules

are based upon local level understandings of customary and official law, as well as dominant

understandings of Ndau beliefs and customs (Armstrong 1997). In this chapter I examine the

creation of customary law under the colonial regime. I argue that in order to maintain an ideal of

exclusive white citizenship, the Rhodesian rulers had to build upon social hierarchies of both race

and gender. As Staudt argues, colonial rulers tried to incorporate African men into the state as

subordinates to their European rulers. Men were compensated for their lack of political equality

through the codification of 'customary law' and, consequently, the legal reinforcement of male

authority in the private sphere (Staudt 1987; Staudt 1989).   This process, however, was

continually disputed and resisted. The gendered construction of citizenship was the product of

social struggles, both among Africans and colonists as well as between rulers and ruled. Women's

subordination through state processes was neither complete nor unambiguous. In colonial

Rhodesia, although the dominant discourse was one of female exclusion, a plurality of

organisations and institutions created some spaces where women could claim different

entitlements. Yet women's action in resisting domination was, in itself, not straightforward.

Women were not necessarily searching for, nor finding, the western ideals of freedom and

autonomy.

The chapter commences with a discussion of relevant theoretical literature on the state and citizenship in Africa. This is followed by an historical outline of the changing discourses of citizenship from the pre-colonial era to the War of Liberation. The shifts, over time, in the dominant discourse are traced. Conflicting voices and practices, and women's manipulation of these contradictions, are then examined. This chapter is based upon existing historical accounts of the Rhodesian regime. Most of these works, such as those of Bourdillon and Ranger, are based upon research among the Shona (Bourdillon 1991; Ranger 1985). The histories of gender relations produced by, among others, Schmidt, Barnes and Jeater, also examine the lives of Shona women (Barnes 1992; Jeater 1993; Schmidt 1992). These works, then, refer to the majority ethnic group of which the Ndau of Mabika belong. In the next two chapters I will discuss the continuing influence of colonial institutions through examination of *de facto* citizenship rights in Mabika and the consequent construction of household gender relations in the village.

3.2   African citizenship

Discussions of African citizenship have highlighted the fact that, in contrast to European nations, entitlements to civil, social and political resources are determined by membership of kinship groups rather than the state *per se* (Ekeh 1990). In particular, historical analyses have focused on the colonial development of customary law and the creation of, according to Mamdani, a two tier citizenship which granted individual civil rights to Europeans and left the rural African

majority governed by a constructed tradition (Mamdani 1996). Analyses have further shown how African male elders colluded in the creation of customary law in order to enshrine their control over wives and daughters (Chanock 1985; Ranger 1983; Schmidt 1992; Staudt 1989). The Rhodesian identification of the ideal citizen as a white male resulted in the creation of institutions which reinforced women's subordination. However, this process was neither unambiguous nor uncontested. Analyses, such as Mamdani's, both overlook the contradictions within colonial discourses and place too great an emphasis on the power of state enforced law as a tool through which rulers coerced indigenous populations into serving the needs of the settler economy. Such arguments fail to explain either the ambiguities in present day gendered state discourses in Zimbabwe or the failure of post Independence legal reforms to eradicate entrenched gender hierarchies. As Pringle and Watson argue, the state cannot be conceptualized as a monolithic entity (Pringle and Watson 1992; Pringle and Watson 1996)[13]. If the modern state does not consist of one coherent whole, then neither was the colonial encounter a linear, coherent process involving two clearly defined protagonists (Comaroff 1997). Customary law contained ambiguities in relation to the status of women. Moreover, the operation of different organisations - both governmental, such as welfare programmes and the family planning programme discussed in chapter six, and non governmental - the 'living law' of local practice - challenged as well as reinforced legal definitions of citizenship (Armstrong 1997; Barnes 1992; Ranchod-Nilsson 1992; Schmidt 1992; Weinrich 1979) .

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[13] In MacKinnon's model of the state, gender is integral to the nature of the processes of state functioning, and is not simply the result of male dominance of state apparatus (MacKinnon, 1987). In this thesis, I take Watson and Pringle's definition of the state, 'not as an institution but as a set of arenas and a collection of practices which are historically produced and not structurally "given". This is not to say that there is no intentionality or purpose, but what intentionality there is comes from the success with which various groupings are able to impose themselves and it is always likely to be partial and temporary' (Watson, 1992:186).

As Ekeh argues, one of the primary features of contemporary African citizenship is the continuing

significance of kinship groups as political, entitlement giving, communities (Ekeh 1990). This is

the product, according to Mamdani, of colonial governments' attempts to control indigenous

population through, first, direct and then indirect rule (Mamdani 1996). While direct rule, as

defined by Mamdani, was based upon a single legal order, indirect rule institutionalized a separate

system of 'customary' law for native populations. The initial encouragement, through direct rule,

of native populations to embrace the idea of individual rights encoded in western legal systems

was soon replaced by the claims that communalism and customary law were more 'naturally'

African (Chanock 1985). In reality, as Ranger suggests, the codification of customary law was

'the result of a conscious determination on the part of the colonial authorities to 're-establish'

order and security and a sense of community by means of defining and enforcing "tradition"'

(Ranger 1983:249). The legal institutionalization of hierarchical groups, or tribes, was a

construction that enabled colonial administrators to rule indirectly through chiefs and headmen

and their customary courts (Jirira 1995). Individual Africans were, consequently, only indirectly

linked to the state through membership of kinship groups and, concomitantly, attachment to a

particular chief. While, as Ekeh and Mamdani argue, this fact has had consequences for the racial

and ethnic definitions of citizenship, it also underpinned gender differentials in access to

citizenship rights. In the case of colonial Africa, the exclusion of African men from full citizenship

was predicated upon the further subordination of women. It was only through guaranteeing men's

'customary' rights over women that the colonial administrators were able to gain the collaboration

of African men in their own subjugation (Schmidt 1990; Staudt 1987; Weinrich 1979).

In gaining the collaboration of African men through the subordination of women, customary law

institutionalised a public domain on the basis of gender issues which, in western countries, were

seen as matters belonging to the private realm. Customary laws, among other measures, defined

women as jural minors and codified gender relations in the context of marriage, divorce,

inheritance, child custody and property rights within marriage. As Staudt states, 'the colonial

state forged a public sphere, elevated from the lineage, clan and/or ethnic identity to the level of

the state, that was one and the same, a male sphere. This new public sphere made marriage and

divorce, and thus control over surplus accumulation and labour, a public matter administered by

men, for what was often formerly a family matter' (Staudt 1989:78). Previously autonomous

social domains like the household, age sets and gender associations now fell within the scope of

public chiefly power (Mamdani 1996). The gendered nature of citizenship in Africa was thus

predicated upon the subordinate incorporation of men into the public domain of the state, while

women were supposed to be part of the private sphere controlled and protected by men (Staudt

1987).

As Comaroff points out, however, the creation of a separate world defined by custom could never

be complete as the colonial state itself was not a single coherent entity: 'The colonial process was

never monolithic, never merely a matter of States and politics. And, far from being an encounter

between two clearly defined "sides", all the parties involved were as much remade by it as it was

by them. In all this, moreover, in the building of new identities, of newly imagined world of

possibility and political reality, the discourse of rights, rightlessness, even righteousness, loomed

increasingly large - albeit within complex cultural fields and power relations.' (Comaroff 1997).

Thus, for example, as Schmidt observes of Rhodesia, there were some instances in which women

gained from state intervention in the legal sphere as with the outlawing of child pledging and

forced marriages (Schmidt 1992). Moreover, outside the ambit of legislation, there were other

discourses originating in the state which provided resources for counter claims to the dominant

view of women as rightless subjects. Women, as well as men, migrated between rural homesteads

and towns and became involved in formal or informal wage labour and the concomitant discourse

of individual contracts and rights (Schmidt 1992). The discourses of modernity also entered the

village. State sponsored rural development initiatives provided channels through which the central

state tried to manage rural social relations at the local level (Bratton 1978). These programmes

introduced, albeit unintentionally, new discourses of individual needs and rights. Some, such as

the family planning programme, provided a counter voice to the notion of women as dependants

of their male relatives. Moreover the 'living law', people's own evolving understanding and

practices of their customs, provided a locally originating counter voice to the definitions of

customary law (Armstrong 1987). On some occasions, such discourses provided women with a

broader set of entitlements which they could claim. At other moments, as examined in the

following chapter, beneficial changes for women in national legislation have failed to take root

precisely because of the existence of opposing living law discourses (Schuler 1992). In either

case, wherever they were able, women used these contradictions to press their own claims and

make maximum use of their entitlements when they considered it in their own interests to do so

(Armstrong and others 1993). The well documented accounts of colonial and pre-colonial Shona

gender relations allows examination of these historical processes which have shaped the reality

of women's citizenship in present day Mabika. The structural constraints on the lives of the

women of Mabika, discussed in chapters four and five, have their roots in the institutions of the

colonial regime.

3.3   Pre-colonial Shona

Among the pre-colonial Shona, it was kinship groups, rather than chieftainships or states, which were the primary source of rights and entitlements to political, social and economic resources (Ekeh 1990). It was only as a member of a lineage that individuals were able to obtain access to land and security. Male elders were able to maintain authority in the allocation of these rights through control over the distribution of women through marriage (Jeater 1993). Nonetheless, despite the apparent subordination of women, social organisation was flexible enough to enable women to gain power, and in some cases, authority in decision making (Weinrich 1979). As Ranger suggests, in contrast to the idealized version of tribal tradition produced during the colonial era, nineteenth century Africa was inhabited by a number of fluid and competing groups. 'These societies had certainly valued custom and continuity but custom was loosely defined and infinitely flexible. Custom helped to maintain a sense of identity but it also allowed for an adaptation so spontaneous and natural that it was often unperceived. Moreover, there rarely existed in fact the closed corporate consensual system which came to be accepted as characteristic of 'traditional' Africa...the boundaries of the 'tribal' polity and the hierarchies of authority within them did *not* define conceptual horizons of Africans' (Ranger 1983:247-248).

These conditions of sometimes violent uncertainty characterized life for the nineteenth century inhabitants of the area that now forms Zimbabwe. At the time of the European occupation in 1890, the central plateau of which was settled by 'a hotch-potch of chiefly dynasties with a variety of histories, united by geographical propinquity and a common culture' (Bourdillon 1991:13). These groups, now classified as 'Shona', originated from the Bantu settlement of the area

stretching between the Limpopo and Zambezi rivers. The region to the southwest of the plateau was inhabited by the Zulu speaking Ndebele. The Ndebele arrived with a powerful military force organized under a central king which enabled raids into Shona territories to take captives and cattle from defeated peoples. In order to escape the uncertainties of this existence, small groups of Shona people would seek refuge in caves and shelters in the more mountainous areas of the region (Bourdillon 1991). As Ekeh suggests, the importance of ties of kinship in this pre-colonial era can be linked to the very uncertainty of these shifting and competing groups. While in some parts of the continent state formations did exist, they offered the individual little protection as a result of their fluctuating powers and the propensity of their rulers to turn on their own citizens as victims for the slave trade (Ekeh 1990). Yet, as examination of the Shona patrilineal system indicates, women had less to gain from the security of kinship networks than men. It was through the exchange of women for bridewealth that elders were able to accumulate both power and wealth (Jeater 1993). While women were also able to gain limited status through marriage transactions (Weinrich 1979), the fact that they were exchanged, rather than transactors, presupposed, and reinforced, women's subordination.

Shona kinship was, and remains, patrilineal. The Shona peoples divided themselves into clans and subclans, linked through the male line, each with its own name. These groups were usually associated with a particular chief but rarely, if ever, acted as a corporate whole. The ideal residential group, or *chizvarwa*, consisted of a group of living siblings and their descendants in the male line presided over by the senior male agnate. It was this group that acted as a decision making unit (Bourdillon 1991). As older women interviewed in Mabika confirmed, important decisions could not be made without reference to the head who was recognized as the legal

guardian of all the family members - children, men and women. It was the headman who authorized marriages and acted as arbitrator in disputes among his wards. While women, then, were considered guardians of the headman, junior men also had subordinate status in the patrilineage (Ncube 1987). But women's legal status was further defined by the marriage contract which provided for a non-reciprocal arrangement of men's rights over incoming brides. While marriage gave men certain rights in their female kin, it defined women as not possessing full rights to themselves. Marriage represented a contract between two kin groups rather than one couple. The husband's family gave bridewealth *(lobolo)* in exchange for rights over the bride's reproductive capacity. This endowed the patrilineage as a whole with a claim over any children produced from the union and gave the groom exclusive sexual rights over the bride. A husband could divorce his wife for any reason he deemed sufficient, but desertion and barrenness were the most usual grounds (Kuper 1954).

As women had fewer rights in themselves as men, so they also had less control over property (Whitehead 1984). Each chief was associated with a particular territory. The chief was caretaker and dispenser of land-use rights and distributed use rights in a given piece of land to each male head of household. Women only obtained access to land by virtue of their subordinate relationship to men as wives. Women did, however, have some informal rights to ownership and use of property. Each wife had her own plot of land (*tseu*), allocated by her husband, on which she could grow crops for her own use. They were likely to lose access to this land if divorced or if, as widows, they did not marry their husband's successor. Women could keep income earned from making and selling pots or from work as a midwife. Older women also received a 'cow of motherhood' from their son-in-law at the marriage of each daughter. Women's property owning

rights were thus determined by their changing relationship to their husband in the life cycle of marriage, child-birth, divorce or widowhood (Jacobs 1983; Kuper 1954; Nhongo-Simbanegavi 1997; Weinrich 1979).

Control over women was central to elders' command of both material resources and the labour of younger men. The practice of pledging (kuzvarira) was common among the Shona in the pre-colonial era (May 1983). This mechanism allowed young girls to be promised as future wives usually in return for grain. During periods of food shortage elders, who commanded access to land and its produce, were able to accumulate large numbers of young wives. Such polygynous marriages produced large numbers of sons and sons-in-law who were tied to the head of the household by relations of loyalty and indebtedness for their bridewealth payments or wives. Poor men could substitute service for bridewealth thereby expanding the labour pool of the 'big men'. These ties of loyalty and clientage formed the basis of the political power of the household head (Jeater 1993:22-23). While junior men could also manipulate these ties of patronage and start to build up their own power base, women, unable to exchange themselves in marriage, were excluded from this pathway to acquiring power. Moreover, as women moved to their husband's household at marriage, they were considered 'strangers' in the village where male ties of blood formed the basis of political unity (Weinrich 1979). The terms of the marriage contract thus underwrote men's strategies of power accumulation.

Successful 'big men' operated within the formal structures of Shona society. The Shona had no system of age classes or initiation schools. Within one chieftainship, groups of villages formed a ward under the authority of a ward head. Ward heads, as well as village heads and a panel of

chosen advisers, assisted and advised the chief when requested (Jacobs 1983; Kuper 1954) . One of the main political functions of the different groupings within the chieftainship was the settlement of disputes. Family conflicts were supposed to be resolved by an informal gathering of the senior men of that particular group. Any village headman could hold an informal court (*dare*) to resolve disputes within the community for which he was responsible. Cases which the headman failed to settle were taken to the higher court of a ward headman or, if necessary, the chief's court (Bourdillon 1991).

In formal terms, women were considered to be incapable of arguing a case in court and, consequently, had to be represented by a male guardian (Bourdillon 1991). In practice, however, the flexibility of the legal system allowed women some voice in court proceedings. A guardian would either consult the woman he represented prior to the proceedings or allow her to present her own evidence in court. While court authorities might have derided women who presented their own cases they, nonetheless, gave them a hearing. This suggests that, although women did not have full legal status, they were not regarded as legal minors (May 1983:29).

There are also examples of women obtaining positions of political authority in pre colonial Shona societies. Some female relatives of Shona chiefs are recorded as having been vested with the office of headwoman. In these cases, women's authority was always dependent on their relationships with powerful men. Women could also gain public influence as midwives, healers and spirit mediums (Kuper 1954; Ranchod-Nilsson 1992). Two women interviewed in Mabika worked as healers. This position, or talent, is inherited through maternal ancestors. Both these women said that their grandmothers had been important members of the community.

71

The position of spirit medium, in particular, was one of considerable prestige. As well as being called upon to divine the causes of misfortune, they were respected for their wisdom and often called upon to settle family disputes. Ancestral spirits, which are believed to enter a child while still in its mother's womb, are seen to be the dominant controlling force in the life of the community as well as individuals. The stronger the authority and power of a person in life, the greater their importance as a spirit after death. Powerful spirits speak to the living through a medium. Women were generally possessed by the lesser spirits; the lineage *(vadzimu)* and alien *(mashave)* spirits. They rarely communicated with those of the royal ancestors of the chiefdom *(mhondoro)* , considered to be the most important in the spirit world (Bourdillon 1991; Lan 1985). The most famous of these female spirit mediums was Nehanda Nyakasikana who is reputed to have taken a leading role in the first uprising against the European settlers in 1890. Gaidzanwa argues that, 'Nehanda's involvement in the anti-colonial struggles is an indication of the spaces which existed for women in pre-colonial society in the religious-political realm at a time when the distinctions between politics, religion and production were not pronounced' (Gaidzanwa 1992:107). In public, then, some women were able to reach positions where they had a certain degree of power (Nhongo-Simbanegavi 1997).

In private women had little power, but were able to exercise a varying amount of informal influence over their husbands and other male kin (Bourdillon 1991). Women's standing and, consequently, influence within the family was related to her age and the number of children she had borne. Thus a woman's status increased over time as she became first a mother, then a mother-in-law and finally a grandmother (Kuper 1954; Weinrich 1979). In addition to private

negotiations, there were culturally acceptable means by which women could express their views and make indirect criticisms of their seniors. These included gossip, women's songs and child naming (Schmidt 1992). Informal channels of communication thus allowed women a degree of influence which was not evident from the formal strictures of kinship arrangements. Moreover, while the marriage contract and bridewealth exchanges underpinned women's subordination in the lineage into which they married, it did provide some leverage within their own patrilineage. Bridewealth from a woman's marriage was often used in exchange for her brother's wife. The children of her brother's marriage were, consequently, the progeny of her bridewealth, a fact which gave her considerable influence over them. A woman became the 'female father' *(vatete)* of her brother's children. As such, she had to be consulted in all the major events of their lives including the selection of appropriate marriage partners. This role gave a woman considerable power within her own patrilineage (Bourdillon 1991; Weinrich 1979).

While, then, in formal terms women were defined as second class citizens in structures of lineage authority, in practice the flexibility of pre-colonial kinship groups enabled them to gain some power and status. As Ranger argues for sub Saharan Africa in general, the codified institutions of colonial regulation imposed a previously unknown rigidity on Shona societies (Ranger 1983). The ossification of Shona rules and customs precluded the strategies which women had used in pre colonial societies in pursuit of their own interests. It was not so much that colonialism imposed an unprecedented patriarchal order on Shona peoples, but rather that the colonial order blocked the informal channels which women had used as a means of counteracting their subordination (Folbre 1988; Gaidzanwa 1992). Nonetheless, as I suggest in the following sections, colonial rule also opened up new opportunities and spaces which women were quick to

exploit (Barnes 1992; Jeater 1993; Schmidt 1990; Weinrich 1979).

3.4   Colonialism

If kinship groups had afforded Africans some escape from the vagaries of larger political organisations, in the colonial era such structures became the means by which colonial administrators tried to tie people to the state. As Ekeh suggests, 'a major result of the way the colonial state developed was that the individual could only be indirectly related to the state. Membership of a kinship group became integral to the meaning of citizenship for the individual in the colonial state' (Ekeh 1990:685). The colonial state thus grew out of, and was tied to, the web of pre-existing kinship networks. While Mamdani and Ekeh have examined the implications of this mode of government for racial and ethnic distinctions of citizenship, here the consequences in terms of gender are discussed. The use of kinship structures as the primary means through which relations between colonists and Africans were mediated ensured that, in the growth of the colonial state, citizenship was defined as much by social struggles within kinship groups as by the encounter between whites and Africans. In order to retain the collaboration and compliance of African males, the colonial state legally reinforced their authority over female kin. The entitlements of citizenship, consequently, came to be predicated on gender as well as race. Yet the development of this construct was neither straightforward nor complete.

For the purposes of analysis, I divide the colonial discourse on citizenship into three overlapping eras. The early years of colonial rule, up to 1920, were characterized by a policy of racial 'integration'. During this period the Rhodesian rulers attempted to 'civilize' the African population

through the promotion of 'modern' values. The initial promotion of modernity, individual rights and contract was followed by a shift to policies of racial segregation and a return to ideas of tradition and status. By the end of the 1950s, this discourse had shifted back to the necessity for 'progress', to be promoted through programmes of 'community development'. In the analysis of each phase, I examine the gender implications of changing colonial policies and the strategies which women adopted in order to use new opportunities to their best advantage.

3.5   Free Labour and Modernity

European settlers arrived in the region in 1890 in the form of the British South Africa Company led by Rhodes. During the 1880s Rhodes' agents had secured a series of concessions from African rulers throughout Central and Southern Africa which gave the Company a monopoly of the mineral and commercial rights in their domains. The arrival of the Company in Ndebele and Shona territories, however, was greeted with fierce resistance. The risings, or first Chimurenga, began in 1896 in Matebeleland and then spread, to European surprise, to Shona speaking areas. Shona chiefs, who had a few years previously been fighting each other, joined forces alongside spirit mediums and villagers against the white invaders. The refusal of the Shona leaders to surrender, when offered terms at the end of 1986, led to a bloody suppression of the rebellion by the Europeans. In the end, the chiefs had to surrender unconditionally and many of them were brought to trial and hanged. In a number of areas, a new chief was put in place with white backing as a reward for 'loyalty' during the uprising (Ranger 1970). The squashing of the First Chimurenga marked the commencement of numerous battles, among colonizers and Africans themselves as well as between rulers and ruled, to reshape African societies.

Law was one of the technologies employed by colonial administrators to try and assert their will. But, as Chanock argues, 'African legal history is part of the transforming of the societies of Central Africa by colonial capitalism. The increasing involvement in markets for agricultural products and for labour and the new subordination to the state which this leads to are clearly at the heart of the transformation of 'customary' legal relations in African societies' (Chanock 1985:11). The development of the legal and political administration of Rhodesia, consequently, has to be examined in the context of the penetration of colonial capitalist relations into the rural areas. The colonial encounter involved not only the formal legal definition of gender hierarchies, it also institutionalized a gendered socio-economic order. As Barnes suggests, 'within the colonial order, men of working age were transformed into labourers who were not paid enough to support families; women of working age were transformed into labourers who supported families without pay' (Barnes 1992:587). Notwithstanding Chanock's argument that economic and legal relations developed hand in hand, the colonial capitalist state cannot be seen as a coherently functioning whole. While, in many instances, capitalism and customary law were mutually reinforcing, changing economic conditions also provided women with a means of escape from legally defined kinship relations (Jeater 1993; Weinrich 1979).

The first colonial constitution was adopted in 1898 establishing mechanisms for Direct Rule through political and military control. Under the Southern Rhodesian Order in Council, Executive and Legislative Councils were created. The former consisted of the Company's administrative officers, the latter was originally composed of five nominees of the Company and four

representatives elected by adult male franchise among the settlers (Leys 1959)[14]. The colonial rulers made it clear from the start, then, that Africans were not to be granted any form of political citizenship. Instead, Africans and their affairs were to be 'administered' by Europeans. The Native Regulations of 1898 set up an administrative apparatus which gave the task of appointing chiefs and headmen to a Native Affairs Department and vested extensive discretionary jurisdiction to Native Commissioners. These white government officials combined administrative, judicial and legislative powers including, after 1910, powers to decide civil and criminal cases concerning Africans (Bratton 1978; Worby 1994).

The Company geared its administrative machinery to meet settler needs within the limits of this legislation. The Company's original interest, which was slow to die, lay in the exploitation of supposedly vast gold reserves. After 1907, however, the Company turned its attention to agriculture and adopted a new policy of promoting European settlement on the land (Sylvester 1991). Under the 1898 Order, the Company was required to provide sufficient land for the 'natives' occupation and agricultural requirements. This led to the creation of a series of Native Reserves. The only common guiding principle followed by Company officials in the creation of Reserves was to leave undisturbed the fertile highland areas already occupied or alienated by whites. The amount of Reserve land was subsequently reduced by successive acts of parliament. The version of the bill that was passed as the Land Apportionment Act of 1930 designated fifty percent of agricultural land as European, African areas constituted thirty per cent of available land and the rest was left unassigned (Kriger 1992:53). Moreover, as in present day Zimbabwe, the

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[14] Company Rule was eventually brought to an end in 1923 as a result of increases in the settlers' share of representation (Leys, 1959)

majority of the African areas were situated in Natural Regions III and IV, the low rainfall, poor soil quality, lowlands (Moyo 1995).

Apart from land, the settler economy also required labour to work in mines, farms and white households. The demand for African labourers underpinned the early colonial policies of modernisation and integration through Direct Rule. The moral value of 'free labour' was promoted as an antidote to the purportedly slave based indigenous African economy (Cooper 1989). Early administrators thus encouraged Africans to embrace the idea of individual rights, in the name of modernity, in order to affect what they perceived to be the evolution of human societies from status to contract (Comaroff 1997).

Unfortunately for the white administrators, Shona men didn't share the European vision of the dignity of labour and refused to take part in the wage system. By 1903 only 13 per cent of Shona men aged between 18 and 40 were in wage labour for more than three months of the year (Ranger 1970). In order to combat this resistance whites, in the face of free labour proclamations, first pressganged men into wage work and then applied economic pressures in the form of hut tax. The latter was initiated in 1896 then raised, in 1904, from 10s to £1 per hut and 10s for each polygamous wife. At this time it required three months' labour for an African to earn £1 (Leys 1959). Despite state intervention, however, African farmers were determined to maintain the 'peasant option', and resist dependence on wage labour, for as long as possible (Ranger 1985). Even severe drought and the consequent food shortage of 1912 failed to motivate the male rural population to search for employment. In the face of famine, rural dwellers preferred to rely on the traditional strategy of searching shrublands and forests for wild produce and sustenance (Iliffe

1987). This option, as present day inhabitants of Mabika recalled, was more viable in the days when there was a shared knowledge of the shrubland and its natural products. These days, only a handful of people know how to survive in the wilds.

The early attempts by the Shona to resist male proletarianization led to modifications in the gender division of labour. Historically, a large proportion of agricultural work had fallen within women's domain. As peasant households tried to meet tax demands through increased production, the burden of augmented agricultural labour fell on women's shoulders. In the pre-colonial era while the male head of household maintained rights to land, women's agricultural labour guaranteed continued access to it. Men's labour was concentrated at specific points in the agricultural cycle - at the end of the rainy season when land had to be prepared for replanting and during the harvest period. Women, in contrast, worked all year round. They undertook the back breaking tasks of planting and the daily chore of keeping the fields free of weeds. As well as agricultural labour, women's domestic tasks included child care, the collection of wood and water and the preparation of food. When hut tax was imposed, many African households extended the acreage of land under cultivation and sold their surplus to Europeans as an alternative means of acquiring cash. Rather than adapting the gendered division of labour to cope with the increased workload, it fell to women to produce the necessary additional effort. Even where men were not absent, women's workload was increased by the expansion of acreage under cultivation (Jeater 1993;Schmidt 1992; Weinrich 1979).

The settlers themselves, as already noted, were initially more interested in mining than farming and so provided a ready market for African farmers. But, after 1910, the further alienation of

79

African land, increased taxes and the legislation of marketing arrangements, favouring new European producers over Africans, meant that cash obligations could no longer be met by agriculture alone. It was only in areas favoured by natural fertility and good communications, such as Makoni where Ranger carried out most of his research on peasantization, that rural men could resist the push into wage labour (Ranger 1985). In other areas, an increasing number of African men were obliged to migrate to find employment. By 1912, colonial records indicate that proportionally more men were taking up waged labour and they were also more likely to work continuously from 6 to 12 months (Jeater 1993). Furthermore, the response to food shortage in 1916, in contrast to earlier famines, was marked by an increase in the supply of male labour despite declining wages (Iliffe 1987).

While rural men were reluctant to enter into wage employment, young rural women were keen to make the most of the economic opportunities which the settler occupation provided. Women found work on the farms and the mines. Indeed, African women worked in the mines in the early years of colonial rule when men objected to working underground. As the mines expanded, however, women turned to brewing beer and prostitution (Weinrich 1979). Prostitution was not a practice which made any sense in terms of pre-colonial societies where all women were under the control of either a father or a husband. Moreover, sexuality was not regarded as a detachable commodity but was defined within marriage and kinship relations (Jeater 1993). The colonial economy, then, provided women with the economic and, concomitantly, ideological means of evading the strictures of kinship control. Women's readiness to grab these opportunities illustrates the extent of dissatisfaction with their lot in kinship regulated societies. The fact that women's entry into capitalist relations of monetary exchange and contract was based on their exploitation,

sexually and economically, highlights the limits and contradictions inherent in the process of colonization.

During the early years of colonial rule the occupying administrators voiced little objection to women's independent activities. Indeed, in terms of the colonial mission to produce a modern, integrated labour force, women's migration to the towns and mines was welcome. Colonial authorities saw women in the urban areas as a 'civilizing' force on migrant men. Moreover, the initial view of the Native Affairs Department was that, in order to facilitate male labour migration, the authority of rural chiefs had to be undermined and replaced by that of the Native Commissioners. Legislation from this period reflected this strategy. The Charter granted to the British South Africa Company in 1889 made provision for the recognition of African custom and law so long as it was not 'repugnant to natural law, justice and morality' and did not conflict with statute law (May 1983:158). This ruling imposed a European distinction between civil and criminal law and, initially, removed the latter from the jurisdiction of the chiefs (Kriger 1992). The so called 'repugnancy clause' was also used in the first decade of colonial rule to justify European interference with indigenous practices. Thus the Marriage Ordinances of 1901 and 1912 emphasized women's individual rights at the expense of lineage authority.

In contrast to later legislation on marriage and adultery, the Native Marriage Ordinance of 1901 was not formulated as a response to lobbying from sectors of the African community and there is little evidence of consultation having taken place (Jeater 1993). Child pledging and forced marriages were deemed repugnant to European standards of justice and morality. The 1901 Act, which governed all non Christian marriages between Africans, thus outlawed child pledging and

required that women's consent be obtained before a marriage could take place (May 1983);

(Schmidt 1992). The Act also limited the amount of lobola that could be claimed to four head of

cattle for the daughter of a commoner and five head for that of a chief, or cash at the rate of five

pounds per head of cattle. The Act thereby put a temporary halt to the commercialization of

bridewealth transactions. The Marriage Ordinance of 1912 attached criminal penalties to the act

of child pledging. A further amendment in 1917 stipulated that any man who entered into a

marriage agreement concerning a girl 12 years or under was liable to a fine of £50 or to

imprisonment with or without hard labour for up to one year (May 1983; Schmidt 1990). While

this legislation was passed in the name of European standards of civilization, the commercial

interests of the colonial administrators were evident in the failure to place an outright ban on

bridewealth. Although some sectors of colonial society, notably the missionaries, objected to

lobola transactions on the grounds of its demeaning effect on women, employers saw it as an

incentive to encourage young men to enter wage labour (Jeater 1993).

Just as women were quick to make the most of the economic opportunities proffered by the

colonial state, so they also took advantage of the openings created by new legislation. Between

October 1899 and February 1905, the Native Commissioner of Goromonzi District heard 345

cases. Of this total, 95 cases concerned girls who had refused to marry men who had paid

bridewealth for them and 65 concerned wives who had run away (Schmidt 1990:640). In their

bid to ensure sufficient labour for settler enterprise, colonial administrators had been prepared to

pass legislation which undermined indigenous authority structures and young women had been

quick to take advantage of this fact. The strength of male reaction to these policies was a further

indication of the success with which women had taken advantage of the legal spaces that

colonization had opened up.

Rural chiefs and headmen, concerned about their loss of power as a consequence of women's increased economic and marital opportunities, started to lobby colonial officials for a change in legislation. The Native Commissioner's report of 1908 noted the growing number of 'native' complaints concerning the desertion of married women to the mines (Jeater 1993:119). The 1909 Superintendents of Natives Conference adopted a resolution that adultery should be penalized noting that 'it was pointed out by all members of the Conference that this proposal emanates from the natives themselves who ...are unanimous and constant in their demands that such legislation should be introduced' (Minutes, Superintendents of Natives Conference, Salisbury 3 Feb 1909. Cited in Jeater 1993:133). Moreover, Native Commissioners reported an increasing number of rural hut burning cases in relation to marital disputes. The growing incidence of rural violence, combined with the strength of the chiefly lobby, served to convince the Native Affairs Department that the cooperation, rather than the destruction, of 'traditional' authority was required in order to administer the reserve lands. The initial collaboration of colonial rulers and rural patriarchal elite, then, was based on the perceived threat from African men to the authority of the Rhodesian state (Jeater 1993).

3.6   Customary Law

From the point of view of colonial administrators if, initially, they were concerned with the problems of labour supply, once there was a steady stream of migrant men coming into towns, they began to worry about issues of control in both rural and urban areas (Cooper 1989). These

fears prompted a change in administrators' attitudes towards those women who migrated to the mines and towns in search of economic gain. Whereas, in the early years of colonialism, such women had been seen as a positive force in the civilizing of the male labour force, they were now perceived as a nuisance if not a threat. Women, it was argued, should remain in the Reserves as preservers of family life (Jeater 1993). It was the problem of maintaining order that underpinned the colonial 'volte face' from a policy of integration to one of segregation and, concomitantly, the pursuit of modernity to the recreation of tradition (Chanock 1985). Colonial administrators realized that Africans who were accorded pre-modern 'customs' might be easier to rule over than those who were aware of their rights (Comaroff 1997). Moreover, if such 'customs' restricted the movement and freedom of women this could only, in the eyes of the colonial administration, be a good thing.

The change from modernization to the enforcement of 'tradition' was justified by claims that communalism was more 'naturally' African than individual rights. In a speech made in 1929, General Smuts extols the virtues of supposed African communalism in contrast to the false imposition of equal rights. 'The principles of the French Revolution which had emancipated Europe were applied to Africa; liberty, equality and fraternity could turn bad Africans into good Europeans...In some of the British possessions in Africa the native just emerged from barbarism was accepted as an equal citizen with full political rights alongside the whites. But his native institutions were ruthlessly proscribed and destroyed. The principle of equal rights was applied in its crudest form, and while it gave the native a semblance of equality with whites, which was little good to him, it destroyed the basis of the African system which was his highest good' (Cited in Mamdani 1996:5). The emphasis, then, in colonial policy switched from the modernization of

84

Africans through the introduction of European values and rights to processes of education within the limits of a segregated and 'traditional' society.

In order to ensure that 'tradition' was adhered to, administrators had to determine the customary laws of indigenous groups and translate them into an instrument which could be utilized within a legal system based on Western judicial concepts (May 1983). The first colonial ethnographers in Southern Rhodesia were nearly all Native Commissioners [15]. Their accounts were a mixture of observation and unashamed evaluations of tribal character. From the 1930s onwards, however, a new cadre of professional anthropologists came to dominate the production of ethnographic texts in southern Africa (Worby 1994). Thus Holleman's 'Shona Customary Law' was written at the request of the Southern Rhodesia Native Department, which wanted someone to provide systematic documentation of marriage and family law (Holleman 1952). In carrying out this exercise, anthropologists invariably consulted only those members of society whom they considered to be legal experts - chiefs, headmen and male elders. It was this male interpretation of custom that came to be legally institutionalised. Practices which had previously afforded some degree of flexibility became enshrined as custom (Ranger 1983). Moreover, these customs were captured in a form that reinforced the subordination of women (May 1983).

Male elders had their own particular interests to pursue in the definition of custom. As Chanock argues, in the changing socio-economic world of colonial capitalism, 'claims about custom were competitive rather than descriptive. Where people are trying to make others change what they do,

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[15] One of the exceptions was Mrs H. N Hemans who was, in fact, the wife of a Native Commissioner. Mrs Hemand produced the first published account of the Bashankwe and Batonka in 1928 (Worby, 1994).

law is a weapon. It describes not regular behaviour, but what some people want others to do' (Chanock 1985:17). The exodus of young men and women to the towns for work posed a challenge to the structure of power and authority in the rural areas and, consequently, to the authority of male elders. As junior men became involved in the cash economy, so the balance of expectations between the generations was changing. Instead of young men looking to their elders to provide them with cattle for bridewealth, older men were hoping to benefit from the wages of their juniors. In this battle between the generations, women provided the main point of leverage. As long as elder men maintained control over their daughters, they had some hold over younger men who wanted to maintain a base in the rural areas and thus a means of extracting cash from migrant sons. Consequently, in making claims about their 'customs', Shona elders emphasized practices which reinforced their rights over wives and daughters (Chanock 1985; May 1983; Schmidt 1992).

The first inkling of this new and somewhat uneasy partnership came in the Native marriages Ordinance of 1912. While the ordinance, as outlined above, criminalized the practice of child pledging, it also lifted restrictions on the amount of lobola that could be paid for a bride (Schmidt 1990). This concession to pressure from chiefs and elders also coincided with the broader commercial interests of the administrators. The 1916 Natives Adultery Punishment Ordinance, however, had no other motive than the appeasement of the rural male elite. Nonetheless, the decidedly European interpretation of adultery contained in the act illustrated that African men were still very much the junior partners in the alliance. The African lobby demanded that only the male partner in adultery should be punished. This approach was in accordance with the indigenous view of men as having authority over, and therefore responsibility for, the behaviour of women.

In the event, however, the Ordinance stipulated that both partners in the act of adultery were subject to a penalty of £100, thereby recognizing women as legal individuals. This acknowledgement, however, was couched within the gender and race ideologies of European administrators. Adultery, then, only occurred between an African man and a married African woman. This definition did not cover sexual intercourse between married African men and unmarried African women or European men and African women of any marital status (Jeater 1993; Schmidt 1990). While the 1916 Natives Adultery Punishment Ordinance can be interpreted as a lukewarm victory for African patriarchal values, the 1917 Native Marriages Ordinance appeared to confirm their ascendancy. The Ordinance required the registration of all African marriages. This, in turn, demanded a definition of 'customary' marriage and the official recognition of the authority of chiefs and headmen to act as witnesses to the fact that a marriage conformed to 'traditional' standards (Jeater 1993). The 1917 Marriage Ordinance can be seen as marking the break in colonial legislation between the pursuit of modernity and the preservation of tradition. In this change of policy, women were the biggest losers. The institutionalization of 'custom' denied women the informal routes to increased power and status offered by pre colonial Shona societies. Under colonial definitions of 'customary' law, women were formally defined as jural minors (Ncube 1987). Moreover, the state definition of public offices, such as headman and chief, officially precluded women from taking up those positions (Schmidt 1992).

The legislative reinforcement of patriarchal power in rural areas was further bolstered by economic processes. The monetization of bridewealth, which was consolidated during the 20s, enabled even the smallest of land holders to accrue wealth and, consequently, expand ties of patronage (Jeater 1993). Yet, despite these legal and economic developments, rural women still

found opportunities to assert their independence. Early legislation could still be used by women as a means of protecting themselves against male threat. By the nineteen twenties one colonial official was able to observe that, 'most native women are well aware that they cannot legally be forced into marriage against their will and refusals are far from uncommon' (CNC S138/150, NC Inyanga, 7 March 1924, cited in Schmidt 1990:139). Moreover, as the Native Commissioner of Chipinga observed, girls often appeared before the registering officer, supposedly to give their consent to a union, but instead claiming that they were being forced into an unwanted marriage (Schmidt 1990:639). Women also used the loopholes in the Native Marriage Ordinances to evade prosecution under the Native Adultery Punishment Ordinance. The 1917 Ordinance ruled that an African marriage was invalid unless registered. Women charged with adultery could claim that, if their marriages were not registered, they were legally single and therefore innocent of the charges. This loophole could also be used as a means of claiming custody of children (Jeater 1993).

Women also continued to make the most of available markets and economic opportunities. The construction of a number of railway lines across the country increased women's means of escape from rural areas (Jeater 1993). Barnes suggests that from the 1920s onwards an increasing number of women travelled around the colony (Barnes 1992). One of the older women in Mabika recounted how, as an unmarried girl, she had gone to Mutare to sell some produce at the market and had then got on a train to Harare (Salisbury), just to see what it was like. Many of the women who travelled, however, were specifically looking for markets to sell agricultural produce and other goods. The periodic sale of various produce in urban areas provided an important source of income for women in nearby rural areas (Barnes 1992). Other women started brewing beer for

miners or entered into short term domestic arrangements with single men.

Whatever the source of women's income, once they had earned it they made every effort to use it in their own interests rather than handing it over to male relatives. Indeed, the monetization of the economy and, consequently, bridewealth payments allowed women, in some cases, to buy themselves out of the lineage system. The daughter of Chief Ndzimende, a woman called Emily, was pledged to marry a man against her choice. In 1926 she found herself work as a domestic servant to an European. With the money she earned, Emily sent her father £4 10s to replace four cattle given as bridewealth by the man to whom she was pledged (Jeater 1993:251). While Emily, as the daughter of a chief, was not typical, many women used wages to purchase cattle and other goods which they then claimed as their own. Whereas husbands could often claim the cash earnings of women, they had less hold over material goods bought with that money (Kazembe 1986). Women's entry into the labour market, then, also entailed introduction to ideas about property rights over both material goods and their own persons.

Yet this process was neither straightforward nor necessarily liberating. As the decade progressed Rhodesia's economy stagnated then sunk towards recession and women's income earning opportunities declined. An increasing number of women turned to prostitution. Moreover, the going rate had declined from 10 to 15 shillings per night in 1910 to 5 shillings by 1920. During the 1930s, women exchanged sex for credit tokens (Weinrich 1979). The freedom of the market, then, also entailed the necessity to earn cash in order to survive. And many women could only claim ownership of their bodies and sexuality in order to sell them.

The increased mobility of women during the twenties was increasingly regarded with hostility by African men and colonial administrators alike. Government officials in a Native Department conference of 1927 observed that 'natives in the reserves and other places (have) pointed out the freedom with which women can proceed, for instance, from Marandellas to the Salisbury location or Salisbury town; they live here for a week or a month or longer, and there is no check on their movements, and nobody questions what they are doing in town. What are these people doing here? They cannot be selling their grain or chickens' (Salisbury conference of SONs and NCs 1927, 53, S235/493 cited in Barnes 1992:595). By the end of the twenties, administrators and chiefs were in agreement on the need to pass legislation to restrict the mobility and independence of women. In 1929, the Native Marriages Ordinance was amended so that unregistered marriages were not invalid for the purposes of the law (Jeater 1993). Women could no longer use non registration as a means of avoiding prosecution for adultery or for claiming custody of their children. The 1936 Native Registration Act stipulated that in order to enter an urban area, all 'unmarried' women, as well as married women who did not meet exemption criteria, were required to obtain passes from an authorised state official. In 1939, the native commissioner of Salisbury ruled that female visitors to the city would only receive a pass if their husband or guardian consented (Barnes 1992; Schmidt 1990). Avenues of escape, opened by colonial legislation during the first decades of European occupation, had now been blocked off.

3.7   Community development

The collaboration between African elders and colonial administrators was based, as outlined above, on the officials' concern with maintaining order. Government administrators had come to

believe that, 'unless the government supported African men in exercising 'their rights over the wives,' not only the family 'but the whole existence of a nation' could be placed in jeopardy' (Schmidt 1992:104). The driving concern of the administration was to retain their minority rule over the majority black population (Jeater 1993). Legislation that restricted women's civil citizenship rights was, ultimately, a pay-off for men's exclusion from full political citizenship. Yet, as the economic hardships of the thirties depression worsened, the value of this pact to African men decreased. From the government's point of view, the changing economy, and perceived potential unrest, necessitated a shift in policy. The decline of conditions in the Reserves and the expanding demand for a stable industrial labour force pointed to the need to end the migratory labour system and its attendant social and political dangers . A two pronged approach was adopted to meet these problems. On the one hand, certain sections of African population were to be modernised. On the other, the power of the traditional authorities in the rural areas was to be bolstered. A policy of indirect rule, promoted as 'community development' was consequently adopted (Bratton 1978); Phimister 1986; Worby 1994).

The introduction of 'development' policies in Southern Rhodesia, then, entailed the distinction between modern and primitive Africans. While the wives of the urban elite might enjoy the dubious benefits of being classified as 'civilized', women in the rural areas faced the strengthened collaboration of traditional authorities and colonial administrators. No longer able to seek redress from colonial legislation or officials, women sought means of assistance and advance among other sections of the colony. Missions and missionaries provided an avenue of escape from rural subordination (Stott 1990;Weinrich 1979). The expansion of rural welfare programmes, often initiated by the bored wives of Native Commissioners, provided a further counter voice to the

dominant discourse of female subordination (Ranchod-Nilsson 1992). One of these initiatives, to be discussed in chapter six, resulted in the Family Planning Association of Rhodesia.

