# Striking the Rock with Impunity: The Consequences of Gendered Practices in 21<sup>st</sup> Century Sub-Saharan Africa

by
Jeanne Gazel
Michigan State University
and
Pat Naidoo
Rockefeller Foundation

Working Paper #280 April 2004

## **Abstract**

Women in Sub-Saharan Africa suffer ill effects from a range of gendered practices, despite purported efforts by some governments to institute gender equality. Moving beyond the cultural relativity versus universal human rights debate, the paper examines how certain practices—including food traditions, marriage and sexual customs, initiation rites, legal discrimination, and economic marginalization—impact women's health in Sub-Saharan Africa. The article argues that as women's health is assaulted, particularly by the HIV/AIDS pandemic, entire communities risk destruction. The paper asks readers to note how gendered conventions in their own and others' societies compromise women's health, and it challenges "insiders" and "outsiders" alike to work together to make women's lives healthier in all societies.

# **Biographies**

Jeanne Gazel, Ph.D. is Director of the Multi-Racial Unity Living Experience (MRULE), an undergraduate race relations program dedicated to social justice at Michigan State University. She is an affiliate faculty member of the Center for Integrative Studies in Social Science, the African Studies Center, and the Women and International Development Program. She specializes in race, class, gender, and intersectional analysis bridging theory and practice.

Pat Naidoo, M.D., Ph.D. is Associate Director of Health Equity, Rockefeller Foundation, Nairobi Office, Kenya. He oversees health related issues in Africa, including HIV/AIDS and disease surveillance. Dr. Naidoo also focuses on how management systems can better provide for evidence-based planning cross-sectorally by incorporating health, food security, and education.

## **Women & International Development**

206 International Center, Michigan State University East Lansing, MI 48824-1035

Phone: 517-353-5040; Fax: 517-432-4845; E-mail: wid@msu.edu Web Address: http://www.isp.msu.edu/wid/

# Striking the Rock with Impunity: The Consequences of Gendered Practices in 21<sup>st</sup> Century Sub-Saharan Africa

#### Introduction

When South African women from diverse racial backgrounds popularized the African proverb, "You strike a woman, you strike a rock," in the 1956 March on Pretoria anti-pass campaign, they spoke confidently about their power and voice in families, communities, and in the process of nation building<sup>1</sup>. This proverb proclaimed women to be at the center of their families and strong in matters of preservation and struggle against destructive forces. "Strike us and you will be crushed" were the words chanted in marches and forums as women mobilized.

South African women's strength was demonstrated throughout the anti-apartheid movement as they contributed substantially to the struggle for freedom, despite resistance from both oppressors and comrades. Patriarchal structures, which defined political activism and leadership as men's domain (public space) and the household—behind husbands, brothers, and fathers—as women's domain (private space), dictated when and how women would be allowed to fight for freedom (Kuumba 2002; Peterson and Runyan 1999; Van Vuuren 1979). Despite setbacks, women maneuvered at every turn to ensure their constant participation in the freedom struggle, often challenging the gender status quo, outwitting the apartheid regime, and unnerving the all-male leadership of the African National Congress (ANC) (Kuumba 2002; Narismulu 2002). The day they marched on the Pretoria Union Buildings, August 9, 1956, in opposition to laws requiring that people of African descent carry an identification document on their persons at all times, has become National Women's Day—a day on which the heroines of the march are celebrated and the commitment to gender equality is reiterated by the South African government (Pahad et al. 2000).

That the government marks this special day is not surprising. As postcolonial, neo-liberal governments face challenging economic and political dilemmas, sloganeering for "women's rights as human rights" has become a strategy governments employ to enhance access to development funding and strengthen their stature in the global marketplace. Yet, while sloganeering for freedom and equity is popular, actualizing gender equality remains elusive; equality demands transformation of deeply embedded social practices and patriarchal structures that privilege men over women. Whether demonstrated through direct or indirect violence against women, political and economic dominance over women, or by severely restricting women's movement, education, and development, traditional patriarchal structures show great resistance to change, despite government-sponsored women's rights rhetoric and gender equity commissions<sup>2</sup> (Benería 2003; Peterson and Runyan 1999).

