

Gendered Inequalities on Contraceptive Use and Women's Reproductive Rights

A Philosophical Reflection on Women in the Johane Marange Apostolic Church in Harare

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Abstract

Religion plays a significant role in creating inequalities between men and women in different facets of life. The Johane Marange Apostolic Church (JMAC) doctrine particularly on contraception has created inequalities with regard to women's reproductive rights. This paper is a qualitative investigation and examination of the gendered inequalities on contraceptive use and reproductive rights of women in the JMAC. The paper made use of the Johane Marange Apostolic Churches in some selected districts of Harare as case study. The paper seeks to answer the following research question, how has the JMAC doctrine on contraception created some gendered inequalities particularly on contraceptive use and reproductive rights of women in this Apostolic church. In answering this research question, I made use of field data collected through participant observation and in-depth interviews with women in some selected JMACs in Harare. The paper takes a qualitative research approach. I analyse the data in order to draw conclusions regarding gendered inequalities on contraceptive use and reproductive rights of men and women in JMAC. Major findings of the study showed that the clandestine use of modern contraceptives by women in JMAC against their church doctrine has turned them into independent agents. Women in JMAC have now changed the way in which they view their sexuality, thus, they are now able to control their sexual and reproductive capabilities. Through the clandestine use of modern contraceptives, the paper showed that most married women in JMAC now liberate themselves from being passive sexual and reproductive vessels. On the whole, the paper submits that it is the JMAC religious doctrine against contraception which has created some gendered inequalities on sexual and reproductive rights of women in JMAC.

Keywords: gender, inequality, reproductive rights.

Introduction

The paper investigates and examines the gendered inequalities on contraceptive use and reproductive rights of women in the JMAC. The purpose here is to demonstrate the impact of religion in creating inequalities particularly on contraceptive use and reproductive rights in the JMAC community.

The paper makes use of field data collected on contraceptive use and gender implications for married women in JMAC in Harare. Research findings on contraceptive use have positively indicated a widespread reception of these contraceptives by most married women in the JMAC. Such a widespread reception of modern contraceptives raises issues in two important areas, gender relations and reproductive rights of women in JMAC, The paper gives particular focus on the gendered inequalities on reproductive rights of women in JMAC.

Research Questions

The research was guided by the following research questions;

- 1) Do women in the Johane Marange Apostolic Church use contraceptives?
- 2) What are the gendered inequalities on contraceptive use and women's reproductive rights in JMAC?

Research Methodology

The study took a qualitative research paradigm which is concerned with subjective assessment of attitudes, opinions and behaviour (Kothari, 2004: 5). The quantitative research paradigm could not be employed in this study because the approach surveys a large number of individuals and applies statistical techniques to recognize overall patterns in the relations of processes. The research design adopted in this study is a case study design. Participant observation and in-depth interviews were conducted with married women and church elders in the selected Johane Marange Apostolic Churches in Harare. We conducted one-on-one interviews at their different homes in order to avoid bias. We noted that if these oral interviews were to be conducted at their places of worship, it would distort information since participants would not open up to give true information in fear of their church elders. Key informant interviews were conducted with family planning providers to understand their engagement with women from the Johane Marange Apostolic Church. These interviews were carried out in order to ascertain the position of the Church on the use of contraceptives and to determine women's reception of modern contraceptives. Also, the interviews sought to investigate and examine some gendered inequalities issues that were associated with utilising modern contraceptives.

Twelve different Johane Marange Apostolic Churches (JMAC) in Harare were consulted. The different JMACs which include, Belvedere, Kuwadzana 4, Kuwadzana Extension, Dzivaresekwa, Warren Park, Budiriro, Glenview, and Chitungwiza districts among others were engaged. In each Apostolic church, twenty-five to thirty women were interviewed on contraceptive use and their implications or repercussions on gender. Three to five church elders were also interviewed in order to ascertain the position of the church doctrine on contraception. One member of the Zimbabwe National Family Planning Council (ZNFPC) and two other family planning service providers were also consulted, to understand how they engaged women from Johane Marange Apostolic Churches on modern contraceptives.

Data for this study were collected in one phase between July 2017 and January 2018. Collection of data was through one-on-one interviews, and participant observation. The time frame of data collection from July 2017 to January 2018 was adequate enough. Given the qualitative nature of this study, it utilized the inductive approach to data analysis. The inductive approach takes qualitative data analysis to begin with a complete set of collected data in form of transcripts of

interviews, focus group discussions and participant observation conducted during field data collection.