The need for 'development', as perceived by the Rhodesian authorities, was itself the product of earlier colonial policies. The resettlement of the African population on poor quality, small acreage holdings in the Tribal Trust Lands inevitably affected peasant production. By the early 1930s male wages had surpassed food production as the determining factor in household survival. In 1903, the sale of produce accounted for about 70 per cent of Africans' total cash earnings. By 1932 the percentage value of agricultural crops had fallen to 20 per cent of household income. Levels of poverty in the rural areas were exacerbated during the Great Depression when many men lost their jobs in the towns and mines. An increasing number of rural women were forced to seek temporary employment on European farms for wages which fell below even the minimal level paid to men. (Schmidt 1992). The colonial government responded to declining peasant production with the introduction of legislation to compel 'correct' methods of land and livestock management. Native Commissioners were empowered to regulate the number of cattle that Africans owned. During the 1940s, a policy of cattle destocking was implemented. But it was clear, by the end of the decade, that this was no solution to land shortage in the reserves (Iliffe 1987). And while demand for urban industrial labour was expanding, administrators were haunted by the spectre of the anonymous mass of detribalized Africans inhabiting the towns. The solution, in the eyes of government officials, was to create two separate, but stable, populations. One was to be fast track, civilized and urban, the other second rate and rural. This policy necessitated an end to the migrant labour system which would encourage the mixing of the two groups. The Land Husbandry Act of 1951 was an attempt to put this policy into place through measures to

encourage individual registration of plots and fixed, continuous cultivation (Worby 1994). In practice, these measures only served to exacerbate problems of both landlessness and soil erosion and added to the discontent of African peasants (Bratton 1978; Ranger 1985). Furthermore, the registration of land instituionalised the loss of women's land that had already been taking place as the result of economic pressures (Schmidt 1992).

Policies of agricultural control were followed by political and administrative segregation. Electoral qualifications were designed, from the outset, to exclude African men. In 1898 the vote was open to all men who were British subjects over 21 and literate enough to fill out the application form, provided they had an income of £50 per annum, occupied property or buildings worth £375 or owed a mining claim. These financial qualifications effectively meant that only Europeans, and until 1919 only European men, were eligible to vote. These financial criteria were raised every time inflation threatened to open the floodgates to African qualification (Leys 1959). Yet, from 1930 onwards, the rise of black nationalist political consciousness fed the administrators' fear of the entry of Africans into the world of democratic politics (Worby 1994). In order to dam this potential flood, the Rhodesian government decided to take limited pre emptive measures. The government appointed electoral commission decided that a limited number of African men should be admitted to the electoral register through the creation of a special qualification of an annual income of £180.The 1957 Report of the Southern Rhodesian Franchise Commission considered that an African in this class had 'proved himself a citizen' (The Tredgold Report 1957 cited in Leys 1959:225).

The bulk of rural peasants were to be given the so called opportunity to develop their political

skills through the adoption of a policy of community development. The Prime Minister's Directive of July 1965 described the programme as 'an active, planned and organized effort to place responsibility for decision making in local affairs on the freely chosen representatives of responsible people at community and government levels, and to assist people to acquire the attitudes, knowledges, skills and resources required to solve, through communal self-help and organization, as wide a range of local problems as possible in their own order of priority' (cited in Holleman 1970:260). Here, then, while the urban elite was to be granted limited political rights, those in the rural areas were invited to define their own 'felt needs'. Local self-reliance was to be encouraged by the delegation of certain legislative and financial powers to decentralized African councils. This approach culminated in the African Councils Act of 1957 which provided for the establishment of elected institutions that could impose rates and by laws. Before long, it became clear that these were merely gestures towards decentralization and participation (Worby 1994). The switch to a policy of community development, in reality, marked little more than a shift from direct to indirect rule (Bratton 1978). In practice, it was the powers of the chiefs that were enhanced. In 1951, the government created chiefs' provincial assemblies as vehicles for expressing African views on legislation. The 1957 act allowed chiefs to nominate members of the council. Successive acts restored their jurisdiction over legal cases (Kriger 1992).

The continuing concern of chiefs to maintain their authority over rural women was evidenced by the results of the 1973 committee, appointed to investigate laws affecting marriage and family life. The committee consisted of four male senators - two Europeans and two chiefs. The committee argued that, 'tribal authorities recognize that the Africans, especially women, are becoming emancipated and are in the process of casting aside family and tribal ties. However, the tribal

authorities do not want to see a wholesale severance of these ties by legislative action because they think that this will encourage young women to leave the tribal areas for towns where they will enter into casual employment, work until they are no longer capable of doing so and then return to the family to be maintained, having brought nothing into the family by way of lobola or personal savings. We recommend that customary law should not be changed by legislative direction merely to make it conform to 'western' practices' (1976 Report of the Select Committee of the Senate on testate and interstate succession cited in Weinrich 1979:129).

Women's opportunities, given the collaboration between chiefs and administrators, to escape rural subordination, were *fewer* than in the early decades of colonialism. Yet women still found spaces for manoeuvre. One of these was the church. Whereas in the first part of the nineteenth century, women had asked missionaries for support in negotiating the legal system and avoiding forced marriages, many women now wanted to enter the mission as 'Brides of Christ'. Entry into the church provided them with an education, as well as refuge from the hardship of rural life (Schmidt 1992; Stott 1990;Weinrich 1979). Two women interviewed in Mabika had female relatives who had joined one of the missions in the area during the sixties.

Another, less well documented, counter voice to the dominant discourse came in the form of welfare programmes. State sponsored rural development initiatives provided important channels through which the central state tried to manage rural social relations at the local level without disrupting bifurcated structures of social authority (Munro 1996:6). National projects, which bypassed African councils and which were beyond community control, were defined to include a wide gamut of 'primary development' measures such as health (Bratton 1978). However

insubstantial the claims, the language of 'development' and 'needs' inevitably posed a counter voice

to the prevalent declarations of tradition and custom. While many of these programmes, such as

agricultural extension services, were primarily aimed at men, some government supported social

and welfare programmes, including the family programme discussed in chapter six, had women

as their targets. The women's club movement, for example, was initiated by European wives of

civil servants and later found government backing. Club meetings provided demonstrations for

rural women in domestic skills such as cookery, sewing, knitting, hygiene, nutrition and childcare.

The club organizers emphasized what they thought to be the similar concerns of women across

class and race lines and the idea that women should help each other with slogans such as 'each

one, teach one'. However conservative the premises of the movement, these clubs provided a

space for women to gather and discuss their own 'felt needs'. These turned out to be very different

from the definition of 'needs' imposed from above. By the mid 60s, the membership of women's

clubs had massively expanded and members were demanding additional training in skills that were

certainly not part of the original emphasis on homecraft. The focus of the clubs was forced to

switch from teaching domestic skills to providing education in areas such as agricultural methods,

leadership, club management, literacy and communications (Ranchod-Nilsson 1992). Women,

then, continued to make the most of any opportunity to claim a broader set of entitlements when

it suited their interests to do so.

3.8   Conclusion

As Mamdani argues, one of the most enduring effects of the colonial period in Africa was the

creation of a dual citizenship through the construct of customary law (Mamdani 1996). This

determined a pattern of differential entitlements, shaped by ethnicity and gender, which has persisted until today. If, however, customary law was the product of the pact between the Southern Rhodesian state and an African patriarchy, that partnership, and the power of colonial law, was never total. As outlined above, the relationship shifted over the decades of colonial rule as a consequence of the ongoing struggles between, and among, rulers and ruled. Perhaps the most telling point in this history, as Kesby suggests, is not that state and elders were prepared to form a partnership to bolster male authority, but that men were able to maintain their power at all in the face of extremely adverse conditions (Kesby 1996). The fragility of this pact was always underlined by the presence of counter voices suggesting different alignments. If the dominant discourse was one of women as subjects to their male kin, different discourses recognised women as individuals with specific needs and rights. The existence of competing state and non-state organisations, as well as different and conflicting legal systems, has meant that women have always had a range of entitlements to claim. Wherever possible, women used these claims to their advantage. The reasons why some were rejected in favour of others were not straightforward. While women may have appealed to the colonial state through the deployment of liberal values such as natural justice and equity, women's objectives did not necessarily coincide with liberalism's goals of individual freedom and autonomy. Although some women used opportunities to pursue a life outside the patrilineage, many took what they could from colonial rule to improve their position within customary family relations. Moreover, the supposed neutral universality of liberal politics and processes, such as the market, masked different sets of gender ideologies. As I will discuss in the next chapter in relation to the war years in Mabika, women often paid a high price for apparent liberation.

Chapter 4

Gender And Citizenship In Contemporary Zimbabwe

In this chapter, I examine the Zimbabwean government's attempted reforms of colonial citizenship institutions and the consequent reality of civil, social and political citizenship for women in Mabika. Women gained formal citizenship rights, status as full legal individuals and the right to vote, after Independence. For the first time women were granted a direct *de jure* relationship with the state. Critics have suggested, however, that while the rhetoric and hopes of the war years suggested that women would be incorporated into the new Zimbabwe as independent and equal, the reality has been that they remain identified as dependant mothers and wives. There has been piecemeal reform, but women's autonomy has not been systematically inscribed through legislative change. The dual legislative system remains intact and, within customary laws, women continue to be defined as the dependants of men (Cheater and Gaidzanwa 1996; Jacobs and Howard 1987; Ncube 1996). Thus, in Mabika, women's lives are still governed by the patriarchal norms of customary law. Lack of sustained government action on social issues means that these women are unable to own land and have unequal access to education and, consequently, employment. I argue that women's continuing exclusion from social and economic processes is, at least partially, the product of government action to win the support of rural male elites. As under the colonial regime, the government has reinforced institutions of patriarchal authority as a means of keeping the support of rural men excluded from any meaningful political participation (Alexander 1995; Munro 1995; Mw Makumbe 1996). The Zimbabwean government has done little to break down the colonial hierarchy of citizenship based on differences of class, race and gender.

As discussed in the theoretical chapter, van Gunsteren provides a three level framework for the analysis of citizenship. He argues that citizenship can be examined as a theoretically constituted object of political thought, at the level of the formal institutions of citizenship and in terms of its of its concrete realisation through street level bureaucrats. This chapter focuses on the institutions of citizenship: the rights and rules defining citizens' entitlements in Zimbabwe (van Gunsteren 1978). This analysis is based upon both secondary sources and field date from Mabika. In the first section of the chapter, I discuss the discrepancy between nationalist expectations of gender reform and the reality of ZANU's rule. Analysis of women's experiences during the war years suggest that feminist faith in ZANU's commitment to gender equality was misplaced. In the second part of the chapter I examine the government's attempts at first political then civil and social reform. In each section, I examine the *de facto* reality of formal entitlements for women in Mabika. In the next chapter, I discuss the impact of women's *de facto* social and economic entitlements on household gender relations and women's reproductive strategies.

4.1   The War of Liberation: Nationalist Expectations

The Zimbabwe African National Union (ZANU) entered, and won, the first national election in March 1980 as a self-proclaimed party of Marxism-Leninism. ZANU, under the leadership of Robert Mugabe, won 57 seats, largely supported by the majority Shona, while Joshua Nkomo's Zimbabwe African People's Union (ZAPU) gained 20 seats mainly in Ndebele areas (Sithole 1986). The declared socialist agenda of the liberation movement and the new government created high expectations, at least among academics and activists, of radical reform of Zimbabwean

society. By 1990, however, Mugabe had created a one party state [16], abandoned its programme of gender reform and had only resettled a tiny percentage of the peasant population. The failure of the government to deliver on the promised programme of redistribution of political and economic resources led to debates about the nature of the post colonial state. Academic commentators, seeing Zimbabwe through the framework of the revolutionary mythology of the united struggle for liberty, argued that Zimbabwe was in a 'transitionary' phase on the road to a Marxist utopia, or was a reformist, rather than revolutionary socialist government (Davies 1988). More embittered Marxists opined that the revolution had been betrayed by the black petite bourgeoisie who had taken power from the hands of the whites (Moore 1991). As Moyo argues, however, both these views depend upon a pre-determined model of Zimbabwean history and, consequently fail to illuminate the complexities of political reality (Moyo 1992). More recent analyses have portrayed Zimbabwean politics since Independence as the outcome of the struggles of social groups with different interests competing for their share of political and economic resources (Jirira 1995;Moyo 1992). As in the colonial era, the government has attempted to maintain control by forming partnerships with powerful sections of society at the expense of the majority of rural inhabitants(Alexander 1995). But, again, as with the colonial regime, this process has never been total or gone uncontested (Werbner 1997).

The easy sacrifice of gender reform by the Independent government has led to a rethinking of the issue of gender relations during the liberation war. Early analyses of the liberation war presented

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[16].ZANU and ZAPU had been amalgamated as ZANU-PF. In theory, Zimbabwe has a multi-party constitution. In practice, first ZANU and then ZANU-PF have dominated elections, however, since Independence. Sylvester suggests this hegemony is the consequence of command of resources and, hence, patronage as well as outright political intimidation (Sylvester, 1995). As Chakaodza argues, then, Zimbabwe is a *de facto* one party state (Chakaodza, 1993).

these years as a period of change and opportunity for women. This interpretation has prompted the question of why apparent gains made by women during the war years did not last beyond Independence (Folbre 1988; Jacobs and Howard 1987; Seidman 1984). Subsequent analyses, however, suggest that these initial nationalist interpretations romanticised the liberation movement as a whole and women's role within the war effort (Kesby 1996; Kriger 1992; Nhongo-Simbanegavi 1997;Stott 1990). As Mandaza argues, while 'revolutionary myths' might be a crucial part of the struggle, their continuation after fighting has ceased only serves to mask the less glorious political realities of the present. The danger arises, however, when this mythology is in turn imbibed by the analyst, academically refined, and then reimposed onto the characterisation of social and political processes in a given society. The danger is compounded if the analyst is largely removed from the dynamics of those processes; and more so if, in a particular historical conjuncture, the objects of analysis are themselves either unable to expose these new myths or find it convenient to integrate the latter into their own mythology about the struggle. (Mandaza 1986:4). Recent analyses of peasant women's war experiences, then, suggest a more complex and grimmer tale of war than that told by the nationalists. This story is as much about nationalist violence against women as against the Rhodesian forces (Nhongo-Simbanegavi 1997). These new interpretations, in turn, shed a different light on contemporary gendered citizen-state relations. Discussions with women in the area of fieldwork suggest that, if there has been a lasting legacy from these years, it is one of distrust of the state and its agents. While state resources were to be taken went there was an opportunity, they could not be relied upon and neither could its employees.

The war, which lasted 14 years, was largely fought in the rural areas by the two main parties of

the nationalist movement: ZANU and ZAPU and their respective military wings ZANLA and ZIPRA. ZANLA and ZIPRA guerrillas conducted a clandestine struggle against the Rhodesian security forces supported by village committees which the liberation forces set up to replace state backed authorities (Lan 198); Maxwell 1993; Ranger 1985). Initial accounts of the war painted a tale of heroic and united struggle against the colonial state. Ranger's view of peasant participation in guerrilla activities was paramount in shaping this nationalist interpretation of liberation politics. Ranger argued that while middle class nationalist leaders were fighting to obtain full political citizenship, the rural population willingly joined in the struggle, fired by a 'peasant consciousness', in order to regain their land. The nationalist movement was thus, according to Ranger, underpinned by a broad consensus tied by the aim of overthrowing the white Rhodesian government (Ranger 1985).

Feminist writers were quick to argue that women, both urban middle class and rural peasants, were part of this apparent consensus, and also willingly joined in the struggle. Women, it was argued, insisted on their right to participate as combatants, and went to Mozambique to be trained as fighters, despite initial male resistance (Gaidzanwa 1992; Nyasha and Rose 1983). According to this early interpretation of the war years, women who remained in the rural areas were also keen to contribute to the struggle. Weiss quotes one peasant woman who states that ' Women were more politically conscious, more revolutionary and more involved in the armed struggle, because the war was happening in the rural areas - where the women were - (cited in Weiss 1986:79). Young men (mujibas) and women (chimbwidos) worked for the guerrillas as scouts and suppliers of provisions. Older women joined in the clandestine village committees which organised local affairs in support of the guerrillas (Ranchod-Nilsson 1992; Staunton 1990).

Nationalist accounts of the liberation war also suggest that ZANU and ZAPU followed a socialist feminist agenda. Weinrich, for example, writing in 1979, has little doubt that the new government will abolish bridewealth. From this perspective, the war represented a period when gender relations were renegotiated to women's advantage. The shape of the future life in Zimbabwe is slowly emerging in these camps. Often women have to fight for recognition as equals. One woman said that when a group of fighters returned late at night and wanted food, they always woke up some women comrades to cook for them. The women in the military and refugee camps are unanimous in their expectations for the future Zimbabwe: 96% demand and expect that in a free Zimbabwe all sexual discrimination will fall away and men and women will have equal access to jobs (Weinrich 1979:45).

Later analyses, however, question both women's commitment and the concern of ZANU and ZAPU with gender equality. Seidman suggests that 'in retrospect, it is possible to see that many party leaders only paid lip service to women's rights in order to mobilize women for the war effort. During the struggle, however, it was not clear that party leaders were not, in fact, committed to emancipating women' (Seidman 1984:428). Gaidzwana also baldly states that women were mobilized for instrumental reasons and notes the guerrilla's invocation of heroines such as Nehanda, who fought in the nineteenth century struggles against the colonial rulers, as a means of galvanizing women's support (Gaidzanwa 1992).

Kriger's analysis of guerrilla activities marks a challenge to Ranger's view of a rural consensus with the suggestion that the pattern of warfare was shaped by local conflicts rather than nationalist concerns. The war between guerrillas and the state, it is argued, provided a framework

within which social battles between elders and juniors, men and women, continued to take place. Young girls and men ran away to the guerrilla camps not out of fervent support for nationalist aims but as a means of escaping oppressive relationships in the village. Women welcomed the guerrillas into the villages as they were able to call on them to mediate in cases of domestic violence. Older women were given responsibility for organising provisions giving peasant women control over important aspects of logistical decision making (Gaidzanwa 1992; Kriger 1992). Equally, as Kesby argues, male 'peasant consciousness' had a distinctly patriarchal agenda. Freedom from the colonial state, it was hoped, would give older men greater authority in their communities and homes (Kesby 1996).

As Phimister suggests, 'On the one hand, armed struggle opened up the prospect of revolutionary transformations of both the land question and the position of women. Yet it also accommodated conservative and patriarchal class forces' (Phimister 1988:8). While, in some cases, the war opened up new opportunities for women, *these* were framed within continuing relations of gender subordination (Kesby 1996). The presence of the guerrillas, then, may have provided women with escape routes from traditional patriarchal relationships but it did not necessarily offer an alternative to male domination. The organisation of peasant support, for example, was carried out along the lines of a strictly conservative division of labour. Girls cooked, washed and cared for the guerrillas. Boys acted as scouts and lookouts. Moreover, much of this activity was forced through the use of violence, and particularly rape, of local populations by the resident combatants (Kesby 1996; Kriger 1992; Nhongo-Simbanegavi 1997). As the testimonies from women in the area of fieldwork suggest, it is the violence of the relations with the guerrillas, rather than the opportunities provided by their presence, which have left the most deeply etched legacy.

104

4.2   Women and war in Mabika

The different ways in which guerrillas and village populations interacted varied from region to region , depending on geographical factors as well as existing local social relations. The degree of coercion used by guerrillas was likely to vary depending on the extent to which control of a particular area was seen as crucial (Schmidt 1996). Mabika was, according to informants, seen as a site of great strategic importance as it was situated on the Mozambiquan border and was at the centre of the irrigation network. Interviews largely confirmed the guerrilla's use of coercion and violence. Mrs Muchuro recounted that, 'the village women had their duties to carry out for the comrades. They had to cook for the guerrillas. They also had to cook for their girlfriends. The village women had to serve the comrades and their girlfriends on their knees. If you tripped while you were serving and dropped the food, then you would be beaten. The comrades would say that their ancestors had made you trip because you were about to serve them poison. The comrades and their girlfriends never wanted to eat vegetables. They only wanted to eat meat. So then if you were found hiding hens from the comrades they would beat you. Some women were also killed because the girlfriends said - "this one is a witch."'

Some women reported that they had been beaten on account of their husband's activities. One man from the village worked as a policeman for the Rhodesian government. It was rumoured that he had been involved in a number of killings as well as torture and electrocution of guerrillas. Someone in the village informed on him and he was killed. He had six wives who were all taken and beaten with a cow stick by the guerrillas. Another woman in the village also had a husband who was a policeman. Someone, rumoured to be a relative, told the guerrillas of his whereabouts.

They captured him and brought him back to his homestead in the village. His wife was forced to watch the guerrillas shoot him and she was then told to take her children and leave the village.

A number of women reported that either they themselves, or their daughters, had been raped during the war. Some of these women had, subsequently, borne illegitimate children. Mrs Gunera said that, 'many women were raped during the war. The guerrillas just came and could take a wife for a few days, even if they were already married. Many women were impregnated by the soldiers. The women would be in trouble with their husbands unless someone had witnessed them being raped, because the husband would doubt that they had been forced into having sex.' While nationalist analyses portrayed the guerrilla camps as providing a positive model of egalitarian gender roles (Weinrich 1979), women informants perceived the soldiers' behaviour to be a catalyst for a general deterioration in relations between men and women. 'During my time, women might get pregnant and fail to marry the father, but this was quite rare. Things changed during the war. Soldiers impregnated girls and did not marry them. It was the soldiers who introduced this habit.'

While in some cases, as Gaidzanwa and Kriger suggest, women may have been able to use the presence of outside forces to renegotiate gender relations, the accounts of informants suggest that, in general, women's main consideration was one of survival. Few women were able to take advantage of the situation (Gaidzanwa 1992; Kriger 1992). Rosie recounted that, 'during the war I was staying in Chibuku village. There was a lot of fighting in that place. There were some white people near Chibuku. They would beat and torture the women saying - you are the ones who feed the guerrillas, you know where they are staying. But then the comrades would also abuse the

women - particularly young girls. They would take the young girls to their camps, make them cook for them and look after them, then rape and impregnate them. Then they would say - if you tell anyone that I am the father, I will kill you. So the young girls couldn't even tell their mothers who the father of the child was. So when the whites were there, you had to say that you loved the whites and when the comrades were there, you had to say you loved the comrades.' As I will discuss in the next chapter on household relations, many women in Mabika thought that the war years marked a deterioration in gender relations rather than a change for the better. The entwinement of local disputes with the organised forces of violence appears to have added an edge of brutality to social conflicts in the village.

Women's experiences during the war years created a cynical, if not antagonistic, view of the Independent government. Women saw that the guerrillas who had abused them were now their rulers. Sara said that, 'during the war, I was in Mabika. There were a lot of soldiers around...Lots of women were abused at this time. It happened to so many women. The guerrillas were the worst for this. People now think of the guerrillas as the ones who are in government.' Another woman explained that 'many women were raped during the war...Now these women hate the government because these soldiers now rule the country and they remember what the men did to them.' Some women thought that the government only represented male interests. One woman, who had been raped by a soldier and consequently gave birth to a daughter, stated that, 'lots of women were abused during the war. Now the government is giving money to the comrades who fought - but the women also had their own war. They were tortured and abused. They were the ones who cooked and served the comrades. This makes women very bitter. The government has never recognized what happened. There is nothing in the pipeline to suggest that the government

is even thinking about this. And now they even have problems getting welfare for these children. The government doesn't give them any money.' Few women in Mabika who had lived through the war identified with the Zimbabwean state.

In legal terms, Independence marked women's acquisition of formal citizenship. Many of the women in Mabika, however, felt that the new political order was predicated upon their violent subjugation rather than an ideology of gender equality. If nationalist academics and urban elites had high expectations of the new government, they were not necessarily shared by village women. As I will discuss in the next section, the reality of post Independence government reform has given women few reasons to change their opinions. The experience and memories of the liberation war underscores women's continuing exclusion from social, economic and political processes in the public domain.

4.3 Political participation

Munro argues that the Independent government saw its first task, after coming to power, as the renegotiation of the 'contours of citizenship'. Its aim, according to Munro, was to secure the state, rather than traditional authorities, as the final arbiter of the terms of local community membership (Munro 1995:108-109). The government, in the early years, pronounced its determination to take apart colonial institutions of citizenship and uproot traditional rural structures of authority. Its primary tools in this process were policies of decentralisation and the establishment of local level decision making bodies (Mw Makumbe 1996). At the bottom rung of this supposed ladder of upward participation were the Village Development Committees

(VIDCOs). Munro argues that the VIDCOs were to serve the ideological purpose of expanding the realm of public institutions and discourse which underpinned the new national, inclusive citizenship. The VIDCOs were supposed to 'establish an institutional/ideological forum for private citizens to congregate as a constituted public whose rights/membership in the community are underwritten by a state-centred public authority' (Munro 1995:125). In practice, however, the VIDCOs merely served to perpetuate the colonial exclusion of particular groups, including women, from equal citizenship in the new Zimbabwe.

In many rural areas occupied by the guerrillas during the war, village committees had been set up to replace state authorities. These village organisations were, during this period, the effective centres of administration in the communal areas. They heard legal cases, allocated land and dealt with the provision of services. The state backed authority of the chiefs was discredited by the guerrillas. In some instances, chiefs themselves were killed for being representatives of the colonial state (Lan 1985; Maxwell 1993; Ranger 1985). It has been suggested, as discussed below, that in some areas these new organisations opened up opportunities for women to take part in local decision making processes. Yet, if the war did create spaces for women's greater political participation, post Independence developments were to highlight the contingent nature of those opportunities (Alexander 1995; Kesby 1996). As soon as the guerrillas departed from the countryside, male elders used elections to village committees to re establish their authority and, in some areas, the process of finding replacement chiefs was set in motion (Ranger 1983).

The government was initially determined to halt reassertion of traditional authority in the form of the chiefs. To this end, the government placed local courts under the control of the Ministry

of Justice[17] and handed over the chiefs' powers of land allocation to local government (Helmsing 1991). The government also announced its intention to increase participation in local decision making processes. Rather than building on the structures set up during the war, however, the government replaced them with a new set of institutions. Senior ZANU officials were reluctant to empower rural party committees, formed during the struggle, that could act independently or, worse, in opposition to the government. The powers of these local war time committees were thus handed over to district councils, established from the top down. While the rural ZANU committees were involved in the initial creation of these councils, they were soon displaced by them (Alexander 1994).

In 1984, the government announced its plans for further decentralisation. In a speech to Local Government officials in 1984, Mugabe declared that the aim of decentralization was to bring about 'a comprehensive and more democratic system of involving the local communities, both horizontally and vertically in the process of planning and effecting their development, thus providing the Government with a viable channel for receiving and assessing the developmental needs and priorities of the district, ward and village areas within the province' (Speech by Robert Mugabe at the opening session of the Seminar for Provincial Governors. Cited in Mw Makumbe 1996:38). The subsequent Provincial Councils and Administration Act of 1984 instituted a hierarchy of local organisations with the intention of allowing development priorities to be set from the bottom up. This hierarchy consisted of Village Development Committees (VIDCOs), Ward Development Committees (WADCOs), District Councils and Provincial Councils. Each

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[17] The 1981 Customary Law and Primary Courts Act did away with the judicial authority of chiefs, headmen and district commissioners and instituted new primary courts at village and community level.

VIDCO was to consist of a representative for every group of one hundred houses in a village. The WADCO was supposed to include representatives from six VIDCOs. One of the primary functions of the VIDCO was given as the identification and articulation of village needs (Mw Makumbe 1996).

In theory, local government institutions were supposed to constitute the lowest rung in the bottom up participation of villagers in decision making. But in practice, they have become nothing more than a means of implementing top-down national level policy initiatives (Munro 1996;Mw Makumbe 1996). VIDCOs and WADCOs were, from the start, staffed by local people. The government, however, reluctant to lose control over the rural areas, ensured that District and Provincial Councils were dominated by state appointed 'experts' and bureaucrats who could act as the mouth-piece for central policies (Alexander 1995; Munro 1995).In general the VIDCOs were starved of independent resources and so, had to present plans to the District Councils (Alexander 1994; Alexander 1995). Makumbe states, then, that where plans did emerged from the VIDCOs and WADCOS, they were largely 'shopping lists of villagers' demands and aspirations.' The lack of 'technical expertise that is required in order to prepare and present developmental proposals which technocrats will appreciate', meant that VIDCO plans were often dismissed by civil servants sitting on District and Provincial Councils (Mw Makumbe 1996). In practice, then, VIDCOs were expected to implement policies originating from central government. Many of these development policies, notably in the health and education sectors, entailed the further expansion of government offices in the communal areas (Helmsing 1991). Decentralisation, then, rather than allowing villagers greater participation in the structures of government decision making, appeared to be enhancing bureaucratic advance into rural life.

If the government's intention had been to uproot traditional structures of authority through the restructuring of local government reform, the VIDCOs did not achieve this. Local level action ensured that the chiefs and their headmen returned, if indeed they had ever gone away, to dominate rural political structures. Whatever rural people's views on the institution of chieftainship, the 'traditional' system was preferred to the government's attempts to impose the authority of state employed technocrats (Alexander 1995). As Werbner points out, in rural Zimbabwe there is a long history of locally effective resistance to technocracy and its top-down development plans (Werbner 1997). Pressure was exerted, in response to both local government measures and legal reforms discussed below, to reinstate the powers of the chiefs (Folbre 1988). The government soon gave in to the demands of the rural patriarchs. Following the establishment of the new district councils, The Ministry of Local Government decreed that chiefs should act as ex officio council members, even if village communities objected. Additionally, chiefs were to receive higher salaries than either elected local councillors or local party leaders. The move was justified, by senior ZANU officials, in terms of the need for reconciliation and through an appeal for the preservation of culture, custom and tradition (Alexander 1994). The inclusion of chiefs on local councils was the first in a series of concessions that bolstered their power in rural areas and thereby reinforced the 'traditional' patriarchal powers of male elders. (Maxwell 1993; Sylvester 1991). In 1985, Mugabe promised to return jurisdiction over local courts to the chiefs, a move which was legalized in 1990. In practice, this power had never been completely removed as it was often chiefs who served as local judges under the Ministry of Justice (Alexander 1995).

While chiefs were officially allowed onto District Councils, the evidence suggests that VIDCOs were, from their inception, unofficially dominated by local elites. Mw Makumbe notes the limited

participation involved in the creation and establishment of VIDCOs and WADCOs (Mw Makumbe 1996). As Munro argues, they are commonly dominated by 'local notables with particular interests - farmers and teachers. VIDCOs tend to reflect rather than to mitigate existing relations of local power' (Munro 1995:130). Not surprisingly, then, few women have held formal positions in VIDCOs, WADCOs or District Councils (Chimedza 1987).

Although VIDCOs and WADCOs do not have the resources to implement local decisions, those who sit on the committees and councils are in a position to profit from the delivery of centrally originating services and resources (Alexander 1995). Consequently, as Cousins *et al* observe, in rural Zimbabwe political power and economic status tend to be mutually reinforcing. Evidence suggests that political power, through membership of VIDCOs and District Councils, has resulted in preferential access to development funding as well as key ecological resources, such as prime agricultural land. Thus, 'within units such as lineages, villages or districts, a power elite who are likely to belong to a group of would-be rural accumulators, often benefit disproportionately from resource capture' (Cousins and others 1992).

The attempts of the government, then, to create a participatory citizenship merely succeeded in reinforcing the political exclusion of already marginalized social groups. Organisations of local government have been dominated by a few rural notables, including chiefs and headmen. Decentralisation has given these organisations little control over the content of policy, which is largely decided at national level. Many rural men, not to mention the majority of rural women, have been left with little effective political voice. It has allowed, however, those who sit on local committees to control, and benefit from, the downward flow of benefits and resources. As

Alexander states, 'people in Zimbabwe's rural areas were largely unable to influence policy-making processes; instead, patronage, squatting and opposition by traditional leaders dominated rural politics. Far from empowering the disadvantaged through democratic bodies, policies reinforced patriarchal authority within communities, thus helping to marginalize women, the young and the poor' (Alexander 1995:180).

4.4   Political institutions and women's participation in Mabika

Not all villagers in Mabika were willing to talk openly about local, or national, political institutions. National politics was a particularly sensitive issue as the area of fieldwork was known for its opposition to ZANU-PF. When informants did offer their opinions, however, their views confirmed the picture of local political institutions dominated by local elites who were more concerned with patronage than policy.

Mabika's Village Development Committee was one of four VIDCOs which made up the local Ward Development Committee (WADCO). In addition to the council committees and meetings, village meetings were held primarily to discuss the irrigation system and health. As a general rule, few women said that they bothered going to village meetings. Some women said that it was their husband's job to do deal with village affairs. Others said it was nothing to do with the fact that they were women, it was simply because the meetings were not worth the effort. People would go to meetings, as one woman explained, if they thought they might get something out of them; 'the government asks for cooperation, but people aren't going to cooperate. If there is a meeting to give out loans, then hundreds of people will turn up. Then when it is time for the government

to be repaid, well there will be no-one at the meeting.' In general, then, women expressed a sense of weary cynicism about government organised meetings. It was not that they didn't have the time to go. It was just that time could be better spent elsewhere. As one woman explained, 'it is better to go to the church and the sewing club than meetings in the village. In church you can worship God. At the sewing club you make money. At village meetings you get nothing.'

There was, then, a general reluctance to participate in meetings arranged by government organisations. As I will discuss in chapter seven, health meetings were seen as a particular waste of time. Nonetheless, it was evident from observation that some women did attend local meetings concerned with agriculture and irrigation. During the meetings I observed, women did speak and, in some cases, appeared to take a leading role. One male informant suggested that there were, in fact, fewer restrictions on women taking a lead in village meetings than in the home. 'Sometimes there are more men than women, depending on what the meeting is about. If there is a visitor from the government to be greeted, there will be more women than men. They will be doing the cooking and the singing - they are the ones who are concerned with cooking in the home - they go to these meetings to get the meat. Sometimes women can be at the forefront in meetings - it depends on your intelligence. Not like in the home, where men are the leaders in decision making. But in most cases, it is men who make the decisions and are more interested in what is going on in the village.'

The public space in between state and household, then, was seen as being less restricted by the rules of behaviour and authority, discussed in the next chapter, which governed household relations. There was no 'rule' concerning how women should behave in these meetings. As one

woman suggested, 'you just have to be fearless.' Some women , suggested, however, that while all women could speak, in practice it was only the 'well-ups' who did. As Rosie explained, 'if I go to a meeting, I can't say anything. I just sit there and listen. If I wanted to say anything, I would just tell my husband to say it. The women who speak are usually the ones like Mrs Mutede - the Village Community Worker - the well-ups. They are not afraid to speak'. When women did bother to attend meetings, then their participation was shaped as much by relations of class as by gender.

Key informants were openly critical of what they perceived to local level political cronyism. Mrs Muchuro pointed out the wealth of present and ex councillors in the village. She implied that their economic success was the result of their political position and it wasn't that they had been elected because they were good businessmen. 'Look at Jack. He is a committee man. Look at how much land he has, and how many wives he has. He says he is a good farmer and so he makes money. But anyone can make more money if they have some to start with. Where did he get his money from in the first place? And then there is Mr Mutede [an ex councillor]. Now he has started his own taxi business. How did he manage that? All these men - they don't give us anything. They've eaten our maize and now they are too fat to get into their t-shirts.Of course we resent them.' Rosie said that, 'it is impossible to even complain about the government or voice any sort of opinion, because there are some people in the village who are benefitting: the councillors, those on the committees, the well-ups. If there are goods coming into the village, then they will take their share. So you can't complain to them because they are happy with the way things are. And they will fix you if you say anything.' In chapter seven, I will examine how the operation of local level political institutions effects the delivery of family planning services in Mabika.

The perceived misuse of political power and public resources shaped attitudes of men and women in Mabika towards the traditional institutions of chieftainship. People acknowledged the power and authority of the local headman and chief, but they had little respect for them. There was an on going dispute over a large amount of highly profitable agricultural land, in the nearby mountain region, between a state run plantation and the chief. The plantation managers confirmed that the outcome of the dispute depended upon the decision of the chief. The opinion of other state officials was largely irrelevant. Older women in Mabika thought that chiefs now had more power, but they had lost respect because they abused it. Sylvia recalled how, in the past, the chief had known his place and had acted as the authority of last resort. In times of emergency, if there was a problem which affected the whole village such as famine, he might call people together and look for solutions through discussion and through consultation of the ancestors. Now, she suggested, the chief and headmen wanted to be involved in all village decisions, but they had nothing wise to say. Tobius, a key male informant expressed his disdain for the local headmen during conversations about my research. I told Tobius I would ask for the headman's permission before I started interviewing in the area. He replied that this was the correct way to proceed. Then he threw his arms in the air and said I shouldn't waste my time with those 'rubbish men' because nobody cared what they thought anyway. Lack of respect for the institution of chieftainship had implications for the settlement of disputes. Family cases and arguments, which might once have been taken to the chief for settlement, were now more likely, as I discuss in the next chapter, to result in accusations of witchcraft and judgement by a spirit medium. As Alexander argues, in the rural areas inhabited by the Ndau, local inhabitants preferred the authority of the chief to that of state appointed technocrats. Their support for traditional forms of authority, however, stemmed from lack of viable alternatives rather than wholehearted approval of the institutions of

117

chieftainship (Alexander 1995).

4.5   Civil rights

The reassertion of traditional rural male elites in local politics was reflected, at the national level, in the government's abandonment of legal reform for gender equality. In the early days of Zimbabwean rule, Mugabe proclaimed the government's commitment to gender equality. 'The principle of equality between men and women is basic to the political philosophy of our government. It is the objective of our government to create such an environment to make these objectives possible.' (cited in Lapchick and Urdang 1982:8). In 1981, the Ministry of Community Development and Women's Affairs (MCDWA) was established under the leadership of Teurai Ropa Nhongo, who had been one of the first women to be trained as a fighter (Batezat and others 1988). The new Ministry set out to discover the 'needs' of Zimbabwe's women. The subsequent survey, entitled 'We Carry a Heavy Load', documented women's poor health, low literacy, lack of skills and formal employment opportunities and discrimination in terms of legal rights (Zimbabwe Women's Bureau 1981). Based on the findings of the survey, the Ministry drew up a radical plan of reform which included the abolition of lobola. The reconstitution of customary law, then, was top of the agenda of the new Ministry. Moreover, such legislative reform was in keeping with the government's objective of inculcating a concept of citizenship based on national, rather than local, identity (Munro 1995).

Yet, in its foundations, the new *de jure* model of citizenship that the government introduced was gendered. The 1980 constitution specified race, creed and colour as causes of discrimination, but

failed to include gender. In addition, family and customary law were exempted from constitutional regulation. In contrast to many other sections of the 1980 constitution, these provisions have not been amended. Moreover, it was not until 1996 that the government addressed the issue of the formal acceptance of a patrilineal model of access to citizenship. The outcome of this principle was that citizenship could only be acquired through male descent. While the foreign wives and children of Zimbabwean men could become citizens of Zimbabwe, the overseas husbands and children of Zimbabwean women could not. Customary law reinforced the notion that citizenship was defined according to the membership rules of particular patrilineages. The new Zimbabwean model of citizenship elevated this principle to the national level (Cheater and Gaidzanwa 1996). Subsequent attempts to reform legislation relating to women's rights started from, rather than challenged, this double framework of gender differentiated citizenship.

Nonetheless, during the first years of its rule, the government did pass legislation which supported the formal rights of women, most notably the Legal Age of Majority Act of 1982. The Act reduced the age of majority from 21 to 18 and conferred majority status on African women. The recognition of women's status as full legal individuals meant that they could now sign contracts, acquire property in their own name and enter into marriage contracts without their parents consent (Gaidzanwa 1992). The Act, however, generated a strong reaction from chiefs and elders who saw it as undermining their parental authority. In response, Mugabe declared that the Act had been passed in order to enable women to vote, rather than amend their legal status under customary law. And, indeed, the details of the legislation supported Mugabe's claim. In spite of the Act, two systems of law remain. Prior to the Act, African women had to have their guardian's permission to marry under both civil and customary Law. Under the new Act consent was no

longer required for civil marriage, but was still necessary for customary law marriages. Nonetheless, the Act did have implications for the application of some aspects of customary law, as the infamous 1984 case of Katekwe illustrated. Under customary law, a father was entitled to sue for damages for the seduction of his daughter. In the Katekwe case, the Supreme Court ruled that the father could no longer claim damages because his daughter, under the Legal Age of Majority Act, was no longer a legal minor and, consequently, was not the property of her father (Ncube 1987). The outcome of the case led to strong protests. When the Prime Minister met with over 200 traditional chiefs in March of 1985, the Act was the biggest bone of contention (Jacobs and Howard 1987:32; Folbre 1988). But despite hints of repeal, the law remained on the statute books (Batezat and others 1988).

The Matrimonial Causes Act of 1985 also caused uproar. The Act decreed that, at divorce, matrimonial property should be shared according to the court's decision, even if the marriage was contracted under customary law. Moreover, it changed the procedure whereby the father automatically gained custody of the children. An anonymous official in the Ministry of Labour expressed the commonly held view that the payment of bridewealth entitled the husband to both property and children and that women only had a claim over the 'kitchen ware' (Kazembe 1986:390).

From the outset, the plans of the small, under-resourced Ministry of Women were challenged by some ZANU leaders, who warned against the importation of western feminism and the undermining of tradition. At the same time there was a fierce public debate, carried out in the press, about the role of women in Zimbabwe. While socialist ideology might allow for women's

liberation, Shona and Ndebele tradition, it was argued, demanded that women should be dutiful mothers. Newspaper articles questioned whether women who fought in the war could make good wives. In March 1984, a vitriolic campaign against 'baby dumping' was initiated, with sensationalist reporting on abortion and cases of women who abandoned newborn babies (Gaidzanwa 1992; Jacobs and Howard 1987; Seidman 1984; Sylvester 1991).

Faced with this opposition, the MWCDA moderated its tone. From then on, its main objective was the development of educational and income generating projects for women, working within, rather than challenging, the existing framework of rural institutions (Seidman 1984). The weakness of the Ministry was clearly illustrated by its response to the round-up of several thousand women from the streets of Zimbabwe in 1983. The women were stopped while walking in public places and charged, under the Emergency Clause of the Vagrancy Act of 1960 with prostitution. The women were held in prisons or police stations and only released on the presentation of marriage certificates or proof of employment (Gaidzanwa 1987). The most notable feature of this episode was 'the silence of the ministry of women's affairs and its complete inability to defend black women from state harassment and the violation of their human rights.' (Gaidzanwa 1992:115).

Gaidzwana argues that the round ups marked a shift in the government's position towards women and the beginning of their 're-domestication' after the war years. This sea change, Gaidzwana suggests, was symbolically marked by the decision to name Harare's largest maternity hospital after Nehenda, the female spirit medium who was known for her role in fighting the settlers and not, up until that point, for her maternal instincts (Gaidzanwa 1987). Her identification as patron

of child birth underlined the reality of women's relations to the state. They were not to be identified and incorporated as independent, but as wives and mothers. As Pateman observes of western societies, 'motherhood exists as a central mechanism through which women have been incorporated into the political order. Women's political standing rests on a paradox; they have been included and excluded on the basis of the same attributes...women were included as subordinates,as "women"' (Pateman 1992:19). Women's subordinate status was reinforced in concrete terms in March 1985 when Mugabe promised the return of control over local courts to the chiefs in response to protests about legal reform (Folbre 1988;Jacobs and Howard 1987).

The government, then, limply abandoned its programme of legal reform, confirming the expedient nature of ZANU's commitment to gender equality in the first place. Munro comments that, 'In raising the legal status of women in order to penetrate and reorient rural society, the government created the risk of antagonizing men. In the end, the government moved very gingerly in pressing through reforms, and by the end of the 1980s, gender issues were being edged off the public agenda' (Munro 1995:126). Gender equality, then, was an easy sacrifice in the context of potential dissatisfaction, among the rural male population, with the government's programme of socialist reform.

4.6   Mabika

As Gaidzwana argues, in practice, the legislation that has been passed by the Zimbabwean government, such as the Legal Age of Majority Act, has had a differential impact on women. Black middle class women benefited most from the reforms as they had jobs, income and

education which allowed them to make the most use of their new majority status both within and outside their marriages (Gaidzanwa 1992). Indeed, it was urban, middle class women's groups that campaigned for these reforms during the 1980s (Davison 1997; Kesby 1996). For most rural women, the fact that majority status now allowed them to enter into contracts and acquire property independently is irrelevant. Moreover, as Kesby points out, for many women in the rural areas disputes never reach the courts but are settled within families according to 'custom'. 'In the villages where perceptions are influenced more by cultural discourse and practice than by statute, and where action has a long tradition of being outside "the law", resistance to change is fierce' (Kesby 1996:563). As outlined in the theoretical chapter, Armstrong labels locally understood rules and regulations as the 'living law'. It is comprised of an evolving and contested mixture of perceptions of 'traditional' pre-colonial law and customary law (Armstrong 1997). As Kesby argues, the 'living law' is firmly entrenched in the lives and organisation of the majority of rural inhabitants in Zimbabwe (Kesby 1996). It is referred to as a means of settling the everyday disputes over land, birth, marriage, death which colonial rulers hoped to govern through customary law. While customary law under colonial rule, then, reinforced the authority of the 'living law', the partial reform of customary and national law under the Independent government has not, by itself, overturned entrenched 'tradition'(Armstrong and others 1993; Ncube 1987; Schuler 1992). In the next chapter I examine local understandings of one of the central concerns of 'living law' - the terms and conditions of the marital contract. in this section, I briefly examine women's understandings of living and customary law and mechanisms for dispute settlement.

In general, women in Mabika did not know about formal customary law, but perceived their understanding of rules and traditions to be the one and only set of regulation. If I asked why

123

certain procedures were followed, for example, why women had been made landless, I was told that it was 'the law'. When I asked, whose law, the reply was generally, the 'rule of the Ndau people'. It was these commonly understood rules that remained paramount in dispute settlement and not the content of customary law. Despite reform of customary laws as outlined earlier, a number of women said that the payment of bridewealth as compulsory, as the 'rules' required that it was necessary for a marriage to be valid. Research in the Ndau area confirms that only 7 per cent of all women aged between 13 and 49 had contracted a marriage under civil law. Of all women married, 83 per cent had marriages based on the exchange of bridewealth (Gregson and others 1996). A number of women I spoke to about this issue were also fervently convinced that, in the case of divorce, the 'law' ruled that children always went to the father. I will discuss the impact of these understandings of the law on household gender relations in the next chapter.