Among a range of governments in Sub-Saharan Africa, from newborn democracies to strongman dictatorships, the daily lives of citizens are burdened with myriad social problems. The HIV/AIDS pandemic is wreaking physical and social havoc. Drought, poverty, and massive unemployment are causing substantial economic and social instability in several regions. Although some advances toward gender equality have been made, the majority of African women continue to be silenced and rendered powerless to take control over their lives. This paper will posit that the famous slogan of the 1950s is being mocked; not only is "the rock" being struck repeatedly, it is being struck with impunity by gendered conventions that silence women. Women are struck at alarming rates by violence, rape, HIV/AIDS, hunger, and extreme cycles of poverty due to lack of access to economic resources, education, and training (Mail and Guardian 2002; Monitor 2002). They are struck as girl

children when they are told they must stop school at Standard Six (equivalent to US eighth grade) and when, while in school, they face an alarming threat of rape (Human Rights Watch 2001). They are struck as full-time domestic workers in South Africa when the government announces "victory" by setting the minimum wage at R4,10 an hour (US 71 cents), clearly not a living wage (South African Press Association 2002)<sup>3</sup>. They are struck when men say "no" to condoms, "no" to monogamy, and force women to have sex when they say "no." They are struck by husbands, fathers, brothers, and even sons privileged by patriarchy and empowered to resist change by reifying entrenched and discriminatory gender roles in the name of cultural practices (Human Rights Watch 2003a; Phiri 2003; Shoko 2003).

In this paper, we will examine a range of practices that are destructive to women's health, safety, and economic viability in Sub-Saharan Africa. These include: lack of control over economic productivity and resources; food and health traditions; marriage and sexual practices; initiation rites; and lack of legal redress in cases of violence, abuse, or abandonment. Pronouncements of gender equality remain slogans as long as culturally based gender subordination—reifying women's inferior status and rendering them commodities—remains common. These practices that compromise human health and dignity make it impossible to create just and peaceful societies. Moreover, they undermine the stability of individuals, families, and communities, and they make a mockery of the quest for gender equality (Mayer 1995).

# Cultural Relativism, Universal Human Rights, and Health Outcomes

We acknowledge the ongoing debate between cultural relativism and universal human rights. The tension between these two ideological positions is persistently on the minds of those examining societal practices. How does one respect cultural difference while at the same time challenging practices that harm individuals within that culture? How can individuals, grassroots organizations, and national and international NGOs uphold human rights when these rights conflict with local, cultural, or religious practices (Tharoor 1999; WEDO 1998)? While recognizing the importance of these questions, we move one step beyond them in this paper by asking a different question, one that highlights the observable individual and societal health outcomes of cultural practice. We ask, "How do beliefs and practices help or hinder the establishment of healthy people, families, and societies?" By shifting the focus away from relativism versus human rights and toward health, we can lift the debate from the seemingly endless geo-political polarization found in North–South, have–have-not contexts to a practical examination of the health effects and consequences of sociocultural practices on individual human beings (Tharoor 1999). When health is compromised by a practice, there is no reasonable justification for its continuation, be it embedded in tradition or current government policies.

In the preamble to its constitution, the World Health Organization (WHO 1948)<sup>4</sup> defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." It further states:

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security, and it is dependent upon the fullest co-operation of individuals and States (1948).

Fundamental to this definition is the tenet that all human beings have the right to healthy and safe lives. In other words, health is a *right* for all, as individuals, regardless of their status in the community. The *right* to health is not a privilege reserved for elites or for males.

Women are at the center of the tension between universal human rights and cultural relativism. While "historically, women have been regarded as the repositories, guardians, and transmitters of culture," they also have been consistently marginalized from the public sphere, where their "future is debated and even decided" (Rao 1995:169). This systematic exclusion from political and economic structures has resulted in women having limited input into a range of social practices that influence their lives, and it also raises key questions that speak directly to the cultural relativist versus universal human rights debate. Who decides which cultural practices should remain intact when myriad new social forces offer change? In whose interests are these decisions made? What would happen if questions of health and viability—rather than cultural preservation—were at the center of this decision-making process?