The Idea of Contraception and the JMAC Doctrine

In this section, I articulate in brief the JMAC doctrine on contraception. The section makes reference to data collected through one-on-one interviews on contraceptive use among women in JMAC together with some documented literature. The JMAC is one of the African Initiated Churches in Zimbabwe. The JMAC church was named after its founder, Johane Marange (Vengeyi, 2013:63). The main doctrine of the JMAC is well captured in their Apostolic book called *Umboo Utsva hwaVapostori* (The New Revelation of the Apostles). The book is revered by the *Vapostori* as a canonical addition to the Bible.

According to their Apostolic book, *Umboo Utsva hwaVapostori*, the JMAC maintains a religious culture against the idea of contraception. I note that their stringent doctrine against contraception is anchored on the Bible verse Genesis 1: 28 which says:

'God blessed them and said to them, be fruitful and multiply and fill the earth and subdue it, rule over the fish of the sea and the birds of the air and every creature that crawls upon the earth' (Holy Bible 1982).

The Johane Marange people's interpretation of the phrase above, 'be fruitful and multiply,' is such that women must bear as many children as possible and should not do anything to prevent childbearing. Also, Vengeyi (2016:262) admits that a number of married women in the JMAC have been loyal to their doctrine that teaches them not to use any form of medication whatsoever that prevents them from bearing children. Based on the given bible verse above, the doctrine of the JMAC is clearly and strictly against the use of contraceptives.

It is observed that the strict beliefs and teachings against contraception in the JMAC are influenced by the patriarchal nature of this Apostolic community. This is a result of certain patriarchal ideologies dominant in the JMAC that take a negative stance on contraception. In this paper, patriarchy is taken to refer to a system of domination of man over women, which transcends different economic systems, eras, regions and class (Boonzaaier and Sharp, 1988:154). I agree with their notion that patriarchal ideology developed as a result of the elevation of the idea of the leadership of the fathers to a position of paramount importance in society. Under this ideology, the father is regarded as the head and protector of the family (Boonzaaier and Sharp, 1988:154). The present paper acknowledges that patriarchal ideologies in the JMAC influence men to take control over their women's sexuality and reproductive rights.

In the Johane Marange Apostolic community, the traditional patriarchal ideologies held empower men to determine the size of the family. According to the one-on-one interviews conducted with some married women in the JMAC, the husband decides on the number of children he would want to have and how to space them as well. One of the respondents in an oral interview conducted in Warren Park 5 reiterated the following and I quote;

“Isu pachitendero chedu, baba ndivo vanototaura uwandu hwevana vavanoda, isu semadzimai hatipikise...” (According to our religion, the husband is the one who just states the number of children he wants, we as mothers do not oppose...) (Wachenuka, Key Informant Interview, 30 September 2017).

It is evident from the above interview excerpt that married women in the JMAC are encouraged to have as many children as possible. I observe that such attitudes on reproduction do not give room for any form of medication to be taken or practices to be pursued so as to prevent pregnancy. Their thrust is to enlarge their family lineages (*kukudza dzinza*) in order to fulfil the scripture, “...be fruitful and multiply...” (Genesis 1: 28).

Also, the patriarchal attitudes that characterise the JMAC influence married men to control their wives’ sexual reproductive rights. The available documented literature suggests that married women in this Apostolic community do not have sexual and reproductive freedom, hence they are just passive sexual and reproductive vessels (Mukova and Mangena, 2016: 116). It is noted that freedom and autonomy of married women in this community concerning their sexual and reproductive behaviour is suppressed. The patriarchal ideologies in the JMAC have also influenced the Church to develop teachings and beliefs against contraception.

Findings; Women and Contraceptive in the JMAC

The section presents research findings on contraceptive use among women in JMAC. Findings presented in this section will help in ascertaining the role of the JMAC religious teachings in creating gendered inequalities on contraceptive use and women’s reproductive rights.

Different women in the JMAC were interviewed to give their position on contraceptive use. One-on-one interviews conducted with married women of JMAC in Kuwadzana Extension (JMAC Kuwadzana Extension District) revealed that these women take modern contraceptives, in particular oral contraceptives (pills) and Depo-Provera. One of these married women said:

“Chitendero chedu hachibvumidze kunwa mapiritsi kana chimwe chinhu kudzivirira pamuviri, asi kune avo vanonwa, vanotoita muchivande” (Our church prohibits the use of contraceptives or anything related to that to prevent pregnancy, but to those who do it, they do it in secret (Japi, Interview, 9 September 2017)).