As in the colonial era, some women drew upon the state enforced legal system to better their position within the household. One woman, for example, having a registered civil law marriage had instigated divorce proceedings against her husband and claimed custody of her children through the courts. The majority of women, however, did not view the courts as an option in the settlement of family disputes. As indicated above, many women in Mabika were not sure about the content of formal customary law or the operation of the courts. Their uncertainty about the formal legal system was not helped by the fact that the nearest community court was situated in the main town of the district, half a day's bus ride away. Some women in Mabika thought that the community court enforced the same rules that were in everyday operation in the village. The court was consequently seen as working in the favour of men. One woman said she had thought of going to court to try and claim maintenance from the father of her child. She was afraid,

however, that the court might try and take the child away from her instead because the man had offered to marry her, but she had turned him down. The woman was sure that the judge would condemn her because she had refused to 'love' the man in question. Another woman had successfully obtained a court ruling specifying that the father of her child should pay maintenance. When the father refused to pay, however, the woman felt that she could not go back to court as she thought it unlikely that she would be 'lucky' twice in a row. Women's everyday existence, then, was governed by the 'living law'. The 'living law' was, in turn, shaped by understandings of customary law introduced under the colonial regime. As discussed in the previous chapter, colonial legislation reinforced male authority in household relations. Attempts to increase women's autonomy through piecemeal reform of customary law have had little impact on the everyday rules and norms which govern rural women's existence.

Bourdillon states that in Shona families, serious quarrels or disputes are largely resolved within the family. An informal gathering of the senior men of the family listens to the evidence and offers solutions. When this mechanism fails, family disputes may be taken to the headman or chief (Bourdillon 1991). In Mabika, some family disputes and problems were settled in this way. One on-going dispute in the family of a key informant in Mabika concerned problems with bridewealth payment which had resulted in a rift between mother and daughter. The male head of the family was in South Africa. The eldest brother was left with authority over his sister and was able to instruct her both in her dealings with the proposed husband and her mother. In another case, there was a dispute between two male family members about health treatment for their mother. One of the sons wanted her to go to hospital, the other wanted her to see a traditional healer. In order to settle the disagreement, other senior members of the family were called together and a decision

was made to send the mother to hospital. As indicated above, however, many disputes ended in unresolved accusations of witchcraft rather resolution by either family members or the chief. Witchcraft was one of the most common topics of conversation in Mabika. There were always rumours about who was and who was not a witch. Some of these cases, as I will discuss in the next chapter, degenerated into violence. The prevalence of such ongoing, violent disputes, highlighted the lack of legitimacy, in the eyes of Mabika's inhabitants, of either the institutions introduced by the Zimbabwean government or the traditional authorities of the rural areas. In the next chapter, I will further discuss the implications of witchcraft accusations for household gender relations.

4.7 Social and economic citizenship

Land

The ineffectiveness of customary legal reform has been compounded by the government's failure to systematically address gender issues in other areas. Social and economic institutions, such as rules governing the distribution of land, which reinforce women's subordination in the rural areas have not been restructured. As discussed in the previous chapter, colonial rule affected women's access to land in two ways. First, the confinement of the African population to the native reserves created an artificial land shortage and, consequently, increased competition between men's and women's access to land. As a result, the plots traditionally allocated to women *(tseu)* have shrunk in size and been moved to marginal lands. Secondly, under the Native Land Husbandry Act of 1951, as discussed in the previous chapter, men were required to register as individual owners of particular land properties. In the process of formalizing men's land rights, women's access to

126

any sort of land became discretionary (Pankhurst and Jacobs 1988). As discussed in the previous chapter, under the Zimbabwean government the native reserves were renamed as communal areas. In contemporary Zimbabwe, approximately 1 million households, comprising 70 to 80 per cent of the rural population, are based in the communal areas. The majority of inhabitants in these areas are women. The average size of arable plots in the communal areas is 2 hectares. A minority of 10 per cent of households control over 6 hectares of arable land and 20 per cent are landless (ZWRCN 1996).

As Jacobs argues, land resettlement was the most concrete manifestation of the pledge made by the new government to restructure Zimbabwean society (Jacobs 1983). But post Independence plans for land resettlement and redistribution have not materialized on a grand scale. By mid 1990 a total of 52, 000 families, about 6 per cent of the peasant population, had acquired plots of land in the new Resettlement Areas. Moreover, the pace of resettlement has slowed, as 36,000 families had already been settled by 1985 (Muir 1992). Women have not been allocated land under these schemes other than as wives of male heads of households (Pankhurst and Jacobs 1988).

The Communal Land Act of 1982 vested ownership of communal areas in the President. Allocation, occupation and use of communal land, as already indicated, is through the District Council, advised by Village Development Committees and, having had their powers officially reinstated, chiefs and headmen. The District Council grants consent to land according to customary law. As Moyo points out, theoretically customary law allows women, as members of property holding clans, access rights to land. Those organisations, however, which have been vested with authority over land allocation, have interpreted customary law in favour of men

(Moyo 1995).

In 1993, President Mugabe set up the Land Tenure Commission to investigate the appropriateness of different types of land tenure systems. Women's organisations, such as the Zimbabwe Women's Resource Centre and Network (ZWRCN) campaigned, in particular, for joint allocation of land to a husband and first wife and for the institution of neutral Land Boards to administer the distribution of land. The Commission produced its report in 1994. The report recommended that the legal rights for arable, residential and grazing areas should be held by the head of the family in trust for the rest of the family. The Commission argued that village authorities should intercede on behalf of widows threatened with eviction by other family members. But it asserted that the allocation of land should remain under the authority of Headmen, Chiefs and Rural District Councils. In effect, the recommendations of the Land Commission, if implemented, would strengthen traditional structures and institutions for dispute settlement, thereby reinforcing barriers to women's ownership of land (Ncube 1996; ZWRCN). Whatever Mugabe's plans for the redistribution of land in Zimbabwe, they are unlikely to result in more favourable conditions for women.

Mabika: Land

Land, as Lan and Ranger suggest, has an important symbolic value to the Shona (Lan 1985; Ranger 1985). As I discuss in the next section, however, research indicates that off farm income is the most important indicator of wealth in Zimbabwe (Cousins and others 1992). Nonetheless, land offers a degree of security and insurance of a means to subsist. It consequently retains its social and economic value. Women's entitlements to land in Mabika have to be examined in the

context of general land shortage. This problem was compounded in Mabika by the necessity for irrigation to make soil agriculturally viable. As already discussed in the introduction, Mabika was located in a communal area in one of the fertile regions of the country. Defined as being in natural region IV, Mabika was in a hot low-lying area subject to seasonal drought (Campbell and others 1989). Cultivation in this region was precarious, with the size of the harvest depending largely upon the amount of rain received. The irrigation scheme, operating in the village and the surrounding areas, supplied water to the fields of approximately one third of all inhabitants. In the non-irrigated areas, it was possible to grow maize for subsistence purposes. In the irrigated areas, farmers grew wheat and maize in the summer season and beans and tomatoes in the winter. When there was a surplus the produce from the irrigated areas was either sold at local markets or to a commercial dealer. In the latter case, the dealer would negotiate with farmers in the area and a fixed price would be set for a particular crop.

In Mabika and surrounding areas, the irrigated fields were divided into boons, strips of land about four foot wide which run the length of the field. Interviews with farmers revealed keen competition over who could produce the most from one boon. All crops, according to informants, required substantial cash inputs. People who owned irrigated land were supposed to pay an annual fee for use of the communally run irrigation system. The fee, however, was a source of continual dispute as the irrigation system sometimes failed or worked to serve certain areas better than others. These problems were one of the primary reasons that people were willing to attend meetings held by Agritex, the government agricultural extension bureau, as discussed above. Peasant farmers said that the size of the harvest, and the consequent profit, depended upon generous use of fertilizer as well as the added extras of farming skill and expertise. These inputs

added to the requirement for cash inputs. If a farmer didn't own oxen, these had to be hired in order to plough the land. The demand for intense labour at times of planting and harvesting also meant that labour might have to be hired, depending upon the size of land holding. The household of Mrs Mabika, for example, had access to one and a half acres of irrigated land. The household of seven, five children, herself and her husband, all worked on the field. They would hire one other person to assist with the work for three or four days per year. In total, the cost of inputs for an average year would be around ZWD 2,000. Expected profits from these inputs would also be about ZWD 2,000[18].

Ownership of land, then, was not enough to guarantee income from crops. Some villagers with access to irrigated land, but no source of cash, rented out their fields. Access to land could thus be acquired through a number of different methods; formal allocation, inheritance or renting. Out of the ninety four heads of household interviewed, forty three said they had access to some irrigated land, either as the result of inheritance or through access to the fields of relatives. A further twenty five said they had access to enough dry land to grow subsistence crops. Fourteen said the only land they had was the small amount on which their homestead was built. They classified this as having no land, because they did not have enough to guarantee their subsistence. Twelve said they gained access to irrigated land through renting.

As I described in the introduction, Mabika was divided into two regions. Households with rights to irrigated land were located along the main track through the village near to the fields. Others

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[18] At the time of field work, one Zimbabwe dollar was worth approximately eight pence.

were situated in the surrounding drylands. Formally, newcomers to the area applied to the council for a stand where they could build a house and small garden. In practice, however, the Headman told people where they could set up home. In fact, all of the land in the irrigated areas had already been allocated. Any newcomer, then, had to set up home in the dry lands.

The primary method of acquiring access to land in Mabika was through inheritance or sharing land with other kin. Population increase and absolute limits to land availability meant that holdings were being divided into ever smaller plots. As one male informant explained, his father had 1 acre of irrigated land which he divided among his five sons. Mr Chipiro had inherited 3 boons. He said that this wasn't really enough to do anything with. He also had five sons. He didn't know how he would be able to divide this land between them, but as he pointed out, fortunately he would be dead when this happened so he wouldn't have to find a solution anyway. Of the forty three households with access to irrigated land, only one had more than three acres. Fifteen said they had around two acres. The remainder had between one and two acres.

Traditionally, while parents are alive they share land with their sons. Ava Maposa's husband, for example, didn't have any fields of his own, but he had access to the land of his father. Ava worked on the fields of her parents in law and then, after the harvest, they shared out the crop. Ava had also been allocated a small plot of her own, within the fields of her parents in law, to grow tomatoes for sale. She gave the cash from this produce to her husband. Where plot sizes are smaller, however, this system of shared labour and produce is not so viable. Instead of allowing their son to share in the labour and produce of all their land, Mr Rupia's parents had allocated him 2 boons of land in their plot. In effect, in terms of produce, this was little more than

131

a token gesture. However, even token gestures were dependent upon the goodwill of the parents.Some were reluctant to allow their sons and daughters in law use their land at all. Wilder Chipiro was living with her parents in law, but they refused her access to their fields; she moved elsewhere and they were now renting land for both subsistence and cash crops.

As women do not have any formal rights to land in their own name, they are always dependent on the good will of others. In practice, while men's access to land is primary; women's entitlement is secondary and entirely dependent upon male relatives.As married women they have secondary land use rights through their husbands. As single women, preference is give to their brothers. As divorcees, they have to vacate land with no guarantee that they will have access to land in their natal homes. As widows they may be evicted from the land they have tilled (ZWRCN 1994). Of the fourteen households with no access to land, eight were headed by women who were either widowed or divorced. None of the three women interviewed, who said they were divorced, had access to land. Widows with access to land had usually come to some arrangement with their son to take care of the grandchildren. This enabled them to stay in the homestead of their deceased husband. Other women were not so fortunate.

Tamara was 66 years old. She used to live in the irrigated area of Mabika with her husband. Tamara was his second wife. They married after the death of his first wife. After her husband died, however, the children from her husband's first marriage came and chased her away from the fields. She was now living in the dry lands. Tamara stayed alone and the only land she had was around her house. She could only grow food for consumption and at times there was n't enough even to feed herself. Rosa , 54, lived with her mother Tuten, who was too old to remember her

age. Rosa was born in Mabika then went to live with her husband's family in Chibuku. She had to leave that area when her husband died. After this, Rosa wandered around for a while, staying with various men. But she got tired of this way of life and decided to return to her family in Mabika. In the meantime, however, her father had died and Tuten had been forced off the land that he had owned. Rosa and Tuten were left with a house and some land in the dry lands but they were unable to grow enough food for consumption let alone sale.

Some single women over the age of eighteen had access to the land of their parents, but this was usually on a temporary basis. One twenty six year old woman, who had one child but was not married, was living on two acres of irrigated land that belonged to her now deceased father. She farmed this land with her younger sister. They had merely been able to take advantage of a situation, however, in which a family dispute had delayed the division of the land between her five brothers.

Irrigated land, as indicated above, could also be rented. Land was rented by the boon for one agricultural season. Prices varied according to the time of year and the location of the field. In winter, when the most profitable crops could be grown, the going rate was about ZWD 50 per strip. In summer, the price dropped to ZWD 25. In theory, women could rent land on their own behalf. In practice, however, this did not happen. Out of the twelve households that rented land, eleven were headed by a married man. According to informants, it was not worth renting one or two strips as the costs would outweigh the profits. Renting land consequently required some form of off farm income. As I discuss in the next section, few women in Mabika had access to a wage and informal means of earning money were not sufficient for anything other than buying

133

subsistence goods.

Employment and education

As already noted, the 1980 Constitution of Zimbabwe failed to specify gender as a cause of discrimination. There has, subsequently, been little legislation passed to address discriminatory practices against women in the labour market. In terms of employment opportunities, African women's access to formal sector jobs is still shaped by patterns of migrant labour introduced under the colonial regime and concomitant ideologies of men as bread-winners and women as home makers. Many potential employers in the private sector are white men whose practices are rooted in these colonial ideas. African women, then, often have to overcome the double prejudice of race and gender when looking for work.

Given such employment practices, high general unemployment affects women's opportunities disproportionately as women are less likely to be given jobs when there are men who are out of work. In general, there is an acute lack of jobs in Zimbabwe. Since independence, only ten to thirty thousand jobs have been created annually while secondary school leavers have numbered two hundred thousand per annum since the late 1980s (Kanji 1993:47).The total number of unemployed has been rising since the introduction of a structural adjustment programme in 1991. This is, at least partially, the result of cut-backs in civil service personnel. The Confederation of Zimbabwean Industry estimated that by mid 1993 the total number of people retrenched nationwide was eighteen thousand. The Zimbabwe Congress of Trade Unions puts the figure at twenty five thousand. Whatever the actual figure, retrenchment has undoubtedly meant an increase in male unemployment and the consequent knock-on effects on women's employment

(Brand and others 1995).

The problem of limited employment opportunities for women is compounded by their relative lack of education. Since Independence, there has been a massive expansion in education at both primary and secondary levels. While the male:female enrolment ratio for primary schools is now equal, from the fifth year of primary school onwards it declines and boys outnumber girls in secondary schools and higher education. The increase in primary and secondary school fees, as a result of Zimbabwe's structural adjustment programme, means that fewer girls are likely to reach higher levels of education (Kanji 1993). While women in the rural areas, then, are disadvantaged in terms of access to land, inequalities in education and the labour market ensure that women are more dependent on peasant farming than men.

Whether cash is earned through employment or farming, inflation since the introduction of the structural adjustment programme has meant that money buys a lot less. Zimbabwe introduced its Economic Structural Adjustment Programme (ESAP) in 1991. The second phase of funding was supposed to start in 1996. Difficulties with the International Monetary Fund, however, over the continuing budget deficit meant that it had still not started by the beginning of 1997. The extent to which Zimbabwe, given its relatively strong economic growth during the eighties, needed the usual structural adjustment package anyway *is debatable* (Potts and Mutambirwa 1998). *What* is clear, however, is that there is a general perception that economic conditions have rapidly worsened since its introduction. The general inflation rates in 1991 and 1992 were 23.5 per cent and 59.5 per cent respectively. Real average earnings fell from ZWD 8,600 per annum in 1990 to ZWD 6,700 in 1992. By 1995, the real value of earning was around the same as it was in 1970 (Gibbon 1995).

Mealie-meal prices rose by 30-35 per cent in April 1991, by 20 per cent in 1992, by 50 per cent in June 1993 and by about a further 30 per cent in July 1995 when the price stood at ZWD 28.80 for a twenty kilogramme bag (Potts and Mutambirwa 1998). While those farmers who had surplus maize to sell might have benefited from this increase, for many households in the communal areas where agricultural production has to be supplemented by purchase, such prices rises were sharply felt.

Mabika: Employment and education

As already discussed, few women in Mabika had access to any form of formal waged employment. The 1992 census report for Manicaland province, in which Mabika is situated, indicates that 20.27 per cent of rural women are in paid employment in comparison to 45.3 per cent of rural men. Men constitute 73.36 per cent of the paid employees in Manicaland while women make up 81.18 per cent of unpaid family workers (Central Statistical Office Zimbabwe 1992). Out of the total of one hundred women interviewed in Mabika, five were in paid employment. Three of these women were teachers. They earned about ZWD 400 per month. The other two worked as local government administrators. Two more women had been teachers in the past, but had lost their jobs to younger, more qualified college leavers. One woman had worked as a secretary and earned ZWD 350 per month. Two other women had previously worked in Harare. One managed her own hairdressing salon. Another worked in a shop.

The most common form of income for women in the village was casual agricultural labour. Out of the one hundred women interviewed in Mabika, twenty worked on other people's fields when work was available. The work, however, was seasonal and did not provide a reliable and regular

source of cash. And even when the work was available, it didn't pay much. A woman could earn money weeding and harvesting at a going rate of ZWD 5 per boon. Most women said they could work two boons in a day. In comparison, men were employed to plough at ZWD 10 per boon and could probably complete 15 strips in one day. Women also earned money moulding mud bricks. This was generally seen as a male job. Women, however, who were prepared to undertake the arduous work could earn about ZWD 20 for one day's labour.

Most women were involved in some additional form of informal sector income earning. Weaving hats and baskets from baobab bark was a common activity. The goods were either made to order or sold at the central craft stall in the nearby township. Either way, the rewards were low. Mrs Chibvuma, for example, could sell one basket, the product of a day's weaving, for ZWD 12. More profitable, but requiring mobility and some capital input, was buying and selling fruit and vegetables. Women would buy fruit and vegetables at a local market, about 20km from the village, and then sell them at a marked up price in the nearest town. Women said that they could earn anywhere between ZWD 200 and ZWD 400 from one trip, depending on what was available. A few women in the village also ventured into cross border trading with South Africa. These women took locally crocheted goods, unavailable in South Africa, and barter them for other products which they would then sell on return to Zimbabwe. Some women worked as commercial sex workers in the township, where there was rumoured to be a lot of passing trade from lorry drivers heading to South Africa. One group of women had a stall selling vegetables outside the busiest bar in the township which allowed them to make a bit of extra cash through sale of vegetables while waiting for customers for sexual transactions. The profits from commercial sex work, however, were low with women sometimes having sex for favours, food or beer rather than

137

cash.

Access to waged employment was clearly related to levels of education. All of those women who had, at some point, been in waged labour, had gone onto secondary education. Records of education levels among women, given in the table below, confirm the national picture of greater female attendance in primary, rather than secondary, education. In contrast to those over forty years of age, the majority of women below forty had received four or more years' education. Few younger women, however, had gone on to complete secondary education.

Table 2: years of education by age of women interviewed in Mabika

ed. age	0	1	2	3	4	5	6	7	8	9	10
15+							2 -			1	2
20+					2	1	2	8	1	5	9
30+	3		1	3	2	6	4	7		3	1
40+	1		1	1	1	2 -				2	1
50+	2		1	3	2	1	2	1		1	
60+	4	1	4	1	2		1	1		1	
Total	10	1	7	8	9	10	11	17	1	13	13

While women made the most of available opportunities for informal income earning, it was generally expected that men could, or should, look for salaried work. Of all the women interviewed, less than ten had a husband under the age of fifty permanently resident in the household. Soldiers' wages were around ZWD 2,000 per month and they were also eligible for

extra benefits, such as help with payment for housing. A man with no education could work as a security guard and earn around ZWD 600 per month. Labourers in the mines or on the forestry estates in the highland areas earned approximately ZWD 800 per month. Men were also predominant in the small enterprises in the village. There were a number of male tailors in the village. Men also worked as blacksmiths, furniture makers, general repairers and in the seemingly booming hair salon business. As indicated above, however, increases in inflation mean that even those with jobs in Mabika perceived themselves to be suffering from a falling standard of living. In the next chapter, I will discuss the impact of these economic changes on household gender relations.

4.8   Conclusion

The Rhodesian colonial state, as described in the previous chapter, was built upon a notion of citizenship divided by both gender and race. The nationalist liberation movement promised universal citizenship for all Zimbabweans through the redistribution of political and economic resources. Decentralisation and the establishment of village level committees was to give all citizens a say in the policies which governed their lives. In practice, however, the VIDCOs were to become little more than the bottom rung in a top down decision making process. While lacking any voice in policy processes, local level government structures did enable the traditional authorities of chiefs and headmen to reassert their power through control of material resources and other forms of patronage. The reassertion of traditional rural authority was marked, at the national level, by the abandonment of the government's programme of legal reform. War time promises of the abolition of customary law and bridewealth were not to be realised. Women's

independence was further curtailed by the failure of the government to systematically address gender bias in access to land, labour and education. The Zimbabwean government, then, has done little to dismantle those institutions which defined women as the dependants of men rather than citizens in their own right. Just as the actions of the colonial government can be seen as attempting to buy male African support at the expense of women, so post Independence policies which reinforced rural male authority can be interpreted as compensatory action for men's own exclusion from full citizenship. Deteriorating economic conditions however, particularly since the introduction of a structural adjustment programme, have undermined the perceived value of this pay off to men. In the next chapter, I will examine how women's access to material, social and political resources shapes household gender relations in Mabika and, in particular, women's reproductive strategies. I will also discuss the impact of changing economic conditions on those relations.

Chapter 5

Household Gender Relations: The 'Conjugal Contract' And Reproductive Strategies

In this chapter, I examine the impact of women's entitlements as citizens on household gender relations and women's reproductive strategies. As I discussed in the previous chapter, women continue to be defined as dependants of men through customary law and exclusion from social, economic and political processes. As a consequence of their institutionalised disadvantage, women in Mabika must marry in order to gain access to resources. As discussed in the previous chapter, the majority of Ndau women continue to contract marriages under customary, rather than civil, law. The local living law interpretation of the terms of the 'conjugal contract' vests the groom and his family with rights in fertility. If the woman fails to have children, the marriage is void. The counter side of the groom's rights in fertility, however, is his obligation to provide material support for his wife and offspring. In Mabika, then, women must trade procreative self-determination for social and economic gain.

As Whitehead argues, the 'conjugal contract', which defines the terms and conditions of marriage agreements, is the main charter of gendered rights in the household (Whitehead 1981). The dominant Ndau understanding of the terms of the 'conjugal contract' draws upon customary law defined during the colonial regime, rather than the reforms to legislation introduced by the Zimbabwean government. According to Ndau 'living law', marriage provides the groom and his family with rights in a bride's sexuality, labour and fertility. Infertility and women's adultery remain grounds for divorce. The corollary of men's rights is their duty to provide access to

resources for the women and their children. Once a woman is married, then, she may bargain for resources within the terms of the conjugal contract. Women must use the limited amount of control they have over their fertility and sexuality to claim a greater degree of social and material support. Women's primary tools in this bargaining process are children themselves. While customary definitions of the conjugal contract allow women few entitlements as individuals, they may make claims on the basis of the recognised needs of their children to food, clothing and education. In the perceived absence of viable alternative forms of survival, women prefer to bargain within, rather than challenge, the terms of the marital contract. This strategy, however, depends on men's recognition of their own conjugal rights and concomitant obligations. Evidence suggests that as changing economic circumstances have increased the costs, and devalued the benefits of having children, men may be less willing to claim their rights to women's fertility. In Mabika it was women, rather than men, who were fighting to maintain adherence to customary understandings of entitlement.

In the first part of this chapter, I examine relevant demographic theories and models of the household. I argue, following Moore, that the distribution of economic resources in the household is the result of bargaining based upon socially constructed definitions of rights and needs, such as those set out in the 'conjugal contract' (Moore 1994). The theoretical section will be followed by a discussion of Ndau living law understandings of marital relations, based on data from interviews with men and women in Mabika. I then discuss household negotiations over resources and men's and women's reproductive strategies. I finally examine evidence to suggest that men in Mabika are becoming increasingly reluctant to claim their customarily defined conjugal rights.

5.1 Demographic theories: from costs and benefits to rights and responsibilities.

In this section, I outline a shift in theories about fertility behaviour from cost benefit explanations to the analysis of women's reproductive strategies. Drawing on the work of Whitehead, I suggest that the latter approach requires examination of the terms of the 'conjugal contract' and understanding of who is vested with what rights over fertility.

The focus of orthodox demographic concern is fertility decline. Classic demographic transition theory outlines a model of fertility change, at the national level, in which high mortality and fertility is followed by a decrease in mortality rates, leading to a period of population growth followed by fertility decline and population stabilization. The model has been widely criticised by demographers themselves, who argue that it neither fits the European date from which it was supposedly built nor the histories of the Third World countries to which it has been exported (Wilson and Cleland 1988). Nonetheless, demography has found it difficult to leave this model behind.

Becker's New Home Economics provides a micro level version of demographic transition theory. Becker posits a model of the household based on the assumptions of altruism, a nuclear family and a joint utility function. Fertility, it is argued, declines when societal changes alter the cost/benefit ratio of having children to the household (Becker 1976). The costs are usually identified as the material necessities and time required to raise children to independence. In terms of benefits, demographers have primarily focused on 'lineal factors', that is the cross-generational,

child to parent gains to be made from having children. Demographers have defined the primary

lineal benefit as children's potential value as providers of security in old age. This support may

be in the form of labour or cash from remittances (Cain 1981; Cain 1983).The more immediate

value of children's agricultural and household labour has also been highlighted (Mueller 1976).

Feminist theory, however, has clearly underlined the shortcomings of Becker's model of the

household. From the feminist viewpoint, the household is a site of competition based upon

hierarchy and conflicts of interest between men and women (Harris 1981; Folbre 1986; Guyer and

Peters 1987). Feminist analyses have utilised revised models of the household to highlight the

gender differentiated costs and benefits of child bearing and rearing (Birdsall 1976). Kabeer, for

example, argues that in patriarchal societies, it is women who bear the reproductive costs of

raising children but men who have authority over reproductive decision making. Men,

consequently, ensure that fertility rates remain high as they do not have to pay the full cost for

their decisions (Kabeer 1983).

Feminist analyses have also highlighted the links between the household and broader

socio-economic structures (Roberts 1991). Demographers have taken up this point and developed

theories which place household reproductive decision making within a broader meso and macro

structural context. Frank and McNicoll, for example, have focused on the impact of local social

institutions, such as rights to land, on the gender differentiated costs of reproduction (Frank and

McNicoll 1987). Caldwell has further added to the institutional approach through his insistence

on the importance of cultural variables such as religion and ideas about sexuality. Caldwell argues

that in Sub-Saharan Africa children are valued because they represent the living embodiment of

the ancestors and the continuation of the lineage (Caldwell and Caldwell 1987)[19]. Marxist demographers have attempted to link demographic analyses to the international political economy through analyses of the relations between social structures and the demands of international capital (Cordell and Gregory 1987). However, while these developments underline the importance of the broader socio-economic context, they also emphasize the problematic exclusion of human agency.The structural approach to demography contains a conceptualisation of women as hapless victims at the end of a chain of capitalist and patriarchal oppression (Vock 1988).

As Greenhalgh argues, both cost-benefits analyses and socio-cultural demographic frameworks are inadequate as a means of explaining fertility decisions. While the former take no account of structure, the latter fail to acknowledge human agency (Carter 1995; Greenhalgh 1990a). Demographers, then, have turned to anthropological approaches which emphasize a contextualised understanding of women as decision making actors and, in particular, Bourdieu's concepts of everyday practice or 'habitus' (Greenhalgh 1990a). Everyday behaviour, Bourdieu argues, is governed by actors' strategies that are not necessarily articulated, but are formulated within a set of cultural and social constraints (Risseuw 1991). Strategies embrace the 'products, thoughts, perceptions, expressions, actions, whose limits are set by the historically and socially situated conditions of its production' (Bourdieu 1977:73). Actors' strategies, from this perspective, are neither entirely governed by autonomous rationality nor systemically imposed passivity.

The adoption of contemporary anthropological perspectives has also facilitated a second shift in

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[19] Ahlberg criticises Caldwell's description of 'African culture', suggesting it is based on an

demographic analysis of fertility behaviour. The classic anthropological understanding of kinship as descent systems has been replaced by an emphasis on practice and the way in which kinship relations are operationalised and manipulated (Patel 1997)[20]. From this perspective, *in* the present day, more diffuse lateral ties of kinship are as important as the direct lineal links between generations. Demographers have, consequently, adopted both an emphasis on the contextualised strategies of the actor and analysis of the lateral benefits of having children. As Guyer argues, for example, in the changing economic circumstances of Sub Saharan Africa, the potential claim on the father's relatives that a child may facilitate are as important as future returns from child labour (Guyer 1994).

Anthropological approaches such as Guyer's highlight women's reproductive strategies as a process of continual negotiation. Women are not just seeking an end goal of a particular number of children, but rather are searching to make use of a multiplicity of opportunities and ties which arise through the process of forming sexual relations and reinforcing those relations through childbirth (Lockwood 1997). As Moore argues, such processes of intra-household bargaining draw upon ideological constructs, such as ideas about the rights and needs of particular individuals. These constructs, defining ideas about particular entitlements, can be seen as resources to be drawn upon in the process of negotiation as much as fixed constraints on action (Fraser 1989;Moore 1993; Moore 1994).

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ahistorical stereotype (Ahlberg, 1991)

[20] See, for example, Bledsoe's analysis of women's reproductive strategies in Kpelle society (Bledsoe, 1980).

In the household, it is often the 'conjugal contract' which constitutes the central charter of gender differentiated rights and needs. Whitehead uses the term 'conjugal contract' to describe 'the terms on which products and income, produced by the labour of both husband and wife, are divided to meet their personal and collective needs' (Whitehead 1981:108). The term contract here refers to general understandings, or the 'living law' definitions, of the terms and conditions of marriage, rather than a definitive outline of the deal. In many Sub Saharan societies, the initial terms of the conjugal contract are worked out through a series of bridewealth negotiations. In such transactions, there is an exchange of beasts, goods and cash for a particular set of rights and obligations. The groom's family generally acquires rights over the bride's labour, sexuality and fertility. But the husband's family also takes on an obligation to provide the incoming wife and any children she might produce with a means of subsistence (Parkin and Nyamwaya 1987; Whitehead 1984). As Moore suggests, competing discourses about rights and needs implicitly and explicitly invoke each other (Moore 1994). Women, then, may refer to understandings of marital agreements in order to negotiate access to a share of household resources. The strongest claim that a woman might make to resources for herself and her children is through reference to a man's right to fertility. In order to obtain customarily defined entitlements to support, a woman has to continually invoke the rights invested in men, through the terms of the marital contract, over her fertility. Yet, as Whitehead argues, women's capacity to own and control rights in material resources, as well as rights in other people's labour, is constrained by their own definition as a less than full subject (Whitehead 1984). Women's negotiations within the terms of the conjugal contract then, constantly reinforce their lack of official customary rights to reproductive self-determination.

5.2 Mabika: the terms of the 'conjugal contract'.

As women in Mabika themselves observed, they have little economic choice but to marry in order to gain access to land and cash. As figures in the table below illustrate, all women over the age of thirty defined themselves as having been married at some point in their lives. The youngest married woman interviewed was eighteen. The oldest never married woman was twenty five. None of the single women interviewed thought that not marrying was a viable possibility. They were all hoping to find a husband.

Table 3: Women's Self Defined Marital Status[21].

Marital Status Age	Single	Married	Separated	Divorced	Widowed
15+	3	2			
20+	8	21	1		
30+		25	1		2
40+		5	1	1	2
50+		7		1	5
60+		4		2	9
totals	8	67	3	4	18

Women's claims to resources within marriage, however, are limited by the terms and conditions of the 'conjugal contract' (Whitehead 1981). These conditions are defined by norms and ideas about gender relations and marriage as well as the more overt agreements made during bridewealth negotiations. In the following section, I examine dominant ideas about marital relations drawing on the results of semi-structured and informal interviews with both men and women in Mabika. The dominant view of the 'conjugal contract' is that marriage, sealed by bridewealth payments (lobola), provides the groom and his family with rights over the bride's fertility, sexuality and labour.

5.3   Lobola

In Mabika, terms and conditions of marital relations are formally confirmed by lobola (bridewealth) payments. Under the African Marriage Act, prior to the Legal Age of Majority Act,

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[21] These figures are based on women's responses in semi-structured interviews. As I will discuss below, women sometimes defined themselves as married because they had given birth. It was generally during informal discussions that women might say they had a child but no official husband.

the African Marriage Officer was obliged to ensure that a lobola agreement had been reached between the woman's guardian and his proposed son in law before the agreement could be solemnized. The payment of lobola consequently became institutionalized in national legal practice under the colonial regime (Ncube 1987). The post Independence Legal Age of Majority Act of 1982 implies that a valid marriage can be contracted without the payment of lobola and parental consent, as majority status implies that a father no longer has proprietary interests in his daughter (Hellum 1995). Consequently, he can no longer claim lobola unless his daughter agrees. In practice, as discussed in the previous chapter, Zimbabwean Africans of all classes continue to charge and pay lobola (Ncube 1987). Demographic research among the Ndau indicates that 80 per cent of all women had a customary marriage, while 11 per cent had registered under the African marriages Act. In 83 per cent of all cases, bridewealth had been paid (Gregson and others 1996). Mabika conforms to this pattern with only four ever married women stating that they had married under civil law. All women married under customary law said that lobola had been paid or the groom's family had agreed to pay it. All of the single women interviewed said they didn't have a choice about whether or not lobola would be paid when they married.

As these figures indicate, in Mabika, payment of lobola, or agreement to pay, remains the official primary indicator of whether or not someone is married.Lobola should, according to Ndau tradition, be paid by the father of the groom. According to Bourdillon, Shona bride-price used to be divided into two parts; *rutsambo*, a smaller payment for sexual rights in the woman and *roora*, a larger payment associated with rights over children born to the woman (Bourdillon 1991). In present day Mabika, however, while payments were made to various members of the family these amounts were considered as one sum, which was repaid in the case of divorce.

In Mabika, lobola generally consisted of cash, rather than cattle. The prospective groom was expected to pay amounts prior to negotiations with smaller sums also being given to the female relatives of the proposed bride. The girl could refuse the groom's offer at this pre-negotiation stage but, in practice, women usually accepted. Following pre negotiation payments, the main sums were paid with the mother of the bride receiving around ZWD 1000 and the father about ZWD2000. Both parents should also be bought a complete set of clothes. The total amounts paid, including the additional goods which have to be purchased, could amount to around ZWD 4000. All these amounts, according to informants, were negotiable within general understandings of what was reasonable. Fathers, for example, could demand more for an educated daughter as compensation for school fees paid. All these amounts were to be repaid in full in the case of divorce. As with all financial transfers in a cash tight economy, payments were never simple but involved complex borrowing and lending agreements which created, and fed into, networks of social indebtedness and credit. Lobola transfers were rarely, then, a one-off payment. In reality, the evidence suggested that lobola negotiations, and their reverberations, lasted as long as the marriage.

Polygamy is legally permissible under the African Marriages Act but, at least in Mabika, was not officially common. Out of those interviewed in Mabika, there were three households based around polygamous marriage with, in each case, the man being married to two wives. One man, killed during the war, had six wives, five of whom still lived in the village in separate households. In practice, however, it is likely that unofficial polygamy was more common, as husbands working away in the mines, plantations and towns often set up second homes and families where they were

employed.

5.4   Fertility and rights over children

The issue of divorce perhaps illustrates most clearly the primary terms of the 'conjugal contract'. In Mabika, infertility remained the most common cause of official marital separations. While the payment of lobola formally legitimized a marriage, in practice it was childbirth which was seen as cementing the union. It was agreed by both men and women alike that, really, you were not married until you had a child. Under the Matrimonial Causes Act of 1985, failure to fulfil conjugal obligations, sterility, barrenness and impotence are no longer considered formal grounds for divorce under customary law (Armstrong 1987). Both men and women interviewed in Mabika, however, stated that infertility, generally assumed to be the fault of the female partner was the main grounds for divorce.

In the village, there were six individuals who said they were divorced, two men and four women. There was a good deal of reluctance to talk about the issue and I was later told that the one woman who refused to be interviewed at all was in fact a divorcee. Two of the female divorcees interviewed were over the age of sixty. Both said that their infertility had been the reason for divorce. The third woman, who gave birth to six children, said that her husband wanted to marry a younger woman but he did not want two wives. The fourth woman, aged forty four, said that the fact that she had not wanted more than two children had been a contributing factor to her divorce. One of the wealthiest women in the area, aged thirty five, who lived in a nearby town, had been divorced because of her infertility. She had subsequently been unable to remarry, despite

the fact that she had set up several successful businesses and would obviously be able to support both herself and her partner. Two of the women who defined themselves as 'separated' said this was a temporary explanation and did not provide a reason for the decision to live apart. The third woman, in her twenties, said that her husband had sent her away because he thought she was 'possessed' and consequently unable to give birth. She had returned to live on the land of her deceased parents until she was cured.

Both the male divorcees interviewed said that mental illness caused by 'bad spirits' had been the cause of their divorce. In each case, their wives had given birth to two children. In one case, the man said that the first baby of his wife had refused to suckle. According to Ndau custom, the refusal of a baby to suckle is seen as an indication either that the mother is a witch or that the mother has been unfaithful[22]. In the second case, the man did not want to provide details of the nature of the problem but suggested that his wife was 'mad' and 'possessed' and this had meant that she was unable to have any more children

There were two women living in Mabika who were married but thought that they were infertile. One of these women, aged thirty eight, had one child but it died and she had subsequently been unable to conceive. She said that this had not caused any problems in her marriage and she remained her husband's only wife. The second, aged thirty four, had been married for twelve years but had not conceived. She said that this was not an issue between herself and her husband, but

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[22] One woman explained that a baby might also refuse to suckle if the mother's parents had died before lobola payments had been completed. In this case, the husband had to ensure completion of payments in order to cure the problem.

her mother in law was pressurizing him to find another wife. In both cases, however, the women were the subject of much gossip and both of their husbands were rumoured to be living with other women. The most important obligation of women, then, in marriage is to give birth.

Children are a central issue in divorce. Under the Customary Law and Primary Courts Act of 1989, parental rights and duties are decided according to 'the best interest of the child', regardless of whether the marriage has been contracted under customary or general law and, consequently, whether or not lobola has been paid (Hellum 1995). As discussed in the last chapter, however, post Independence legal reforms are often ignored at village level. In Mabika, the living law interpretation of the terms of customary marriage was that payment of lobola gave the father the right to take the children. Women insisted that men always wanted to claim their rights and take what 'belonged' to the patrilineage. Male informants confirmed this interpretation of Ndau culture and the pulling power of the patrilineage over its members. As Tobius explained, 'if Ava and Joshua divorce, the relatives will say "you must bring that child home. I want to see the child here. He has our blood and blood is stronger than anything. He has our name." And they won't rest until the child arrives. Then it can be very difficult for the child. Because I can sit here and talk to the ancestors and say "where is that child? I wonder whether he is on Matopos or somewhere else." And this will cause pain in the child. He will feel as if he has a fire inside him. There won't be anything that Ava can do to stop that pain - no clinic or doctor will be able to cure him. He will not stop crying until he is back in my arms.'

5.5 Sexuality

As the cases of divorce illustrate, while fertility is of primary importance, the man's exclusive rights to a woman's sexuality are also emphatically defined by the terms of the conjugal contract. In Mabika, girls are groomed from an early age in the arts of finding and keeping a man. They are taught by their elder sisters and relatives how a good wife should behave. Satisfying a husband's sexual demands is seen as central to maintaining a marital relationship. Young girls are shown by their sisters how to stretch their labia, as this is thought to increase a man's sexual enjoyment. They are also taught about various herbal and chemical potions, such as toilet bleach, which are supposed to keep their vaginas 'dry and tight - like a virgin'. Evening conversations among younger women in Mabika often turned to the secrets of sexual success.

Women discussed the merits of different love potions - concoctions of herbs to be found in the local markets - and the names of herbalists renowned for the effectiveness of their aphrodisiacs. The sexual prowess of women thought to be prostitutes was another topic of raucous conversation. Seasoned raconteurs acted out their stories, much to everyone's delight and hilarity. The tales told, however, often contained a general moral lesson or a direct warning for a particular individual about their sexual behaviour. A tale about a known prostitute, for example, might be used as an indirect means of telling someone in the group that there were suspicions about their marital faithfulness. Such discussions, then, had a double edge. They were open, informal and entertaining, but they were also a means of exerting peer group pressure to behave correctly.

Research on male attitudes towards sex indicates that men also use herbs as aphrodisiacs. But they have a strong view that it is women who should 'prepare' themselves for sex. Men expected women to make themselves 'dry and tight' to ensure their physical sexual pleasure and to foster the sexually positive image, in men's eyes, of sexual innocence. Men further claim that this enhances their sexual pleasure and that women's sexual fluids are unhygienic (Ray and others 1996).

Although women in Mabika generally discussed sex in terms of satisfying men, some also talked about their own fulfilment and sexual enjoyment. Older women, in particular, stated that women needed to have and enjoy sex on a regular basis. Women, however, always described men as having the stronger sexual appetite. Men were likened to cocks or to dogs, depending on whether the general tone of the conversation was pro or anti men. In informal discussions among women, it was often the latter.

Men interviewed shared women's view of their sexual capacity. As one man explained 'Men are always sexy. They are more sexy than women.' Men were keen to boast about the number of times they could have intercourse in one night. Once, I was told, was never enough. Some claimed that seven or eight times in one night was normal. On their part, women confirmed that they would be suspicious if a man only wanted intercourse once or twice in one night. Women might see this as an indication that their partner no longer loved them or that they were finding sexual satisfaction elsewhere.

Men's sexual appetite was used, by both men and women, to explain asymmetry in marital

fidelity. While adultery on the part of women was seen as grounds for divorce, it was considered

normal for men to be unfaithful. As one male informant explained, 'men can't stick with one wife.

Generally most men don't stick with one wife. Married women have no choice, they have to stick

with their husband.' Another male informant confirmed this interpretation of the marital contract;

'of course a man can have lots of girlfriends and there won't be a divorce. But a wife cannot go

off and have lots of boyfriends. No, that isn't heard of. That isn't our culture. That would be a

case for divorce. Women are kept very strictly under control. Maybe they don't like it. But that

is the way it is and there is nothing they can do about it'.

All men interviewed said that it was not possible for a man to stay with one wife. Only two of

the currently married women interviewed said that they thought that their husband was faithful.

This asymmetry in marital monogamy was reinforced by the widely held belief that if a woman

was unfaithful to her husband, he would vomit blood and die. In contrast, as a number of women

pointed out, if a man was unfaithful the most he would get was a sexually transmitted disease.

Older women said that in the past men had affairs but they kept quiet about it rather than making

it a public issue: ' These days men go with prostitutes and they can't even walk properly because

they have diseases. It doesn't show respect if they are so public about it. Of course, men have to

do these things because it is in their nature. But they should do it quietly without their wife

knowing.' It was generally accepted, then, that the terms of the conjugal contract gave the groom

exclusive rights to his wife's sexuality. This, however, was not a reciprocal arrangement.

5.6   Labour

In Mabika, the payment of bridewealth was also seen as vesting rights over the bride's labour in the groom and his family. When a young woman married, she moved into the household of her parents in law. She entered the home as a stranger and outsider and, consequently, had very little status. This was indicated, symbolically, by the still often followed customary rule that a woman should kneel in the presence of her in-laws.   The power of the in-laws was increased by the fact that, in Mabika, men were frequently absent for work. It was the female in-laws with whom the bride spent most of her time.While the mother in law was the most senior relative, a bride's relationship with her sister in law, *vatete* , was equally important [23]. The relationship between a woman and her sister in law was seen as one of respect because the *vatete* is a direct blood relative of the husband's father, the head of the household. If there were marital problems, or other household issues to be discussed, a woman was supposed to first consult her sister in law, even if she was younger than herself. A new bride was expected to do as her female in-laws directed. Demands made on her time and labour could be considerable. Some newly-wed women in Mabika said that they were usually given the most tedious and laborious household tasks - fetching water, gathering fire wood, sweeping the yard.

When women established their own home, they were expected to provide the labour for the day to day running of the home and care of the children. In Mabika agricultural tasks were

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[23] As indicated in chapter three, the term *vatete* can also mean paternal aunt. This double usage of the term further reinforces women's junior status in their husband's household. When a woman marries into a family she moves down a generation in terms of the use of kinship terminology. She refers to her husband's relatives as if they were the relatives of her father. Thus, a woman must refer to her husband's sister as if she was her paternal aunt.

customarily divided between the sexes. As described in the last chapter, men were in charge of ploughing the land, women were responsible for sowing and weeding and both men and women took part in the harvesting. If the husband was away, as was generally the case, it was the wife who has to ensure the completion of all agricultural tasks. If children were old enough and not at school, they helped women in the fields. Key informants said that as both land and the women's labour were defined as belonging to the groom's family, women were not able to claim the products of that work for themselves. Produce from a husband's land could be used directly for subsistence purposes. If produce was sold, all married women interviewed said that they either had to hand the cash over to their husband or account for how they had spent it when their husband returned from work. In Mabika, then, men retained control over the products of land despite the fact that it was generally women who put in more hours of agricultural labour.