# **Brief Background of the Debate**

The concept of cultural relativism—the notion that cultures should be understood and valued on their own terms, rather than judged according to standards established by outsiders—emerged as anthropologists in the early 20<sup>th</sup> century encountered cultural specificity and difference that did not align with their own cultural backgrounds or values (Edgerton 1992; Nagengast 1998; Turner 1997)<sup>5</sup>. Cultural relativism began as a useful tool to locate, honor, and respect that difference. But, cultural relativism has gone through several transformations over the years, and rather than being simply an instrument for understanding and respecting difference, it has been used, in some contexts, to justify abuse and exploitation, as it is "just their culture" (Abu-Lughod 2002:6). While "recognizing and respecting differences precisely as products of different histories, as expressions of different circumstances, and as manifestations of differently structured desires" (Abu-Lughod 2002:6) is crucial, we must also distinguish between differences that are "authentic" and those that are imposed, by individuals either within or outside that culture.

As several scholars point out, the cultural relativist–universal human rights debate is often couched ideologically, with the human rights approach viewed as cultural imperialism, a vehicle for imposing Eurocentric liberal individualism on the rest of the world (Afkhami 1999; Messer 1997; Turner 1997; Zechenter 1997). While this is a legitimate concern, it has been co-opted, at times, by those with a vested interest in maintaining the status quo, those who wish to silence opposition to oppressive practices (Nagengast 1998; Tharoor 1999). That is, people wishing to counteract international pressure to comply with a universal standard of human rights claim those those outside their culture have no right to impose an alien standard upon them. It must be remembered, though, that the United Nations Universal Declaration of Human Rights and subsequent covenants "have been widely adopted, imitated, and ratified by developing countries" (Tharoor 1999:2).

The principles in these covenants have served as guideposts to establish widely accepted minimum standards of universal human rights. Unfortunately, these standards often fail to address the specific concerns and constraints encountered by women. For example, despite slow and in some cases steady advancement, women remain, for the most part, marginalized from decision-making circles of governing bodies, and they continue to fight to actualize "The Platform for Action," ratified at the Fourth World Conference on Women in Beijing (1995), specifically that women's rights *are* human rights.

The Platform of Action reaffirms the fundamental principle set forth in the Vienna Declaration and Programme of Action, adopted by the World Conference on Human Rights, that the human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights (Afkhami 1999:480).

Speaking of this historic moment in the struggle for international women's rights, human rights scholar and activist Mahnaz Afkhami states:

Thus, for the first time in history, women's issues have become coterminous with human issues. The international community now recognizes that women's rights are human rights and human rights are women's rights. Women possess these rights not because they belong to a particular culture or religion, but because they are human beings (Afkhami 1999:481).

She also warns that it would be "naïve to suppose that rights that are universally identified and defined, regardless of their intrinsic value, may be implemented in defiance of values, rules, and customs that are locally prescribed in the name of culture" (Afkhami 1999:485). This means there has to be a shift in perspective, one that is willing to question the role of coercion and immutability when looking at culture (Tharoor 1999).

For any libratory social change to take place, the notion that culture is a series of fixed and immutable social interactions that defines a locality or region must be challenged. "Culture is not a thing, but rather an historically and socially situated set of practices, never inert or static, but an always fragmented and changing product of negotiation and struggle" (Nagengast 1998:11). Culture is continually produced and reproduced, often by women and often to serve state interests over which they have little influence (Rao 1995:168-9)<sup>6</sup>. The fluid and dynamic character of culture means that practices that are harmful to women need not persist. Rather, culture, because it is continuously reinvented, can change to enhance health and well-being, rather than undermine them.

In our rapidly changing global world, new physical, economic, and social demands are constantly made on societies. The most immediate and relevant example of this is the HIV/AIDS crisis, which calls for a global consciousness. AIDS requires that we discard a range of local practices that perpetuate the disease and adopt those—be they local, regional, or global—that will successfully eradicate it. For example, in some cultures in South Africa, discussing sex is simply not done, particularly between parents and children. The ABC AIDS education campaign brings sex education to the forefront of previously taboo discussion topics for many South Africans. A stands for "abstinence," B stands for "be monogamous or faithful" and C for "use condoms." This campaign won considerable success in Uganda and has spread to other countries in Sub-Saharan Africa (Carter 2003; PAI 2002). The message gets out through a series of mediums (radio, television, print, and community workshops), which have not been typical forums for discussing sex. Open discussion about comprehensive sex education, not only HIV/AIDS prevention, has become the key mission of Straight Talk in Uganda and Lovelife in South Africa, national organizations dedicated to raising awareness, with particular focus on young people (Kaiser Family Foundation 2002; Straight Talk Foundation 2004). As the ABC AIDS example demonstrates, cultural practices can change in order to improve health.