From the above data extract, the participant explained that it was her wish to have a small manageable family, since having many children would become a financial burden.

During the one-on-one interview sessions, some married women reported that they use modern contraceptives in particular, Jadelle, Depo-Provera, Pills and the Intra-Uterine device (loop) clandestinely without the permission of their husbands. This group of women pointed out that their husbands played a key role in determining the number of children they would opt to have, which in most cases, they opted for more than five (5) children. One of these participants had this to say;

“Baba kumba ndivo vanototaura kuti vanoda vana vangani, isu semadzimai tongotevedzera kunyangwe mumoyo tichirwadziwa nekuita vana vakawanda” (It is

the husband at home who decides on the number of children we should have, as women, we simply obey even deep inside our hearts we would not want to bear many children) (Madhuve, Interview, 16 September 2017).

From the evidence cited in the data extract above, the key informants indicated that it was the duty and responsibility of the husband to decide on the number of children, although in most cases such decisions would be against their wishes. With regard to the place of men in determining the number of children and issues to do with contraception, the data provided indicated that men in JMAC do play a major role in sexuality issues, where sexuality is a social construct that is biologically driven (Gupta, 2000).

In order to determine or establish the position of JMAC on contraception, I also made use of participant observation method. In a church service I attended in Glen View (JMAC, Glen View district), one of the church elders gave a sermon which included contraceptive use. The church in Glen View belongs to the faction led by Noah Taguta. It is the faction that encourages polygamous marriages and holds conservative views on the different religious aspects in Johane Marange. In addressing the issue of contraception, the preacher reiterated the following;

“Vana zvipo zvinobva kuna Mwari, nokudaro, madzimai edu haafanirwe kushandisa mishonga yekuzvipatara inodzivirira pamuviri akaropafadzwa mudzimai anobereka vana vazhinji....” (Children are gifts from God; therefore our women must not use drugs that prevent pregnancy.... Blessed is that woman who bears more children) (Guru, Participant Observation, Preaching, 19 August 2017).

The above evidence clearly demonstrates the position of the JMAC on contraception. The church's doctrine strongly forbids the use of contraceptives and advocates that women should bear as many children as possible.

In order to extract primary information through participant observation on contraceptive use among women in the JMAC, I also attended a service in Budiriro 4. The aim here was to get a holistic understanding on the reception and utilization of contraceptives according to the JMAC doctrine. Evidence from data extracts demonstrated that the JMAC doctrine holds a very strong position against the use of contraceptives. One of the preachers in the church service I attended emphasized that the main duty or responsibility of a woman was to bear children. The message is well captured in the following quotation;

“Pachitendero chedu, basa guru remudzimai kubereka vana vazhinji, nokudaro uyo anodzivisa kubereka vana anotadza pamberi paJehovah...” (According to our religion, the main responsibility of a woman is to bear more children; therefore he who prevents pregnancy commits a sin before God...) (Chikwati, Participant Observation, Preaching, 26 August 2017).

The above findings presented clearly show that the JMAC holds strict conservative views against contraception. They advocate that women should keep on bearing children and taking contraceptives would disturb procreative values.

One respondent in an interview reiterated that the reason was that the church holds a strict doctrine and moral proscriptions related to the use of contraceptives. In an interview, one of the church elders at the JMAC in Belvedere reiterated that, contraception is morally wrong and

should not be practised because the purpose of sexual activity is to reproduce, hence to use contraceptives is actually sinning against God. It is critical to note that such a belief might have stemmed from Genesis 1 verse 28, which encourages reproduction, “And God blessed them, and God said unto them, Be fruitful, and multiply, and replenish the earth, and subdue it: and have dominion over the fish of the sea, and over the fowl of the air, and over every living thing that moveth upon the earth” (Jeffrey, 2011).

In ascertaining the reception of contraceptives among women in the JMAC, I also engaged the Zimbabwe National Family Planning Council (ZNFPC) in Harare. ZNFPC has the mandate to coordinate, take leadership and support implementation of integrated Family Planning services, Sexual and Reproductive Health and Rights and other related services in Zimbabwe (ZNFPC 1985).