Some women also had access to a small garden [24]. Many women, with or without access to irrigated land, set up their own tiny plot where they could grow vegetables and tomatoes for consumption as relish. The gardens were generally located within the boundaries of the homestead itself or in a slightly more favourable position nearer to an irrigation channel. Women in Mabika were immensely proud of their gardens. In many cases, the plots were so small there was only enough produce for family consumption. If there was surplus, however, it could be sold and the profits disposed of as the women wished. In some cases, women used money raised from produce of the vegetable garden as contributions for a church savings club. Each woman who

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[24] In the pre colonial era, as discussed in chapter three, women had an entitlement to their own *tseu* (garden). In present day Mabika, access to a garden depended on the availability of household land and the husband's discretion.

belonged to the club agreed to put in a certain amount each week and, at the end of the year, they shared the kitty out between all the members. Women said that they generally used this as a form of security which could cover unexpected demands for lump sums of cash..

5.7 Household authority

In Mabika, then, the dominant understanding of the conjugal contract was that payment of bridewealth vested rights in a woman's fertility, sexuality and labour in the groom and his family. Dominant interpretations of the conjugal contract did not define women as having rights within marriage. As one civil servant working in the township sadly told me, 'women in Zimbabwe do not have rights in the home or the bedroom. Even me, an educated woman, I have to go down on my knees to my husband'. This gendered asymmetry in rights was underpinned, although not directly determined, by the reality of the division of economic assets. As women had neither equal access to land nor equal opportunities to earn a salary, they were in no position to directly challenge the definition of men as primary bearers of conjugal rights.

Both men and women interviewed in Mabika said that the decision-making authority of the male household head was absolute. According to female informants over the age of sixty, even in the days when chiefs had more status, their authority to intervene in household matters was strictly limited to adjudication in cases of dispute. During interviews, women often said that if they voiced disagreement with their husband, the response would be, 'so you want to be head of the household? Well then you can make decisions on your own.'

Some women observed that the commercialization of bridewealth made it difficult, in practice, to do anything other than obey and stay with your husband[25]. As one informant explained: 'leaving is very difficult, because maybe the parents of the wife have received fifteen cattle in lobola. Then if the wife goes home and says "I want to leave my husband, he has been seeing another woman", they will say "don't be silly, get back to your husband". Of course, they don't want to pay the lobola back. So a man can beat his wife, he can have lots of girlfriends and still the wife obeys him'.

It was common for authority to be further enforced through violence or its threat. In Mabika, marital violence, within limits, was seen as an everyday part of being a wife. As several women pointed out, all wives get beaten regardless of their status. One woman told me about a teacher, married to a headmaster, who was severely beaten on a regular basis. The point of this story was that, however educated and independent a woman might consider herself, she is not above being beaten by her husband. The threat of everyday violence informed women's decisions and actions. As indicated in the introduction, informants often brought up the subject of AIDs. One question which women themselves asked was what they could do if they knew their husband had HIV. They generally concluded that they couldn't force their husband to wear a condom or refuse to sleep with them, because they would be beaten.

In some cases, however, violence became extreme. One informant was severely beaten by her husband on a regular basis. In discussions following a particularly vicious beating that took place

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[25] May argues that, in Zimbabwe, the inflation of brideprice has undermined its symbolic value and encouraged the transformation of the exchange into a purely commercial transaction (May, 1983).

in the yard of her homestead, neighbouring women said they thought that her husband had gone too far. Beating in private, they agreed, was acceptable. A public display of marital violence was not. The woman herself later explained that sometimes she ran out into the courtyard, when her husband was beating her, so that the neighbours would see what was happening. This was the only strategy she could use to combat her husband's attacks. The officials of the church for which he worked had spoken to him about his behaviour. This had only made matters worse. She was beaten for informing on him. Sara had nowhere to go to. Her parents wouldn't take her back, because they did not want, to or could not, repay the lobola. Her mother in law had thrown Sara out of her house because she didn't want the disturbance.

Ruby, a thirty year old married to a 'drunkard' had been beaten so severely on one occasion she had to go to hospital and stay there for a week. She said that her husband had been 'taken away by the police' for a while. But when he was released, he merely came back and started beating her again. Ruby was desperate and had no conceivable means of escape. Her mother in law advised her to 'run very fast' if her husband tried to beat her. But, as she said, maybe you can run for a while. But if you have nowhere to go to, eventually you will have to return to your husband.

Some women, however, saw male authority as a benefit rather than a burden. One widow explained, 'I don't feel free without a husband. I was used to that system of asking my husband what I should do. Now it's all on my shoulders. There is no one to say do this or do that. But I still regret that my husband isn't here.' Mrs Muchuro said that, 'I don't mind my husband making the decisions. It is right that he should be head of the household because I am in his home. He is the one who provides for me, so I should do what he says.' These women were prepared to

accept their husband's authority in return for economic support.

5.8   Negotiating strategies: words and actions

The converse side of the conjugal contract was thus the duty of the groom to provide the bride

and their children with a means of subsistence. But the extent of provision was not a given.

Rather, resources had to be bargained for within the context of the extended family unit and the

competing claims and demands of both the husband and his family to goods.

Whether or not a woman could gain access to land through her husband, daily subsistence also

required cash. In Mabika, as discussed in the previous chapter, differences in household economic

status, evidenced by construction of the house, ownership of livestock and consumer durables

such as radios, were related to the amount and regularity of cash remittances from working

husbands rather than access to land. Some of the wealthiest households, judged by these criteria,

were inhabited by the families of soldiers who, as new arrivals, had no access to land but a stable

income[26]. The least well off households were those where, even though the husband had a regular

income, none of this was being fed into the household. As already indicated, ownership of land

without access to an off farm source of income was worthless as farming depended on cash

inputs.

Cash was equally essential for everyday subsistence. At the time of fieldwork, a loaf of bread cost

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[26] Furthermore, as strangers to the area, in contrast to long time inhabitants, they did not have the direct
and daily pressure to share income with relatives.

ZWD 4, a bar of soap ZWD 2, a 10kg bag of maize ZWD 20 and the bus trip to the nearest main town ZWD15. One of the biggest household cash outlays was on school fees. Primary school fees for a state school were around ZWD 50 per child per term. State secondary school fees were ZWD 80 per person per term. Church schools, generally considered to be better that the state ones, charged anything up to ZWD1000. In Mabika, education was highly valued in itself, whatever the correlation between years in school and success in getting employment.

Women's vulnerability to economic destitution and physical abuse prevented the use of direct confrontation or challenge in negotiations over resources with their husbands. They had, instead, to use indirect means and whatever tools they had at their disposal. One approach employed by women in Mabika was to challenge the dominant interpretation of the meaning of the terms of the conjugal contract, rather than to directly argue against its substance. A common topic of conversation among both men and women was what entitlements bridewealth payments gave to the husband. Male informants argued that the payment of lobola meant that they had 'bought' a wife. This was not an interpretation, however, that all women accepted.

When interviewed, some women expressed outrage at men's views that they had been 'bought'. They said that men used this argument to try and force their wives to be obedient. One informant said that when her husband used this argument she would counter by saying that a wife was different from cattle and could not be bought. Another said that when her husband claimed he had 'paid' for her, she would retort that things had obviously changed from the time of their grandparents when lobola was held in greater respect. Women, then, could offer their own interpretations of Ndau tradition as a means of defending their position.

Women also disputed men's understandings of conception and their consequent claims to total rights over fertility. These different interpretations allowed women to place a higher value on the assets they had brought to the marriage, and therefore to demand a greater share of its produce. According to the Ndau explanation of conception, it is the man who creates the child. The woman has blood in her uterus, which is in a shapeless mass before the man's 'eggs'[27] enter and form the foetus. A woman's blood has to be 'thick' if the baby is to be formed. Menstruation is seen as an indication that the blood is ready. Women reported that men would often claim that they were the ones who had given birth to the children. In the male explanation of conception, children inherit the man's blood, while the woman just provides the baby's form. As one male informant explained, 'my wife is like a suitcase and I am the one who puts the clothes in it. She comes to the marriage with an empty suitcase and if she goes she will have to leave its contents behind'. The dominant understanding of fertility and conception, then, was used to justify men's claims to children and, concomitantly, their earnings.

Some women, over the age of fifty, agreed with this understanding of conception. According to Rosa, 'the woman is just like a sack. The man is the one who puts something in it. She's not important, because she just takes care of something that is put there. The woman has something that the sperm mixes with, but it is the sperm that is important'. Younger women, however, interpreted ideas about conception to their own advantage. Women emphasized the importance of their role in carrying the foetus and the pain of childbirth. As one woman said of her nine year old son, 'I carried him around for nine months. I cried with pain when I gave birth to him.

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[27]The Ndau used the term 'mazai' for sperm, which also means eggs.

Without my pain there would be no son'. A number of women flatly contradicted the Ndau description of conception. They said that they had been taught by a European man who worked in the nearby hospital a few years back that women had eggs too. So they could just laugh when men claimed that they gave birth. Women, then, offered their own interpretation of conception. This interpretation was the basis of claims to resources from their offspring. As Mrs Nehanda said, 'I carried my son in my stomach. I cried in pain when I gave birth to him. I clothed and fed him when he was young. I hope that when I get older he will remember all that I have done for him and look after me as a good son should'.

Women used actions, as well as words, to squeeze more resources from their husbands. One woman said when her husband returned from work, but failed to hand over any cash, she would put too much salt in his food. Other women said that they used sex as a bargaining counter when they wanted some extra money or other goods. Women could not refuse outright to sleep with their husband. If they were displeased with their partner, however, they could claim that they were too ill or tired to have sex. Women also utilised the taboo against sleeping with a menstruating woman and claimed that they were bleeding as a means of denying their husband's claimed right to have sex. Women were on relatively safe grounds in employing these strategies because, as one male informant explained, you cannot divorce a woman just because you want to have sex more often than she does. Men were aware, however, that women sometimes used sex as a means of negotiating for material resources. Joshua said that, 'women use sex to try and get whatever they want. Maybe you refuse to buy them something and they say that they don't want to sleep with you that night. Although it's quite natural that women shouldn't want to have sex every night, even men sometimes don't want to have sex. Men know that they can't have sex

with their wife every day. But you have to judge what she says by the situation'.

5.9   Fertility as a negotiating tool

In Mabika, interviews with women indicated that the primary bargaining tool in household negotiations over resources was children. Women viewed children as the glue which held marriages together. While bridewealth formally legitimized a marriage, as discussed above, it was commonly understood that this meant nothing without the birth of a child. The corollary of this understanding was that pregnancy and childbirth could be used as a means of turning a casual relationship into a marriage. Pregnancy, then, as Guyer argues, may provide women with the means of converting an affair into a marriage and ensuring resources for both the woman and her child (Guyer 1994).

In Mabika, there were informal mechanisms to ensure that pregnancy did lead to marriage. This progression from partner to wife, however, depended on men's acknowledgement of their customarily defined conjugal rights. Women explained that if a girl became pregnant before she was married, she was not supposed to tell her parents. She was expected, however, at some stage during her pregnancy, to 'elope'. The girl would secretly go to stay with her lover or his parents. The man could then decide whether or not he 'loved' the girl. If he wished to marry her, he would have to pay 'damages' to the girl's father in recognition of improper conduct . This was a sum that was non-negotiable and non-returnable in the case of divorce. If he didn't 'love' the girl, she could then return to her parents' home. The parents, however, might insist that damages were paid before allowing the girl to return. The man could opt to pay damages anyway, as recognition that

167

he was the father of the child. Such payment meant that, in terms of customary understanding, the father could 'claim' the child at any point up to adulthood. In the past, it was assumed that elopement would, indeed, lead to marriage. As I discuss in the next section, however, the evidence suggests that changing economic conditions have meant that young men are no longer so keen to claim their rights to woman and child. Among younger women, more often than not, elopement led to rejection.

While one child may be enough to initiate a marriage, the dominant values of Ndau pro-natalist culture support the view that a good marriage requires a large family. Most men, according to women, want lots of children in order to 'carry on the name of their clan'. Women insisted that men's desire to have more children was too deeply rooted in Ndau culture to be denied. Some women argued that as men wanted as many children as possible, they must carry on giving birth in order to keep their husband. 'Men want more children than women. I think I will end up having more than three children, I think that he probably wants more than four children. When he has four children he might want more. I am worried that if I stop at four, he could look for another wife'. According to Stembeni, her husband might say that he only wants four children but then, 'he sees that a friend's wife is pregnant and says, "why don't we have another one."'

Men supported, to a certain extent, women's interpretation of their own wants. As one man said, 'Of course, in Ndau culture it is important for men to have children. In the past, men would boast and say "I have fifteen or twenty children" and that would mean that they were very strong. In some cases - like Tom - if he doesn't have another child then people will mock and say maybe he isn't capable. Maybe the others aren't his'. Moreover, some men went on to argue that if a

woman refused to continue having children at any point in their marriage, this would be grounds for divorce. Mr Chiprio, for example, said that, 'if my wife refused to have another child, I would ask the elders what I should do. I would suspect that my wife no longer loved me. She might be worried about the costs of bringing up the children. But in the end - you don't think about support. If she doesn't want to have more children then you are already divorced'. Both men and women agreed, then, that marriage required not just one child, but the ongoing production of children to sustain the relationship.

There are additional material incentives for married women to have more children. Childbirth, apart from increasing a woman's status, also enables her to make claims on particular resources. Women are not entitled to their own kitchen until they have their first child. Women's further entitlement to resources is dependent upon the recognised needs of her children, rather than any needs claims she might make on her own behalf. Access to land and cash is given on the basis that women are working to feed the children of the patrilineage rather than themselves. Apart from subsistence requirements, children's needs for clothing and the husband's obligation to provide are also recognised. As one weary father said, on the impending birth of his fifth child, 'I expect this means my wife will be asking for more nappies and blankets'. In laws were also expected to provide material goods for a newborn baby. It was considered to be a social embarrassment for the family if a baby was presented to the village without a new towel to use as a wrap.

In order to gain access more resources, then, a woman could claim that her children had needs which it was the father's obligation to fulfil. Another recognised obligation of the father was to provide cash for school fees. This was one claim that was acknowledged as giving the wife

priority over her in laws in claims to a husband's remittances. In a few cases a woman and her in laws joined forces to extract money from an errant husband so that school fees could be paid. One woman said that she relied on her brothers in law to squeeze money out of her husband when she needed cash for her children's education.

Women used children's recognised entitlements to make both negative and positive claims to resources. While women made claims to resources on the basis of their needs, they also used the threat not to have any more children as a means of extracting additional support. As Chipo explained, 'when my husband says he wants another child, I say maybe you should think about giving me some more money then. If you want another child you will have to pay for it'. Other women made the point that, in any discussions with their husband about having more children, they stressed the extra cash that would be required for support.

Children's recognised needs, then, could be used by women as a bargaining counter in negotiations over how and when household resources should be spent. As Guyer argues, children have an economic value in terms of the lateral claims they represent, as well as in the possibility of future returns from labour and support (Guyer 1994). Interviews with women in Mabika suggest that such lateral claims were of primary importance in shaping women's reproductive strategies. These claims, however, had to be made in terms of the rights and obligations of the conjugal contract. Women could not claim rights to resources. A woman could instead, as illustrated above, remind her husband of his social and economic obligations through reference to his conjugal rights to fertility and sexuality.

5.10 Economic crisis: conflict and competition for resources

Women also had to compete with their mother in law and her family for access to land and a share of her husband's salary. As outlined in the last chapter, since the introduction of a structural adjustment programme in 1991, prices have spiralled and the value of salaries has decreased. People living in the rural areas say that they are no longer able to afford everyday items such as sugar and soap (Potts and Mutambirwa 1998). As Hellum argues, 'In the present situation of economic crisis and scarcity, women in different generations and classes compete for male providers. This form of competition for resources takes place in the context of coexisting nuclear and extended family obligations' (Hellum 1995).

While wives could make claims to a husband's cash on behalf of their children, their mothers in law could also demand resources on the basis of past care. Such competing claims often led to dispute. Chipo, for example, lived in a house next to her mother in law in the village. Her husband was working as a bus driver and came home every two weeks and provides her with some cash, but never enough to cover the costs of looking after their three children. Her mother in law was a widow with no access to cash herself. Every time Chipo walked past the house, her in laws shouted out and asked her to give them something. 'They always want money from me. As my husband is working, they say, "my child is earning money. You should give me some of it. You must be rich". Now it is difficult even to walk past their house with a loaf of bread without them demanding some of it.' The only solution, as far as Chipo was concerned, was to move to another village.

As women interviewed suggested, the relationship between the bride and the mother in law depended on the stage in the life cycle that the latter has reached. An older mother in law may have passed the zenith of her powers and be more dependent on the support of her offspring. Just as young women complained about their mothers in law, so older women had grievances against their sons' wives. Some widows said that they had been left on their own without any support because their daughters in law prevented their sons from providing the resources that were theirs. After the death of a woman's husband, and the inheritance of any land, there is little material incentive for sons to support their mothers. Elderly widows were dependent upon their son's sense of duty and debt for past care and support as a lever on incoming cash.

Competition over resources often lay at the root of conflicts between a woman and the family of her husband. Disagreements were fought out through gossip and, as discussed in the previous chapter, accusations of witchcraft. Girls were supposed to be instructed before marriage that a good wife should stay quiet and never talk about family matters outside the home. Rosa said that, 'the wife is there to listen to her husband...A good wife must not complain. She must keep quiet every time.' Women, then, were reluctant to discuss their marital problems with friends or neighbours for fear of being labelled as a bad wife. Many women claimed, however, that their mother in law scolded or used gossip as a means of punishing them for disobedience or perceived selfishness. Household tensions and conflicts often spread out into the village. Arguments were exacerbated that the fact that most households in the village were related in some way or another and so neighbours were usually bound to take a particular side in any family dispute.

While most women were cautious about voicing their own problems in front of other women, few

were reluctant to join in when women were talking about someone else. Rumours of witchcraft and prostitution were used instead of direct confrontation. Women's position as outsiders in their husband's home made them particularly vulnerable to accusations of witchcraft. According to Shona belief, women derive their powers from spirits *(mashave)* that are alien to their husband's lineage and thereby threaten the power of their husbands' ancestral spirits *(vadzimu)* (Bourdillon 1991; Schmidt 1992). While men were also vulnerable to accusations, witchcraft disputes usually appeared to be built upon rifts between a woman and her in laws. Accusations and counter accusations spread through the village, sometimes erupting in bouts of violence, but never seemingly resolved. One woman had fallen ill and had gone to see a diviner for an explanation. The nyanga's (traditional healer's) prognosis was that one of her relations by marriage was a witch, The ill woman confronted her daughter in law, who lived in the adjacent homestead, about this accusation. When the daughter in law refused to confess or name the guilty party, the woman attacked her with a machete.

As discussed in the previous chapter, these disputes sometimes touched on deeply rooted, unresolved conflicts which went back to the war years. In one case, a widow returned to Mabika after a period of residence in a nearby town. During the war years, her husband had been a policeman. When the guerrillas found out they came to their homestead and killed him. She fled the village. Agnes had returned, guided, she said, by the voice of her husband. She claimed access to land that was now occupied by her husband's brother, Tom. When Tom's son died from AIDs, the family accused Agnes of causing it through witchcraft [28]. For a time, it looked as if Agnes

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[28] In Shona belief, every death requires explanation beyond the physical and, in many cases, the identification of the individual who has caused it.

would have to flee the village again. But the family took the case to be judged by a nyanga. The nyanga accused Tom of the death. He said that it was Tom who had betrayed his brother to the guerrillas and now he was taking his revenge. Tom was subsequently severely beaten by other members of the family. But this dispute remained unresolved at the time I left Mabika.

5.11   Economic changes and numbers of children

For most women, claiming resources from their husband was a constant battle which caused them a great deal of anguish and hardship. The subject of remittances was one which women found particularly difficult to discuss. One informant came to 'confess', a week after I had interviewed her, that she had lied about her husband's cash contributions to the household because she did not want to slander him. Many women, when interviewed, said that their husband failed to provide cash on a regular basis for school fees or other necessities. Payment of remittances was not straightforwardly related to the man's income. The husband of one woman, for example, had a regular wage from working as a handyman for the local Catholic Church. His wife stated, however, that her husband never gave her a penny. The husband of another woman, in contrast, earned an occasional wage as a casual worker dynamiting mines. She said that her husband gave her money whenever he could. The difference in the condition of these two women's homesteads, and the apparent well-being of their children, stood as evidence of the importance to well being of remittances received.

Table 4: Numbers of children by age of mother

Children age	0	1	2	3	4	5	6	7	8	9	10	11	12
15+	2	3											
20+	5	11	7	4	3								
30+	2		3	6	4	6	5	1	1				
40+			1	2		2	1	1	1	1			
50+							5	3	1		2	1	1
60+	1					4	2	3		1	1	1	2

While Ndau culture remains strongly pro natalist, then, the economic conditions to support large families are being rapidly undermined. With acute land shortage, the benefits of children's labour are becoming increasingly irrelevant and the possibility of long term economic gain from children entering the wage labour force is now outweighed by the short term misery of having to find cash for school fees and other daily essentials (Mazur and Mhloyi 1994; Muhwava 1994). In the past, as older women explained, you had as many children as God granted in the hope that some would survive to help you on the fields and in your old age. Both men and women interviewed agreed, however, that it is no longer economically feasible to have large numbers of children. As one fifty five year old woman explained, 'when I thought of having eight children, the cost of living didn't worry me. As long as I could use my hands in the fields I was alright. In those days the cost of living wasn't so high. People want fewer children these days because they can't afford to keep them. It's not because they have been told that they should have fewer children. Even if people are being told, they wouldn't have listened unless they were experiencing problems.' Another woman told me that it was obvious that, in the past, people wanted lots of children because they hoped that one might look after then when they grew old. These days, however, there was not much chance of your children finding a job and, even if they did, it was unlikely that they would

bother to care for their parents.

Male informants agreed with this view; 'now that we are in the modern world, people should have smaller families because the costs of living are so high. In the time of our forefathers, they thought it was best to have as many children as possible. Then the costs were not so great.' Another man claimed that 'these days, at the beer halls or wherever, some men are saying that they only want three or four children. These are the civilized ones. There are some who are still not civilized and want to carry on having as many children as possible'.

Women, however, refused to believe men when they made these claims to want fewer children. While the 'civilized' man might claim that he only wants four children because of their cost, some women said that, as *women* are the ones who bear the financial burden of child care, these men must be lying. 'Men don't worry so much about the costs of bringing up children. My husband can go for two or three months without seeing the children, whereas I have to make sure every day that they have food and clothes. So I can doubt my husband when he says that he only wants four children because he is worried about the costs of raising children'.

Yet, the evidence suggests that an increasing number of men did not want to father large numbers of children or, indeed, any children at all. One of the indicators of this trend was the number of single mothers living in the village who had been rejected by the biological father of the child. As comparison between tables two and three indicates, there were more women who defined themselves as single than women without a child. Joyce was twenty one with a seven month old baby. She was in love with a policeman, but when she saw that he was not going to ask her to

176

marry him, she slept with a school teacher and found herself pregnant. Joyce could not tell her mother, who she was living with at the time, that she was pregnant because she wasn't married. So one night she eloped without telling anyone and went to stay at the home of the teacher's parents. His father, however, wanted his son to marry another girl who was richer. His parents said to Joyce that they didn't even want to pay damages for the baby, as recognition that their son was the biological father, because everyone knew that she had another boyfriend so they couldn't be sure that the child was related to them. When the baby was born, however, everyone could tell from the way he looked that the baby was, indeed the son of the teacher. But this made no difference. The teacher's parents didn't want him to marry her and he, himself, did not protest against their decision. So, now Joyce was staying with an aunt and looking after the baby herself. Her mother didn't want to take her back unless damages were paid.

Patricia was twenty three years old. She had just given birth to a boy. ' When I got pregnant I didn't tell my parents. Then at five months I went to stay with the father of my husband[29] in Bulawayo. But he said that if his son didn't love me, I couldn't stay. In Bulawayo it cost ZWD 200 to register for maternity care. The husband refused to pay. So I didn't register until eight months when I returned to my parents' house. I planned the pregnancy with the husband. When he knew that I was pregnant, he told me to go home and said that he would send some money so that I could rejoin him. But he never sent the money. So I just stayed with my parents until I decided to go to his father's place. Then he said that he wanted to marry someone better than me...Men no longer want to marry. My parents didn't say anything because they know about these

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[29] The interview was conducted in English and husband was the term used by the informant.

problems. Their eldest son has two children by two different women but he doesn't want to marry. Nowadays it's very difficult to marry. Men know that women want to get married. But men can have lots of girlfriends and marry any woman. If a man says that he'll marry you, you want to believe him. I thought that when I had child, he would marry me. Then you find out that it isn't true.'

The composition of households in the village mirrored these changes. Mrs Muchuro gave birth to eight children, all of whom are still alive. Six of these were the children of her husband, Peter. After her husband died, she left the area and her children stayed with her parents in law. After this, she had two more children with different men. But then she became ill, so she returned to Mabika and was better as soon as she entered the Muchuro compound. Her in laws said that her husband was calling her back to look after their children. So she became head of a household of eleven, including herself, but does not have any access to irrigated land. Five of her own children, the last of which was born in 1984, were staying with her.Mrs Muchuro also looks after her sister's daughter, because her sister was not married when she gave birth, as well as four grandchildren from two of her daughters. They were also unmarried when they gave birth, and the fathers did not claim the children. Both have subsequently married and in neither case did the husband want to look after children that were not theirs. Mrs Muchuro was prepared to look after her grandchildren because she was afraid that otherwise her daughters might not be able to marry.

These shifting patterns of dependence and responsibility were also reflected in sex preferences in children. Older women generally stated that it was best to give birth to a boy. They would not have been happy without providing a boy to carry on the family name. Men, of all ages confirmed

178

this view arguing that boys were required to carry on the family name. One male informant, however, with four boys said that, 'I want a girl now, because a girl will bring a son in law into the family - and lobola. But these days, you can't be too sure with girls - maybe they will run off into town and never get married. It is better to have one girl rather than two. If you have two, then they will talk to each other and run off together'. Some women also thought that it was better to give birth to girls. As one woman observed, 'in the past, girls always left home to get married and the boys brought their wives in. But these days things are not so certain and maybe the girls go away, but then they come back. Nowadays, it is more likely that the girls will help you when you are old'. A number of younger women, then, thought that it was better to give birth to girls rather than boys.

A further indication of the effects of changing economic pressures on claims to marital rights could be found in patterns of child custody following divorce and death of the parents. While women stated that men always claimed their right to children from a marriage, in practice the issue of guardianship was not always clear cut. In reality economic rationality played as much part as either custom or formal legislation. In the cases of the two male divorcees, guardianship had followed the patrilineal rule and both men were living with their children. Of the two female divorcees who gave birth, the children of the oldest had gone with the father. The younger woman had a civil marriage and was able to claim guardianship of the children through the community court. Her husband, however, had not disputed the case because he did not want the financial responsibility of looking after them. In one case where the father of two young children died suddenly, the paternal family wanted the parents of the mother to come and claim both the widow and her children. In another case, the paternal family were resisting the request of their

179

widowed daughter in law to take responsibility for their grand-child. The grandmother explained that while her husband thought that they should become guardians to the child, he also felt that accepting this responsibility would lead to financial claims from both the daughter in law and the grandchild which they did not want to meet.

In Mabika, then, the right of the paternal clan to their offspring is strongly proclaimed by both men and women. But economic realities provide weak reason for men to see through those claims. Whereas in the past families might have been keen to claim the children of their sons in order to benefit from their labour and potential earnings, these days young women are keen to press men and their families to acknowledge paternity in order to make claims on their resources.

5.12   Conclusion

In Mabika, as women have few independent means of subsistence, they must find a husband in order to survive. The dominant understanding of the customary 'conjugal contract' is that marriage provides the groom with rights to a bride's sexuality, labour and fertility. The corollary of men's rights, however, is the duty to provide access to resources for their wife and children. Once a woman is married, then, she may bargain for resources within the terms of the marital agreement. Women's primary tool in this bargaining process is children and their recognised needs to subsistence and education. Women's claim to economic support exist as a corollary to men's declaration of rights in fertility. Consequently, women cannot allow men to be anything other than traditionalists if they want to survive. Women must give up claims to rights over fertility in order to gain access to material well being and support. When women claim that 'men

180

always want more children to carry on the name of their clan', this is as much a statement about the social order that women want as it is an indication of their perceptions of the concrete reality of gender relations. In Mabika, it was often women who were pushing men to acknowledge their rights to these children and, concomitantly, their obligation to provide for them. The evidence suggested, however, that in an increasing number of cases women's reproductive strategies were no longer working. A number of women were left to shoulder the costs of child rearing by themselves. In the next three chapters I examine the values and reproductive rights supported in the policies of the Zimbabwe National Family Planning Council and discuss the impact of this discourse on women's reproductive strategies.

Chapter 6

Family Planning Services: The Politics Of Reproductive Rights In Zimbabwe

6.1   Introduction

In this chapter, I examine the historical development of concepts of reproductive rights and needs

embedded in the policies and programmes of the Rhodesian Family Planning Association (FPA)

and its successor, the Zimbabwe National Family Planning Council (ZNFPC). As I set out in

chapter four, in general women are defined as the dependants of men by Zimbabwean institutions

of citizenship. This, in turn, shapes gender relations in the household. In the last chapter, I argued

that, in Mabika, men's rights to fertility are central to understandings of the conjugal contract.

In contrast , in the ZNFPC's policies and programmes, the independent rights of women to

control their own fertility are recognised. The concepts of reproductive rights adopted by the

ZNFPC, however, are not straightforward. In this chapter the development of, and contradictions

within, ZNFPC policies and programmes are examined.

I argue that, in its policies and programmes, the FPA interpreted definitions of reproductive rights

to mean that public bodies should have authority over reproductive decision making through the

supply of contraceptives to the female population. This interpretation was fiercely contested by

nationalist groups and rural male elders alike and, ultimately, contributed both to the demise of

Smith's regime and the dismantlement of the FPA itself. The post Independence government,

rather than dropping the issue of family planning, developed a more complex, if not contradictory,

concept of reproductive rights. The ZNFPC has maintained the definition of reproductive rights

as being met by the state provision of contraceptives. But, in contrast to the FPA, the ZNFPC has adopted definitions of the standards of service provision set out in Cairo, as discussed in the theoretical chapter. These are defined as 'client rights' and displayed on posters in ZNFPC and Ministry of Health clinics. The ZNFPC, then, has incorporated ideas about women's rights to reproductive self-determination in relation to state workers. It has not, however, clearly adopted concepts defined in Beijing about women's right to reproductive and sexual self determination in all relationships. Policy and programme documentation indicates that the ZNFPC has reinforced the idea that, in the private sphere, it should be men who have authority over reproductive decision making. While women, then, are accorded reproductive rights and health needs in relation to the public sphere, it is men who are vested with reproductive rights in the private.

This chapter starts with a review of relevant discussion concerning development discourse, policy, bureaucracy and the state. I then provide an analysis of the policies, structures and programmes of first, the FPA and second the ZNFPC. In both cases, I discuss mechanisms for local level participation given in policies and programmes. In the next chapter, I will discuss how the ZNFPC's definitions of reproductive rights are implemented through the practices of local level health workers in Mabika. I will further discuss the impact of local level participation on those practices.

6.2   Gender, policy and bureaucracy

As discussed in the theoretical chapter, Fraser argues that groups or individuals make claims for resources in terms of recognised idioms, or 'talk' including interests, needs and rights talk.

Political contests are not just about the fulfilment of these claims, but are also concerned with their definition and interpretation (Fraser 1989). Policy making organisations, and policy processes, are central sites for rights and needs talk and, thus, for struggles over the definition, interpretation and implementation of rights and needs.

Analysis of the interpretation and implementation of rights, then, requires attention to debates about the nature of policy and policy making processes. Until recently, policy analysis has been dominated by rationalist approaches. From this perspective, policy is viewed as the top-down instrument of government. This conceptualisation is based on the assumption that the government can direct the action of individuals towards given ends (Shore and Wright 1997). Policy, then, is about the supposed efficient allocation of goods and services, with bureaucrats implementing and citizens responding to policy in regular and predictable ways. However, as Moser, among others, has observed, there is often a great deal of difference between policy and practice, particularly in the case of gender projects (Moser 1993). In reality, the outcomes of programmes and projects are rarely as predicted (Mosse and others 1998). Such observations have provided a challenge to the rationalist conception of policy and led to its replacement with approaches which analyse the complexity of policy processes. From this more recent perspective, policy can be understood as an evolving product of contests between different actors. As Wuyts *et al* suggest, policy can be conceptualised as a social process (Wuyts and others 1992).

Analyses of policy processes have defined policy in the broadest possible terms.Shore and Wright, for example, suggest that policy may be found in the written documents of an organisation, embedded in the institutional mechanisms or in processes of decision making and service delivery

184

(Shore and Wright 1997). Wuyts *et al* define policy as 'purposive actions undertaken by the state (governments and their employees), or by other institutions (such as voluntary organisations), with an avowedly public purpose' (Wuyts and others 1992:2). Their definition of policy incorporates all outputs of policy making organisations from policy documents to project plans and the actual practice of implementation. For the purposes of analysis, however, it is useful to distinguish a number of separate, but inter related, outputs of the policy process. Official definitions of policy usually exist in written form as strategic statements, regulations or laws. These are generally implemented in the form of particular programmes or projects (Holland and Blackburn 1998). Programme and project documents offer an insight into interpretation of policies and the proposed means by which policy objectives will be met. It is also necessary, however, to look at the practice and concrete reality of policy implementation. It is possible, then, to identify three outputs or 'moments' in the policy process: policy, programmes and practice. For the purposes of analysis, these can be related to Fraser's identification of definition, interpretation and implementation as three moments in struggles over rights and needs.

As Wuyts *et al* argue, if policy is conceptualised as a social process, then clearly the nature of policy making institutions is important (Wuyts and others 1992). Whereas the rationalist approach assumes that organisations implement policy as instructed, the social process concept of policy implies that the structure and practices of implementing organisations will shape outcomes. As Goetz argues, organisations are themselves embedded in the institutional context of the environment in which they operate [30]. Individual organisations are not insulated from this

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[30]Following North, a distinction is made here between institutions as rules and organisations as players (North, 1990).

185

environment and may conform to the particular institutional constructions within which they evolve in terms of their structures, practices and agents. Apparently neutral, rational bureaucracies are, in reality, gendered. Gendered outcomes of state actions are not necessarily the products of directed intentional action but, as Goetz argues, the inadvertent products of organisations' historical embeddedness. Nonetheless, it is not necessarily possible to directly read off organisational structure and practice from the broader institutional context, as organisations have their own history and internally defined institutions. Policy definition, interpretation and implementation, then, are shaped both by the history of particular organisations and the broader institutional context in which they operate (Goetz 1995).

Examination of policy processes, then, raises questions about 'development discourse'. Writers, such as Ferguson and Escobar, have suggested that 'development' takes place through the interpretive grid of a northern originating discourse which defines all southern peoples as one homogeneous 'other' (Escobar 1995; Ferguson 1994). As Grillo argues, the idea of a western 'development gaze' assumes a monolithic, single voiced enterprise heavily controlled from the top. This, as Grillo suggests, is undermined by the reality of a multiplicity of development organisations, perspectives and discourses (Grillo and Stirrat 1998). As the discussion on policy processes above illustrates, however, the assumption of a unitary 'development discourse' also denies the agency of actors, and political process through which policy is formulated, interpreted and implemented at national levels and below. Indeed, much writing on development discourse appears to ignore the existence of the state altogether. As outlined above, discourses originating in the international arena are re-interpreted through national level political processes. The incorporation of international discourses into national policies and programmes, then, does not

transform the state into something other than the collection of competing organisations, interests and practices defined by Pringle and Watson (Pringle and Watson 1992).

6.3   FPA:Official policy

In this section I examine the historical origins of present day ZNFPC family planning programmes in the official policy content, structures of organisation and practice of the FPA. Analysis of policy content is based on official written documents, such as annual reports and information sheets, produced by the FPA. Further information has been obtained from unpublished historical accounts of the organisation. I argue that the programmes and practices of the FPA prioritised what was defined as the need of Rhodesian society to reduce fertility levels among the African population. Official policies used the language of rights but vested this right in the state rather than individuals. In practice the FPA challenged the 'traditional' idea of male authority over reproductive decision making through the direct supply of contraceptives to women with or without their husband's consent. The FPA justified their practice through reference to what they defined as women's need for contraception.

The impetus for the initiation of a family planning organisation in Rhodesia came largely from international rather than national sources. In 1957, Edith Gates of the American Pathfinder Fund, an organisation concerned with the reduction of fertility in Third World, persuaded a number of white Rhodesians in Bulawayo to form a committee to promote family planning services for Africans. The personal account of Paddy Spilhaus, a founder member and leading figure in the FPA, illustrates the initial difference in values between Rhodesian colonials and international

187

population campaigners. Spilhaus records that 'the first time the committee met we were, with one exception, completely bewildered. Mr E. Whitaker, the very nice young man who had been elected chairman, vaguely believed that Family Planning was something to do with Marriage Guidance and when he heard what the proposed activities were, had to be practically chained to the Chair...The Treasurer of the committee, the only one who knew anything about the subject, was Sister Joyce Wickstead, who had just returned from a holiday in England during which she had done a nurse's course in Family Planning and obtained a diploma in the subject' (Spilhaus 1980:7).

The Bulawayo Committee, then, was initially shocked by the idea of the public promotion of family planning. This outrage, however, was as much to do with the fact that the Pathfinder Fund wanted to provide family planning services to the African population as with opposition to the idea of contraception per se. It is noted in official documents of the FPA that 'many Europeans [in Rhodesia] already practised family planning - for Europeans have known about family planning for many years - and went to their own doctors'. (Family Planning Association of Rhodesia 1967:12). Further consternation was caused by the figure of Edith Gates herself. As Spilhaus records, the early European audiences of Ms Gates 'wondered how an unmarried lady knew so much about such things' (Spilhaus 1980:7). The Rhodesian reaction to the ideas of the Pathfinder Fund, then, was predicated upon a particular model of hierarchical gender and race relations. Opposition to the activities of the Bulawayo Committee came both from the general public and government health officials. The latter made it clear that municipal clinics could not be used for the distribution of contraceptives and information about family planning to Africans (Spilhaus 1980).

Spilhaus, however, inspired and informed by the Pathfinder Fund via Edith Gates, became convinced of the necessity for the introduction of family planning to the African population. The rationale for this was defined not in terms of the needs of Africans, but rather those of white Rhodesian society. 'I realised that the rapidly increasing growth rate of the [African] population was creating serious problems for the future. It was the state which would have to provide the necessities of life if the parents could not. Among the information I found the frightening statement that the highest rates of increase in the rate of population growth was in the countries which could least afford it, particularly in Africa...I thought I must try and get more Europeans to take an active interest in the work of the Association and wrote a paper on Population and Land Planning' (Spilhaus 1980:35-36).

While Spilhaus came to agree with Gates' view, and that of the international family planning movement, of the 'need' for the African population to use contraceptives, there was disagreement over the extent to which Africans themselves might recognise this need. Spilhaus notes that Gates was confident that 'they [Africans] would be grateful to be taught family planning and everything would be easy' (Spilhaus 1980:7). Spilhaus had a different view based on the colonial model of race and gender relations. 'She [Gates] would not accept that there was antagonism among the African men and the women were afraid to do anything without the approval of their husbands. She would not believe that family planning was completely contrary to African customs which demanded that every good wife should have at least 6 healthy children, nor that a sterile wife could be discarded and sent back to her family. She just urged us to make more effort' (Spilhaus 1980:12).

Gates' view, then, was that contraceptive use among the African population could be increased simply by the provision of information on contraception and the appropriate technology. Spilhaus, however, believed the task was more complex. Training materials of the FPA indicate that, from the Rhodesian point of view, increased use of contraceptives among the African population required the inculcating of good 'family values'. As the 'Notebook for Field Workers' explains, 'family planning means trying to be sure there is a balance between the size of the family and the amount of resources, by planning the number of children and the intervals between them. Children need: healthy parents; a happy family life; good training, including moral and religious training and education; tidy clean homes in neat communities' (Family Planning Association of Rhodesia 1967:5). In the eyes of the FPA, the issue of family planning was inseparable from morality, cleanliness happiness and, most importantly, economic self sufficiency. A good family was one which did not burden the state. The policies of the FPA, then, can be seen as part of a set of discourses, discussed in chapter three, concerning relations between the state, colonial capital and the African labourer and who should bear the costs of the reproduction of the African labour force. The FPA policies were based firmly on the assumption that it should be African families.

The essence of this message was further embedded in the FPA's use of the language of rights. The first FPA Hand book for fieldworkers contains the declaration that 'it is basic right of every human being to have knowledge of Family Planning and access to supplies and medical help so that they can, if they wish, plan the size of their families according to the means they have to bring them up properly' (Family Planning Association of Rhodesia 1967:5). The right to family planning, then, in the eyes of the FPA was not automatic but dependent upon economic self-

sufficiency. In effect, the FPA's interpretation of reproductive rights referred to the perceived needs of white Rhodesian society to be free of the costs of African labour, rather than any definition of the needs of African individuals. Read in this context, the FPA's use of the language of rights can be seen as an example of what Comaroff describes as the colonial manipulation of discourses of modernity in order to shape reality to its material advantage (Comaroff 1997). The FPA's stated policy also provided a foretaste of the wording of the Teheran Declaration, discussed in the theoretical chapter, of the following year. Seen in this international context the FPA's policy can also be read, as Freedman argues of the Teheran Declaration, as a declaration of intent to provide contraception regardless of people's own wishes and wants (Freedman and Isaacs 1993).

Initially, the FPA's model of gender relations was based on the ideal of the African family defined in colonial customary law. If economic self-sufficiency of African families was one of the founding principles of the FPA, then its official targets had to be the designated family head. As the Note Book for Field Workers explained, 'the family is the basic unit of society. It usually consists of a father and mother and their children and others who are dependent on the earning capacity of the working members of the family. This is most often the father.' As perceived breadwinner, then, it was the ultimately the father's responsibility to ensure that 'there is a balance between the size of the family and the amount of resources, by planning the number of children and the intervals.' (Family Planning Association of Rhodesia 1967:10). In terms of initial FPA policy, then, the main aim was not so much one of challenging perceived male authority over women's fertility but instead trying to ensure that men exercised that power in a supposedly responsible manner. Spilhaus notes that, from its early days, the FPA was aware of the necessity

191

to 'educate and motivate' the male population 'if any progress was to be made at all'. (Spilhaus 1980:12). Consequently, the FPA directed a large part of its education programme at a male audience, presenting speakers and films to the workers at mines, farms and factories. Their aim was to instruct African men in the FPA's version of family economics and encourage them to allow their wives to use contraceptives. (Family Planning Association of Rhodesia 1967). In its early days, the official education programme of the FPA reinforced rather than challenged the dominant model of male authority generally promoted in state-backed programmes for the rural areas.

While 'motivation' programmes, however, addressed men's rights and responsibilities, new contraceptive technologies were being developed to be taken by women. As one member observed in an account of the organisation, although it might be 'unwise in Africa' to ignore men's role in reproductive decision making, 'nevertheless, in medical circles the use of hormonal contraception by females is regarded as the best measure of family planning practice' (Castle 1978) (p44). The gendered nature of contraceptive technology required the FPA, in practice, to address women directly. During the latter part of the sixties, as the FPA moved from 'motivation' to distribution, a second strand of policy began to emerge. This focused on definitions of the needs of women. Spilhaus records a speech to the wives of some farm employees, during which she told them that women who had too many children and women who had children too quickly were faced with serious health problems (Spilhaus 1980:14). Moreover, healthy children 'needed' healthy mothers (Family Planning Association of Rhodesia 1967).The solution to these FPA-defined health needs of women and children, was to take contraception.

While in Rhodesian institutions, as outlined in chapter three, women were generally identified as dependants of the male head of the household, the FPA's evolving policies included the idea of women as having independent needs. This conceptualisation, in turn, necessitated the development of programmes which directly addressed the needs defined. If women's 'need' for contraception was to be met, the FPA had to provide family planning services in the places where they assumed, or hoped, women resided - the Tribal Trust Lands. Here, then, was the rationale for the initiation of a community based distribution service. As a later account stated, 'the need for wider diffusion of services is dictated by....the belief that the rural African woman may not travel more than 8-10kms to obtain preventive medicine' (Castle 1978:48).

6.4   Organisational structures

As outlined above, initially the 'motivation' programme addressed the FPA's interpretation of reproductive rights as being vested in men. The structure and practice of the organisation, however, reflected the FPA's intention to directly target women as users of contraception. In addressing women directly rather than through male relatives, it embodied an alternative model of gender relations to that embedded in mainstream state programmes. Nonetheless,this was not a model of gender relations which, in practice, recognised African women's autonomy. Rather, it was one which assumed that women's reproductive decisions should be directed by organisations such as the FPA.

The Rhodesian general public, however, remained averse to the idea of African women using contraceptives. One woman interviewed in Mabika recalled that she used to get the contraceptive

pill from the wife of the boss at the plantation where her husband worked. Once, when she ran out of pills and Mrs Stewart wasn't there, she went to a chemist in town and asked whether she could have some more. But the European woman in the pharmacy refused to give them to her. She said it was illegal for African women to have the pill and that using the pill was against African traditions. Members of the public, then, perceived the FPA's work to be contrary to the idea of 'African custom' on which the Rhodesian system of indirect rule, as discussed in chapter three, was constructed. Public disapproval, however, did not deter the organisation.