The first step in moving toward cultures that ensure women's health and safety is to identify and scrutinize the practices that devalue women and perpetuate inferior status. As Levison and Levison (2001:126) state:

Inequalities in the social and economic status of men and women disproportionately deprive women and their children of good health. Compared to men, women earn less money, are economically dependent, attain a lower educational level, and have fewer legal rights. . . . The influence of these factors is seen in diseases and conditions such as HIV/AIDS; violence against women, including domestic abuse, sexual molestation, rape, sexual harassment, female genital mutilation, honor killing, dowry related murder, selective malnutrition for girls, forced prostitution, and torture; infringement on reproductive rights; limitations on access to health care and drugs; and under representation of women in clinical trials.

Cultural practices and women's health are often at odds. As Hernandez-Truyol (1999:37) observes, "There is grave need to reconcile culture and gender; when the two conflict, it must not always be culture that trumps." Instead, we must question who benefits from and who is deprived by particular cultural practices.

Oppressive practices made sacrosanct by culture can be interrogated and transformed by both insiders and outsiders working separately and together in a range of sectors<sup>7</sup>. By insiders, we mean those who experience the practices as individuals and as members of groups and who, without question, deserve access to greater power over their own lives to promote healthy, just societies. Outsiders are those (authors included) who study or work in fields in which they witness the outcomes of inequalities and injustices, and who choose to engage in social change processes to improve the quality of life for others.

There have been considerable positive developments in the fight against a range of inequalities throughout the world. For example, globalization has increased the inter-dependence between and among countries. Global wealth, connections, and technological capabilities are currently the greatest they have been in human history. Such advances have enabled progressive forces to mobilize across borders, enhancing democracy and justice movements in many regions, including East and Southern Africa. Reversion to old-style dictatorships, which have characterized the immediate post-colonial era in many countries, has been less likely for these regions because of the progressive global support structures.

In the midst of these advances, however, the distribution of global gains is extremely unequal. The average income in the richest 20 countries is 37 times the average in the poorest 20 countries, and this gap has more than doubled in the last 40 years (World Bank 2000). These trends characterize Sub-Saharan Africa as well, where only the politically and economically powerful tend to benefit from globalization, thereby heightening the polarization between rich and poor. This division is sharpened as governments in Sub-Saharan Africa cut back on desperately needed social services in order to pay back huge debts incurred over the last 30 years and as large corporations buy up smaller farms in the name of technological advancement (Peterson and Runyan 1999).

The feminization of poverty is growing as a result of structural adjustment policies of the IMF and World Bank in Kenya, Zambia, Uganda, Zimbabwe, and other parts of Africa. Economic liberalization and the opening up of services to market forces, without social safety nets, have meant

that those with the least earning power and most dependent on social services—women and children—have suffered the most (Sparr 1995). Women work the land, lead in food production, and are the caregivers to their dying family members. When women fall ill, the family's needs are severely compromised. Children drop out of school and are often forced into the streets to engage in begging, petty crime, and sex work for survival (Manuh 1998; OXFAM 2002; UNIRIN 2004; World Bank 2000). This is exacerbated in families affected by the HIV/AIDS crisis. Indeed, poverty, already so rife in the region, has severe consequences for women (WHO 1995).

# **Examples from the Field**

In this section we will look at several gendered practices and their implications for the health of individuals, families, and communities. The first concerns the lack of education for girls, a problem especially common in South Africa. As mentioned, rural and urban African girls often leave school by Standard Six. Traditionally, they do so in order to tend to household chores and develop domestic skills needed for future marriage and family life. However, few African families are selfsubsistent in rural areas. Fewer yet are those who can afford *lobola* (traditional bride price), necessary to marry and form families. Dependent on some kind of income, the girl who has left school often turns to domestic work, one of the few paid jobs open to uneducated girls. These jobs are highly sought after; the supply of female workers is great while the demand has either decreased or plateaued (depending on the area) with the emigration of the educated and wealthy. Although marriage does not take place, children are born to these young women, who rarely find support from the children's fathers. The families become trapped in an endless cycle of poverty. Resuming education or training is impossible, as every waking hour is spent working or looking for work to support the children. Add to the mix the HIV/AIDS pandemic, compromised nutrition, minimal to no health care, and lack of understanding of what HIV/AIDS is or how it spreads, and you have the recipe for tragic destruction of entire communities. Limiting girls' education does not serve them, their families, or communities in the long run (UNICEF 2004; UNIFEM 2001).