In an interview conducted with the Director of ZNFPC, on the engagement of married women in JMAC on contraceptive use, he reiterated that these women make use of injections and contraceptive implants secretly against their religious doctrines. He pointed out that most women pay visits to the nurses’ homes in order to be given contraceptives, such as the Depo-Provera (injection), Jadelle (contraceptive implant) and the Intra-Uterine Devices (IUDs).

From his explanation, most women in the JMAC avoid using the pills since these would be noticed by their husbands at home, instead they opt for injections or implants which for them cannot be noticed. The findings here clearly demonstrate that most women in the JMAC access contraceptives, however, clandestinely. It is their church doctrine that forbids them to take contraceptives but however pretend to follow it.

I also conducted an interview with one of the ZNFPC Service Delivery Department. The aim was also to ascertain whether or not they engage women in the JMAC in their service deliveries. In an interview, one of the staff members pointed out that most women in the JMAC access their contraceptive services clandestinely. In her explanation, she pointed out that family planning services are rendered at the nurses’ homes. She also explained that it is difficult for these married women to access family planning services openly at local clinics or any other health centres since again they are bound by their religious church doctrine not to access or get any medical aid from health care practitioners. Also, she reiterated that, on contraceptive use, the problem lies not with the married women, but with the leaders of the JMAC as well as the husbands at home. According to her explanation, these two hold a strict church doctrine on contraception that suppresses women’s desires on family planning and gives the husband the powers to dictate the number of children or size of the family. Married women, thus, remain with no power to control their own fertility.

Analysis, Gendered Inequalities on Contraceptive Use and Reproductive Rights of women in JMAC

Analyses on the gendered inequalities on contraceptive use and reproductive rights of women in JMAC made in this section are based on the research findings presented above. It is important to first define the key terms, *gender* and *reproductive rights* for the purposes of

clarity in this paper. The concept of gender has received much attention in sociological, religious and philosophical writings. Butler (2004:43) defines gender as the mechanism by which notions of masculine and feminine are produced and naturalized, but gender might very well be the apparatus by which such are deconstructed and denaturalized. She further explains that gender is a concept that reflects limitations, stability and reconstruction, supported by the notion of heteronormativity, which means the acceptance of heterosexuality as a natural and social norm (Butler, 2004:43). Following Butler's presentation of gender, this permanent, long and well-established structure of genders may be destructed through the subversion of gender roles in creating different performances (Butler, 1990: 55). In simpler terms, the concept of gender has generally been referred to as the social construction of what it means to be male or female (Mapuranga, 2013:304). The present paper does not focus on the concept of gender in general, it gives particular attention to inequalities on gender with regard to contraceptive use and women's reproductive rights, hence the term *gendered inequalities*.

On the other hand, reproductive rights refer to the rights of individuals to decide whether to reproduce and have reproductive health. This include an individual's right to plan a family, terminate a pregnancy, use contraceptives, learn about sex education in public schools, and gain access to reproductive health services. In this context, women's reproductive rights include the right to birth control and freedom from coerced contraception.

Having clarified the two important terms, gender and reproductive rights, I now reflect on the gendered inequalities with regard to contraceptive use and women's reproductive rights in JMAC. In particular, I analyse how the JMAC doctrine on contraception has caused inequalities on contraceptive use and women's reproductive rights. Since patriarchy characterizes the JMAC community, it has affected the behaviour of women on contraceptive use. Results presented above show that most women in this Apostolic community clandestinely use modern contraceptives regardless of their strict doctrine against contraception. The patriarchal elements in this community allow men to have authority to keep on bearing children without contraception. As evidenced by the results presented, most women use modern contraceptives such as Depo-Provera, Jadelle etc, Nicodimously without permission from their husbands. Such behaviour portrayed by these women shows that women in this Apostolic community are not allowed to exercise their rights with regard to fertility issues. Instead, there exists an inequality on contraceptive use and sexuality issues. It is the man who determines the number of children the woman should bear. This is clearly captured in one of the interview excerpt below;

Baba kumba ndivo vanototaura kuti vanoda vana vangani, isu semadzimai tongotevedzera kunyangwe mumoyo tichirwadziwa nekuita vana vakawanda (It is the husband at home who decides on the number of children we should have, as women, we simply obey even deep inside our hearts we would not want to bear many children). (Madhuve, Interview, 16 September 2017).

The response given by one of the interviewees also indicates that the social construction of gender in the JMAC is such that men control fertility and reproduction. There are no equal opportunities between men and women in the JMAC. The woman here does not exercise her

reproductive rights; instead, the man has authority to determine the number of children and when to have those children.