While the FPA was keen to promote the 'community' aspects of its programmes it was, in reality, dependent upon a pyramidical structure built on social rankings defined by gender, race and class. As already described, the original committee, set up in Bulawayo, was comprised entirely of white Rhodesians. Similar committees were soon formed in Salisbury, Umtali, Mazoe and Hartley. In 1964 a national association was inaugurated and a governing Board appointed. Annual Reports indicate that, throughout the existence of the FPA, the majority of the Board members were white and male. Below the Board there were a number of middle management staff, clinical and non-clinical, most of whom were white women (Family Planning Association of Rhodesia 1974). Further expansion plans, however, were hampered by apartheid regulations which prevented Europeans from setting up clinics in the African areas and Africans from attending clinics in European areas (Spilhaus 1980). The FPA initially avoided these restrictions by identifying white – run commercial organisations, which employed large numbers of African migrant labourers, as locations for setting up clinics and distributing contraceptives. The FPA chose 'organisations who allowed the Association to introduce itself and work within a community. Organisations such as Triangle Limited, Wankie Colliery, Hippo Valley Estates, Rhodesian Iron and Steel Corporation,

194

Imperial Tobacco, the Chisambanje and Katiyo Estates' (Family Planning Association of Rhodesia 1978:44). In the area in which Mabika was situated, the FPA also initiated a Farm Family Planning Scheme with the objective of using white farm owners as a distribution point for contraceptives to their employees (Umtali Post 1978).

When the use of local industries failed to gain the desired results in terms of numbers of new 'acceptors', the FPA initiated the Field Educator programme as a means of spreading its message to the Tribal Trust Lands. An FPA member described the growth of the programme as follows: 'the move has been progressively towards establishing a work force that is part of the community it is to serve. It has been a methodical approach towards employing staff who can equate, in most of the social facets, with the people in the area in which they work' (Family Planning Association of Rhodesia 1978:8). Whatever the FPA's intentions, however, their selection criteria ensured that their workers would have to come from the rural elite. The Field Educators had to be between the ages of 28 and 40. 'Both men and women had to be married for obvious reasons, and with smallish families and prepared to accept the teaching of family planning and keep them small. The standard of education best suited to this work is between standard VI and Standard VIII (8-10 years' schooling)' (Spilhaus 1980:101). The Field Educators were further symbolically marked out from the communities in which they worked by the accoutrements of their employment. 'At the end of the month, a written examination was done, and if this was satisfactory, the trainee was accepted and a contract signed. They were fitted out with a bicycle, a white uniform, a brief-case containing literature of various levels and a record book and assigned to different areas' (Spilhaus 1980:104). The FPA's programme of community outreach and integration, then, utilized and accentuated social divisions.

In the early years of the programme, the majority of the Field Educators were men. This can partly be seen as a product of the FPA's early emphasis, outlined above, on promoting women's uptake of contraceptives through their husbands. Nonetheless, it was also undoubtedly a reflection of the fact that, as discussed in chapter four, women were simply not considered employable on a formal basis. As the programme expanded, however, and the FPA moved from 'motivation' to the distribution of contraceptives, the advantages of a 'woman to woman' approach were recognised. Gradually African women were allowed in at the bottom end of the hierarchy. Male employees, meanwhile, were shifted upwards to the newly created grade of Field Educator Supervisor (Family Planning Association of Rhodesia 1974). The FPA's objective to reduce fertility, using female contraceptives, necessitated both the recognition of women independently from their male relatives, through the definition of women's health 'needs', and the construction of an organisation which, in practice, could target women rather than their husbands.

6.5   Programmes and Practice

The change in the gendered patterns of the FPA's employment practices thus marked their evolution away from simple 'motivation' to the distribution of contraceptives and, concomitantly, a shift in emphasis from definitions of the rights of men to the needs of women. This modification in the FPA's approach to gender relations was precipitated, as indicated above, by the nature of new contraceptive technologies. The IUD and, more significantly, the pill, marked, in the eyes of the FPA, exciting possibilities in the arena of fertility reduction. By the early sixties, the predominant FPA view was that men could not be persuaded to use condoms and that the 'safe period' was too complicated for Africans.Male methods of contraception were, subsequently,

only promoted as a means of STD prevention (Spilhaus 1980). Moreover, a number of chemical companies were keen to provide their latest products to the FPA for testing. The range of contraceptives made available by the FPA was determined by the intersection of the views of its Rhodesian management, international family planning experts and western pharmaceutical companies.

International condemnation of the Smith regime meant that, while a number of population organizations continued to provide the FPA with guidance, there was little open support or financial commitment. While members of the International Planned Parenthood Federation (IPPF), for example, made numerous support visits to Rhodesia, the FPA was not allowed to affiliate to the umbrella organisation. Organisations concerned with population issues and chemical companies, however, were willing to supply the FPA with newly produced contraceptives. In the early years, the FPA only supplied Volpor foaming tablets. Then in 1960 the Pathfinder Fund asked the FPA to take part in a research project on the IUD. The technology was deemed to be suitable for an African population because it required little maintenance by the user: 'this was a new method of birth control and it was hoped that it would be the answer in those countries where literacy was low. The necessary loops and inserters would be sent to us free of charge if we would agree to keep a record of each patient done' (Spilhaus 1980:65). As Spilhaus observes, the IUD resulted in a number of side effects including rejection, pain and bleeding. Nonetheless, her interpretation of women's reluctance to use the IUD is one which stresses their supposed irrationality. 'We found that although many of our patients would have been delighted to have a method of family planning that did not cost them anything....it was in the shape of a double S and they said they did not want to have a "snake" inside them' (Spilhaus

1980:57).

In 1961, the pill arrived on the scene. This was, according to Spilhaus, the turning point of the FPA's fortunes. Chemical companies were keen to use Africa as a testing ground for their new technology and, in fact, the pill was made available in Rhodesia before it appeared in the UK. As Spilhaus recounts, 'the pharmaceutical companies were endlessly helpful in supplying us with pills at very special clinic prices, sometimes paying for some of our literature to be printed, and not least of all, cheering us when we became despondent ' (Spilhaus 1980:30). 'As each new pill appeared on the market, the agent would appear and offer a free supply of pills for a limited period, if a report was given on its effects and acceptance' (Spilhaus 1980:161). Similarly, in 1969 when Depo first appeared, the FPA received supplies to test. Spilhaus recalls that 'a new method of injecting the contraceptive into the patient came onto the market...and we were given supplies to do a trial with it. The effect lasted 3 months and so was much easier than remembering to take pills.. It was called Depo-Provera' (Spilhaus 1980:157). The FPA thus acted as a vehicle through which contraceptive manufacturers could test their products on a non Western population.

The pill was, increasingly, distributed through the community based programme. By 1980 the FPA employed a field force of two hundred and forty six. Of these, twenty eight supplied Depo and one hundred and eighty six distributed oral contraceptives while thirty two acted only as 'motivators' (Family Planning Association of Rhodesia, 1979/80).. Information from the FPA's own reports and manuals suggest that, while Educators were considered able to administer contraceptives, they were not seen as fit to disseminate information about those technologies.

198

Those selected to be Field Educators were given a month's training, which was tailored to what the management of the FPA considered to be a sufficiently low level for both educators and those to be educated. A 1977 review of the FPA's training notes that 'the essential job of the Field Educators is to extend family planning. Training content must be based firmly on this policy, and other aspects such as nutrition and budgeting must be regarded as purely supportive to the main task. Considering the type of Field Educator which is appropriate for the extension of family planning, any additional burden of expertise is likely to prove detrimental.' It is further observed that, 'handouts such as "menstrual cycle" and "ante-natal care" or "post-natal care" are likely to be confusing to Field Educators' (Hancock 1977:7).

Detailed information about contraception was further minimised on the grounds that Africans would not be able to understand it. Field Educators were taught that, 'it is important to realize that levels of intelligence vary a great deal from person to person. They (Field Educators) must make sure that they are talking in such a way that they can be understood, however low the level of intelligence' (Family Planning Association of Rhodesia 1967:1). Spilhaus recounts that the first information film produced by the FPA, was called 'Methods of Family Planning' and explained contraception in a simple way. 'We omitted the pill, thinking it was too difficult to explain...We added a postscript to this film which could be shown to more intelligent groups but stopped where it was not suitable. This explained male and female sterilization as a method of family planning' (Spilhaus 1980:37-38). The community based programme, then, was primarily geared to the top-down distribution of contraceptives, and particularly the pill. The practices of the FPA suggested that concern with women's health was minimal.

The FPA reported that by 1980 they had encouraged two hundred and forty four thousand women to 'accept' contraceptives through its community based programme and clinics (Family Planning Association of Rhodesia, 1979/80). Whatever the methods the FPA employed, these figures suggest that there was a demand among African, as I will discuss in chapter eight, for some means of controlling their own fertility. The disregard of the FPA, however, for women's health and safety meant that the organisation's practices were depriving women of control of their own bodies rather than enabling it.

6.6   The government take over the FPA

It was on the issue of the distribution of untested drugs to an ill-informed African population that the FPA, or at least its Rhodesian staff, met its downfall. The Rhodesian government had initially been opposed to the activities of the FPA. In June 1960 the Minister of Social Welfare, Mr A. E. Abrahamson, announced that the Rhodesian government did not intend to make family planning available in all areas. He argued that Europeans already had access to information and services and that Africans either did not want or should not have family planning (Castle 1978). Following Smith's declaration of UDI in 1965, however, the government changed its stance on the matter. The FPA had originally raised money from a mixture of cake sales, donations from copper mining companies and the Rhodesian State Lotteries. Medical support had been harder to find as few doctors had any knowledge of family planning let alone willingness to supply contraceptives. As the government and Bulawayo municipality, the site of the first FPA committee, had refused use of their facilities, the organisers initially set up clinics in sympathisers' houses. But in 1965 the government agreed to provide the FPA with a grant of £150, and the Secretary of Health

confirmed that Government Medical Officers would be given permission to insert IUDs [31]. By the 1970s, contraceptives were available through most Local Government-run African clinics, where treatment was free but supplies, although subsidized, had to be bought. The FPA had also, by this time, set up a number of its own clinics (Family Planning Association of Rhodesia 1976).

The growing involvement of the government, however, placed the issue of family planning firmly in the highly charged arena of nationalist politics. Not surprisingly, nationalists questioned the motives of the Smith regime's interest in contraception. While, on the one hand, the government adopted a policy of financial incentives for white immigrants, on the other the Minister of Health suggested that there should be increased medical charges and school fees for those Africans who did not limit their family size (Spilhaus 1980). The government's backing and financial support for the FPA stood in marked contrast to its concern with African health services in general. The medical system in pre-independent Zimbabwe was designed to meet the needs of the privileged minority. While the state-subsidized health services for white Rhodesians matched anything available in the industrialized countries, provision for the rural poor was minimal (Manga 1988). Inequalities in provision, among other disparities in resources, were reflected in mortality figures. At Independence the infant mortality rate for Rhodesians was 14 per 1000 in comparison to 120 per 1000 for Africans (Loewenson and Sanders 1988). However, while such statistics may have provided more substantive evidence of the negative effects of Rhodesian policies on the black population, nationalist activists chose to focus its political fire on family planning.

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[31] Formal health care was, and still is, provided by a number of overlapping and uncoordinated organisations: the Ministry of Health, municipal and local governments, missions, industrial medical services and the private sector (Manga, 1988).

Smith's support for contraception was interpreted as an attempt to contain a demographic threat to white political supremacy. This view was supported by reports that Smith was waging a coercive campaign to enforce family planning, with Africans being made to attend meetings where both psychological pressure and outright intimidation were used to make them accept the pill (Zimbabwe News 1967). Furthermore, there were suggestions that the FPA was using injectables and female tubal ligations without women's knowledge or consent (Zinanga 1992). In response, ZAPU proclaimed that 'our ultimate victory is assured by our political organization and ensured by our rising birthrates' (Zimbabwe News 1970). During the war years, Field Educators and mobile clinics became a target for guerrilla attack (Family Planning Association of Rhodesia 1980:1). Moreover, traditional chiefs, generally relied upon to support the Smith regime, also joined in the public battle over contraception, claiming that they had lost control of their wives and daughters because the government had given them pills (Zinanga 1992). The primary bone of contention then, was whether the FPA or husbands and fathers should have control over reproductive decision making. There was little concern, in any camp, with women's bodily integrity or self-determination.

By the time that Independence was declared family planning had, at least in the domain of public politics, been thoroughly discredited.Rather than dismantling the FPA and its family planning programme, however, the new Ministry of Health took the organisation on board. The take-over came after the mass resignation of the FPA's management as a result of a ban on Depo Provera. The ban was announced in July 1981 by the Minister of Health, Dr Herbert Ushewokonze. Dr Naomi Nhiwitiwa, the Deputy Minister of Community Development and Women's Affairs, explained that Zimbabwean women had been taking the drug without questioning the possible

side effects and that, consequently, the ban was necessary to protect them (Umtali Post 1981).

The FPA's Annual Report of 1980/81 records that 'towards the end of June the Association received a letter from the Secretary for Health which stated: 'My Minister has directed me that Depo-Provera will be discontinued and withdrawn from use for the time being.' The Ministry may regulate what drugs are used within its own health services, but it may not arrogate to itself the function of the Drugs Control Council in determining what drugs may and may not be used in Zimbabwe outside these confines.' (Family Planning Association of Rhodesia 1981:5). The subsequent resignation of the Board led to the Government taking control of the organisation under the new name of the Child Spacing and Family Planning Organisation (CSFPO) in September 1981.

6.7   ZNFPC - policies and programmes

The CSFPO, keen to disassociate itself from the activities of its predecessor, stressed its concern for the rights of its clients. In September 1981 it was announced that 'the newly independent Government of Zimbabwe took control of the Family Planning Association, in order to have direct influence over the Association's policy, to better integrate family planning services into health and development and to give the services an African perspective. The Family Planning Association's activities were to be revamped so as to achieve maximum balance between respect for individual rights and needs and the overall good of society' (ZNFPC 1983:1).

In the immediate post Independence days, the policy emphasis was primarily on needs rather than rights. As indicated above, the FPA drew upon, to a limited extent, definitions of women's health

needs as a justification for contraceptive distribution in official documents. The CSFPO, however, made this their explicit and primary rationale for a family planning programme. It was used to explain both the integration of contraceptive delivery services with health care provision and the continuation of a separate family planning programme. It is stated in the first report of the organisation that, 'the principal causes of morbidity and mortality in women are those related to malnutrition and child bearing...the Ministry of Health delivers Child Spacing Services as part of the health services that must be provided for the nation. However, due to the complexity, enormity and urgency of the problems, the Zimbabwe Government has established the Child Spacing and Family Planning Council under the Ministry of Health to concentrate on these issues... The Government sees child spacing as necessary for the improvement of maternal and child health' (ZNFPC 1983:1). In contrast to the FPA, then, the CSFPO argued that women's health 'needs' could be met by increasing the gap between children rather than reducing the total number. Moreover, whereas the FPA had defined the 'needs' of society as being met by the reduction of fertility, the CSPFO suggested that primary 'need' of society was for women to take part in social processes. This, in turn, provided a rationale for the support of child spacing. Thus, 'these services ['child spacing services'] allow women to take advantage of the many opportunities now being made available, opportunities which will allow them to contribute more fully to the development of the nation' (ZNFPC 1983:1). Nonetheless, both women's health 'needs' and the 'good of society', as defined by the CSFPO, were dependent upon a definition of women primarily as reproducers. Consequently, the means by which both these 'needs' could be met was given, as with the FPA, as being the use of contraceptives. In practice, then, whatever the Zimbabwean government's emphasis on women's health needs, these have been defined in the same narrow terms as under the Rhodesian government. Women's reproductive health needs, and

204

consequently health service provision, have been defined in relation to fertility regulation. As I will discuss below, this narrow definition of reproductive health needs has shaped the definition of clients' rights in relation to health workers.

In 1984 the organisation dropped Child Spacing from its title and took on its current name - the Zimbabwe National Family Planning Council. Its policy objectives, however, remained unchanged, with primary emphasis on the twin 'needs' for women's health and participation in social processes and, consequently, child spacing rather than fertility reduction. Thus, 'high fertility and closely spaced births are associated unmistakably with high rates of maternal and child morbidity and mortality... This reproductive pattern fragments the Sub-Saharan African woman's time and greatly hinders her participation in development' (ZNFPC 1984:2).

The passing of the 1985 Bill, however, which institutionalised the ZNFPC as a para-statal of the Ministry of Health, also marked a change in policy. Once established as a semi independent organisation, the ZNFPC introduced a fertility reduction objective. As outlined in the 1986 report, a demographic component was added to the health and welfare policy objectives of the family planning programme. The First Five Year Development Plan (1986-1990) states that 'programmes such as child spacing and health education that are underway are intended to reduce population growth and improve the quality of life of mother and child in particular' (ZNFPC 1986:1). But rather than justifying this objective in terms of society's needs, the ZNFPC's rationale was based on what was defined as the self identified need of families to improve their economic position. Thus, 'family planning has been recognized in Zimbabwe as a felt need by the people and a strategy through which the living standard of the people can be raised'(ZNFPC

1986:1).

The gender implications of this shift from health needs to fertility reduction objectives were also made clear. As one female ZNFPC worker explained to me, 'we realised that we had ignored the fact that, in Zimbabwe, it is men who rule the bedroom'. Programmes revealed that the ZNFPC's intention was not to change this 'fact', but, like its predecessor the FPA, to utilize it for its own purposes. Thus the 'change in the major focus of the ZNFPC from promoting child spacing for maternal and health reasons, to encouraging people to plan their families and adopt a small family norm' necessitated the recognition that 'male dominance in the decision making process is still very much a reality - especially in the rural areas'. Therefore the need to target men with family planning information, education and communication (IEC) materials and activities became an important objective for 1987 as well (ZNFPC 1987:1). A series of campaigns was subsequently initiated with the aim of persuading men to allow their wives to use contraceptives. The first of these campaigns consisted of radio dramas with family planning messages and educational talks at football matches, in mines, farms and villages. Programme success was measured in terms of the number of new female acceptors or female method 'switchers' (West 1993; ZNFPC 1992).

The ZNFPC's approach is perhaps most succinctly captured in the words of one of its educational posters which proclaims, 'Depo Provera - keep your wife young and beautiful'. The adoption of fertility reduction objectives came at the point when, as outlined in chapter four, the government abandoned any pretence of gender reform, and equal citizenship rights, in favour of policies which appeased rural traditional leaders. As the Director of the Harare-based Zimbabwe Women's Action Group pointed out, the ZNFPC's programmes are in keeping with this general approach

and reinforce the principle that men have the right to let their wives use contraception. The ZNFPC defines reproductive rights in the private sphere as being vested in men.

One of the clearest indications of the ZNFPC's, and the government's, continuing support of male authority over reproductive decision making, at the expense of women's autonomy and health, can perhaps be seen in the continued criminalisation of abortion. As I will discuss in chapter eight, abortion is regarded as an offence against Ndau custom and tradition. Yet, evidence suggests that local methods of abortion are commonplace. A doctor working at the main hospital said that he would estimate that the largest single cause of admission of women was, at the time, abortions that had gone wrong[32].

Yet, in the public sphere of relations between health workers and clients, the ZNFPC has clearly defined women's rights to a certain degree of reproductive self-determination. It is stated in ZNFPC service provision and standards manual that 'the Zimbabwe National Family Planning Programme embraces the philosophy that individuals and couples have the basic human right to decide on the number and spacing of their children and are entitled to adequate information to enable them to discharge this responsibility effectively in the interest of the well being of the families and communities in which they live' (ZNFPC 1992:5). The standards manual further states that this right applies to anyone over the age of 16, regardless of marital status (ZNFPC 1992).

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[32] As information on abortion was difficult to gather systematically, the subject does not form a major part of the argument of this thesis.

Echoing the standards set out at Cairo, the ZNFPC identifies a number of 'client rights'. These rights were displayed on posters in ZNFPC and Ministry of Health clinics where services were provided. These posters proclaimed that 'the following client rights shall be ensured: Services shall be completely voluntary. No coercion whatsoever shall be used to enforce acceptance of family planning. The choice of a family planning method shall be according to the client's preferences, within medically safe parameters. The client shall be treated with dignity and respect. The client shall be afforded privacy. The client's medical records and the data systems shall be kept confidentially. The client shall receive care, regardless of financial or social status. The client shall receive high quality services'. The most important difference between the ZNFPC's standards and those set out in the Cairo Platform for Action is the implicit definition of reproductive health on which the clients' rights were based. As already indicated, the ZNFPC had maintained a narrow definition of reproductive health needs as being related to fertility regulation. The clients' rights, then, referred solely to the provision of contraceptives. In contrast, the Cairo standards, as discussed in the theoretical chapter, are based on a broader definition of reproductive and sexual health. The Cairo standards thus refer to the provision of, for example, services for the prevention and treatment of STDs (Hardon and Hayes 1997).

In relation to the provision of contraceptives, however, and fertility regulation, the ZNFPC had acknowledged women's rights to reproductive self-determination and had promoted its commitment to these rights through the publication of a charter. While women, as clients, were vested with rights in the public sphere, however, men were accorded reproductive decision making rights in the private. These two different understandings of reproductive rights offer conflicting definitions of women's reproductive self-determination. In the latter, women are

vested with rights to use family planning if they chose to while in the former, they can only use contraceptives of their husband lets them. In the next chapter I will discuss how this contradiction is worked out through the actions of village level health workers in Mabika. In the following sections I give an overview of the ZNFPC's programmes and decision making structures.

6.8 ZNFPC programmes

The ZNFPC now runs thirty seven family planning clinics throughout the country. These are staffed by medically trained personnel. They offer oral contraceptives, condoms, IUDs and injectables. Two family planning clinics in Harare and Bulawayo also offer voluntary surgical contraception. Most Ministry of Health run facilities from district level and above offer all methods available at ZNFPC clinics. Some also carry out voluntary surgical contraception. Below district level, rural health centres mainly offer oral contraceptives and condoms. Services offered at this level depend on the training of staff and equipment available. Training of Ministry of Health staff in family planning methods is carried out by the ZNFPC (ZNFPC 1992a).

The principal programme of the ZNFPC, however, is the community based distribution service. At the time that this was inherited from the FPA this consisted of two hundred and forty six Field Educators and Distributors, largely trained to 'motivate' the rural community and supply women with oral contraceptives (Family Planning Association of Rhodesia 1980). Under the ZNFPC this has greatly expanded. It now includes six hundred and sixty eight CBDs at community level and sixty eight group leaders at district level. The Community Based Distribution programme covers approximately 30 per cent of the rural population and supplies 42 per cent of all users with

contraceptives (Zinanga 1992).

CBDs retain the primary functions of pill distributors and motivators. CBDs, once selected, undertake a six week training programme in family planning. Boohene and Dow suggest that the training programme has been considerably revamped since the days of the FPA (Boohene and Dow 1987). Documentation suggests, however, that the areas covered remain substantially unchanged. The training programme aims to impart:

- how to conduct motivational and educational talks;
- the use of a checklist before initial supply or resupply of Pills and taking of blood pressure (Zinanga 1990).

Until the early nineties, the emphasis largely remained on 'motivation'. 'In a sense the term Community Based Distributor is a misnomer since the workers do not merely distribute contraceptives. The job description, procedures manual and training stress in several ways that the CBD does not merely give supplies but actively encourages family planning in motivational and educational talks and in door-to-door contacts with the village women...the primary responsibility is to recruit new acceptors for Pills and to maintain them as continuing users. There are flexibly applied targets, to find ten new Pill acceptors and to resupply fifty continuing use each month' (Zinanga 1990). The emphasis on motivation and the use of targets suggests standards of provision which reinforce the authority of health workers rather than safeguarding the rights of clients[33]. After training, CBDs are equipped with a bicycle, two types of oral contraceptives,

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[33] As indicated in the Cairo Platform for Action, the issue of targets or incentives in family planning

condoms, record books and forms, a procedures manual, a screening checklist and a selection of IEC materials. Each CBD worker covers a geographical area of 15 - 20km in radius, on a bicycle where terrain permits, visiting clients at their homes or setting up a temporary base in a village for people to come and collect their contraceptive supplies (Zinanga 1992). The ZNFPC has also initiated the use of 'depot holders' in some areas. Depot holders may resupply, but not initiate, clients (ZNFPC 1990).

In the early 1990s a change of direction in the ZNFPC's programmes was considered. Evidence suggested that the number of new 'acceptors' had levelled out and that, despite relatively high levels of contraceptive prevalence, fertility rates were not declining. Indications that the programme had 'stalled' led to a proposed change of strategy (Zinanga 1992). A greater emphasis was to be placed on clinic based, rather than community based, services. The underlying objective was to diversify the method-mix provided by services and increase the number of users of long term methods including injectables and Norplant. Longer term methods were identified as being more cost effective and also more likely to have an impact on fertility levels (ZNFPC 1990); (ZNFPC 1992). Long term methods, at present, are only available through ZNFPC and some Ministry of Health clinics. I will discuss the use of long term methods, by women in Mabika, in chapter eight.

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programmes, financial or otherwise, to client or provider is inimical to the practice of reproductive rights (Hardon, 1997). As I will discuss in the next chapter, however, it was not clear that these targets still applied.

6.9   Organisational structures and participatory mechanisms

Following the takeover of the FPA, the government announced its intention to increase women's voice in the decision making processes of the new organisation. I argue here that, as with other state organisations, management and decision making remain top down rather than bottom up. I suggest that, rather than giving rural women a voice in service provision, this has allowed members of local powerful groups to act as gate-keepers of the services.

Dr Mugwaga, the first post Independence Director of the family planning services, argued that while the FPA's programme of Field Educators allowed contraceptives to be supplied to the rural areas, 'it did not allow for community participation in decision making, especially where it affected the village level. For a people's government, continuation of this was politically unacceptable'(Mugwagwa 1991:20). The idea of a participatory service, then, had its origins at two different levels. First, the post Independence government, as discussed in chapter four, initially promoted local level participation as part of its redefinition of citizenship. Second, additional impetus came from the enthusiasm among international health organisations for the Primary Health Care (PHC) approach promulgated at the 1978 Alma Ata WHO/UNICEF conference [34].

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[34]Participation was seen as a central component of PHC. Not only, it was argued, would active involvement of individuals and communities ensure that health programmes developed in response to locally felt needs, it would also be a means of raising political consciousness and encouraging people to get involved in wider development processes. It was by this latter activity that community participation advocates differentiated themselves from the much criticised community development approach of the 50s and 60s (Asthana, 1994; Midgeley, 1986;Walt, 1990)

In the early 1980s, international enthusiasm for PHC met with the idealism and socialist face of the newly independent Zimbabwe. The Zimbabwean government was keen to systematically introduce the PHC approach in order to address the inequalities in health provision set up under the colonial regime. Consequently, the government initiated a rural health centre building programme and a number of child health programmes as well as taking over the then FPA (Manga 1988). Participation in the planning and management of the family planning services, as with other state services, was to be facilitated through local government institutions - village development committees and ward development committees. Health matters were to be dealt with by a Health Committee, Village Health Workers (VHWs) and CBDs. The VHWs were to deal with all health issues including family planning education but, unlike the CBDs, were not trained distribute contraception. Both CBDs and VCWs were to be selected by the community.

CBDs and VHWs, then, were initially presented as a vector for both the top-down and bottom-up flow of information. The first Director of the post Independence ZNFPC pronounced that 'by granting the women social recognition and participation at all levels of decision making, the government in effect enabled them to reset priorities' (Mugwagwa 1991:21). Later statements, however, suggested a more instrumental approach to participation. Having adopted new fertility reduction objectives, the ZNFPC stated that moving 'the programme into this new phase...places responsibility for promoting family planning at the local community level and encourages leaders and members to develop their own motivational activities' (ZNFPC 1987:1). If, then, participation was initially seen as a means of allowing women's voices to be heard, it was later presented as an instrument for ensuring the achievement of the ZNFPC's objectives. This trend was also reflected in the changing role of the VHW. In 1988, a new community health worker cadre, the

Village Community Worker (VCW) was created in accordance with the 1986 Presidential Directive. The role of the VCW was to ensure that women contributed to all local projects, including health. VCWs initially came under the Ministry of Community, Co-operative Development and Women's Affairs and then later became the responsibility of the Ministry of National Affairs. The change in job title from VHW to VCW thus marked a shift in emphasis from addressing the self-defined health needs of women to ensuring their co-operation in all government activities.

As discussed in chapter five, government proclamations notwithstanding, institutions of local government were, in practice, little more than the bottom rung in a top-down decision making process. With few resources and no real opportunities for input into policy, they quickly became vehicles for patronage rather than participation (Alexander 1995). Community based health services were no exception. As the ZNFPC Director observed, one of the early problems with the expanded community based distribution programme was difficulties with selection procedures as the result of rivalries between different factions involved in the process (Mugwagwa 1991). Although selection of health workers remained the goal of many PHC programmes, in practice community leaders and health service personnel retained a disproportionate say in the selection of community health workers(Walt 1990). Traditional leaders and their clients, dominant in institutions of local government, were able to influence selection processes. The 'capture' of health worker posts by local elites has been furthered by the seven year educational requirement for both CBDs and VCWs which, in practice, excludes a large proportion of the rural population (Sanders 1992; Tumwine 1989).

One ZNFPC manager described the structure of the ZNFPC as, 'bottom-up until the CBDs are selected and then its top-down management'. Given the reality of CBD selection, the ZNFPC is probably most accurately described as a top down decision making organisation. The 1985 Act which established the ZNFPC as a para statal also ensured that the Ministry of Health retained strong control. The Minister of Health acts as Chair of the Board, the policy making body of the ZNFPC. Other members of the Board are drawn from a cross section of government ministries and officially recognised non governmental organisations such as church groups and trade unions. Both the Ministry of Health and the ZNFPC are governed by the same policies and standards. The given objective of the Executive Committee is to translate policy into programme content. Below the Executive Committee, the Provincial Family Planning Committees have a limited degree of autonomy (ZNFPC 1991)(Government of Zimbabwe 1985) [35].

Below the Provincial managers, a chain of educators and group leaders ensure top down supervision, rather than support of CBDs. 'The group leader does unannounced spot checks to see whether the CBD is at the scheduled place on the weekly routes and may go to some homes to see whether the CBD's records are valid and accurate. During these visits, technical and administrative changes are also transmitted to the CBD through the group leader' (Zinanga 1990:40).

Herbst argues that there has been greater decentralization in health than in other sectors. 'The decentralization of the health-care system is an unusual instance in Zimbabwe where power has actually been devolved away from the national government...The government was able to proceed with decentralization in health care because the health bureaucracy serving the rural areas was, essentially, an entirely new creation' (Herbst, 1990:177). It is not evident, even if Herbst's argument about health service management is correct, that the ZNFPC mirrors the Ministry of Health in this respect.

The lack of participation at local level, then, is replicated throughout the hierarchical structure of the organisation. CBDs interviewed had their own criticisms of the services provided. However, they were unable to voice comments within the organisation because, as one pointed out, they themselves were at the bottom of the heap. One CBD thought that she needed to spend more time on the plantations supplying migrant workers and their partners. When I asked her why she didn't suggest this to the area supervisor, she replied 'orders are orders'. The CBD's position, then, is itself fixed within the organisational structure and culture. Those above them are either male or female but more educated and, in some cases, consider themselves to be more superior to those underneath them. One provincial-level female manager, for example, queried the value of the interviewing the CBDs as they were 'uneducated' and without intelligent comments to put forward. Lack of participation at the local level, then, is repeated at every stage of the hierarchy. The impact of this structure on the implementation of policies and programmes is discussed in the following chapter.

6.10 Conclusion

The development of concepts of reproductive rights in international discourse can be traced, at national level, through Zimbabwe's policy and programme documents. The FPA incorporated the principles, adopted at Teheran, that couples had the right to decide freely, and responsibly, on numbers of children, and should be provided with the means to do so. This right was interpreted and implemented, however, to promote government-supported workers' control over women's reproductive decision making. While African women may have wanted contraceptives, the FPA responded to this demand in ways which undermined women's reproductive

216

self-determination. The FPA's practice of providing contraceptives without fully informed consent led to its demise after the new Zimbabwean government came to power.

The ZNFPC also recognises that 'individuals and couples have the basic human right to decide on the number and spacing of their children' (ZNFPC 1992) 5). But, in contrast to the FPA, the ZNFPC has adopted standards of service provision, based on those set out in the Cairo Platform for Action, which safeguard women's reproductive self determination in relation to health workers. These standards are defined as 'client rights' and displayed on posters in ZNFPC and Ministry of Health clinics.

The ZNFPC's policies and programmes, however, do not address women's rights to reproductive self-determination in the private sphere set out in Beijing. Programme documentation indicates that, through its information and education activities, the ZNFPC supports male authority over reproductive decision making. In one clinic, the charter setting out women's rights as clients was pinned next to a poster encouraging men to let their wives use Depo Provera. ZNFPC programmes and policies incorporate two conflicting definitions of women's reproductive rights. Women's reproductive self-determination is recognised in relation to the public sphere, but not the private. The first of these definitions, based on the identification of women as independent, rights bearing individuals, can be contrasted with the identification of women, through institutions of citizenship, as the dependants of men. The second conforms to these dominant values. In the following chapter, I will discuss how local level workers interpret and resolve these contradictions through their everyday practices.

217

The Practice Of Family Planning Service Provision In Mabika

7.1 Introduction

In this chapter, I examine how the definitions of reproductive rights and needs embedded in the

ZNFPC's policies and programmes are implemented in Mabika. I argue that local level health

workers, in their daily practices, have discretion to interpret official definitions. The outcome of

health workers' actions is the differential supply of contraceptives and other services to groups

defined by marriage, age and finances. As mediators between the state and female clients, health

workers police the distribution of information and contraceptive technologies. They are in a

position to determine the realisation of women's entitlements. As Lipsky and van Gunsteren

argue, then, street-level bureaucrats hold the keys to certain dimensions of citizenship (Lipsky

1980; van Gunsteren 1978).

As argued in the previous chapter, ZNFPC policies and programmes embody two interpretations

of reproductive rights. The first interpretation addresses women's relations with state health

workers. The ZNFPC displays a charter of 'client rights' in clinics providing contraceptives. The

second interpretation addresses reproductive rights in the private sphere. The ZNFPC supports,

through posters and the male motivation campaign of radio and work place talks, men's authority

over reproductive decision making in the home. Whereas the first interpretation embodies the

notion that women have the right to make their own choices about contraceptive use, the second

implies that women's access to and use of contraception is dependent upon male agreement.

Where these two principles clearly conflicted and most obviously challenged male authority, health workers bowed to the second principle that women should not be able to obtain contraception without a husband's permission. Thus, health workers did not provide contraceptives to those women defined as unmarried. Yet they went out of their way to provide contraceptives to married women whose husband's were known to disagree with their contraceptive use. Workers justified their actions by drawing on the arguments of women, discussed in chapter five, about the terms of the conjugal contract. They argued that married women had the right to use contraceptives if they wished, whatever their husband said, because they are the ones who had to carry the burdens of having and raising children.

The clearest form of discrimination in the implementation of clients' rights was on the basis of marital status. The failure of the health workers to systematically observe all the standards set out in the charter created barriers to services for other social groups. Those most vulnerable were younger women and the poor. While overt coercion was never used, women did not think that they were always treated with dignity and respect. Women were not always afforded privacy and they were not always given choices about family planning methods. As set out in the previous chapter, the ZNFPC's charter of clients' rights was defined in relation to the provision of contraceptives rather than the broader definition of reproductive and sexual health given in the Cairo Platform for Action. I further suggest, in this chapter, that the implementation of the ZNFPC's narrow definition of reproductive health needs, in practice, creates further barriers of access to family planning services.

As discussed in the theoretical chapter, the authority of health workers to interpret policy in

practice is shaped by local structures of accountability. Local level structures of government in Mabika, as described in chapter four, have become the bottom rung in a top down decision making process. As with most government services, government posts and positions have largely been occupied by rural elites. The authority of health workers was, thus, magnified by virtue of the fact that they had a higher socio-economic status than most of their clients. On an individual basis, women felt unable to question their guidance or express their concerns. The lack of operational participatory mechanisms meant that there was no forum for collective demands to be made on health services. In particular, women were concerned that there was no effective means of redressing health workers who were seen to have abused clients' rights. There was, then, no accountability between workers and villagers.

In the first part of this chapter, I will examine debates about the role and actions of local level workers. In particular, I will set out Lipsky's arguments concerning the role of 'street-level bureaucrats' (Lipsky 1980). I will then discuss the local level provision of family planning services in the area of field work. I first discuss the practices of the health workers in relation to male authority over reproductive decision making. Secondly, I discuss the observance of the charter of clients' rights in service provision. Thirdly, I will discuss broader issues of reproductive health service provision. Finally, I will examine structures of local level participation and accountability.

7.2   Street level bureaucrats

In the previous chapter, I examined the historical development of the ZNFPC's policies, programmes and decision making structures. As Lipsky argues, however, public policy cannot

be simply understood as 'made in legislatures or top-floor suites of high ranking administrators because, in important ways, it is actually made in crowded offices and daily encounters of street level workers' (Lipsky 1980:xii). Policy, then, as it is experienced by service users, is crucially shaped by 'street level bureaucrats'. These are, according to Lipsky, the 'public service workers who interact directly with citizens and who have substantial discretion in the execution of their work' (Lipsky 1980:3). The impact of street level bureaucrats on ordinary people's lives may be considerable: 'They socialize citizens to expectations of government services and a place in the political community. They determine the eligibility of citizens for government benefits and sanctions. They oversee the treatment (the service) citizens receive in those programs. Thus, in a sense street-level bureaucrats implicitly mediate aspects of the constitutional relationship of citizens to the state. In short, they hold the keys to a dimension of citizenship' (Lipsky 1980: 4). Analysis of bureaucrats' behaviour has, at least in the past decade, been dominated by theories of 'private interest'. From this point of view, state officials' behaviour is not determined by the aim of providing a good service, but by the pursuit of their own interests. These interests may include salary, public reputation and power (Mackintosh 1992). As with all approaches rooted in methodological individualism, however, private interest theory fails to take into account issues of power and culture which shape the perspectives and practices of individual actors (Bourdieu 1977). Building on the arguments of Goetz, I suggest that the actions of street level bureaucrats can be analysed in the context of the practices, structures and culture of both the organisation for which they work and the societies in which they operate (Goetz 1996;Goetz 1995). Furthermore, as Goetz argues, agents working within organisations have their own histories as individuals in particular societies (Goetz 1995). The social background of individuals not only shapes their perspectives, but also their relations with other workers and clients. These relations of power,

221

then, are not simply the product of organisational hierarchies but , additionally, the result of the interlocking of those structures with broader social relations of power. As Lipsky argues the degree of bureaucrats discriminatory power over citizens differs according to the status of the individual. Lipsky argues that, 'the poorer people are, the greater the influence street-level bureaucrats tend to have over them' (Lipsky 1980:6). Here I suggest that the degree of influence is related not just to individuals' economic status but to a range of interrelated factors including gender and age.

Recent work on relations between state workers and clients has focused on the issues of 'social capital' and the creation of 'synergy' across the public-private divide. The central tenet of this approach is that trust, built up through networks and associations, may have positive social and economic outcomes. Evans suggests that, in some cases, government action has instilled a sense of 'calling' in public servants. This has elicited public minded behaviour in government workers and made them more willing to engage in the kind of diffuse public service that helped generate new relations of trust between them and the community. He suggests that one means of extending these relations of trust is to ensure that some of those who are part of the state apparatus are made more thoroughly part of the communities in which they work. Evans' focus on the public-private divide challenges the over-simplified economic rationality of private interest theories and rightly places the analysis of public service provision in the context of the relationship between providers and clients. As Evans acknowledges, relations of trust may only operate in the context of equality (Evans 1996:1122; Tendler and Freedheim 1994). As argued above, however, in reality these conditions do not exist.

I suggest here that trust between clients and service providers is not dependent upon equality of relations, but rather accountability. As Lonsdale and Sen argues, accountability has two aspects. It includes both the identification of responsibility and the measuring of whether that responsibility has been met (Lonsdale 1986; Sen 1992). As Elson argues, then, the primary implication of rights - based policies is the requirement for accountability (Elson cited in Beall 1998). As Paul argues, in the absence of alternative sources of provision, accountability over public service providers can only be sustained when government's 'hierarchical control' of workers is reinforced by the public's willingness and ability to 'voice' and exert pressure on the providers to perform (Paul 1991).

7.3   Services and workers

In Mabika, contraception could be obtained from two principal sources; the main clinic or the CBD. The clinic was situated 3km from the village. Family planning services were available during clinic opening hours from 9am to 5pm on a daily basis. The clinic provided basic medical treatment, including maternity delivery services and had provision for short term in-patients. More complicated, or chronic cases, requiring prolonged treatment or surgery were referred to the Mission Hospital situated approximately 100 km away. Mrs Maposa, the CBD could either be contacted at her home, which was located near to the clinic, or during her programme of visits which was organised on a three weekly cycle. CBDs supplied two types of pill, Ovarette and Lo Feminol for breast feeding and non breast feeding mothers respectively. The CBDs charged ZWD2.10 (25p) for one cycle of pills, although charges could be waived at their discretion. Condoms were free but rationed as supply did not meet demand. In addition to the pill and

condoms, the hospital also provided Depo Provera, formally reintroduced in to the programme in the early nineties[36]. All hospital-provided contraception was free, but supplies often ran out. An IUD insertion service was provided by a mobile ZNFPC clinic which visited on a three-monthly basis. Sterilisation services were available at the Mission Hospital.

Family planning services, then, were provided by Mrs Maposa and the nursing staff. In addition, the Village Health Worker's role included provision of information about contraception. All of these workers were identified by informants as part of the state. No distinction was made, in this respect, between nurses employed by the Ministry of Health and CBDs employed by the ZNFPC. As one informant explained 'the CBDs and VCWs are part of the government, not part of the village.' Equally, all health workers were seen as part of an inter-related elite. As outlined in chapter four, it has been argued that in Zimbabwe processes of community election have allowed local elites to dominate positions in all sectors including health (Alexander 1995; Cousins and others 1992; Tumwine 1989). The identity, in terms of kinship and socio-economic status, of health workers in the area of field work confirmed this argument. The CBD had, in fact, not been selected at all but had originally been employed by the FPA and carried on working after Independence[37]. The CBD was the wife of an ex councillor. The VCW in the village was the sister of the Headman. The Sister in Charge at the local hospital was the Headman's daughter-in-law which, despite the fact that this position was not selected at local level, fuelled villagers' perceptions that government positions circulated around an inter-related group of

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[36]Interviews an documentation suggest that the ban on Depo supply was never, in practice, total

[37] This was true of a number of CBDs that I spoke to.

224

people.

Villagers thought that the health workers were not only related by ties of close kinship, but were also part of an economic elite, the 'well-ups'. This was a label that appeared to fit the reality. The VCW lived next to her brother, the Headman, in one of the largest concrete built houses in the village. The supervisor of the VCWs also had a spacious, well-built house in the township. The CBD, whose husband had a successful business, also occupied a concrete and brick built house in the township. One of the non-health worker members of the health committee had one of the largest and most profitable shares of irrigated land in the village. He also worked for Agritex, the government ministry of agriculture, which provided him with cash for inputs. This pattern of dominance of health worker positions by a rural socio-economic elite appeared to be mirrored in other areas. All the CBDs I interviewed were the wives of councillors or professionals - headmasters, teachers and businessmen.

In the case of both nurses and CBDs, their differential status to clients increased their authority and effected the nature of individual relations between service users and providers. This relation of authority manifested itself, however, through the different types of work undertaken by nurses and CBDs. Nurses were seen as having a lot more direct power than the CBDs. Women said that this was because of their role as providers of general health care. As there was no other clinic nearby, nurses held the monopoly on the provision of bio-medical services. Villagers, then, were dependent upon the nurses and, therefore, felt themselves to be in their power. CBDs were considered to be less directly powerful because they were avoidable, either through discontinuation of contraceptive use or through use of the alternative services at the clinic.

225

Nonetheless, CBDs were considered to have greater indirect, or more diffuse, power because of their role as house to house providers. This gave them both access to knowledge about individuals and the networks by which to spread gossip. A number of female informants suggested that health workers could be compared to the figure of the mother in law. But, as one informant suggested, while the nurse was like a mother in law at her zenith, the CBD was one whose powers were dwindling. These powers, then, shaped individual interactions between service users and providers and, consequently, the degree to which rights defined by the ZNFPC were realised. Perhaps not surprisingly, as I will discuss below, the differentially derived power of nurses and CBDs underpinned the rights over which they had greatest control. While it was the nurses who were least observant of client rights, it was the CBDs who acted as the firmer policemen of male authority over household reproductive decision making. Of the women interviewed who used the pill, there was a roughly equal division of numbers between those who obtained supplies from the clinic, those who went to the CBD and those who used a mixture of both. As I will discuss below, the reasons why women used one service rather than another were related to the differential implementation of client rights and 'private sphere' rights. Different groups of women, defined along the axes of marriage, age and financial status were accorded particular entitlements by the two services. Women used the services, then, where they were most likely to be able to obtain their entitlements.

7.4   Recognition of male authority

As discussed in the previous chapter, ZNFPC policy contains two conflicting interpretations of women's rights to reproductive self determination. The ZNFPC standards manual indicates that

anyone over the age of 16 is entitled to services regardless of social status (ZNFPC 1992). The ZNFPC also promotes the idea, through poster and other media campaigns, that men have authority over whether or not their wife should use contraception. Health workers have to mediate these two conflicting principles. On the ground, this contradiction was resolved through the refusal of services to women who were known to be unmarried. Women who were married, however, could obtain family planning services regardless of their husband's wishes. As I will discuss below, it was the CBDs with their community based knowledge and work who more effectively policed these boundaries than the nurses.