In Sub-Saharan Africa, as in many parts of the world, women's work is often unrecognized and unrewarded. The activities of many women are directed at producing food for household consumption. They spend long hours toiling in fields, engaged in activities directly related to the survival of their families, and generally contributing more to family income than their husbands or male relatives (Peterson and Runyan 1999; Yunus 1999). Men, on the other hand, are more likely to have resources and to work for wages. In wage and cash-based economies, women's productivity is consistently undervalued and their contributions often rendered invisible (UNFPA 1996). Since reproductive labor has little monetary value, it is falsely deemed less important than productive work for wages (Glenn 1994; Peterson and Runyan 1999; Riley 2001). As the United Nations Population Fund states:

Most of [women's reproductive] work is not included in national income accounts, yet most societies would fall apart without it. If women's work in and around the house were monetized, the International Labour Organization (ILO) reckons their collective contribution to the world economy would easily top \$4 trillion a year. Their task has become more and more difficult. In a parallel process, family holdings have become smaller, while large holdings have grown. Small and subsistence farmers find themselves squeezed by lower prices, or forced off their land altogether (UNFPA 1996).

The non-recognition of women's labor reinforces the perception that they are non-productive "dependents" and subjects them to circumstances of ill-being, exacerbates their material poverty, and weakens their bargaining positions, both within the household and in society at large.

A number of studies have shown that household income is not equally distributed according to priority needs (UNDP 1995). In some areas, while women provide the largest share of the family's basic needs, men's incomes go for non-essential consumer products (alcohol and tobacco) and property (radios, another wife) (personal communication CREDESA Benin 1989-1992; Simister and Piesse 2002). Even in situations where total household consumption rises, it rises less among females than males (Agarwal 1997; Chatterjee 1991; World Bank 2001). Resources tend to be distributed according to the status of household members. Men and boys, who enjoy higher status in their homes and societies, thus fare far better than women and girls. For example, in some countries, male children consistently receive more and better food and health-care than females (UNIRIN 2002a).

In addition to gender, the distribution of resources is influenced by age and the status of wives in polygamous households. In polygamous households, the first wife and the currently favored wife generally have higher status than the other females, and their children consequently enjoy more privileges (Behrman 1988; Dercon and Krishnan 1996; Rose 1999; Sinha and Lipton 1999). Polygamy can present serious obstacles to the principle and practice of gender equality. Ugandan activist Asiimwe-Mwesige states:

The recognition that polygamy treats women as second-rate citizens affirms the fact today women enjoy fewer rights than men. No consideration whatsoever is given to the effect the subsequent marriage or marriages has on the wife, not only in terms of tangible deprivation of material and sexual satisfaction, but also to intangible values like self-esteem (*Monitor* 2002:1).

Whatever the claims for maintaining polygamous marriage, the facts point to increased financial difficulties in all regions where is it practiced (Iber 2002). Whether men have sufficient means and choose to offer more to the favorite wife, or whether there are meager means that are not shared fairly, the outcome is deprivation for large numbers of women (Iber 2002).

Traditional practices and superstitions about food also seem to be disproportionately applied to women, thereby contributing to women's poor nutritional status (Baker 1996). In many parts of Southern Africa, for example, pregnant women are expected to avoid eggs, which are believed to cause convulsions in children. Chicken and liver are similarly taboo. In areas where the supply of alternate nutritious foods is minimal, such restrictions can have severe consequences on women's overall nutrition. In some parts of Africa, pregnant women are also encouraged to curb their food intake in the belief that this will result in a small fetus and easy labor.