Analysis of the research findings indicate that religion plays a significant role in creating inequalities on gender particularly on contraceptive use and reproductive rights. In the JMAC, the doctrine against contraception has allowed men to suppress the reproductive rights of their wives. Results presented earlier indicate that the husband decided on the number of children he wanted to have. Kambarami (2006:1) asserts that patriarchal practices shape and perpetuate gender inequality and strip women of any form of control over their sexuality. It is, therefore, clear from the research findings presented earlier that married women in the JMAC are expected to be sexually passive and submissive to their husbands. According to this literature, it is the man who is supposed to determine when to bear children and the size of the family as well. I therefore argue that patriarchal attitudes found in the JMAC have led to the subordination of married women to their husbands. With that in mind, I observe that serious gender-related challenges arise for married women in the JMAC.

Against the stringent doctrine on contraception, the clandestine use of contraceptives by most married women in the JMAC clearly shows that men in this Apostolic community suppress their sexual and reproductive rights. However, they try to control their sexual and reproductive capabilities as they clandestinely use modern contraceptives. Such a move reflects that most of these married women are now conscious of the fact that gender is not only biological; but is a social construct within a particular society. It shows that patriarchal hindrances on sexual matters which prohibit women from controlling their reproductive system are slowly fading away in this particular community.

Analyses demonstrate that most married women in the JMAC have turned themselves into independent agents as they now control their reproductive systems through using contraceptives without knowledge of their husbands and against their religion. It is important to note that religion, in particular, the JMAC doctrine has created gender imbalances or gendered inequalities on contraceptive use, sexual and reproductive issues. In trying to address these inequalities on gender, most married women are exercising their freedom and autonomy through using contraceptives clandestinely. In this way, women can now control the time or when they would want to bear children, hence controlling their sexual and reproductive capabilities. The clandestine use of modern contraceptives by most married women in JMAC indicates a paradigm shift from the traditional gendered inequalities and ideologies that suppress women on reproductive rights. It shows a move towards positive sexualities for women in JMAC. I note that in sexual reproductive matters, a woman must exercise her rights and autonomy. She should not play a passive role.

In this paper, I argue that there is a strong influence of the Johane Marange patriarchal culture on women's reproductive decision making, where married women are meant to be submissive to their husbands. According to patriarchal gendered ideologies, being submissive here would mean that the woman should not have control over her sexuality and reproductive system. Thus, in the use of contraceptives, the woman must follow the position of her husband. Because of these patriarchal gendered ideologies, I observe that serious implications for married women arise in that they tend to lack reproductive rights.

I also note that there is a rigid gender relationship between married men and women which is being championed by patriarchy in this Apostolic community. Thus, the relationship entails that married women should not control their sexuality and fertility. Such an inequality on gender is being perpetuated by their religion. However, from the perspective of human rights, I observe that there is non-recognition of women's sexual and reproductive health rights. Such non-recognition is engrained in Shona societal values that suppress women's sexuality (Parker, Corrêa, and Petchesky, 2008). The patriarchal concepts of the JMAC on women's roles in the family demonstrate that women are often valued based on their ability to procreate. We argue that the deep psychological and cultural roots of patriarchy which still exist in the Johan Marange society are the cause of the prevailing inequalities on gender, why men take control of their women's reproductive rights. According to the Committee on Economic, Social and Cultural Rights (CESCR), women are guaranteed equal rights in deciding freely and responsibly on the number and spacing of their children and access to information on family planning (United Nations General Assembly, 1948).

Conclusion

The foregoing paper has examined how the JMAC religion has created inequalities on gender with regard to sexuality and reproductive issues. It has investigated and examined some gendered inequalities or imbalances on contraceptive use and women's reproductive rights in the JMAC. Research findings have shown that most women in the JMAC clandestinely use modern contraceptives against their strict religious beliefs and without knowledge and consent from their husbands. I observed that such a behaviour by these women of the Apostolic community indicate suppression of their sexual and reproductive capabilities. The paper has argued that in order to address the prevailing inequalities on gender with regard to sexual and reproductive rights of women, most women in JMAC community try to liberate themselves from the strict religion by taking modern contraceptives secretly. It was shown that the patriarchal elements that characterize the JMAC community allow men to control sexual and reproductive rights of their women. It is a wrong behaviour from the perspective of Human rights; hence women are guaranteed equal rights with regard to sexual and reproductive matters.

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