As discussed in chapter five, according to the Ndau undertanding of the terms of the conjugal contract, a couple are not considered to be properly married until the woman has given birth . Women who were known to be unmarried, or who had not given birth, could not obtain any services from the CBD. Despite the ZNFPC's proclamation that anyone over the age of 16 has the right to family planning services, health workers refused to supply women who had not given birth, regardless of their age. One woman explained,'I heard of family planning before I had my first born but wasn't allowed to use it. The CBD said that women without children were not allowed to use family planning. I couldn't even get condoms for STDs - I asked but I was refused. I also asked another CBD but she refused too. If you continue to pester the CBD she will report you to your parents.' All of the unmarried women interviewed said that they were unable to openly obtain contraceptives of any kind. This group included one woman who was twenty five but single. This rule was applied to women regardless of their social status. One unmarried local government employee told me that she was unable to officially obtain contraceptives[38]. A

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[38] It is possible to buy oral contraceptives over the counter at some chemists in main towns. The prices

manager in the Ministry of Health confirmed that, indeed, if a woman who had not given birth asked a health worker for contraception they would probably 'be chased away with a stick.' The refusal of health workers to supply unmarried women was, then, a known fact both among service managers and the general population. As well as refusing to supply contraceptives to unmarried women, CBDs further refused to give single women information about family planning. Agnes recounted that, 'our house at Chibuku was visited by the CBD. The CBD was teaching people about different kinds of contraception. I was eighteen at this time. The CBD was visiting my mother. The CBD wasn't talking to me. But we used to hide behind the house and listen to what the CBD was saying. The CBD didn't like this and chased us away. She only wanted to talk to those who had given birth.'

The general perception, then, that CBDs would not supply unmarried women acted as a deterrent to them trying to obtain services. As one woman said, 'Before I gave birth, it was impossible to get condoms or contraception of any kind. I didn't try. If you are a woman and not married, what would they say?' The CBD's role in the community meant that they knew who lived where and with whom. CBDs, then, were perceived to have the knowledge to determine who was married and who was not, as well as the networks to inform on any unmarried woman who tried to obtain contraceptives.

Other categories of women were also reluctant to obtain services from the CBD for fear of the spread of gossip. Reluctance to use the CBD was, in all cases, a reflection of the CBD's position

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are unsubsidised and it is, therefore, a much more expensive option than purchasing supplies from the ZNFPC. While, officially, chemists are not supposed to supply oral contraceptives without a doctor's prescription, in practice some do if you can name the brand you want.

rather than a comment on the individual nature of the CBD. Women who were supposed to be celibate - if they were widowed, divorced, old or their husband was away working - said they might be reluctant to ask the CBD for contraception, advice or referral to a clinic for STD symptoms. As one divorced woman explained, 'I once told the CBD that I didn't want her to come, and she hasn't been back since...if people see the CBD at my house they might think that I am wandering'. Another woman, whose husband had died, also worried that if she went to the CBD for supplies of the pill, there would be rumours going around the village that she was a prostitute.

Women who were prostitutes, however, said that they had no hesitation to ask, and no problem in obtaining, contraceptive supplies from the CBD. Bernadina, who was open about the fact that she was a commercial sex worker, said that the CBD did not come to her house, but that she had never had any problem obtaining condoms from CBDs when they were on their rounds. As one woman observed, 'they give contraception to prostitutes but not to unmarried women'. One CBD I spoke to confirmed that she supplied prostitutes, but not women who were unmarried because, 'this might turn them into prostitutes'.

Post menopausal women were also reluctant to use the services of the CBD. While in Ndau culture, there is a taboo against post menopausal women having sexual relations, in practice the extent to which this taboo is observed is not evident. Agnes, who was over fifty, boasted about her sexual prowess. She said that she used special herbs to keep her skin soft and smooth, and was able to attract younger men. Another woman, also over 50, said that she had, on occasion, taken male

partners in return for various favours. When I asked these women whether they could ask the CBD for advice on reproductive health matters, or condoms to prevent STDs, they were both shocked at this idea. Speaking to the CBD, they felt, would be tantamount to a public admission of sexual activity. Whether or not other post menopausal women were sexually active, they did not use CBDs as a source of information, advice or contraceptives for STD prevention.

There were few overt barriers to men using the services of the CBD, apart from the rule that they should be over the age of sixteen. I accompanied Mrs Maposa on her rounds of a nearby plantation, which employed a large number of male migrant workers. The workers appeared to have little hesitation in approaching her and asking for condoms despite the fact that this implied that they were having casual sex. Indeed, a number of men joked about the limited number of condoms they were given (twelve each), saying it would hardly last them a week let alone a month. Younger men were equally unabashed about asking for condoms. In some cases, when they appeared to be well under the age of sixteen, Mrs Maposa refused to supply on the grounds that they were too young. But, again, the situation was handled in a light hearted way and the boys told that they were too young to be out of school let alone asking for condoms. Some men, however, later told me that they might hesitate to approach the CBD for condoms on the grounds of her sex.

Those women who had difficulty in obtaining services from the CBD as a result of their social status, preferred to use the clinic because it was perceived to be more anonymous. Even though nurses were local and perceived to be part of the elite of 'well-ups', it was felt that they did not have the same power to spread gossip that went with the CBD's role. Moreover, a trip to the

clinic did not identify one so clearly as a contraceptive user as a visit from the CBD. As one woman explained, 'in my case, it would be difficult for me to ask Mrs Maposa for the pill, because at the moment everyone knows that I am staying alone without my husband. She might ask me why I wanted to use the pill without a husband. It would be embarrassing going to the clinic because the nurses are local and maybe other people would be around. But it would be worse with the CBD because she moves house to house and she would remember you, whereas the nurses see so many people they might forget your particular case'. For those women, then, who fell between the ZNFPC's conflicting interpretations of client and marital reproductive rights, the clinic was the best option.

7.5   The subversion of men's reproductive authority

The consistent resolution of the ZNFPC's conflicting principles concerning male authority over reproductive decision making, might have been insistence on proof of a husband's consent. In practice, however, consent of the spouse to use contraceptives was neither a formal nor informally applied requirement. CBDs were keen to ensure that all married women were supplied with contraceptives, whatever the wishes of their husband. Indeed, stories about the clandestine supply of contraceptives to married women were an important part of CBD culture. Mrs Maposa recounted the following: 'if the husband objected to his wife taking the pill, then the CBD would tell them to take the pills out of the packet, wrap them up and store them somewhere, in the grass or the thatch of the roof. If the husband asks about the pills they can say ,"I was given them for my blood pressure"...One woman had seven children and she wanted to be sterilized. So I referred her to Chibuku clinic and told her to pretend that she was ill. So she went for a day and told her

231

husband that she was sick and had to go for treatment. Her husband was away for a couple of weeks so he didn't see the scars'.

Local knowledge and networks, seen as a threat to some women, were used to ensure other women's contraceptive supply. Mrs Mhloyi, another CBD interviewed, said that, 'sometimes the CBD will give the pill to a neighbour and tell her to give them to another woman so that the husband doesn't know that the wife is taking family planning. One time I knew that the husband had gone to look for work at Honde plantation. So I cycled over to see his wife that afternoon because she was due to stop breast feeding and I knew she would be desperate not to get pregnant.' CBDs used their community based role, then, to police both the negative and the positive boundaries of contraceptive provision.

CBDs justified their actions through reference to local women's discourses in household negotiations over the marital contract. Mrs Mhloyi explained that she thought that all married women should be able to have contraceptives, whatever the husband thought, because the woman was the one who suffers the pain and problems of childbirth . Mrs Maposa that she felt that as it was women who had to bear the daily costs of looking after and feeding the children, they should be the ones to choose when to have another child. CBDs justified their actions, then, through reference to understandings of the conjugal contract. As men failed to meet their responsibilities to support their wives and families, so they could not expect to claim their full entitlement to reproductive authority. This argument, however, as outlined above, was not applied to women who had not entered into the conjugal contract. In the eyes of the CBDs, women had to enter into the conjugal contract, and suffer the consequences of men's disregard of its terms, before they

232

could break their own side of the deal.

CBDs not only used these argument to promote contraceptive use among married women, but also to suggest what kind of contraception they should be using. Most of the women interviewed who had been visited by a CBD said they had not discussed STDs with them. Five women, however, said that Mrs Maposa had talked to them and told them to try and persuade their husband to use a condom. In all of these cases, the women indicated that the CBD had identified their husband as being a man who slept around a lot. One woman said, 'the CBD told me that I should not trust my husband and should try to persuade him to use condoms'. Another woman reported, 'It's part of my husband's way to be unfaithful. The CBD knows that he is so promiscuous, so she tells me to try to make him use condoms'. CBDs, then, shared local women's views on the obligations of men and their perceived failure to play their part in marriage. They promoted contraceptive use against a husband's wishes in terms of local women's discourse about the relative contributions of men and women to the marriage.

7.6   Client rights: the CBD programme

As discussed in chapter six, the ZNFPC had a charter of standards of family planning provision. These 'clients' rights were defined as follows: 'services shall be completely voluntary. No coercion whatsoever shall be used to enforce acceptance of family planning. The choice of a family planning method shall be according to the client's preferences within medically safe parameters. The client shall be treated with dignity and respect. The client shall be afforded privacy. The client's medical records and the data systems shall be kept confidentially. The client

233

shall receive care, regardless of financial or social status. The client shall receive high quality services'.

As indicated above, while the nurses were seen as the best source of contraceptive supply for single women, the CBDs were preferred for their regard of the given clients' rights.CBDs were trained to supply two types of oral contraceptive pill and condoms.Each CBD has a set outreach programme based on a three weekly cycle. While area supervisors emphasised the systematic organisation of the CBD programme, observation of the practice suggested that reality did not always match up to plans. Villages included in the programme were often difficult to access, particularly in the rainy season and, inevitably, the CBD did not always succeed in keeping to her schedule of visits [39]. The CBDs did not always move from house to house, but rather set up shop in a fixed location in each village. Women could then come to the CBD to collect their supplies of the pill.

All women interviewed supplied by the CBD said that they were always treated with respect. The CBDs were always 'polite', never mocking and never scornful. CBDs, then, observed clients' basic entitlements to be treated with dignity and respect. Women liked this aspect of the CBD service. Indeed, a number of women said that this was why they got their contraceptive supplies from the CBD rather than the clinic. Dignity and respect came above considerations of convenience. The phrase that was most often used to describe the CBDs was that they were 'free

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[39] Having been given the programme of one CBD by the area supervisor, I set off with my research assistant to try and locate her. The village was 10km away from the main road but almost inaccessible because of the number of seemingly near-vertical hill sides that had to be negotiated in order to get there. The CBD did not, in fact, turn up. But, having spent half a day trying to walk 10km, I do not want to make light of the difficulties of their work or, indeed, of the problems of the villagers in accessing other services.

with their information'. By this women, and men, meant that they always had lots to say and were always willing to talk. It did not necessarily mean, however, as I will discuss below, that clients always got the information they wanted.

While CBDs, as indicated in the previous chapter, were given 'flexible targets' of supplying ten new acceptors and resupplying fifty clients per month, these supply goals did not appear to encourage any form of either overt or covert pressure to use contraceptives. CBDs, then, were still encouraged and trained to 'motivate' new acceptors to take the pill. But, as one supervisor explained, the high contraceptive prevalence rates in the area meant that targets for finding new acceptors, then, were no longer strictly monitored. The largest group of non contraceptive users in the area were those belonging to strict Apostolic religious groups, who objected to any form of western medicine including contraceptive pills [40]. The CBDs sometimes tried to 'educate' Apostolics about family planning. Mrs Mhloyi told me, 'religious people often object and quote verses from the bible to show that God doesn't approve of contraception. Using contraception makes you a sinner - they say. But our training is very good, and in our training we were given verses in the bible which we can use back, which shows that there is nothing wrong with family planning'. In general, however, persuading people to use family planning was no longer a core part of the CBDs routine.

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[40] There were numerous different Apostolic sects in the area. The common belief of these groups was in the power of the Holy Spirit which manifested itself through chosen prophets. The prophets, like traditional healers, could divine and cure illnesses. Different groups maintained varying degrees of antipathy to western medicine and culture. Only two women interviewed in Mabika belonged to groups which strictly banned all attendance at hospital and any use of biomedicine including vaccinations. Not all the groups strongly objected to the use of all, or any, forms of contraception. Apostolic women in some groups said that condoms were acceptable as a means of fertility regulation because they were not in the form of medicine .

This function had been replaced by the duty to educate women to use the pill correctly and to carry on taking it. As Mrs Maposa explained, 'CBDs motivate people to take pills correctly. The CBDs are very strong on instructions. They tell women how they should take the pill. Then, before they go, they make women repeat the instructions to them'. This function, however, impinged on the observance of clients' entitlement to contraceptive method of their choice. CBDs were primarily concerned to instruct women to take one type of contraception properly, rather than presenting the various method options available. Although the policy emphasis of the ZNFPC, as discussed in the previous chapter, has shifted towards longer term methods, in practice the CBDs still primarily focused on the pill. All but four of women interviewed who had talked to a CBD about family planning said that they had only been told about the pill. Their recall was confirmed by my observation of interactions between CBDs and clients. It was only the group supervisor who made a point of discussing and informing women about different types of contraception.

In addition, CBDs did not always check that contraceptive supply was within 'medically safe parameters'. CBDs were able to supply new users with three months' supply of the pill and repeat users with six cycles. In the case of new users, the CBD had a check list of basic questions for determining whether the client should be taking the pill and, if so, which type of pill was the most suitable. The questions included social issues, whether or not the individual was over 16 and married, as well as health indicators such as the presence of varicose veins and breathlessness after carrying out work. New clients were referred to the nearest clinic for a check up. The CBD was supposed to take the blood pressure of both new and repeat clients.In practice, however, it was not evident from observation that these procedures were systematically followed. The

236

ZNFPC standards manual indicates that the checklist of question should be used with repeat clients. They should also have their blood pressure taken, inquiries about problems or possible danger signs should be made and they should be reminded of the availability of other methods (ZNFPC 1992). Accompanying CBDs on their daily rounds, I observed a number of repeat clients being given the pill without questions asked or blood pressure taken[41]. Indeed, one CBD did not have the necessary equipment for measuring blood pressure. Some of the practices of contraceptive provision, then, indicated a subordination of women's entitlements to medically safe provision to the objective of distributing contraceptives.

As the CBDs were not medically trained, all problems which required investigation had to be referred to the nearest clinic. Some women said, however, that if they mentioned problems of side effects to the CBD they did not always get a satisfactory response. Mrs Mhloyi explained that in training they were taught to deal with common questions about side effects as 'myths and misconceptions.' Side effects were one of the primary issues on which women interviewed said they would like more information. As will be discussed in the next chapter, irregular periods, heavy periods, period pains are taken, in local understandings, as indications of problems with fertility. Some women said, however, that when they had asked the CBD about such side effects, they had been told, 'that's normal'. Given the local view of these issues, this was not a response that easily satisfied women or eased their fears about contraceptive use.

I asked some women why it was that, as CBDs were 'free with their information', they could

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[41] A situational analysis conducted by the ZNFPC confirms this observation (ZNFPC, 1992a)

not ask for more when they felt they needed a fuller response. Women replied that they were not supposed to directly challenge people in a position of authority. As Mrs Muchuro explained, she would like more and different kinds of information from the CBDs, but it would not be 'respectful' to ask these questions of someone who was older and more educated than herself. To ask would have been to imply criticism. 'In most cases, women are supposed to accept what [service provision] is there. We wouldn't ask too many questions.They might think we were not happy with their information'. ZNFPC criteria, then, that CBDs should be a 'respected' member of the community furthered the downward flow of information, but impeded upward dialogue. Despite CBDs 'freedom with their information', some women thought that it was better to go to the clinic if there were problems with contraceptive use as they thought that at least the nurses had the necessary medical information even if, as I will discuss below, it was not always given. Use of the clinic, rather than the CBD, was further determined by cost factors.The client rights charter included the right to services regardless of financial status and the right to high quality services. The ZNFPC's own definition of 'high quality' included services which were affordable (ZNFPC 1992). As indicated above, the CBD charged ZWD 2.10 (25p) for one cycle of pills, but charges could be waived at her discretion. Officially, CBDs were not supposed to charge women for contraceptives if the household was receiving less than ZWD 450 per month. The majority of rural households fall below this income level (Potts and Mutambirwa 1998). Most of the women questioned, however, paid for contraceptive supplies from the CBD.Not all women were aware that the CBD could waive charges. Four women, all under the age of thirty with one or more children, in households with no land and no regular income, said that they would not go to the CBD because they couldn't afford to pay for contraception. Only two women who went to the CBD for their contraceptives said that they did not pay. One of these said it was because

238

her husband did not work. The other said that she always got one packet free when she paid for two. For women with low household income, then, the clinic was the only option. The lack of consistency in application of prices for contraception thus violated the client's right to high quality services, as defined by the ZNFPC. It further meant that women from some of the poorest households were excluded from use of the CBD's service and could only obtain contraceptive supplies from the clinic[42]. Given the clinic's lack of observance of client's rights, as outlined below, this represented further bias in the distribution of entitlements according to economic status.

7.7   Client rights: the clinic

As indicated above, a number of women preferred the services of the CBD because of their respect for clients but, nonetheless, went to the clinic for family planning services either because they could not afford to use the CBD or because they hoped that they might get better 'medical' treatment. Some women, then, had to use the clinic despite the fact that many felt they were not treated with dignity and respect. Over half of the semi-structured interviews I carried out contained some complaint about nurses. Interviewees most commonly said that the nurses were 'rough', both physically and verbally. Female nurses, in particular, were renowned for their scornful and mocking behaviour. Nurses were, as already discussed, likened to a mother in law who abused her power.

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[42] As indicated in the introduction, in addition to information given about land and remittances, I further judged the economic status of household according to observable criteria: the construction of the household, possession of livestock, ownership of a radio. I considered the poorest households to be those with no access to land, either through inheritance or rent, no regular remittances, poorly constructed living structures, no livestock or radio.

Reports of 'roughness' mainly concentrated on verbal exchanges. Women commonly said that the nurses would shout at them if they turned up late or if they had forgotten their medical card. They ordered people around and put them down in public. Women said they were accused of stupidity for attending the clinic with what turned out to be non-serious complaints, or for returning with complaints which hadn't gone away. A few people suggested that the nurses' behaviour was the result of work pressures. Complaints, indeed, indicated that behaviour could be related to the poor conditions - the lack of time and resources - that clinic staff have to contend with. Agnes voiced the common complaint, for example, that nurses often said that there were no drugs; 'they tell you that they are out of drugs so you should go to the chemist. Or they refer you to Chibuku clinic. Of course they know that people cannot afford to buy the drugs from the chemist or the bus fare to Mutambara. Then when you go back with the same complaint they will scold you and say "well did you go to the chemist? Do you want me to give you the key to the drug store so that you can see whether there are any drugs there?"'

Informants' responses suggested, however, that nurses' treatment of individuals differed according to their social status. While some people were mocked, scorned and told there were no drugs, others were given favourable services. Chipo suggested that, 'with the hospital you can see that some people are getting better treatment than others. If you go into one of the wards, then you will see that in one bed there will be a patient who maybe gets one panadol in the morning and in another there will be someone that the nurses are always running to attend, even if he isn't seriously ill. The nurses are good to their relatives and friends and the well-ups. With others they are rough.' These reports were, at least partially, confirmed by the pattern of positive

accounts of clinic treatment. One woman said that she never had any problem getting treatment because she was related to a nurse. Women were more likely to complain in interviews of bad treatment than men. Tobius said that he never had bad treatment at the clinic, but he knew that his wife often did.Treatment of both men and women, however, was also related to their socio-economic standing. Mr Muchuri, who had worked on and off at the clinic, declared that he always got good treatment at the clinic; 'the last time I went to the clinic was in April. I went because I had flu. I didn't wait very long and I was given some pills. With me, the nurses are always ok. I am well known at the clinic. I am responsible for building the toilets there'. However, some men also suffered from 'rough' treatment. One of the divorced men living in the village with his children said that the nurses always insulted him when he went to the clinic to get tablets for his heart condition.

The general attitude of the nurses, then, and women's perceptions of their behaviour, shaped the provision of family planning services at the clinic. The 'roughness' of the nurses, as reported by women, sometimes appeared to verge upon verbally coercive behaviour. It certainly breached women's own views of what they considered to be treatment with respect and dignity. Interviews indicated that young women under the age of thirty were particularly vulnerable to bullying. While in the majority of cases, women said that they had been given information and choice about contraceptive methods, twelve women reported that as young, first time mothers women that they had been given the pill to take without choice, advice or medical checks.

Margaret was nineteen years old. There were three people in her household, herself, her husband and her eight month old daughter. They had lived there for three months. She moved to the

village when she married. Her mother in law lived in the township. They had no irrigated or dry land. Margaret got all her money through her husband. Her husband worked dynamiting mines. But the work was irregular and sometimes when he had to go far away, she didn't get any money for months. The following is an extract from an interview with Margaret:

'When I gave birth I was given some pills.
Did you ask for these pills?
They just gave me the pills. The nurses give these pills to young mothers. I was given them when I took my baby to the clinic for her six week check-up. Some women object to the pill because they think they will have side effects.
Did the nurses explain to you how the pill worked?
The nurses explained that you have to take it every day, either in the morning or in the evening.
Did the nurse ask whether you wanted to take the pill?
They didn't ask. They didn't give me any choice. They just said these are for women who are breast feeding.
Did the nurse ask whether you had used family planning before?
No, she didn't. I was really disturbed.*Did you say anything to the nurse?*
The nurses can be too rough, so I just found it better to be quiet.'

Problems with the attitude of the nurses were exacerbated by the lack of privacy. Family planning services at the clinic were either provided on the verandah or in the immunization room. In both cases, provision was in public although there were less likely to be men in the immunization room. None of the women interviewed said that this public provision made it difficult for them to ask for contraceptives. Some women, however, said that it did make it difficult for them to ask about side effects. Talking about blood or one's reproductive organs in public, particularly in front of men, is embarrassing for women of all ages: 'I always go to the clinic to get the pill. I don't wait in the queue with those who are ill. It is usually very quick. There isn't one particular nurse who deals with family planning. It's whoever is on duty. I get the pill from the room where people go for immunization. There are usually other people inside waiting for immunization. I don't find it

242

difficult taking the pill in front of them. But I would be worried about asking about side effects with other people there. Its embarrassing to ask these things in public'. While the CBD service was also sometimes unavoidably public, given the nature of 'door to door' provision, women said that this was not generally a problem because there were usually no men present.

The combination of the attitude of the nurses and provision in a public space meant that women did not always report side effects. The teenage woman in this interview has been taking the pill for eight months:

> *'Have you had any side effects?*
> I have been having continuous belly and back ache.
> *Have you been to see anyone about this?*
> No.
> *How long have you had the side effects?*
> Since January (six months)
> *So when you go to get resupplies of the pill* (from the clinic) *did you mention the side effects?*
> I haven't mentioned the side effects because the nurses will just say - oh its normal, go away, keep using that pill.'

Women were, for the same reasons, reluctant to ask for a change of method. While, then, one of the reasons that the clinic was preferred was because nurses were seen as being more 'medically' able to deal with side effects and problems, the reality of their attitudes meant that particular social groups, defined by gender, age and socio-economic standing, were more likely to receive this than others. Entitlements to certain standards of treatment, then, were differentially realised.

7.8   Reproductive health issues

As already discussed, the ZNFPC had not incorporated the broader definition of reproductive health, set out in the Cairo Platform for Action, into their policies. Family planning services, and clients' rights to those services, were defined in relation to the narrower goal of contraceptive provision. This meant that a number of women's self-defined needs to reproductive health services were unmet.

The basic health education message promulgated by the CBDs was that of the 'four toos'. As one CBD recited, 'too early, too close together, too many, too late'. These 'toos', it is argued, are bad for the mother's health. Mrs Mhloyi explained that, 'CBDs never tell people how many children to have. Instead they explain to people that they should not have babies before the age of eighteen or after the age of thirty five because it could be dangerous. And they should leave a gap of three years between each child'. The best way to improve women's health, according to the ZNFPC, is spacing through the use of contraception.

While individual CBDs might have acquired a vast amount of knowledge on a range of reproductive health issues through their daily practice, they were not systematically trained or encouraged to advise on these areas (Zinanga 1990). Women were sceptical about the possibility that the CBDs might be able to provide information on a broader range of issues. Patricia suggested that, 'the CBD is always polite. But she's only interested in giving out pills and those who are taking the pill. In my case, I've stopped taking the pill for a while because my husband is away. I have a pain in my womb, but it's not something that the CBD will deal with because

she is only interested in those taking the pill'. Both of the women interviewed who said that they had problems conceiving were astounded by the suggestion that they might discuss this with the CBD. As far as they were concerned, CBDs were in the business of pregnancy prevention not conception assistance.

Some CBDs did use meetings with groups of women as an opportunity to talk about broader health issues. These sessions, however, were carried out on a teacher -pupil basis. The CBD gave a small lecture on a particular subject and asked the gathered women questions to test whether they had understood her message. Health education sessions, then, were based around issues that the ZNFPC thought that rural women needed to be told about. They were not an opportunity for women to discuss their own health concerns. Topics that the CBDs addressed overlapped with the Village Health Workers' agenda and included hygiene issues - the importance of washing your hands, having a clean Blair toilet and a drying rack for dishes - as well as basic information about child care. While some women said that this kind of information was 'useful', a couple pointed out that solving hygiene problems required resources rather than education. Concrete was needed to build Blair toilets, hand washing necessitated an easily accessible source of water.

Some women interviewed suggested that it was also difficult to get treatment for reproductive health problems, other than those obviously related to contraceptive use, at the clinic. One woman said that the nurses were simply not prepared to deal with any reproductive health issue, 'if you have some kind of problem with your *chibereko* (women's reproductive organs) and you go to the clinic then they will say "oh that's family planning go and see the CBD"'. Even when reproductive health problems were directly related to contraceptive use, they were not, as already

245

indicated, adequately addressed. Problems with pill usage or other methods often went unvoiced because women did not think that CBDs had the requisite knowledge to deal with them or because they were scared to voice their concerns to the nurses.

Women, then, had a number of concerns about reproductive health issues which were not adequately met by the services provided. Women excluded from service provision, because they were not supposed to be sexually active, had the least access to reproductive health services. Post menopausal women, for example, although most at risk of problems such as cervical cancer, had no regular contact with health workers who specialised in reproductive issues. All women interviewed said that they were really worried about HIV, but didn't know enough about it. There was a commonly voiced need, then, for more information on this subject. As I will discuss in the next chapter, this lack of information and advice on broader reproductive health issues had a negative impact on continuous, effective use of oral contraceptives. I argue below that the non-functioning of local level participatory mechanisms meant that women had no collective means of voicing these needs or of holding health workers accountable for neglect of given entitlements.

7.9   Participation and identification of needs

As discussed in previous chapters, post- Independence health services were supposed to be controlled by local level, participatory institutions. In keeping with general accounts of citizenship participation in Zimbabwe, however, the evidence in the area of fieldwork suggested that participatory mechanisms were not in operation (Alexander 1995; Munro 1995; Sanders 1992)

As outlined in the theoretical chapter, two critical aspects of citizen participation can be identified. Firstly, participatory mechanisms are necessary in order to enable service users to express their needs and hence identify claims which have not yet been legitimised. Secondly, participatory mechanisms are required as a means of holding service providers to account (Sen 1992). In the area of fieldwork, neither of these functions were operational.

The local clinic was directly controlled by the ministry of health. Local residents were supposed to have input into the provision of clinic based, as well as community based health services, via the Ward Health Committee. The village where field-work was carried out was one of five which comprised the local government defined Ward. Each village had one VCW with a ward level supervisor. One CBD served the whole ward and was, in turn, supervised at district level. The Ward Health Committee was composed of the supervisor of the VCWs, the CBD, the councillor, representatives from the five VIDCOs which make up the ward, headmasters, headmen, local 'influential leaders and businessmen'.

In its operation,the Health Committee did not provide a means for the bottom up flow of information about villagers' needs but rather, in keeping with Alexander's general argument, served as the lowest rung in a top-down decision making process (Alexander 1995). One member of the committee explained its operation, or non-operation, as follows: 'the committee hasn't been functioning for some time. It used to meet on a regular basis, but there didn't seem to be any point in this. Now it meets to plan certain events such as World AIDs Day, Family Planning Day or to inform members about projects like water and sanitation projects. It is a vehicle for informing members of the community about health projects. It meets whenever necessary.'

247

The use of the Ward Health Committee as a vehicle for the downward flow of information was mirrored beneath this in the interactions between health workers and villagers. Health meetings, usually called by the VCW, happened on an irregular basis, perhaps once or twice a year. Participation, in terms of contributing ideas and views about the services, was described as non-existent. A number of informants pointed out that 'the VCWs and the CBDs don't ask for your opinions - they just give you information.' Chipo commented that 'the CBDs and VCWs never ask these kind of questions about what people think of the services. If they did then people might have a chance to give their opinions.' Mrs Muchuro said that even when suggestions had been made to the VCW, they had been ignored; 'the VCWs here are just seated. In other areas they give courses. The women asked for these courses long back but nothing has been done. They want courses to train them to be midwives or Red Cross courses. The VCWs agreed but then they did nothing. So many women wanted these courses.'

As already discussed, government organised meetings were, as a rule, seen as a waste of time. As one informant explained, 'I don't go to many meetings. In general, meetings are a waste of time. I don't want to spend the whole day listening to other people talking'. While all government organised meetings, however, were seen as non-productive, health meetings were described as particularly useless. As one informant explained, 'meetings about health are usually educational. People generally ignore these meetings. If a meeting is educational, no one has any interest in going.' Ladbury and Eyben suggest that there is often far less participation in the provision of health than in other sector services because there are few issues in the provision of health, and even less in family planning services, that generate conflict and, consequently provoke

participation (Eyben and Ladbury 1995). The evidence from the area of fieldwork, however, suggests that the lack of participation in health meetings was a product of the construction of supposed participatory mechanisms.

Two interconnected factors of gender and technocratisation can be used to explain why health meetings were even less participatory than village level decision making structures in other sectors. As already discussed, in contrast to other public provision, health services and concomitantly meetings, were primarily targeted at women. As Joshua explained, 'health meetings are more for women. I listen to the radio to get my knowledge about health rather than going to meetings. Generally it is women who are called to health meetings'. Descriptions of health meetings, then, suggest that supposed participatory processes were structured around the assumption that women had less to say than their husbands. Women were not invited to speak. They were given information. As a number of informants pointed out, in contrast to the household there are no 'rules' prohibiting women's participation in the public sphere. Nonetheless, women's participation in the public realm has been structured on the basis of the norms that govern their role in the private sphere. As mothers and wives women are not expected to voice their own opinions either in the household or in village meetings. As one female informant explained, 'women are not supposed to say what they think. Women are expected to accept things as they are'.

The second factor that contributed to total non-participation in health meetings was the construction of health services as the domain of superior western technology and, concomitantly, trained 'experts'. As Nyamwaya suggests of community health projects in Kenya, 'perhaps more

than in any other sector, modernization strategies in health have been extended to include not only pharmaceutical drugs but also management, financing and communication aspects' (Nyamwaya 1997:183). Despite, then, the interest in community health and participation encouraged by the Alma Ata Declaration in 1978, the general reality of health service provision has been top down technocratic inputs and management. Some women agreed that, indeed, they were lacking in expertise and that this could explain the lack of participation at health meetings: 'I have been to meetings about health. It is usually women who go to these meetings. They are generally educational. At irrigation meetings, people are also advised. But people tend to be more active in irrigation meetings. In irrigation they are talking about issues that people deal with everyday. People have more experience of these things and so they can ask more questions and say more things'. Patricia said that, 'I have never been to a meeting about health. But my husband goes to meetings about agriculture. I have been to some of these. They make decisions at these meetings - do you want to build a dam here or whatever. Meetings about health are just educational. Farmers have more freedom to say what they want. At agricultural meetings you can say this or that and a decision is taken. Agriculture is not complicated. People here know a lot about agriculture. But if it was about contraception - people don't really know anything about contraception. They are not educated. People can be very good farmers, but they are not experts on health'.

Some women, however, disputed the health workers 'expertise' and their definition of women as   in need of education. As Chipo explained, 'agricultural meetings are slightly better than health meetings. People aren't too interested in going to meetings about health. They don't want to be told things about sweeping the floor and looking after the toilet that they already know. A

number of women thought that health workers should be asking them for their opinions about service provision. As Mrs Muchuro argued, 'health workers are usually the ones who make decisions about the way the clinic is run and how the CBDs work. It would be better if women had more say in these decisions because they are the ones who use these facilities'. Some women, then, were not happy to leave health service provision entirely to the 'experts'. Women's views, then, suggest that lack of participation in the health sector was as much a product of the construction of participatory mechanisms as it was about the lack of endogenous motivational forces.

7.10   Participation and accountability

While the lack of effective participatory mechanisms prevented women from collectively defining and voicing their health needs, women's primary concern was with the lack of accountability. The perception that health providers formed an inter related group of 'well ups' made women wary of voicing their opinions to individual workers. Chipo explained that, ' you couldn't discuss these things (problems with the health services) with the VCWs or CBDs because they might be friends with the nurses... Both the CBDs and the VCWs are local, so if you make complaints to them, they might mark your name down and then you would get bad treatment next time you went to the hospital.' One woman suggested that the health services were better before they introduced ideas about local participation because then, at least, there was someone to ' tell the nurses off' when they did something wrong. Women felt, then, that there was no mechanism by which health workers could be held to account. There was a sense among village women that service providers could get away with murder. A couple of women recalled how, at one time, there were so many

251

complaints about services at the hospital that the chief gathered together some of the head men and formed a deputation which demanded that changes were made. In extreme cases, then, there were local mechanisms for ensuring accountability. But on an everyday basis, no such mechanisms existed. All the women I asked about what they would do if they felt that they had been treated badly by the health workers agreed that there was no one person to go to or means of voicing complaints about poor treatment.

It was this lack of accountability which made women sceptical about the charter of clients' rights pinned to the clinic wall. When I asked women what they thought of this list, the usual response was one of laughter. As Chipo said, 'these rights are not for us village women. Maybe for people living in towns. But not for us'. Their derision was not related to the content of the list. Indeed, many of the concerns that women expressed about the services, as outlined in the case material, were complaints about the lack of 'client rights'. Women wanted, above all, to be treated with dignity and respect by health workers. They also wanted privacy, affordable services, confidentiality and informed choice within medically safe parameters, as set out in the ZNFPC's guidelines. But there was means of ensuring that health workers systematically respected the responsibilities outlined. If women laughed at the charter of client rights, it was because they knew that they had no means of demanding that the nurses respected their entitlements in relation to clinic services and not because they thought that those rights should not be observed.

7.11   Conclusion

As outlined in the introduction, ZNFPC policies contained two conflicting definitions of women's

right to reproductive self determination. The ZNFPC recognised women's client rights in relation to health workers in the clinic, but not rights of reproductive self determination in relation to men. These conflicting principles were worked out through the daily practices of street level bureaucrats. Local level health workers refused to provide contraceptives to single women. Married women were given contraceptives with or without their husband's approval. Married women who could obtain contraceptives, however, were treated differentially along axes of age and economic status. Women under the age of thirty, or women from the poorest households, were less likely to be treated with dignity and respect at the clinic than older, wealthier women and, consequently, were less able to demand the information and services they required. While service delivery standards, defined in Cairo, were recognised in policy and programmes, they were not systematically realised. Women's comments about service provision indicated that they wanted the entitlements set out in the charter of clients' rights. The lack of mechanisms of accountability meant that there was no means of ensuring that rural women could demand their given rights. As Plant argues, if individuals do not have mechanisms for enforcing their rights, and the distribution of services is at the discretion of professional providers, then street level bureaucrats have no necessary reason to respond to service users' entitlements to particular resources or standards of provision (Plant 1998). While women in Mabika might have wanted the client rights, however, women's reproductive strategies generally depended, as discussed in chapter five, on recognition of male authority in reproductive decision making. The ZNFPC's policy reinforcement of male reproductive authority in the private sphere was thus in keeping with the strategies of some women. In the following chapter, I examine how the practices of local level health workers, outlined above, impact upon the reproductive strategies of different groups of women in Mabika.

Contraceptive Use And Reproductive Strategies

8.1 Introduction

In this chapter, I examine the impact of the ZNFPC's policies and practices on women's reproductive self determination in the private sphere. In Mabika, customary means of regulating fertility were controlled by a woman's mother in law through enforcement of periods of abstinence and by the husband through withdrawal. These means of fertility regulation contributed to women's lack of reproductive self-determination. The introduction of a family planning programme provided the possibility of methods of fertility regulation independent of kinship control. The technology of contraception, then, offered the potential for women to assert a greater degree of autonomy in reproductive decision making in the private sphere. However, as outlined in the theoretical chapter, the extent to which this potential can be realised is limited both by the context of contraceptive provision and the environment in which women negotiate household relations. In chapter five I discussed the socio-economic context of household negotiations and reproductive decision making. I argued that women in Mabika had to trade rights over fertility for resources and support through marriage. In the last two chapters, I discussed concepts of reproductive rights in the policies and provision of family planning services. I suggested that the practices of local level health workers resulted in the differential realisation of women's entitlements. In this chapter I examine how this discourse impacts upon women's reproductive self-determination in the private sphere.

In Mabika, as discussed in chapter five, women's reproductive strategies were based upon the negotiation of a better position in the household through reference to the terms of the conjugal contract. Women wanted men to recognise rights over their fertility so that they could claim material resources. The pursuit of this strategy, however, required a degree of control over fertility regulation. Women's ability to pursue this strategy, consequently, was partially shaped by the degree to which they realised their clients' rights. Those women who were not treated with dignity and respect sometimes failed to obtain the information they required on contraceptive use and side effects. They consequently used the pill ineffectively. Women who were better able to negotiate entitlements pursued two patterns of contraceptive use. Some women used the pill purely as a replacement for the customary period of abstinence. These women removed the means of fertility regulation from the control of their mother in law and thereby obtained a degree of reproductive self determination. Other women used the pill secretly to extend the gaps between children - or stopped using it in order to conceive against their husband's wishes.

There were indications, however, that women's reproductive strategies were failing in deteriorating economic conditions. The evidence suggested that men, and their families, were increasingly reluctant to claim their rights over women's fertility and its progeny. These women, then, were forced into different strategies. Women who were considering, or who used, longer term methods of contraception, were generally those who had given up hope of their husband providing them with a reliable means of support. Sometimes in violent marital relations, these women wanted to be certain that they did not get pregnant again. This, then, was a strategy of desperation. Unmarried women, keen to avoid the fate of their unsupported single mother peer group, used subterfuge to obtain contraceptive supplies. These latter groups highlight the extent

to which the ZNFPC's programmes, supporting male authority over reproductive decision making in the household, no longer match the reality of women's lives and reproductive strategies.

In the first part of the chapter, relevant work concerning adaptation and resistance to policy is examined. This is followed by a discussion of traditional fertility regulation practices and attitudes to modern methods in Mabika. Patterns of contraceptive use will then be discussed. This will be followed by analysis of the different ways in which women employed the family planning programme, its discourses and practices, in the pursuit of their reproductive strategies.

8.2   Resistance and adaptation

The issue of women's responses to, and uses of, family planning programmes highlights the question of the relevance of western-derived discourses and policies to rural populations in developing countries. As discussed in chapter six, analyses written from a post-modernist approach, have highlighted a supposed opposition between 'development discourses' and local perspectives (Ferguson 1994). While accepting the validity of the notion of the 'development gaze', it can be argued that such analyses create a monolithic myth of western development discourses (Grillo and Stirrat 1998). Moreover, this work ignores the political agency of national and local policy making organisations and actors. As illustrated in chapters six and seven, policy and concomitant practice are the product of contestations among a number of actors and not simply a replication of western discourses at local level. The post-modernist perspective, as used in debates about the 'development gaze', tends to ignore political conflict at both national and local levels. It is an oversimplification to conceptualise the linkages between macro and micro

levels as a conflict between western and local ideologies. In reality, the practice of policy implementation and local level responses to particular programmes are the product of multiple, intersecting and conflicting power structures which are local but tied to non local systems (Shore and Wright 1997).

Analyses of family planning programmes have rarely taken into account these complexities in the analysis of women's responses to and uses of contraception. As discussed in chapter five, demographic analyses of the use of modern contraceptives are built upon the assumption that fertility conduct is governed by some form of active decision-making process involving utility maximisation. Contraceptive use, from this perspective, is the direct product of rational decision making about the costs and benefits of having another child (Carter 1995). Demographic perspectives can be contrasted with feminist analyses which have emphasised the lack of control that women have in relation to service providers and, concomitantly, over contraceptive use (Hartmann 1987). Both these perspectives are premised upon the separation of agency and culture which is, itself, deeply embedded in Western social thought. Women are, consequently, either perceived as totally in control of their fertility or as passive receptacles of external forces. This dichotomy shapes analysis of women's reproductive behaviour in relation to both public and private spheres (Carter 1995). As Greenhalgh suggests, one way out of this dilemma in demographic analyses, is through the use of Bourdieu's concepts of everyday practice or 'habitus' (Greenhalgh 1990a).

Nonetheless, while Bourdieu's conceptual framework helps to illuminate the routine and habit of everyday practice, it fails to provide adequate explanation of individual behaviour that opposes

257

the historical and social conditions of actors' situations. One response to this gap in Bourdieu's framework has been has been the focus on actions of 'resistance'. Scott defines resistance as any act ' that is intended either to mitigate or deny claims made on that class by superordinate classes or to advance peasant claims vis-a-vis the superordinate classes' (Scott 1987:419). The concept of resistance has been further developed by Moore, who links Scott's ideas to theoretical perspectives outlined by Bourdieu. If everyday behaviour is constrained by the dominant cultural system, then equally, resistance to that system may operate at the level of practice, rather than articulated protest. 'Behaviour, sets of activities, conducted in structured space, can be used to "read against the grain" of dominant discourses, to expose the arbitrary nature of their construction...If one cannot resist by placing oneself outside dominant structures and discourses one can none the less displace oneself within them' (Moore and Rogow 1994:82).

Critics of the concept of resistance have argued that it 'not only romanticizes the creativity of the human spirit in refusing to be dominated by large systems of power, it also treats such power as exterior to the local polity which is seen as the source of residual freedoms' (Shore and Wright 1997:13). This criticism is perhaps more correctly directed at the ways in which the idea of resistance has been employed, rather than the concept itself. As the work of Carney and Watts again illustrates, peasant strategies can only be comprehensively analysed if the complexities of intersecting local and non-local power structures are understood. In particular, linkages between inter-household gender conflicts and broader conflicts over state interventions need to be analysed (Carney and Watts 1990). Within a more subtle conceptual framework of power relations, strategies of resistance which draw on state-originating resources in inter-household gender conflicts are of equal importance to the more commonly conceptualised everyday protests of

peasants against supposedly external forces.

Women's responses to family planning programmes, then, have to be seen within the broad framework of the intersection of local and non-local power structures. Analysis of women's strategies within this broader framework serves as a reminder that 'the strategies that women adopt to express or act on their sense of entitlement almost always exist in the context of domination, subordination and limited power or resources' (Petchesky and Judd 1998:19). Discourses and practices of reproductive rights and needs, implemented by local level health workers, provide both constraints upon, and resources for, women's reproductive strategies.

As Carney and Watts observe, everyday resistance can be 'Janus-faced'. Local forms of contention may result in adaptation and acceptance, but reading against the grain also always offers the possibility of challenge to social structures (Carney and Watts 1990). Nonetheless, many actions cannot be easily defined as either adaptation or challenge. As Petchesky and Judd argue in relation to women's reproductive strategies, 'the two extremes of outright resistance and passive accommodation are much rarer than the kinds of complicated, subtle reproductive strategies that most of our respondents adopt in order to achieve some degree of autonomy and at the same time maintain their place in family and community' (Petchesky and Judd 1998:17). In many cases, then, a successful strategy may be one which moves a women from a position of victim to that of survivor (Petchesky and Judd 1998).

8.3   Fertility regulation practices: traditional versus modern

In Mabika, contraception was often discussed in terms of 'traditional' versus 'modern'; the ways of the Ndau versus those of the Europeans. These were the terms, as described in chapter six, through which contraception was introduced into Zimbabwe by the ZNFPC. This was not a debate confined to the issue of family planning alone. As set out in chapter three, this was a discourse which has been interwoven in people's lives, and used in conflicts and negotiations, since the beginning of the colonial era (Bourdillon 1993). In this section, I examine this debate in relation to fertility regulation and attitudes towards contraception.

Traditional methods of fertility regulation

Women in Mabika said that, according to Ndau custom, it was the mother in law who was in charge of fertility regulation and child birth. As outlined in chapter five, the Ndau have both a physical and spiritual explanation of fertility. It is thought that the woman is like a sack in which the man plants his seed. Conception, however, and the creation of life is dependent upon the will of the gods just as illness or death, whatever its recognized physical cause, always requires a spiritual explanation (Bourdillon 1991). The physical aspects of reproduction then, were traditionally managed within the secular framework of household relations. It was only when conception failed to occur that spiritual explanations were sought through consultation with a nyanga or other traditional healer.