Traditional kinship rules that determine ownership of productive resources, including land, also tend to hamper women's ability to control material resources. Land titles are often vested in men. As such, women have to depend on a husband or a male relative to maintain access to land, and they have no security of tenure if they are abandoned, divorced, widowed, or have to share resources with co-wives in polygamous relationships (Agarwal 1994; Deere and Leon 1997; Human Rights Watch 1999; Rugalema 1999; Saito et al. 1994). Women understand that with no legal rights to

land ownership, they may be easily discarded in a marriage or suffer domestic abuse and homelessness (*Equality Now* 2000).

In Uganda, women make up 80% of the labor force, but only 7% of all women own land (*Equality Now* 2000). A combination of statutory and customary law disadvantages women's right to own land, despite efforts—such as the Ugandan Land Act reform—to change this. In this case, supporters lobbied for an amendment to the Land Act that would give women joint ownership of spousal land. They also protested a provision that would have given women the right to own land only from their birth families, not marital families. Unfortunately, unexplained "technical revisions" resulted in the exclusion of the co-spousal amendment. It became the "lost clause" of the bill, and so the bill was passed without the spousal right for land ownership (*Equality Now* 2000; World Vision and World Bank 2002). The struggle for land ownership rights is perhaps the most difficult frontier in the gender equity journey, as it requires a direct and immediate change in power relations (Agarwal 1994).

Under Ugandan inheritance laws, a woman may inherit up to 15% of her deceased husband's estate. In practice, a combination of corruption among the judiciary, ignorance of statutory law, and the customary practice that permits a widow to be "inherited" by her in-laws means that her meager inheritance is often denied her. This further increases her vulnerability to social stigmatization, economic isolation, and fear of abandonment, and it may force her to acquiesce to being "married" to one or more of her husband's male relatives (Bikaako 1997; Yngstrom 2002).

Other legal barriers explicitly limit women's rights and their abilities to escape poverty and become independent participants in the Sub-Saharan African economy. For example, under customary and common law, married women in Botswana, Lesotho, Namibia, and Swaziland are under the permanent guardianship of their husbands, with no independent rights to own property (Binelli 2003). In Mozambique, men can restrict the types of employment their wives accept, and in Kenya and Swaziland, "women need their husband's permission to obtain a passport and to move about freely" (US State Department 1999; World Bank 2001:118).

Studies have shown that when women have greater financial autonomy, their children have better nutritional status and better education (Khandker 1998; Thomas 1990, 1997). Female education and autonomy also have been shown to be mutually reinforcing, with well-educated women better able to nurture and protect their children (Hill and King 1995; Jejeebhoy 1995; Klasen 1994). Country studies indicate that investment in women's and girls' education also has direct implications for positive economic growth. For example, evidence from Kenya has shown that when women farmers are given equal educational opportunities as men, agricultural yields increase by as much as 22% (Quisumbing 1996; Udry 1996). Overall, whenever resources are more equitably distributed between men and women, it creates opportunities for economic growth and for productivity to increase (Blackden and Canagarajah 2003; Dollar and Gatti 1999; Klasen 1999; Saito et al. 1994).

Marriage practices in many societies undermine women's autonomy, increase women's exploitation, and exacerbate their vulnerability to different risks. For example, bride wealth, child marriage, polygamy, widowhood, and inheritance, and the fear of social stigma often undermine the ability of women to seek help with or escape from abuse and violence within relationships (Dolphyne 1995)<sup>8</sup>. In Sub-Saharan Africa, where a man pays a bride price to the bride's family to compensate for the loss of her labor in her birth home, the notion of his "purchasing" the bride—women as commodities—is reinforced. A study from the Eastern Cape in South Africa showed that

82% of women believed that once a man paid lobola for his wife, he owned her (Jewkes et al. 1999). In many parts of the world, marriage is interpreted as granting men the right to unconditional sexual access to their wives, even the right to force this access, if necessary (Sen 1999).

The high value placed on fertility in many cultures means that girls, even in their teens, are under tremendous pressure to marry and bear children. This results in two major pregnancy risks to the mother: young age of first birth and high fertility rates overall. Young age pregnancy leads to poor outcomes, low birth weights, and the potential for cephalopelvic disproportion. Young women are more likely to be anemic and are at greater risk for STDs. Nevertheless, young women often hold the culturally centered belief that their worth is tied to their fertility (Population Report 1995).