It was the mother in law who, traditionally, prepared the young girl for birth, delivered the child, regulated the period of abstinence after the birth and told her daughter in law about herbs to be

used to prevent pregnancy. 'It was my mother in law who told me how to space children. The only method of spacing used was withdrawal. Also abstinence. You were supposed to stay with your mother in law for six months after you had given birth while the husband stayed with his father'. Becoming pregnant while breast feeding was considered dangerous as the breast milk was thought to become contaminated with blood from the womb thereby poisoning the suckling child. Breast feeding, traditionally, continued for a period of two to three years. One older female informant explained that, in the past, this regulation of child birth was not thought of as 'spacing'. 'In my time, you didn't limit the number of children you had - you just had as many as God granted. And we didn't "space". We just made sure that we didn't get pregnant while breastfeeding. This was usually two years. If you became pregnant while breastfeeding, the one who is suckling would die. Lots of women would criticize you if you became pregnant before you had weaned the child. It was the mother-in -law who told you when to have another child. Nothing would be said directly, but she might comment, 'are you having problems? This child is two years old and you are not pregnant again.'

Traditionally, then, a gap of two years was left in between each child. According to the local herbalist, in the case of stillbirth or miscarriage, 'the woman needs to be cured before she conceives again. Stillbirths and miscarriages are caused when the *chibereko* is angry. In most cases, if a child dies soon after birth, it has a spiritual cause. With stillbirths and miscarriages, the woman should wait one agricultural season before conceiving again. If a child dies after birth, then the mother should conceive again quickly to fill the gap'.

The taboo on conception while breast feeding meant that the resumption of sexual relations after

261

six months was seen as being closely linked to the health of the recently born child. Agnes explained that, 'in my day, we used to wait for six months after the baby was born before meeting again with the husband. Then you tie a string around the baby's waist. The string is made from the bark of a tree. The string stops the baby from losing weight from shock when you first meet your husband'. This set of practices was known as *kusungira* (to tie).

The most common traditional technology of conception prevention, apart from abstinence and withdrawal, was tying a string, with a pouch of herbs attached, around the mother's waist. As one woman explained, when you first started menstruating, you went to the father's sister who would tie a string around your waist. The string was, 'to remind you that you were grown up and couldn't have sex with men'. The string was removed when the girl married and then another was tied after pregnancy. A herbalist explained that this method worked like withdrawal by preventing the sperm from entering the womb. The herbalist, like many women in Mabika, thought that traditional methods were healthier than modern contraceptives: 'herbs are tied outside the womb, so nothing is disturbed. Family planning (the pill) can cause problems because it is taken internally, so it disturbs the womb. With the string, a woman's periods are not disturbed, unlike the pill'.

Far from being seen as ineffectual, a number of women suggested that traditional methods of regulation were, in fact, too powerful. Winnie said that, 'some women use traditional methods - tying strings around their waists. After my first born I used this method. I tied the string around my waist after I gave birth and removed the string when I had weaned the baby. But a year after removing the string I had still failed to conceive and I thought the string had made me infertile.

Angelina still used traditional methods. She explained that, "after you give birth, you put some blood from the first menstruation in a bottle and you close the bottle. You open it again when you want to get pregnant. That's what I've always done with all my children. The last one is in Grade 1, so that proves it works. I don't know how it works. If you forget where you put the bottle, then you'll never have another child again. It's similar to when you have a baby that dies. Then you should put it in the grave facing the correct way. If you put it in the grave facing the wrong way, you won't be able to give birth. If you don't know the correct way to put him, then you should put him facing upwards. You have to be very careful with your menstrual blood. You have to bury the bottle. You have to do this alone with no one watching, because even a child can be jealous and do something to the bottle. You mustn't even tell your husband where you have buried it. If you lose the bottle you will never get pregnant again'".

As outlined above, the mother in law's reproductive duties included preparation for birth. Informants explained that the mother in law repeatedly inserted her fist into the daughter in law's vagina in order, it was said, to make birth easier. The mother in law was also expected to act as midwife. At the first indication of pain, the expectant mother was told to squat on the ground with her arms in the air. As informants pointed out, women could spend several hours in this position before delivery. After the birth of the child, the mother in law cut the umbilical cord. The midwife's duties, however, did not end with the safe delivery of the child, but extended into the first few years of the infant's life. Agnes explained that, ' in most cases it was the mother in law who delivered your children. If you were fit, then you were allowed to bury your own placenta. But the umbilical cord was more important. This had to be buried under the verandah where you couldn't step on it, otherwise you would get cracks on your feet. The mother in law had to cut

the baby's nails the first time. It was also her duty to make the baby sit and give the baby its first porridge. If the baby refuses, then you can't continue to feed it. When the baby shows its first teeth, then the mother has to pound some mealie-meal to give to the mother in law. If the mother cuts the baby's nails before the mother in law, then she would have to pay a fine'. 'Failure to follow these customs was thought to have deleterious effects on mother and baby: 'The rules say that it is the one who delivers the baby who should cut the nails. It's a rule. But if you don't follow it, then maybe the baby or the mother would be bewitched'.

In terms of customary reproductive health care, then, fertility regulation, antenatal care and delivery were all delivered within a package built around the mother/daughter in law relationship. It was only in cases of infertility or problems during pregnancy that traditional healers were consulted. Problems with reproduction were taken extremely seriously by both women and healers alike. As conception was seen as having both a physical and spiritual element, so infertility could be caused by either. In Mabika, there were two traditional healers, one a herbalist and the other a nyanga who both specialised in fertility problems. The herbalist dealt with period pains, which she said were related to infertility, and provided herbs for women who were having problems conceiving. The nyanga explained her fertility treatments as follows; 'I treat infertility as a nyanga. Infertility can be caused by possession, bewitchment or bad spirits. In order to treat these problems, I have to become possessed. There is one spirit, a woman, who possesses me if there is a problem with the *chibereko*. As this spirit, I can enter the patient and replace the *chibereko* . With *chibereko* problems, the spirit helps, but then she has to recommend herbs which are also needed'.

As in Zimbabwean civil law, according dominant understandings of Ndau living law, abortion is strictly prohibited . Both the herbalist and the nyanga insisted that, although they knew about particular herbs and potions which could induce abortion, they never gave these to women. The nyanga said , 'I cannot kill my grandchildren'. Among women in Mabika, abortion was a taboo subject. Nonetheless, female informants said that there were two women in the village who were known to help with abortions. Women described a number of different methods of abortion. One involved inserting a chili into the cervix and leaving it there until abortion occurred. Another method which, according to the informant, could be used up to two weeks after sex, required the daily drinking of a jug of water with lots of salt, bicarbonate of soda and soot from the roof of the hut. It was difficult to ascertain, however, how often women resorted to such methods.

Modern methods of fertility regulation

Many of the women interviewed under fifty said that they had never used traditional methods of fertility regulation, including withdrawal. Some married women under the age of thirty said that they didn't even know how to use traditional methods. These responses can be contrasted with answers to questions about use of traditional healers in the case of illness. Out of all those interviewed, only five said that they never went to a traditional healer or prophet. In three of these cases, women said that it was their Christian beliefs which prohibited consultation of traditional healers. Two women said that they never consulted them because they overcharged and generally failed to provide effective cures. Against this background of general health treatment behaviour, then, the rejection of traditional fertility regulation practices stands as an exception.

Female informants suggested that another reason for the increased use of contraceptives was its association with a modern and better way of life. Some women shared the perspective of health workers, outlined in the previous chapter, that contraceptive use was an indicator of 'civilization'. Women suggested that the 'civilized' were in favour, and the 'uneducated' and 'ignorant' were against, contraception. One woman elaborated on this distinction and tied it to issues of social differentiation. Winnie recounted that, 'when the women explained to the nurses about the traditional methods they used, the nurses said that they didn't want to hear about these things. They told them that they could ruin their intestines if they used these things and endanger their fertility. But the women were sitting next to each other, laughing and poking each other in the leg. We whispered "don't believe these things that the nurses are saying." When the nurses told the women about the pill, some believed it and others didn't. The ones who believed were the women who are well up. The others, the poor ones, didn't believe. The well up ones go to the clinic and the doctors so they know about these things and believe them. The poor ones go to nyangas, because this is what they know. The poor women see themselves as different - inferior - to those wealthy ones. Those poor ones who are strict stay by the traditional methods. They want to say that their methods are as good as the pill. They want to maintain the difference between themselves and the wealthy people...When I started taking the pill, I felt that I was a different kind of person, because I had left those traditional methods. Then I saw myself as being as good as those wealthy ones'.

As described in chapter five, men also discussed contraception in these terms. While some men remained opposed to contraception, others said that, these days, 'modern men' saw that family planning wasn't all bad. It was only the 'traditional' or the 'uneducated' who opposed it outright.

The 'civilised' ones recognised its usefulness.

The association of contraceptive technology with 'modern' life, however, also had a negative side. Contraception, the white person's science, was sometimes seen as alien and, consequently, potentially dangerous to Ndau people. Some women thought that this was why contraception produced side effects. They were surprised to hear that European women also suffered from the side effects of contraceptive use.

While for older women, then, the issue of contraception symbolised a choice between traditional and modern ways of life, among women under thirty contraception had more or less become the norm. One twenty six year old explained, 'I was told about traditional methods - tying a string around your waist when you don't want to get pregnant, then removing it when you want to conceive. I never thought of using traditional methods. I just didn't want to. Those things are for old fashioned people. People of my age should use modern methods'. Some women in this age group simply didn't understand questions about why they used contraception instead of traditional methods of fertility regulation. For these women, it was no longer a question or a choice. They used modern methods.

Different methods, however, were viewed with varying degrees of acceptance. The pill, known locally as 'family planning', was the least feared of contraceptive methods among women. Reasons given for preference for the pill were that women knew that they could get pregnant again after using it; you could stop taking it when you wanted to; it did give you side effects but they were not too bad. Not all women knew about other methods. Those that did had generally

only heard of Depo, or 'the injection' as it was known. Those women who knew about Depo thought that it was much more likely to be harmful than the pill. Women's biggest fear about Depo was that it made you infertile. A number of women said they had heard stories about people who had used Depo once and never conceived again. Women thought this was why it wasn't recommended for younger women - you had to have a few children before you took it just in case something went wrong. Women thought that the side effects of Depo were very bad. Women commonly said that it made you bleed continuously or it made you bleed in lumps. Women also said that they had heard that taking Depo made you very 'stout'. Women knew about the condom but associated it with STD prevention rather than family planning. In general, women did not have any objection to the condom itself. The association with STDs, however, meant that it was difficult for a woman to broach the subject of condom use without her husband taking this as an indication of adultery [43].

All men interviewed had some knowledge of 'family planning'. Most men had heard about contraception through ZNFPC broadcasts on the radio. There was general agreement among men that the technical aspects of contraception were a woman's concern. It was not their business to find out about different methods. Some men, however, were interested and a couple said they thought it was important that men should know more. Most of the men spoken to, however, knew about the pill and the injection. Two men interviewed said that they thought it was wrong that nurses could give a women the injection without consulting her husband first. Men also associated condoms with STD prevention. All men spoken to on this issue agreed that condoms

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[43]Ray *et al* argue that the female condom might offer one means of enabling women to use a contraceptive technology which protects them against HIV infection (Ray, 1995).

268

were not for use in marriage. Men commonly said that using a condom was like 'eating a sweet with the wrapper on' [44]. Nonetheless, men were prepared to use condoms in what they defined as casual relationships. These were usually relationships where they only had sex with a woman on one or two occasions. The views of men and women towards contraception in general, and particular types of method, were reflected in patterns of contraceptive use recorded in Mabika.

8.4   Patterns of Contraceptive use

Table 5: Methods of fertility regulation by women's age

	no method	traditional	pill	condom	pill + condom	pill + depo	pill + tubal
15+	2		3				
20+	4	1	19	3	1	2	
30+	2	5	16	1	1	2	1
40+			7		1	1	
50+		10	3				
60+	1	13	1				
Total	9	29	49	4	3	5	1

Data from semi-structured interviews indicated the increasing use of contraceptives in successive generations of women. While among women over the age of fifty, the majority had only ever used

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[44]   Meursing and Sibindi provide more detailed discussion of men's attitudes towards condoms (Meursing, 1995).

traditional methods, the reverse was the case in the under fifty age group. Four of the women under fifty who only used traditional methods did so because of their Apostolic beliefs. Of these women, two said that it was their husband's insistence that prevented them from using contraceptives. The two remaining women under fifty who had only ever used traditional methods, said that they were worried about the side effects of contraception and the possibility of being made infertile. The two women under twenty who used no method were unmarried, although sexually active. Two of the four women between twenty and thirty who said they used no method were unmarried but sexually active. The two others were married but had not yet conceived. Both of the women over thirty who said they used no method were married but thought they were infertile.

In all age groups, the pill was the predominant method used. All the women who had used depo, and the one woman who had a tubal ligation, had first used the pill. Two of the women who had used condoms as well as the pill had used them as a backstop method when they first started taking the pill [45]. Two of the women in their twenties who said that they had used condoms but had never used the pill were unmarried and had used condoms with boyfriends. The third of these women was the only woman interviewed who defined herself as a commercial sex worker. The one woman in her thirties who said that she had only ever used condoms said that she did this both for religious and health reasons. This woman said that condoms were more acceptable to her husband's Apostolic faith than other forms of contraception. She also said that her husband was a policeman and they were given condoms free at work and encouraged to used them in

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[45]   Health workers are supposed to instruct women to use condoms during the first weeks of oral contraceptive use when the woman remains susceptible to pregnancy

order to prevent the spread of HIV.

8.5   Reproductive Strategies

8.5.1   Traditional strategies

Intermittent use

Figures on 'ever use' of contraceptives hide the complexity and patterns of actual use over time in women's reproductive strategies. Individual histories of contraceptive use were often difficult to collect from informants. Many women did not have regular patterns of use and, consequently, found it difficult to recall when, and for how long, they had used the pill.

The cessation of contraceptive use because of side effects was a common theme of many women's reproductive histories. Out of a total of fifty seven women who stated that they had used the pill, fifteen - or just over one quarter - said that they had stopped, at some point, because of side effects. One thirty two year old with four children explained that she used the 'string' after her first born. But she had problems conceiving after she had stopped breastfeeding. So after her second child she switched to oral contraceptives, 'the yellow one for breastfeeding'[46]. However, she gave this up because of stomach problems and got pregnant before she had finished

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[46]   As described in chapter seven, CBDs distributed two different dosage types of oral contraceptive; Ovarette and Lo Feminol for breast feeding and non-breast feeding mothers. These were yellow and white respectively.

271

breastfeeding. After the third child she started taking the pill again and, although she had the same stomach problem, carried on taking it while she was breastfeeding. Then stopped and became pregnant again. She had started using the pill after the fourth child, but gave up because of stomach problems and thought that she might be pregnant again. Portia was twenty three with two children. She started using the 'yellow pill' six weeks after the birth of her first child, then stopped after a further three months because of 'stomach problems'. She became pregnant again eight months after the birth of her first child. Francisca was thirty two and had five children. She used withdrawal after the first three children. After the fourth child she started taking the pill at six weeks, but stopped when she got stomach problems, and then became pregnant again.

As some of these women explained, their cessation of contraceptive use was the result of failure to obtain adequate information or responses from health workers. Either women did not completely understand how to use the pill, and were afraid to ask, or they had side effects which they were reluctant to discuss with clinic staff. Rather than facing the health workers, they stopped taking the pill, or used it incorrectly and became pregnant accidentally. As discussed in chapter seven, women who were least able to obtain information and advice about family planning were often in their early thirties or younger and from the poorest households[47]. Lacking the means to pay for contraceptives from the CBD, they were in a greater position of vulnerability in relation to health workers at the clinic. Save was twenty four years old and married. They had no access to irrigated land, only a small amount of dry land in the compound. They grew food for

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[47]As discussed in chapter five, the relative economic status of households was estimated on the basis of responses to questions and observable indicators. The poorest households were those where there was no access to land, either through inheritance or renting and no regular source of off farm income. Such households were poorly constructed, with no livestock and few possessions such as a radio.

consumption only and frequently failed to manage this. Her husband worked casually in the area, doing whatever jobs he could find. But income was little and irregular. She had three children and was pregnant again. 'I do use pills - yellow ones. I have used them since the birth of my third child. I always get the pill from the clinic because it is free. Sometimes I don't take the pills because I'm not menstruating, so I thought I couldn't get pregnant. I became pregnant while I was breast feeding. I knew that I was pregnant because the baby who was breast feeding got a runny stomach. I got pregnant eight months after the third child. I didn't ask the nurse when I should start taking the pill again. I was just slightly hesitant to ask.' Bernadina was thirty and had five children; 'I started taking the pill after the fourth born. But I had side effects. I told the nurses but they just said "it happens". So I stopped taking the pill and I got pregnant again.' Anna was twenty seven years old. She had no access to irrigated land. Her husband worked in the plantations but didn't always send money back. She earned a little cash from working on other people's fields. She had four children, her first born in 1986; 'I was given pills when I had my first born. I didn't ask for them, I was just given them. The nurses just told me to take one pill every day. They didn't tell me about any other methods. I was happy to take them because I didn't want to get pregnant...I have been taking the pill since 1986. I always get the pill from the clinic because I don't have to pay for it. Before the birth of the twins (in 1993) I had continuous bleeding. When I started bleeding I stopped using the pill and I became pregnant. Now I have the same problem again. I have had continuous bleeding for one month. But I haven't been to the clinic about it. I'm just waiting to see if the problem goes. I go to the clinic to pick up the pills, but I don't mention the side effects. I'm just delaying saying anything. I'm not ready to say anything outright at the clinic yet. I don't think I could change pill. If the problem doesn't go, maybe I'll just stop taking the pill. But I don't really want another child.' The reproductive

strategies of these women, then, were hampered by their inability to obtain adequate and appropriate information about contraceptive use from the clinic.

Pill use while breast feeding

Patterns of contraceptive use among women in the village confirmed the view that, in many cases, the pill was used as a substitute for customary means of fertility regulation.

Discussions with women indicated that part of the appeal of contraception lay in its promise of escape from the social relations which governed traditional fertility regulation and childbirth practices. Women wanted to avoid the demands of their mother in law as midwife and, in so doing, also broke the mother in law's control over fertility regulation. As Agnes explained, 'I only had the first born with a midwife. It was a family midwife - my mother in law. For all the others I went to hospital. I changed to the hospital because the demands from the midwife were too high. With the hospital you don't have to go back and say the teeth are growing or any of those other things'. This was a trend that was opposed by the husband's relatives. One woman explained that, 'I gave birth to four children in hospital: the first, sixth, eighth and tenth. With the others, my mother in law was the midwife. If I was very far away from the clinic, I would have to give birth at home if it happened suddenly. It was the mother in law who cut the nails of all the children. But there were more demands for those children that she helped to give birth to. With every development of the child, you had to pay the mother in law something. If you didn't make these payments she would be very angry. The mother in law was very angry when I gave birth in hospital. But her anger couldn't do anything. The mother in law was always interested to see how

274

the child suckled[48]. After the birth of the first child, I had to sleep in the home of my mother in law for six months. My mother in law wanted to see that I was taking care of the child properly, making sure that I didn't go to sleep with my nipple in the baby's mouth. So after that I went to the hospital to deliver. If you deliver in hospital, then you hear about family planning'. Using hospital delivery services, then, broke the control of the mother in law over birth and child care. In turning to the hospital, women were also introduced to the idea of contraceptives.

One informant suggested, however, women may have consciously started using the pill specifically as a means of evading the mother in law's control over fertility regulation. Mrs Muchuro argued that, 'women started using the pill because it helped them get away from their mother in law. Who wants their mother in law telling them when they can sleep with their husband?'. The pill, then, allowed women to break away from their mother in law's grip on fertility regulation. It also, meant, however, that a woman no longer had a reason to refuse sex with her husband. Patricia said that, 'it was my sister in law who told me about spacing children...She advised me to spend six months without meeting my husband after birth. Then, when you do meet, you should be restrained. I don't follow this advice, because it wouldn't be an acceptable excuse not to have sex with my husband. I use the pill instead'.

Seventeen women below the age of fifty said that they used the pill either during breastfeeding or for the customary two year period in between giving birth in order to space their children. In a number of these cases, women said that the timing of the decision to stop taking the pill was

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[48] Failure of the baby to suckle could be taken as an indication that the mother had been unfaithful.

usually prompted by their husband, or mother and sister in law. Family members would start to make comments about the length of time since the last child was born or would question whether the woman was having problems conceiving. The woman would then know that it was time to get pregnant again.

In cases where women did manage to pursue this strategy, systematic use of the pill did not necessarily equate with having fewer children [49]. Mildred was born in 1950. The household had access to two and a half acres of irrigated land inherited from her father in law. Her husband worked locally as a carpenter in the township. They grew food for both consumption and sale. Mildred also wove hats from boabab bark. In one month, she could make six hats and sell them at ZWD 7 each. She kept this money for herself. She had eight children, the first born in 1967 and the last born in 1987. She gave birth to three more children who died, including twins. She had five girls and three boys. Mildred has used the pill after the birth of each of her children apart from the first born. She first heard about contraception from the CBD who was walking house to house. Mildred liked and respected the CBD and never had any problem obtaining advice and information from her. The CBD told her to use the yellow pill when she was breastfeeding and the white one when she was not. She generally started taking the yellow pill about six to eight weeks after the birth of a child and carried on until she finished breast feeding usually at about one and a half years. Then she switched to the white pill until it was time to conceive again. Mildred said that she liked to use the pill because it meant that you didn't have to bother with the period of abstinence. Only one other woman interviewed in her age group had more children. Mildred had

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[49] This observation is confirmed by recent World Bank research into contraceptive prevalence and fertility levels in Zimbabwe (Thomas and Maluccio 1995)

used the pill more consistently between each child than all of her peers and many of her juniors.

Mildred, then, was an example of a woman who has successfully managed to claim entitlements from health workers which had enabled her to pursue a 'traditional' reproductive strategy. She has gained a limited amount of sexual and reproductive self determination through use of state provided, rather than kinship controlled, means of fertility regulation. This had enabled her to sustain her marriage and manage her household resources.

Secret use of the pill

As already discussed, the majority of women pursued reproductive strategies which enabled them to negotiate for resources within the terms of the marital contract. Women who used the pill did not necessarily want to challenge their husband's authority over reproductive decision making. Yet women also wanted to retain some degree of control both over the means of fertility regulation and fertility itself because, as discussed below, they wanted to space births. Men had mixed views about whether or not contraception represented a threat to their decision making authority. Surveys of men's views on family planning carried out in the early eighties recorded high levels of outright male opposition to the use of contraceptives. Arguments were as much about the control of wives as they were about fertility regulation. The introduction of the pill was seen as encouraging loose behaviour and prostitution among women (Government of Zimbabwe 1982). Similar views were expressed by men of Mabika. Mr Nenowhe said that, 'most men are against family planning. Even now, most men would discourage their wives from taking family planning. I am one of them. How can you know what your wife is doing if she is taking the pill?'. Another man explained, 'men aren't for family planning. Men think that if she stays for three years without

277

having a child - then she might wander off. So men think it's better to fix their wives and make sure they are pregnant or breast feeding - then they can't get into too much trouble'.

Other men, however, disagreed with these views and suggested that the pill had little impact on their authority. Tobius argued that, ' family planning is women's concern. But it's men who decide when to have a child.' Tom explained that; 'before pills were available, then it was the man who was in charge of when they should have children. It was his actions that could decide when there were children. But now, with family planning it doesn't mean that women are in charge. Because the man may still decide. Men will say - this is how many children I want and this is when I want them. Then the woman has to stop taking the pill.'

As indicated above, in a number of cases women did use the pill as instructed by husbands and family. Some women said, however, that they tried to openly negotiate with their husbands over decisions about the timing of conception. They did this through reference to the ZNFPC's discourse about reproductive health needs. Women were, indeed, concerned about the effects of childbirth on their own health. As one woman explained, 'the main reason that I started taking the pill was to space children...The main reason that I wanted to space was for my own health. It wasn't to do with finances. I was just concerned about my health'. Women often talked about the pain and exhaustion of pregnancy, birth and having children. While, as discussed in chapter five, such conversations were sometimes used as a means of claiming a greater stake in household resources, these claims were rooted in women's experience. Discussions about pain and suffering in the delivery room were a common topic of conversation among women. There was unanimous agreement among younger women that long spaces between children were necessary to allow

278

them time to recover from childbirth and breast feeding. In keeping with the ZNFPC's teaching, a number of women said that four years was the ideal gap. Others wanted longer and said that they needed five, six or even eight years between children. Older women, however, were quite dismissive of these arguments. 'In my time,' according to one fifty year old woman, 'people didn't worry about the health of the mother.'

While talk of women's reproductive health needs and spacing were permissible, in contrast to declarations of women's rights to control their own fertility, men disputed women's claims in these terms. Men dismissed ideas about health needs as women's talk. Men claimed that they were not convinced by women's concerns about labour pains. Tobius suggested that, ' women aren't really concerned about the pain of bearing children. The first child might be painful. But the second and third are easy.' Another male informant argued that all the talk about women's health really just showed how weak women were, 'in the past, women were able to have twelve or thirteen children. Now they say they have to have rest and leave spaces in between. What is wrong with women these days?' For men, the issue was not one of spacing but of absolute numbers. 'Women think that it is good to space, but men don't. If you space a lot, then maybe you will be dead before the next child arrives.' Another male informant suggested that 'it's ok to use family planning , but it's not very important. Once you reach the number of children that you want, then it's good to use family planning.'

While, then, some women could discuss the issue of spacing for health reasons with their husband, in many cases it was to no avail. One twenty three year old expressed a common grievance; 'my husband decides when we should have another child. I do mind about this because

I would like time to rest between having children. I have discussed this with some close relatives - but they have the same problem.' Some women interviewed said that when their open negotiations on the basis of arguments about their health needs failed, they resorted to the secret use of the pill. As one woman said; 'with the pill I can have more control than withdrawal. My husband wouldn't agree by discussing. He has to be the one who decides when to have children. The only solution is to take the pill secretly.' As discussed in the previous chapter, such action was often actively encouraged by the health workers. Women's strategies in manipulation of the pill further indicated a degree of control in relation to health workers.

Mrs Dhliwayo was thirty year old and had four children. They had no access to irrigated land, but did have some dry land. They grew food for consumption only. They also kept some goats and poultry. Mr Dhliwayo worked for Agritex in the nearby town and returned home every weekend. Mrs Dhilwayo explained her pill use as follows; 'it is my husband who decides when to have another child. He has never said how many children he wants. I want to carry on having children up to menopause, But I would like to leave three years between each child. Every time, after weaning, I use the pill secretly because my husband wants me to get pregnant straight away. When I first take the pill after giving birth, my husband knows that I am using it. But then I tell him that I have stopped taking it and carry on using it.' Other women followed similar strategies. Golden Munhero was twenty five years old and married, with two children. They had access to dry land around the compound and grew food for consumption only. Golden grew vegetables in her garden for sale. Her husband was a soldier and sent money back on a regular basis. She said that her husband decided when she should have another child; 'in both cases, he said that it was time to have another child. But, now, maybe I haven't rested for long enough, so I will carry on

280

taking the pill without telling him. Then when he says a second time - it's time to have another child, then I will *stop* taking the pill.' The secret use of the pill in between children enabled women to gain a limited amount of time to rest or to delay the costs of additional offspring.

Some women, however, pursued the counter ploy and stopped taking the pill without telling their husband in order to conceive again. In these cases, as one women explained, even though her husband had said he didn't want another child, she was afraid that if she failed to carry on producing children, her husband might leave. Secret non-use of the pill, then, was used as a means of maintaining a marriage through child birth. Mrs Gowo was twenty seven and had three children. 'My husband didn't want another child because he said with the drought things are too difficult. He always says this. He wanted to wait until he had permanent employment before he had another child. But then I thought it was better to have another child straight away. So I just stopped taking the pill without telling him.'

Mrs Mhloyi was thirty three and had six children, the first born in 1982 and the last in 1996. They didn't own any land, but her father in law allowed them to use three boons of his irrigated plot. Mr Mhloyi worked in the town and came home every two weeks. He sent money back every two months. Mrs Mhloyi explained, 'I started using family planning after my first born. I was given it at the hospital. I wanted to use the pill, but my husband didn't approve. So when I first started using the pill in 1983, I was doing it secretly. Then my husband found out and objected, so I stopped using it and got pregnant. I started using it again after the second born. But I didn't use it after the third. The third born was a boy and I found that when I was breast feeding a boy, I didn't menstruate and so I didn't get pregnant. My husband was against family planning at first because we only had a few children. Then when we had four, he said that he didn't want any

more. So then he said that the pill was a good thing. Both the fifth and the sixth children were accidents. I was using the pill. With both the fifth and the sixth child, I finished a packet and then delayed going to get a new packet. Somehow, I wanted to get pregnant again. When my husband said that he only wanted four children, I didn't quite believe him. I thought that four wasn't enough. I told him that I had gone to the CBD to get some pills. It was the same with the fifth born. I told him that I had got another packet of pills, but I delayed and so I got pregnant'. Mrs Mhloyi said that she had always had good relations with the CBD, 'it's easier to talk to the CBD. The CBD is always free and ready to explain. At times the nurses might be busy. It's better to talk to the CBD about side effects because the nurses are off doing other things. I don't worry about the cost of going to the CBD'.

Some men were aware of their wife's secret use of the pill. Tobius had a house in Mabika, but ran a successful hairdressing booth in the township. He explained his wife's reproductive history as follows; 'with me, I was the one who first went to get the pill from the CBD. After the first child I was worried about our finances. I wanted to make sure that we had a solid base before we had another child. But sometimes with women they say to the man that they are taking the pill and then the husband finds that the wife is pregnant and he says what happened? Then the wife says something about how she had to stop taking it because of side effects and how difficult it was to go and get treated at the clinic. Sometimes the wife thinks that she has to keep on bearing children otherwise her husband will divorce her. In my case, I thought that my wife was taking the pill. But then I found that she kept having children. At first she said it was because of stomach problems, side effects and whatever. Really it was because she wanted a girl and all the time she kept having boys - so she kept wanting to try again. Then after the twins, I confronted her and

282

said this is enough. We could end up having ten or twelve boys. With the twins she was disappointed because she went to a prophet and he said that one was a boy and one was a girl. So she was very disappointed when she gave birth to two boys. After that, she signed a piece of paper and she had a tubal ligation - so no more children for us.' His wife later confirmed that this story was true - she had stopped taking the pill and then later told her husband that she had to do this because of side effects. Margaret had wanted a girl, but she also wanted to carry on having children to keep her husband tied to the marriage. In fact, since she had the tubal ligation her husband had made his girlfriend pregnant and Margaret was very worried that he would leave her. As Margaret's case illustrates, even when women were successfully able to negotiate entitlements from the health workers, and use contraceptives to obtain a limited degree of reproductive self determination, their strategies did not always work. As discussed in chapter five, there was evidence of an increasing reluctance among some men to claim their rights over women's fertility. Without men's acknowledgement of their rights, women could not claim resources and support.

8.5.2   New strategies?

Long term methods

As discussed in chapter five, the success of women's reproductive strategies was dependent on the recognition of customary patrilineal, pro-natalist concepts and rights. Children could only be used as a means of prolonging and institutionalizing relationships, and thereby claiming economic support from husband and his kin, if men were willing to claim children as their own and consequently recognize a relationship with the biological mother. When women said that men

wanted lots of children to carry on the name of their clan, they were not only making a comment about their perception of gender relations, but also about the social order that they wanted. A number of women in Mabika, however, had found that men were no longer conforming to their interpretation of traditional society. Changing economic conditions meant that, in some cases, the benefits to men of claiming their customary rights no longer outweighed the costs. As Guyer observes, in many cases men's support of children has attenuated to recognition alone, recognition has attenuated still further into selectivity and selectivity into neglect (Guyer 1994).

It was generally those women who had given up hope of obtaining economic support from their husband who were thinking, or were using, long term methods of contraception. Pamayi was twenty seven, with ten years' education and had three children. Her husband was working as an emergency taxi driver and had been coming home every two weeks, but had recently broken this pattern. Pamayi told us about a neighbour who got pregnant by a policeman. The policeman went to stay with her even though he was already married to someone else. She said that she was worried that her husband was doing the same thing to her - he had made another woman pregnant and maybe he would leave her. 'I discussed family planning with my husband. He wanted four children. I wanted two. But the first two were both boys. So I had a third and it was a girl. Now my husband wants a fourth. I named the last child Takanaka (that's good enough). Generally men want more children than women. Men don't have to worry about the welfare of the children. Even if they provide some financial support, it usually isn't enough. It is the woman who has to provide for the children on a daily basis. When my husband said he wanted four children, I believed him, but I didn't know what to do. Maybe if I don't have a fourth he will go off with another woman. If I do have another one, he can still go off with another woman. I resent the fact that it should

be my husband who decides when to have children. Now I am using depo. I have had two three month injections. I started using it when my last child was three. I have heard rumours about depo. People say that you might fail to conceive and it makes you very stout. I'm not scared. If I stop conceiving I don't care and if I get stout I don't care. If my husband wants another wife, there is nothing that I can do about it. I have to look after myself and my children. I don't care what he thinks of me any more'

Violet was twenty seven and had four children ; 'there are five people living in this household; myself and my four children. The father is working in Harare where he is a butcher. He visits maybe once every three months. He doesn't send money back. I have lived in the house for less than a year. I built and thatched the house myself *(this is usually done by the man)*. Before this I was living with my in laws. I don't have access to land. Sometimes I rent. The in laws don't have access to land. I get a little cash from pieces of work in other people's fields...I don't get any cash from my parents in law as they don't have any money either. They are also struggling. I generally have to pay the school fees myself. If I want the children's father to pay, I have to write a letter to his brothers. If they can find him, then they can sometimes force him to send me some money. My in laws tried to persuade him to pay up but he is too involved with prostitutes. The problems started when I had the twins. Up until then I was living with him. But then he sent me away. He started going out with this woman that I know, but I don't know whether he intends to marry this other woman. It is my husband who decided when to have the children. But now I think that I should be the one to decide because I am the one who bears the children. I have to feed them and send them to school. I was given the pill at the clinic. When I came home and told my husband about it, he accepted. Sometimes I have taken the pill secretly when he has said that it's time to

have another child and I have wanted to wait a bit. For me, eight years is the ideal gap between children. I think I have enough children already. He has said that he wants five children. I think maybe he should give me a bit more money if he wants another child. Now I think I might switch to depo to make sure I don't get pregnant again. I don't care about the side effects. I want to be sure I don't have another child'

In some cases, as discussed in chapter five, violence and poverty went hand in hand. Sara was thirty six and had three children; ' I used to be a Roman Catholic, but I have changed to Apostolic. I changed my church because I was having problems with my husband. When he was paid, he wouldn't come home. When he does come back he is often drunk and he beats me. I thought that because the Apostolics can heal, they might be able to help me. My husband doesn't attend to the house and he doesn't give me any money. It is up to me to buy fruits and sell them to raise money for the school fees. I do have access to irrigated land, but I only grow food for consumption. Neither my husband nor the children help in the fields. My mother in law gave us the land. At first we lived with the mother in law. But she told us we had to go because our arguments were causing a disturbance.... I have been using the pill since I had my first born. But after the last one I changed to depo. I am thinking of sterilization because I don't want any more children. I didn't discuss when to have another child with my husband. I just found myself pregnant. Only the first born was intentional. All the others were mistakes. Sometimes I missed a day or two [of taking the pill]. But it's not possible to tell my husband that I've not taken the pill. If he is drunk then I can't stop him. I don't want any more mistakes'.

Use of long term methods, then, to ensure certainty in the face of irregular visits and no support,

was the strategy of the desperate. Ruby was thirty and had five children. Her husband had two wives. 'There are ten in the household, myself and my children, the second wife and her child and two children from our husband's previous marriage. The first wife left before he married me. We have no access to irrigated land and no dry land. At times we don't have enough food to eat. We weave baskets and sell them. Sometimes we exchange baskets for clothes. Our husband gives us money but it's never enough for all of the children. Generally, one wife stays with the husband. But sometimes he doesn't send money to the one who remains here. He works as a school hand in Harare. Our mother in law says that if he shouts then we have to stay quiet. But we have to run very fast if he starts to beat us. Once when one child was four months old, the husband came home and was so violent that I ran away and told the headmaster. I was covered with cuts and bruises. He [the headmaster] called the police and I had to be accompanied to get the child. I don't leave because he is always promising money. I have to think of the children....My first child was with a different husband. I eloped when I was sixteen, but he wouldn't take me, so I went back to my parents. All the other children are from the same father. I started taking the pill after the fourth born. I didn't discuss this with my husband. One day he found them and he didn't know how they worked. He looked at the empty packet and accused me of sleeping around because I had been taking them while he wasn't there. So then I changed to depo. I have heard that if you take depo you may never conceive again. But I am happy with this. Some people have told me that when you stop taking depo you can bleed so much that you faint. I am afraid that this might happen, but I take it anyway. There has never been a decision to have children - they have all been a mistake. My husband doesn't know that I don't want any more. I will make sure that he doesn't hear.' The resort to long term methods, then, was generally the product of a breakdown in women's marital relations. When it was no longer possible to negotiate for economic resources

287

through fertility, women were prepared to use methods which they thought, as discussed earlier in the chapter, might make them permanently infertile.

Unmarried mothers

As discussed in chapter five, another of the indicators of men's abandonment of their traditional rights was the number of young, single mothers in the village who have been rejected by the biological father of their child. Discussions with women between the ages of fifteen and twenty indicated that it was common for women of this age to be sexually active. These women were unable to officially obtain contraceptives. One teenage boy told me that he was reluctant to sleep with teenage girls without using a condom. He thought it was a common practice for girls to sleep with a number of boys and then, when they got pregnant, to name the one with the best prospects as the father. As a couple of teenage girls admitted, even if they weren't quite as manipulative as this boy had suggested, they were quite happy not to use contraceptives. They used the fact that they were unable to obtain contraceptives to their perceived advantage and were happy to rely on either no contraception or their partner's intermittent use of condoms in the hope that they would get pregnant. Their stated objective was to get pregnant in order to promote marriage. As discussed in chapter five, elopement was a recognised means of achieving that end. In Mabika, however, elopement among women under thirty had led to rejection more often than marriage. In such cases, women were left with a child but no support from the father or his family.

For some single women under thirty, the prospect of single motherhood had prompted them to

obtain contraceptives by illicit means. One teenage girl said that her older married sister obtained the pill on her behalf either from the clinic or from a CBD. This girl declared that she wasn't going to get pregnant until she found a man who she was sure would look after her. The price of this determination was the risk to her health of non-medically supervised contraceptive use. Another girl also said that she had sent an older, married friend to obtain contraception for her from the CBD. She had only done this once, however, because the friend had become worried that the CBD would guess what she was doing. One woman in her twenties said that she went to the clinic in the next town along the road in order to obtain the pill. She wanted a boyfriend but she didn't want to get pregnant. These women, then, had to resort to subterfuge with the health workers in ordered to assert any degree of reproductive self-determination and thereby prevent themselves from entering into the struggle of raising children without resources or support. They did not want to pursue the customary reproductive strategy of trading rights over fertility for economic support because they knew that such strategies could no longer be guaranteed to work. The policies and practices of the ZNFPC, however, in asserting male authority over reproductive decision making in the private sphere, did not allow them to pursue this new strategy easily or without risk to their health.

8. 6   Conclusion

As Petchesky and Judd argue, a successful reproductive strategy may be one that moves a woman from a position of victim to that of survivor. The different strategies that women adopt, in general, fall between the two extremes of outright resistance and passive accommodation. Most women are searching for some degree of autonomy while trying to maintain their place in family

and community (Petchesky and Judd 1998). As discussion of women's strategies illustrates, most tried to negotiate the best deal within customary understandings of marriage rather than directly challenging the terms of the marital contract by claiming reproductive autonomy . As outlined above, the extent to which women were able to do this depended on their relations with family planning providers. Those who were able to claim entitlements to advice and information on contraceptive use, were more likely to be able to successfully pursue their reproductive strategies and negotiate a better position for themselves within the household. The actions of health workers, then, reinforced socio-economic differences between women. Those who were vulnerable because of their age or lack of socio-economic status, were less able to realise their entitlements to certain standards of family planning provision. As a consequence, they were less able to better their position within the household. As discussed in the previous chapter, women wanted the entitlements set out in the charter of clients' rights. Those who received their given entitlements to certain standards of service provision were able to assert a greater degree of reproductive self-determination within private sphere gender relations.

The evidence suggests, however, that some women's reproductive strategies were failing in the present climate of economic change, regardless of their ability to manipulate contraceptive use. The benefits to men of claiming their traditional rights no longer outweighed the costs. The traditional construction of gender relations upon which institutions of Zimbabwean citizenship have been built was being undermined by men's actions. Men's support of their children had dwindled. In some cases, the strategies of women, geared towards cementing relations with men through producing children, had turned out to be 'illusory hopes based on the projected persistence of old patterns into a more radically new age than they imagined' (Guyer 1994:233).

Some women had been forced into new strategies to deal with this situation. Their strategies, however, were those of a desperation which has been left inadequately addressed by government provision. Women whose husband's had materially abandoned them, had turned to depo. Young girls who did not want to follow this path were resorting to subterfuge to obtain contraceptives. Their actions indicated that the ZNFPC, in reinforcing men's reproductive decision making authority in the private sphere, was no longer in keeping with the reality of women's lives or their reproductive strategies. Some women had been forced into asserting self determination over their reproductive lives because men were increasingly reluctant to meet the obligations which formed the counter side to their traditional rights over fertility.

Conclusion

In the Introduction I contrasted the values of the Zimbabwean family planning policy, built on respect for women's rights, with the identification of women as dependants in dominant discourses of citizenship. I suggested that this contrast raised two sets of questions. The first related to the interpretation and implementation of family planning policies. Given the general context of Zimbabwean gendered relations of citizenship, how are the policies and programmes of the ZNFPC interpreted and implemented in practice? The second set of questions related to whether women valued the rights offered in policy and practice by the ZNFPC and were able to utilise these in order to obtain a greater degree of reproductive self-determination in the household. I examined these questions using field work data from Mabika, a village in a communal area of rural Zimbabwe. The body of the thesis fell into three different sections; the first on citizenship, the second on the policies and practices of the ZNFPC and the third examining the extent to which discourses of reproductive rights allowed women greater reproductive self-determination in household gender relations.

In chapter three I discussed the *impact of the* historical construction of citizenship institutions upon divisions of race and gender under the colonial regime. I examined the official identification of women as dependant mothers and wives through the codification of customary law. I suggested, however, that this process was never total or complete. Women were able to use colonial discourses of individual rights and justice to negotiate a stronger position for themselves within customary structures and organisations. In chapter four I examined the years of the Liberation War and the

subsequent policies of the Independent government. Recent analyses have suggested that feminist aspirations for gender equality under the new Zimbabwean government have not been realised. Critics argue that the present day government has failed to dismantle the institutions of the colonial regime and women remain defined by state policies and institutions as dependant mothers and wives. As under the colonial regime, the government has reinforced institutions of male authority as compensation for men's own lack of full political and social citizenship. Local government structures, proclaimed as the basis for an inclusive participatory citizenship, have become the vehicles for patronage by traditional rural elites.

In chapter five, I examined how the context of state policies and institutions shaped women's reproductive strategies in household gender relations. Given their lack of rights to material resources, women thought that they had to marry in order to survive. Living law understandings of the terms of the conjugal contract provided the groom's family with rights over the fertility, sexuality and labour of the incoming wife. The converse side of this contract was the groom's obligation to provide economic support and security for his wife and children. Thus, women traded rights in fertility through marriage in exchange for material and social resources. Within marriage, women negotiated more support through reference to the terms of the conjugal contract and manipulation of their fertility. Many rural women thus aimed to obtain maximum reproductive self determination within the confines of the traditionally understood terms of the conjugal contract. I further argued, however, that women's strategies of claiming resources through marriage were being undermined by economic factors. The evidence suggests that the reality of changing economic conditions in Zimbabwe, as in other Sub Saharan African countries, has meant that men are increasingly reluctant to meet their 'customary' obligations to provide

293

support and security for women (Guyer 1994; Lockwood 1997; Potts and Mutambirwa 1998).

In the second section of the thesis, I examined the policies and practices of the ZNFPC. In chapter six I discussed the historical development of concepts of reproductive rights from the policies of Rhodesian Family Planning Association (FPA) to those of its present day successor, the ZNFPC. The FPA used concepts of human rights and the obligation of the state to provide family planning services to, in practice, claim greater authority over the reproductive decision making processes of African couples. Despite war time nationalist objections to the programme, the Independent government took on the organisation rather than disbanding it. Present day ZNFPC policies and programmes indicate two conflicting definitions of reproductive rights. The first definition defined the parameters of relations between service users and health workers through the identification of a number of client rights. This charter drew upon the quality of care conditions, set out at Cairo, necessary for the realisation of women's self-determination in relation to health workers. In contrast to Cairo, however, these rights were based upon a narrow understanding of reproductive health relating largely to fertility regulation. Posters listing these rights were pinned up in ZNFPC and Ministry of Health clinics. The ZNFPC also, in its policies and programmes, identified men as having ultimate authority over reproductive decision making in the private sphere. Thus the ZNFPC recognised women's rights of reproductive self-determination in relation to health workers, but not in relation to their male kin.

In chapter seven I discussed how local level health workers interpret these conflicting policies in their daily practices. Community Based Distributors refused to provide contraceptives to women who were known to be single. Women who were married, however, could obtain services with

294

or without their husband's consent. The groups of women who could not obtain contraceptives from the CBD had to visit the local Ministry of Health clinic for supplies. At the clinic, realisation of client rights was linked to the socio-economic status of individuals. Younger women and others of lower socio-economic standing were less likely to be able to obtain the information and services identified as client rights. The lack of a credible system of local government worker accountability meant that villagers were unable to collectively ensure that client rights were always observed.

In the third section, I examined the impact of this discourse of reproductive rights on women's strategies in the household. In chapter eight, I argued that within marriage those women who were less able to claim services had more difficulty in negotiating a degree of reproductive self-determination within the household. These tended to use contraceptives intermittently and ineffectively. They were, consequently, less able to regulate their fertility as a means of negotiation for household resources. Those women who successfully obtained services often used contraceptives as a straightforward replacement for kinship-controlled means of fertility regulation. Switching from kinship regulated to state-supplied means of contraception allowed these women a marginal degree of reproductive self-determination within the household. Some of these women used contraceptives secretly to ensure that the timing of child birth was geared to their greatest possible material advantage and well being. Those women who were able to realise their 'clients' rights', then, were able to obtain a greater degree of reproductive self-determination within the household.

As discussed in chapter five, however, changing economic circumstances meant that customary

reproductive strategies were no longer always a successful option. Some women within the

village had given up all hope of gaining any economic support from their husbands. There were

also number of young unmarried women in the village who, learning from the mistakes of their

single mother peers, did not want to risk pregnancy as a means of entering into marriage. These

women were searching for greater reproductive self determination, as there was no longer any

point of trying to trade rights over fertility for economic support. The strategies of these women

highlighted the shortcomings of the ZNFPC's dual definition of reproductive rights. While all

women wanted rights over reproductive self determination in relation to the health workers, some

women also wanted some degree of autonomy in relation to men. While, in the past, the ZNFPC's

conceptual separation of public sphere and private sphere rights could be seen as matching

women's own strategies and values, changing economic circumstances meant that this was no

longer the case.

Rather than questioning whether internationally defined reproductive rights are relevant to rural

women in Zimbabwe, the question perhaps should be one of how the ZNFPC can interpret and

implement those rights to the best advantage of diverse groups of women with different and

changing reproductive strategies. While posters declaring women's rights to reproductive self

determination within the household would alienate men and women, it would be possible at least

to ensure that programmes and practice do not reinforce men's customary reproductive authority.

Thus, it might be worth considering separating out the functions of reproductive health advice

and contraceptive provision. CBDs, with specific health training, could provide information and

advice to all village women regardless of status. Contraceptive provision is, perhaps, better

situated in local depots and Ministry of Health clinics where anonymity allows more access to

different groups of women. Clinic provision, however, has to conform to the standards set out by the ZNFPC itself in accordance with the Cairo declaration. This latter condition is dependent upon an increase in accountability between health workers and villagers.

In the introduction, I suggested that the contrasting sets of values that this thesis explored could be conceptualised through reference to political science debates about contract theory. As Lemarchand and Werbner suggest, a distinction can be made between the Lockean notion of social contract and the Burkean notion of moral partnerships. While in the former, relations between states and individuals are defined in terms of citizens' rights, in the latter those relations are regarded as being rooted in an enduring partnership between those who are living, those who are dead and those who are yet to be born (Lemarchand 1992; Werbner 1995). As I suggested in the introduction and in the theoretical chapter, which set out the ideals of relations between state and society are predicated upon particular constructions of gendered relations in the private sphere. Both are realised through different forms of gender domination. As outlined above, the evidence of fieldwork suggests many women have, historically and currently, tried to use the resources offered by the Lockean model of rights and equal citizenship to increase their benefits within a social system based on the values of moral partnership. They were searching for a maximum degree of self determination without loss of security and support. For all women, this meant they wanted the client rights defined by the ZNFPC. For some women, it meant that they required a broader definition of reproductive rights to call upon in order to pursue their reproductive strategies. Women, then, could use discourses of reproductive rights and the entitlements they legitimated through interpretation and implementation, as resources to be drawn upon in pursuit of their different strategies. If women rejected the charter of clients' rights, it was

297

not necessarily because they did not like the values, or could not utilise the resources legitimated by reproductive rights discourses. It was, in practice, as much a product of the relationship between state and society. As discussed in chapter four, there was no accountability between local level workers and villagers. While women might have wanted the rights enshrined in ZNFPC policies they had no faith in the system which legitimised them.

As I suggested in the introduction, the gendered construction of citizenship can be seen as having a dual impact on the value and realisation of women's reproductive rights. First, the institutions of citizenship shape the social and economic 'enabling conditions' which underpin the reality of women's choices about their fertility. Second, the nature of women's participation in political processes influences the practices of street level bureaucrats and, consequently, the realisation of rights. Feminist analyses of reproductive rights have tended to focus on the first of these issues. Field work for this thesis suggests that the second is equally as important. As Plant argues, rights provide a means of empowering citizens in relation to public service providers (Plant 1998). But, if rights are to be more than rhetorical, then participation in political processes has to allow means for citizens to hold local level workers to account.

The recognition of rights, then, may provide women with a means of making claims on the state and its agents. As Petchesky and Judd suggest, whatever the inequalities in relations between health workers and services users, it may be easier for women to assert their views and wants in the public sphere rather than the private world of household relations(Petchesky and Judd 1998). As I have suggested in this thesis, however, increasing entitlements in relation to health workers enables women to more successfully achieve a degree of self-determination in household

negotiations. Ensuring women's increased realisation of rights in the public sphere through increased local level accountability, may provide one entry point into unequal gender relations in the private.

BIBLIOGRAPHY

Alexander, Jocelyn. (1994): 'State, Peasantry and Resettlement in Zimbabwe.' Review of African political Economy 61 325-345.

Alexander, Jocelyn. (1995)'Things Fall Apart, the Centre *Can* Hold: Processes of Post-War Political Change in Zimbabwe's Rural Areas.' In Society In Zimbabwe's Liberation War., ed. Ngwabi Bhebe and Terence Ranger. 175 - 191. Two. Harare: University of Zimbabwe Publicatios.

Allen, Anita L.(1987) Uneasy Access. Totowa New Jersey: Rowman and Littlefield.

Armstrong, Alice, ed. (1987) Women and Law in Southern Africa. Harare: Zimbabwe Publishing House.

Armstrong, Alice. (1997) 'Law and the family in Southern Africa.' In Family, Population and Development in Africa, ed. Aderanti Adepoju. 183 - 202. London: Zed Books.

Armstrong, Alice, Chaloka Beyani, Chuma Himonga, Janet Kabeberi-Macharia, Athaliah Molokomme, Welshman Ncube, Thandabantu Nhlapo, Bart Rwezaura, and Julie Stewart. (1993): 'Uncovering Reality: Excavating Women's Rights in African Family Law.' International Journal of Law and the Family 7 314-369.

Barnes, Teresa A. (1992)'The Fight for Control of African Women's Mobility in Colonial Zimbabwe, 1900-1939.' Signs 17 (3): 596-608.

Batezat, Elinro, Margaret Mwalo, and Kate Truscott.(1988) 'Women and Independence: the Heritage and the Struggle.' In Zimbabwe's Prospects, ed. Colin Stoneman. London: Macmillan.

Beall, Jo. (1998 'The Gender and Poverty Nexus in the DFID White Paper: Opportunity or Constraint?' Journal of International Development 10): 235-246.

Becker, Gary. (1976) The Economic Approach to Human Behaviour. Chicago: University of Chicago Press.

Berer, M. (1993) 'Population and Family Planning Policies: Women-centred Perspectives.' Reproductive Health Matters 1: 4-12.

Binion, Gayle. (1995) 'Human Rights: A Feminist Perspective.' Human Rights Quarterly 17 509-524.

Birdsall, N. (1976)'Women and Population Studies.' Signs 1 (3): 699-808.

Boland, Reed, Sudhakar Rao, and George Zeidenstein (1994) 'Honoring Human Rights in

Population Policies: From Declaration to Action.' In <u>Population Policies Reconsidered</u>, ed. Adrienne Germain and Lincol Chen Gita Sen. Boston: Harvard University Press.

Boohene, Esther and Thomas E. Dow. (1987)'Contraceptive Prevalence and Programme Effort in Zimbabwe.' <u>International Family Planning perspectives</u> 13 (1): 1-7.

Bourdieu, Pierre (1977). <u>Outline of a Theory of Practice</u>. Cambridge: Cambridge University Press.

Bourdillon, Michael (1991). <u>The Shona Peoples</u>. Gweru: Mambo Press.

Bourdillon, M.F.C.(1993) <u>Where are the Ancestors</u>? Harare: University of Zimbabwe.

Brand, Veronica, Rodreck Mupedziswa, and Perpetua Gondo (1995). 'Structural adjustment, women and informal trade in Harare.' In <u>Structural adjustment and the working poor in Zimbabwe</u>, ed. Peter Gibbon. Uppsala: Nordiska Afrikainstitutet.

Bratton, Michael (1978). <u>Beyond Community Development: The political Economy of Rural Administration in Zimbabwe</u>. London: Catholic Institute for International Relations.

Bunch, Charlotte (1990). 'Women's Rights as Human Rights: Toward a Re-Vision of Human Rights.' <u>Human Rights Quarterly</u> 12 486-498.

Bunch, Charlotte (1995). 'Transforming Human Rights from a Feminist perspective.' In <u>women's rights human rights</u>, ed. Julie Peters and Andrea Wolper. New York, London: Routledge.

Butegwa, Florence (1993). 'The Challenge of promoting Women's Rights in African Countries.' In <u>Ours By Right</u>, ed. J. Kerr. London: Zed Press.

Cain, M (1981. 'Risk and Insurance: Perspectives on Fertility and Agrarian Change in India and Bangladesh.' <u>Population and Development Review</u> 7): 435-474

Cain, M (1983). 'Perspectives on Family and Fertility in Developing Countries.' <u>Population Studies</u> 36

Caldwell, J.C. and P. Caldwell (1987). 'The Cultural Context of High Fertility in Sub-Saharan Africa.' <u>Population and Develpment Review</u> 13 (3): 409-438.

Campbell, B.M., R.F. Du Toit, and C.A.M. Attwell, ed.(1989) <u>The Save Study. Relationships between the environment and basic needs satisfaction in the Save catchment, Zimbabwe</u>. Zambezia. The Journal of the Universoty of Zimbabwe. Harare: University of Zimbabwe.

Carney, J and M Watts (1990). 'Manufacturing Dissent: Work, Gender and the Politics of meaning in a Peasant Society.' <u>Africa</u> 60 (2): 207-240.

Carter, Anthony T(1995). 'Agency and fertility: For an ethnography of practice.' In <u>Situating</u>

Fertility. Anthropological and Demographic Inquiry, ed. Susan Greenhalgh. 55-85. Cambridge: Cambridge University Press.

Castle, Wynn (1978). The Family Planning Association of Rhodesia. The Family Planning Association of Rhodesia.

Central Statistical Office Zimbabwe (1992). .Census 1992. Provincial Profile Manicaland. Central Statistical Office, Harare, Zimbabwe.

Chanock, Martin (1985). Law, Custom and Social order. The Colonial Experience in Malawi and Zambia. Cambridge: Cambridge University Press.

Charlesworth, Hilary (1993). 'Alienating Oscar? Feminist Analysis of International Law.' In Reconceiving Reality. Women and International Law, ed. Dorinda G. Dallmeyer. 25. Studies in Transnational Legal Policy.

Charlesworth, Hilary (1995). 'Human Rights as Men's Rights.' In women's rights human rights, ed. Julie Peters and Andrea Wolper. New York, London: Routledge.

Charlesworth, Hilary, Christine Chinkin, and Shelley Wright. (1991) 'Feminist Approaches to International Law.' The American Journal of International Law 85 613-645

Cheater, A.p. and R.B. Gaidzanwa (1996). 'Citizenship in Neo-patrilineal States: Gender and Mobility in Southern Africa.' Journal of Southern African Studies 22 (2): 189-200.

Chimedza, R (1987). 'Women and Decision Making: The Case of District Councils in Zimbabwe.' In Women in Southern Africa, ed. C. Qunta. London: Alison and Busby Ltd.

Cobbah, Josiah A (1987). 'African Values and the Human Rights Debate: an African Perspective.' Human Rights Quarterly 9 339-301

Comaroff, John L (1997). ' The Discourse of Rights in Colonial South Africa. Subjectivity, sovereignty, modernity.' unpublished paper.

Cook, Rebecca J. and Mahmoud F Fathalla (1996). 'Advancing Reproductive Rights Beyond Cairo and Beijing.' Internaional Family Planning Perspectives 22 (3): 73-86.

Cooper, Frederick (1989). 'from free labour to family allowances: labour and African society in colonial discourse.' American Ethnologist 16 (4): 745-765.

Cordell, D and J.W Gregory (1987). African Population and Capitalism. Historical Perspectives. Boulder and London: Westview Press.

Correa, Sonia and Rosalind Petchesky (1994). 'Reproductive and Sexual Rights: A Feminist Perspective.' In Population Policies Reconsidered. Health, Empowerment and Rights., ed. Adrienne Germain Gita Sen Lincoln C. Chen. 107-126. Massachusetts: Harvard University Press.

Cousins, Ben, Dan Weiner, and Nick Amin (1992. 'Social Differentiation in the Communal Lands of Zimbabwe.' Review of African Political Economy 53): 5-24.

Davies, Rob (1988). 'The Transition to Socialism in Zimbabwe: Some Areas for Debate.' In Zimbabwe's Prospects, ed. Colin Stoneman. London: Macmillan Publishers.

Davison, Jean (1997). Gender, Lineage and Ethnicity in Southern Africa. Colorado: Westview Press.

Dixon-Mueller, Ruth (1993). Population policy and women's rights. Transforming reproductive choice. Praeger.

Dixon-Mueller, R and A Germain (1992). 'Stalking the Elusive 'Unmet Need' for Family Planning.' Studies in Family Planning 23 (5).

Donnelly, Jack (1989). Universal Human Rights in Theory and Practice. Cornell: Cornell University Press.

Dowrick, F. E.ed (1979) Human Rights. Problems, Perspectives and Texts.Farnborough:Saxon House.

Ekeh, Peter P (1990). 'Social Anthropology and Two Contrasting Uses of Tribalism in Africa.' Comparative Studies in Society and History 32 (4): 660-700.

Elshtain, Jean Bethke (1983). 'On 'The Family Crisis'.' Democracy 3 (1).

Engle, Karen (1993). After the collapse of the public/private distinction: strategizing women's rights. The American Society of International Law. Studies in Transnational Legal Policy 25.

Escobar, A (1995). Encountering Development: The Making and Unmaking of the Third World. Princeton: Princeton University Press.

Evans, Peter (1996). 'Government Action, Social Capital and Development:.' World Development 24 (6): 1119-1132.

Eyben, Rosalind (1998). Poverty and Social Exclusion: North-South Links. Social Development Division, Department for International Development. Report

Eyben, Rosalind and Sarah Ladbury (1995). 'Popular participation in aid-assisted projects: why more in theory than in practice?' In Power and Participatory Development, ed. Nici Nelson and Susan Wright. London: Intermediate Technology Publications.

Family Care International (1994). Action for the 21st Century. Reproductive Health and Rights for All. Family Care International.

Family Planning Association of Rhodesia (1967). Notebook for Fieldworkers. The Family

Planning Association of Rhodesia.

Family Planning Association of Rhodesia (1974). Annual Report and Accounts 1973-74. Family Planning Association of Rhodesia.

Family Planning Association of Rhodesia (1976). A Chronological Appreciation of the Growth of the Association. The Family Planning Association of Rhodesia.

Family Planning Association of Rhodesia (1978). Annual Report and Accounts 1977-78. Family planning Association of Rhodesia.

Family Planning Association of Rhodesia (1980). Annual Report and Accounts 1979-80. Family Planning Association of Rhodesia.

Family Planning Association of Rhodesia (1981). Annual Report and Accounts 1980-81. Family Planning Association of Rhodesia.

Ferguson, Clare (1988). 'Women and the right to food.' Paper presented at the UN/OECD DAC Inter Agency Workshop on Gender and Human Rights in FAO, Rome.

Ferguson, James (1994). The Anti-Politics Machine. Minneapolis: University of Minnesota Press.

Folbre, Nancy (1986). 'Hearts and Spades: Paradigms of Household Economics.' World Development 14 (2): 245-255.

Folbre, Nancy (1988). 'Patriarchal Social Formations in Zimbabwe.' In Patriarchy and Class: African Women in the Home and Workforce, ed. Sharon Stichter and Jane Parpart. Boulder, Colorado: Westview Press.

Frank, O. and G. McNicoll (1987). 'An Interpretation of Fertililty and Populatoin Policy in Kenya.' Population and Development Review 13 (2): 209-243.

Fraser, Nancy (1989). Unruly Practices: Power, Discourse and Gender in Contemporary Social Theory. Cambridge: Polity Press.

Freedman, L and S Isaacs (1993). 'Human Rights and Reproductive Choice.' Studies in Family Planning 24 (1): 18-30.

Gaidzanwa, Ruth (1987). 'Operation Clean-up.' In Third World - Second Sex, ed. Miranda Davies. 2. London and New Jersey: Zed Books.

Gaidzanwa, Rudo (1992). 'Bourgeois Theories of Gender and Feminism and Their Shortcomings with Reference to Southern African Countries.' In Gender in Southern Africa. Conceptual and Theoretical Issues, ed. Ruth Meena. Harare: SAPES Books.

Garcia-Moreno, Claudia and Amparo Claro (1993). 'Challenges from the Women's Health

Movement: Women's Rights versus Population Control.' In Population Policies Reconsidered, ed. L Chen and A Germain G Sen. Harvard: Harvard University Press.

Gibbon, Peter, ed (1995). Structural adjustment and the working poor in Zimbabwe. Uppsala: Nordiska Afrikainstitutet.

Goetz, A (1995). 'Institutionalizing women's interests and accountability to women in development.' IDS Bulletin 26 (3): 1-10.

Goetz, Anne-Marie (1996). 'Dis/Organizing Gender: Women Development Agents in State and NGO Poverty-Reduction Programmes in Bangladesh.' In Women and the State, ed. Shirin M. Rai and Geraldine Lievesley. London: Taylor and Francis.

Gooneskere, Savitri (1998). 'A Rights Based Approach to Realizing Gender Equality.' In UN/OECD-DAC Inter Agency Workshop on Gender and Human Rights in FAO, Rome, UN.

Government of Zimbabwe (1982). Report on the Situation of Women in Zimbabwe. Ministry of Community Development and Women's Affairs.

Government of Zimbabwe (1985). Zimbabwe National Family Planning Council. Act of parliament

Greenhalgh, Susan (1990a). 'Toward a Political Economy of Fertility.' Population and Develpoment Review 16 (1): 85-106.

Greenhalgh, S (1990b). State-society links: political dimensions of population policies and programmes, with special reference to China. The Population Council, Research Division. Working paper 18.

Gregson, Simon, Tom Zhuwau, Roy Anderson, and Stephen Chandiwana (1996). The early socio-demographic impact of the HIV-1 epidemic in rural Zimbabwe. Centre for the Epidemiology of Infectious Diseases, Department of Zoology, University of Oxford and Blair Research Institute. Draft report on work programme on population based studies of HIV in developing countries: Impact and interventions.

Grillo, R.D. and R.L. Stirrat, ed.(1998) Discourses of Development. Oxford, New York: Berg.

Guyer, Jane I (1994). 'Lineal identities and lateral networks: The logic of polyandrous motherhood.' In Nuptiality in Sub-Saharan Africa. Contemporary Anthropological and Demographic perspectives., ed. Caroline Bledsoe and Gilles Pison. Oxford: Clarendon Press.

Guyer, Jane I. and Pauline E. Peters (1987). 'Introduction to special issue on the household.' Development and Change 18 197 - 214.

Hadenius, A and F Uggla (1996). 'Making Civil Society Work, Promoting Democratic Development:What can States and Donors Do?' World Development 24 (10): 1621-1640.

305

Hancock, P.M.J.(1977) <u>Report on Training methods for Field Educators</u>. Family Planning Association of Rhodesia.

Harding, Sandra, ed. (1987) <u>Feminism and methodology</u>. Bloomingtom, Indiana: Indiana University Press.

Hardon, Anita and Elizabeth Hayes (1997), ed. <u>Reproductive Rights in Practice</u>. London and New York: Zed Books.

Harris, O (1981). 'Households as Natural Units.' In <u>Of Marriage and the Market</u>, ed. C. Wolkowitz K. Young R. McCullagh. London: CSE Books.

Hartmann, B (1987). <u>Reproductive Rights and Wrongs: The Global Politics of Population Control and Contraceptive Choice</u>. New York: Harper and Row Publishers.

Hausermann, Julia (1998). <u>A Human Rights Based Approach to Development</u>. Department for International Development (DFID). Discussion Paper Commissioned by DFID.

Heise, Lori L (1995). 'Close to Home: The Impact of Violence Against Women on Reproductive Rights.' In <u>women's rights human rights</u>, ed. J Peters and A Wolpor. New York, London: Routledge.

Hellum, Anne (1995). 'Gender, law and democratisation: Reproductive regulation and legal pluralism in Zimbabwe.'

Helmsing, A.H.J.(1991) 'Transforming rural local government: Zimbabwe's post-independence experience.' In <u>Rural Development and Planning in Zimbabwe</u>, ed. N.D. Mutizwa-Mangiza and A.H.J. Helmsing. Aldershot: Avebury.

Holland, Jeremy and James Blackburn, ed.(1998) <u>Whose Voice? Participatory research and policy change</u>. London: Intermediate Technology Publications Ltd.

Iliffe, John (1987). <u>Famine in Zimbabwe 1890-1960</u>. Gweru: Mambo Press.

Jacobs, Susie (1983). 'Women and Land Resettlement in Zimbabwe.' <u>Review of African Political Economy</u> 27/28 35-50.

Jacobs, S. and T. Howard (1987). 'Women in Zimbabwe: Stated Policy and State Action.' In <u>Women, State and Ideology</u>, ed. H. Afshar. London: MacMillan.

Jaquette, Jane S and Kathleen A Staudt (1990). 'Politics, population and gender: A feminist analysis of US population policy in the Third World.' In <u>The political interests of gender. Developing theory and research with a feminist face.</u>, ed. K B Jones and A G Jonasdottir. Sage.

Jeater, Diana (1993). <u>Marriage, Perversion and Power. The Construction of Moral Discourse in Southern Rhodesia 1894 - 1930</u>. Oxford: Clarendon Press.

Jeffery, P, R Jeffery, and P Ludden (1994). <u>Moving Targets: Women and Population Policies in South Asia</u>. Unpublished paper.

Jelin, Elizabeth (1996). 'Citizenship Revisited: Solidarity, Responsibility and Rights.' In <u>Constructing Democracy. Human Rights, Citizenship and Society in Latin America</u>, ed. Elizabeth Jelin and Eric Hershberg. Boulder: Westview Press.

Jirira, Kwanele Ona (1995). 'Gender, politics and democracy: kuvaka patsva [reconstructing] - the discourse.' <u>Southern African Feminist Review</u> 1 (2): 1-29.

Kabeer, Naila (1983). 'Do Women Gain from High Fertility?' In <u>Women, Work and Ideology in the Third World</u>, ed. H. Afshar. London: Tavistock.

Kabeer, Naila (1992). <u>From Fertility Reduction to Reproductive Choice</u>. IDS: Discussion Paper 229.

Kabeer, Naila (1994). <u>Reversed Realities</u>. London and New York: Verso, 1994.

Kandiyoti, Deniz (1988). 'Bargaining with Patriarchy.' <u>Gender and Society</u> 2 (3): 278-290.

Kanji, Nazneen (1993). 'Gender and structural adjustment policies: A case study of Harare, Zimbabwe.' PhD, London.

Kazembe, Joyce L (1986). 'The Women Issue.' In <u>Zimbabwe. The Political Economy of Transition 1980 - 1986</u>, ed. Ibbo Mandaza. Dakar: Codesria.

Kesby, Mike (1996). 'Arenas for Control, Terrains of Gender Contestation: Guerrilla Struggle and Counter-Insurgency Warfare in Zimbabwe 1972-1980.' <u>Journal of Southern African Studies</u> 22 (4) 561-584.

Kiss, Elizabeth (1977). 'Instrumental Insights: Marx and Foucault on Rights.', Princeton University. Unpublished paper.

Kriger, Norma (1992). <u>Zimbabwe's Guerrilla War</u>. Cambridge: Cambridge University Press.

Kuper, Hilda (1954). 'The Shona.' In <u>Ethnographic Survey of Africa</u>, ed. Daryll Forde. Southern Africa IV. London: International African Institute.

Kymlicka, Will and Wayne Norman (1994). 'Return of the citizen: A survey of recent work on citizenship theory.' <u>Ethics</u> 104 (2): 352-381.

Lan, David (1985). <u>Guns and Rain: Guerrillas and Spirit Mediums in Zimbabwe</u>. London: James Currey.

Lapchick, R. and S. Urdang (1982). <u>Oppression and Resistance: The Struggle of Women in Southern Africa</u>. Conneticut and London: Greenwood Press.

Lawson, Victoria (1995). 'The politics of difference: Examining the quantitative/qualitative dualism in post-structuralist feminist research.' Professional Geographer 47 (4) 449-457.

Lemarchand, Rene (1992). 'Uncivil States and Civil Societies: How Illusion Became Reality.' The Journal of Modern African Studies 30 (2): 177-191.

Leys, Colin (1959). European politics in Southern Rhodesia. Oxford: Clarendon Press.

Lipsky, Michael (1980). Street-level Bureaucracy. New York: Russell Sage Foundation.

Lister, Ruth (1995). 'Dilemmas in engendering citizenship.' Economy and Society 24 (1): 1-40.

Lockwood, Matthew (9197). 'Reproduction and Poverty in Sub-Saharan Africa.' IDS Bulletin 28 (3): 91-99.

Loewenson, Renee and David Sanders (1988). 'The Political Economy of Health and Nutrition.' In Zimbabwe's prospects, ed. Colin Stoneman. 133-152. MacMillan Publishers.

Lonsdale, John (1986). 'Political Domination in Africa.' In Political Domination in Africa, ed. Patrick Chabal. 126-157. Cambridge: Cambridge University Press.

Mackintosh, Maureen (1992). 'Questioning the State.' In Development Policy and Public Action, ed. Maureen Mackintosh and Tom Hewitt Marc Wuyts. Oxford: Oxford University Press.

Mamdani, Mahmood (1996). Citizen and Subject. Contemporary Africa and the Legacy of Late Colonialism. Princeton, New Jersey: Princeton University Press.

Mandaza, Ibbo (1986). Zimbabwe. The Political Economy of Transition 1980-1986. Dakar: Codesria.

Manga, Pran (1988). 'The Transformation of Zimbabwe's Health Care System: A Review of the White Paper on health.' Social Science and Medicine 27 (11): 1131-1138.

Maxwell, David (1993). 'Local Politics and the War of Liberation in North-east Zimbabwe.' Journal of Southern Africa Studies 19 (3): 361-386.

May, Joan (1983). Zimbabwean Women in Customary and Colonial Law. Harare: Mambo Press.

Maynard, Mary (1994). 'Methods, Practice and Epistemology: The Debate about Feminism and Research.' In Researching Women's Lives from a Feminist Perspective, ed. Mary Maynard and June Purvis. London: Taylor and Francis.

Mazur, Robert and Marvellous Mhloyi (1994). 'Women's work and fertility in Zimbabwe: Ending underdevelpment with change.' In Gender, Work and Population in Sub-Saharan Africa., ed. Aderanti Adepoju and Christins oppong. London: James Currey.

308

McDowell, Linda (1992). 'Doing gender: feminism, feminists and research methods in human geography.' Transactions of the Institute of British Geographers New Series 17 (4): 399 - 416.

McNamara, R (1981). The McNamara Years at the World Bank. Baltimore: John Hopkins Press.

Mishra, Ramesh (1998). 'Beyond the Nation State: Social Policy in an Age of Globalization.' Social Policy and Administration 32 (5): 481-500.

Moore, David B (1991). 'The Ideological Fomation of teh Zimbabwean Ruling Class.' Journal of Southern African Studies 17 (3): 472-495.

Moore, Henrietta L (1988). Feminism and anthropology. Feminist Perspectives, ed. Michelle Stanworth. Cambridge: Polity Press.

Moore, Henrietta L (1994). A Passion for Difference. Essays in Anthropology and Gender. Cambridge: Polity Press.

Moore, Henrietta L (1993). 'Households and Gender Relations: The Modelling of the Economy.' In Understanding Economic Process, ed. Sutti Ortiz and Susan Lees. 131-48. Lanham: University Press of America.

Moore, Kirsten and Debbie Rogow (1994). Family planning and reproductive health: briefing sheets for a gender analysis. The Population Council.

Moser, Caroline (1993). Gender Planning and Development: theory, practice and training. London: Routledge.

Mosse, David (1994). 'Authority, gender and knowledge: Theoretical reflections on the practice of participatory rural appraisal.' Development and Change 25 (3): 497 - 525.

Mosse, David, John Farrington, and Alan Rew, ed. (1998) Development as Process. London and New York: ODI/Routledge.

Mouffe, Chantal (1992). 'Feminism, Citizenship and Radical Democratic Politics.' In Feminists Theorize the Political, ed. Judith Butler and Joan W. Scott. New York, London: Routledge.

Moyo, Johnathan N (1992). 'State Politics and Social Domination in Zimbabwe.' The Journal of Modern African Studies 30 (2): 305-330.

Moyo, Sam (1995). 'A gendered perspective of the land question.' SAFERE. Southern African Feminist Review 1 (1): 13 - 31.

Mueller, E (1976). 'The Economic Value of Children in Peasant agriculture.' In Population and Development: The Search for Selective interventions, ed. R.G. Ridker. Baltimore: John Hopkins University Press.

Mugwagwa, N. O (1991). Evolution and Growth of Family Planning in Zimbabwe. ZNFPC.

Muhwava, Willian (1994). Reproductive behaviour in Zimbabwe: Evidence from the 1988/89 Demographic and Health Survey. London School of Hygiene and Tropical Medicine. Draft article.

Muir, Ann (1992). Evaluating the Impact of NGOs in Rural Poverty Alleviatoin. ODI: Working Paper 52.

Munro, William (1996). 'Re-Forming the Post-Apartheid State? Citizenship and Rural Development in Contemporary South Africa.' Transformation 30 1-29.

Munro, William A (1995). 'Building the Post-Colonial State: Villagization and Resource management in Zimbabwe.' Politics and Society 23 (1): 107-140.

Mw Makumbe, John (1996). Participatory Development. The Case of Zimbabwe. Harare: University of Zimbabwe Publications.

Ncube, Welshman (1987). 'Released from legal minority: The Legal Age of Majority Act in Zimbabwe.' In Women and Law in Southern Africa, ed. Alice armstrong. Harare: Zimbabwe Publishing House.

Ncube, Welshman (1996). 'Women's access to and control of land. A critique of the Land Tenure Commission Report.' Woman Plus. Zimbabwe Women's Resource Centre and Network News Bulletin. 1 (1): 21 - 22.

Nhongo-Simbanegavi, Josephine (1997). 'Zimbabwean Women in the Liberation Struggle: ZANLA and its Legacy 1972-1985.' DPhil, Oxford.

Nyamwaya, David O (1997). 'Three Critical Issues in Community health Development Projects in Kenya.' In Discourses of Development, ed. R.d. Grillo and R.L. Stirrat. Oxford. New York: Berg.

Nyasha and Rose (1983). 'Four Years of Armed Struggle in Zimbabwe.' In Third World. Second Sex, ed. Miranda Davies. London: Zed.

Oakley, Ann (1981). 'Interviewing women: A contradiction in terms.' In Doing feminist research, ed. Helen Roberts. London: Routledge and Kegan Paul.

Okin, Susan Moller (1991). 'Gender, the Public and the Private.' In Political Theory Today, ed. David Held. Cambridge: Polity Press.

Pankhurst, Donna and Susie Jacobs (1988). 'Land tenure, gender relations and agricultural production: the cas of Zimbabwe's peasantry.' In Agriculture, women and land, ed. Jean Davison. Boulder: Westview Press.

310

Parkin, David and David Nyamwaya, ed.(1987) Transformations of African Marriage. Manchester: Manchester University Press.

Patel, Tulsi (1997). 'The Precious Few.' London School of Economics:Unpublished paper.

Pateman, Carole (1992). 'Equality, difference, subordination: the politics of motherhood and women's citizenship.' In Beyond Equality and difference. Citizenship, feminist politics and female subjectivity, ed. Gisela Block; Susan James. London: Routledge.

Pateman, Carole (1989). The Disorder of Women. Cambridge: Polity Press.

Paul, Samuel (1991). Accountability in public Services. The World Bank:Working Paper WPS 614.

Pearson, R (1995). 'Global Change and Insecurity: Are Women the Problem or the Solution?' In International Workshop on Insecurity in the 1990s in London School of Economics.

Petchesky, R (1980). 'Reproductive Freedom: Beyond a Woman's Right to Choose.' Signs 5 (4): 661-685.

Petchesky, Rosalind P and Karen Judd, ed. (1998) Negotiating Reproductive Rights. Zed Books: London and New York.

Peters, Julie and Andrea Wolper, ed. (1995) Women's rights human rights. New York, London: Routledge.

Phillips, Anne (1991). 'Citizenship and Feminist Theory.' In Citizenship, ed. Georrfrey Andrews. London: Lawrence and Wishart.

Phimister, Ian (1986). 'Discourse and the Discipline of Historical Context: Conservationism and Ideas about Development in Southern Rhodesia 1930-1950.' Journal of Southern African Studies 12 (2): 263-275.

Phimister, Ian (1988). 'The Combined and Contradictory Inheritance of the Struggle Against Colonialism.' In Zimbabwe's prospects, ed. Colin Stoneman. London: Macmillan.

Plant, Raymond (1998). 'Citizenship, Rights, Welfare.' In Social Policy and Social Justice, ed. Jane Franklin. Cambridge: Polity Press.

Potts, Deborah and Chris Mutambirwa (1998). ''Basics are now a luxury': perceptions of structural adjustment's impact on rural and urban areas in Zimbabwe.' Environment and Urbanization 10 (1): 55-76.

Pringle, Rosemary and Sophie Watson (1992). ''Women's Interests' and the Post-Structuralist State.' In Destabilizing Theory. Contemporary Feminist Debates, ed. Michele Barrett and Anne Phillips. Cambridge: Polity Press.

311

Pringle, Rosemary and Sophie Watson (1996). 'Feminist Theory and the State. Needs, Rights and Interests.' In Gender, Politics and Citizenship in the 1990s, ed. Barbara Sullivan and Gillian Whitehouse.

Ranchod-Nilsson, Sita C (1992). 'Gender Politics and National Liberation: Women's Participation in the Liberation of Zimbabwe.' PhD, Northwestern University.

Ranger, Terence (1983). 'The Invention of Tradition in Colonial Africa.' In The Invention of Tradition, ed. E. Hobsbawm and T. Ranger. Cambridge: Cambridge University Press.

Ranger, Terence (1985). Peasant Consciousness and guerrilla war in Zimbabwe. London: James Currey.

Ranger, T.O (1970). The African Voice in Southern Rhodesia. London: Heinemann.

Ray, Sunanda, Nyasha Gumbo, and Michael Mbizvo .(1996 'Local Voices: What Some Harare Men Say about Preparation for Sex.' Reproductive Health Matters 7: 34-45.

Renteln, Alison Dundes (1985). 'The Unanswered Challenge of Relativism and the Consequences for Human Rights.' Human Rights Quarterly 7.

Risseuw, C (1991). 'Bourdieu, Power and Resistance: Gender Transformation in Sri Lanka.' In The Gender of Power, ed. K; Leijanaar Davis M.; Oldersma, J. London: Sage.

Roberts, Penelope (1991). 'Anthropological perspectives on the household.' IDS Bulletin 22 (1): 60-65.

Sanders, David (1992). 'The State and democratization in PHC: community participation and the village health worker programme in Zimbabwe.' In The Community Health Worker. Effective Programmes for Developing Countries., ed. Stephen Frankel. 179 - 219. Oxford: Oxford University Press.

Schmidt, Elizabeth (1990). 'Negotiated Spaces and Contested Terrain: Men, Women, and the Law in Colonial Zimbabwe, 1890 - 1939.' Journal of Southern African Studies 16 (4): 622-648.

Schmidt, Elizabeth (1992). Peasants, traders, and wives. Shona women in the history of Zimbabwe 1870 - 1939. Social history of Africa, ed. Allen Isaacman and Luise White. Portsmouth: Heinemann.

Schmidt, Heike (1996). 'The Social and Economic Impact of Political Violence in Zimbabwe, 1890-1990: A Case Study of Honde Valley.' Ph.D, Oxford.

Schneider, E (1986). 'The Dialectic of Rights and Politics: Prespectives from the Women's movement.' New York University Law Review 61 (2): 589-652

Schuler, Margaret (1992). Violence against women: An international perspective : OEF International.

Scott, J (1987). 'Resistance without protest and without organization.' Comparative Studies in Society and History 29 (2): 417-452

Seidman, Gay W (1984). 'Women in Zimbabwe: Post Independence Struggles.' Feminist Studies 10 (3): 419-440.

Semler, Vicki J., Anne S. Walker, Leonora Wiener, Tina Johnson, and Jane Garland Katz, ed. (1988) Rights of Women. New York: the International Women's Tribune Centre.

Sen, Amartya (1981). Poverty and Famines. Oxford: Clarendon Press.

Sen, Amartya (1990). 'Gender and Cooperative Conflicts.' In Persistent Inequalities, ed. Irene Tinker. 123 - 149. Oxford: Oxford University Press.

Sen, Gita (1992). 'Social needs and public accountability: the case of Kerala.' In Development Policy and Public Action, ed. Maureen Macknitosh and Tom Hewitt Marc Wuyts. Oxford: Oxford University Press.

Sen, Gita, Adrienne Germain, and Lincoln Chen, ed. (1994) Population Policies Reconsidered. Health, Empowerment and Rights. Harvard: Harvard University Press.

Shore, Chris and Susan Wright, ed (1997). Anthropology of Policy. London: Routledge.

Sithole, Masipula (1986). 'The General Elections 1979-1985.' In Zimbabwe. The Political Economy of Transition 1980-1986, ed. Ibbo Mandaza. Dakar: Codesria.

Smyth, Ines (1995). Population Policies: Official Responses to Feminist Critiques. The Centre for the Study of Global Governance. London School of Economics:Discussion Paper 14.

Spilhaus, Paddy (1980). Family Planning Pioneering in Rhodesia (Zimbabwe) 1957 - 1970. ZNFPC, Harare. Unpublished report.

Staudt, Kathleen (1987). 'Women's Politics, the State, and Capitalist Transformation in Africa.' In Studies in Power and Class in Africa, ed. Irving Leonard Markovits. Oxford: Oxford University Press.

Staudt, K (1989). 'The State and Gender in Colonial Africa.' In Women, the State and Development, ed. J. Everett and K. Staudt S. Charlton. New York: State University of New York Press.

Staunton, Irene (1990). Mothers of the Revolution. London: James Currey.

Stewart, Sheelah (1997). 'Happy Ever After in the Marketplace: None-government Organisations

and Uncivil Society.' Review of African Political Economy 71 11-34.

Stott, Leda (1990). Women and the Armed Struggle for Independence in Zimbabwe. Centre of African Studies. Edinburgh University:Occasional Papers 25.

Sullivan, Donna (1995). 'The Public/Private Distinction in International Human Rights Law.' In women's rights human rights, ed. Julie Peters and Andrea Wolper. New York, London: Routledge.

Sylvester, Christin (1991). Zimbabwe. The Terrain of Contradictory Development. Boulder and San Francisco: Westview Press.

Tendler, J. and S. Freedheim (1994). 'Trust in a Rent-Seeking World: Health and Government Transformed in Northeast Brazil.' World Development 22 (12): 1771-1792.

The Human Rights Council of Australia (1995). The Rights Way to Development: A Human Rights Approach to Development Assistance. Australia: The Human Rights Council of Australia.

Thomas, D. and J. Maluccio (1995). Contraceptive Choice, Fertility, and Public Policy in Zimbabwe. LSMS Working Paper No. 109. Washington: The World Bank, 1995.

Tomasevski, Katarina (1994). Human Rights in Population Policies. SIDA.

Tomasevski, Katarina (1997). Between Sanctions and Elections. London and Washington: Pinter.

Tomasevski, Katarina (1998). A Primer on CEDAW for International Development Co-operation Personnel. Sida. Report 2/98.

Tumwine, James K(1989). 'Community participation as myth or reality: a personal experience from Zimbabwe.' Health Policy and Planning 4 (2): 157-161.

Turner, B (1990). 'Outline of a Theory of Citizenship.' Sociology 24 (2): 189-217.

Turner, Bryan S (1997):. 'Outline of a Theory of Human Rights.' Sociology 27 (3): 489-512

Umtali Post (1978). 'Farm Family Planning Scheme Started.' The Umtali Post, December 8

Umtali Post (1981). 'People Must Choose on Family Planning.' The Umtali Post, July 24: 3.

van Gunsteren, Herman (1978). 'Notes on a Theory of Citizenship.' In Democracy, Consensus and Social Contract, ed. J. Lively P. Birnbaum G. Parry. Sage Publications.

Vock, J (1988). 'Demographic Theories and Women's Reproductive Labour.' In Patriarchy and Class. African Women in the Home and the Workforce., ed. S. Stichter and J. Parpart. Westview Press.

Vogel, U. and M. Moran (1991). The frontiers of citizenship. Basingstoke: Macmillan.

Wajcman, J (1994). 'Delivered into men's hands? The social construction of reproductive technology.' In Power and Decision, ed. G. Sen and R. Snow. Harvard: Harvard University Press.

Walby, Sylvia (1994). 'Is citizenship gendered?' Sociology 28 (2): 379-395

Walt, Gill, ed (1990). Community Health Workers in National Programmes. Just Another Pair of Hands? Buckingham: Open University Press.

Warren, K and S Porque (1993). 'Women, Technology and International Development Ideologies. Analyzing Feminist Voices.' In Gender at the Crossroads of Knowledge, ed. M. di Leonardo. California: University of California Press.

Weinrich, A.K.H (1979). Women and racial discrimination in Rhodesia. Paris: UNESCO.

Weiss, Ruth (1986). The Women of Zimbabwe. London:Kesh.

Werbner, Richard (1995). 'Human Rights and Moral Knowledge.' In Shifting Contexts, ed. Marilyn Strathern. 98-116. London: Routledge.

Werbner, Richard (1998). 'The Reach of the Postcolonial State.' In Association of Social Anthropologists Conference. Power, Empowerment and disempowerment in Changing Structures in University of Zimbabwe, Harare.

West, Michael (1993). 'The politics of Family Planning in Zimbabwe 1957 - 1990.' Masters, University of Illinois.

Whitehead, A (1981). 'I'm Hungry Mum: The Politics of Domestic Budgeting.' In Of Marriage and the Market, ed. Carol Wolkowitz Kate Young Roslyn McCullagh. 88-111. London: CSE Books.

Whitehead, Ann (1988). 'Men and Women, Kinship and Property: Some General Issues.' In Women and Property - Women as property, ed. Renee Hirschon. London and Canberra: Croom Helm, 1984.

Wilson, C and J Cleland. 'Demand Theories of the Fertility Transition.' Population Studies 14 (1)

Wilson, Richard (1997). Human Rights, Culture and Context. London, Chicago, Illinois: Pluto Press.

Winikoff, B (1988). 'Women's health: An alternative Perspective for Choosing Interventions.' Studies in Family Planning 19 (4): 197-214.

Worby, Eric (1994). 'Maps, Names and Ethnic Games: The Epistemology and Iconography of Colonial Power in Northwestern Zimbabwe.' Journal of Southern African Studies 20 (3): 371-

392.

Wuyts, Marc, Maureen Mackintosh, and Tom Hewitt, ed (1992). Development Policy and Public Action. Oxford: Oxford University Press.

Young, Iris Marion (1989). 'Polity and group difference: A critique of the ideal of universal citizenship.' Ethics 99:250-274.

Zimbabwe News (1967). Zimbabwe News, 14 October :2-3.

Zimbabwe News (1970). Zimbabwe News, July:10-12.

Zimbabwe Women's Bureau (1981). 'We Carry a Heavy Load.' Rural Women in Zimbabwe Speak Out. Government of Zimbabwe. Report of a survey carried out by the Zimbabwe Women's Bureau

Zinanga, A. F.(1992) Development of the Zimbabwe Family Planning Program. The World Bank, Working Paper

Zinanga, Dr Alex (1990). Community-based Distribution Programme in Zimbabwe. ZNFPC.

ZNFPC (1983). Annual Report 1982. ZNFPC.

ZNFPC (1984). Annual Report 1983. ZNFPC.

ZNFPC (1986). Annual Report 1985. ZNFPC.

ZNFPC (1987). Annual Report 1986. ZNFPC.

ZNFPC (1990). Strategy for the Zimbabwe national Family Planning programme for the five years from 1991 to 1996. ZNFPC.

ZNFPC (1991). Annual Report 1990. ZNFPC.

ZNFPC (1992). Zimbabwe Family Planning Service Delivery Policies and Standards. ZNFPC, Policy Document.

ZNFPC (1992a). A Situation Analysis of the Family Planning Programme. ZNFPC.

ZWRCN (1994). The gender dimension of access and land use rights in Zimbabwe. Evidence to the land commission. Zimbabwe Women's Resource Centre and Network.

ZWRCN (1996). Women and land. Zimbabwe Women's Resource Centre and Network, News Bulletin Vol 1, no 1.

APPENDIX I:
MAP OF FIELD SITE