In countries such as Uganda and Swaziland, men demand proof of fertility before a marriage proposal can be confirmed and bride price agreed upon (Bledsoe and Cohen 1993). Failure to produce a child, or in many cases a number of children, is usually deemed the fault of the woman. She is subject to societal ridicule, with a high risk of divorce and abandonment, or the possibility of the husband taking other wives.

While reproduction figures prominently in women's lives, there is inadequate attention given to a range of health issues needed to protect and preserve women's reproductive rights. In *The Culture of Silence*, Dixon-Mueller and Wasserheit (1991:13) point out that women's reproductive health is threatened by the culturally encouraged acceptance of pelvic pain, menstrual difficulties, and sexual abuse, which are dismissed as problems "to be endured as an inevitable part of womanhood." Even when women recognize the need for health intervention, their husbands are often charged with deciding when and how to seek professional care on their wives' behalf. Moreover, in Islamic societies in Northern Nigeria and among the Maasai in East Africa, women are often forbidden from riding motorbikes, bicycles, or donkeys for reasons of "modesty" or "status." Because these are the primary—and often only—forms of local transportation, women's ability to access health facilities can be seriously undermined by lack of socially acceptable transport. The end result is that women are commodified for their bodies but rendered powerless to take care of them in ways that will ensure health and well-being.

Women's health also is compromised by cultural beliefs in how infirmity, disease, and healing occur. In parts of Africa, obstructed labor—or in some cases bleeding during pregnancy—is culturally regarded as a sign of the woman's infidelity. Under these circumstances, labor generally is not expected to progress until the woman confesses and names the man involved (Mtimavalye and Belsey 1987). In some areas of Sub-Saharan Africa, there is a widely held notion that men infected with sexually transmitted diseases will find cure only if they have sex with a virgin. This belief has contributed to a rise in the number of rapes of infants and young children (Human Rights Watch 2003b).

In West Africa and in some parts of East Africa (Eastern Uganda–Kapchorwa and Karamoja; and Western Kenya–Turkhana), genital mutilating procedures like clitoroedectomy (removal of the clitoris) and enfibulation (removal of labia major and in some cases labia minor) have serious consequences for female reproductive health. In addition to the psychological effects to the woman, the massive scarification that often results from these procedures presents increased risk of obstructed labor and severe vaginal tearing (Levison and Levison 2001; Population Report 1995).

In some countries in Sub-Saharan Africa, women are encouraged to use astringent herbs to "dry" the vagina in order to give the male more friction during sexual intercourse. Similarly, the practice of suturing the vagina immediately following childbirth often is done for the purposes of increasing male friction during sex. Both procedures tend to encourage tearing in the vaginal wall during intercourse, thereby increasing the likelihood of the transmission of HIV and other infections.

Circumcision is a common practice to initiate young males into adulthood in Sub-Saharan Africa. In Eastern Uganda (Mbale/Kapchorwa Districts), male circumcision rites are undertaken during even calendar years. There is tremendous societal and familial pressure for young males to undergo the procedure, generally performed without anesthetic. In the build-up to circumcision, young males generally are given instructions on how to be a "true man" by having their way with women and are promised sexual access once the circumcision is complete. It is expected that soon after the procedure, the circumcised male will put his new manhood to the test. Such practices reinforce the portrayal of women as objects for male gratification.

The HIV epidemic has had particular consequences for Africa. According to UNAIDS (2003), two-thirds of the 40 million men, women, and children globally living with HIV currently are in Sub-Saharan Africa. Moreover, women are two and a half times more likely to be infected than men (UNAIDS 2003). Some research now suggests that the virus may progress to full blown AIDS faster in women than in men. Women's biology, psychological stress, social and environmental factors—including sole responsibility for child rearing—and lack of access to healthcare are all possible reasons for this disturbing finding (Hewitt et al. 2001). Yet, men are more likely to engage in risky behaviors (drinking alcohol, having many sexual partners, using illegal substances), which make a man more likely to pass on the virus to a greater number of people than a woman.

UNAIDS executive director Peter Piot (1999) recently noted that: "Violence against women is not just a cause of the AIDS epidemic, it can also be a consequence of it." Several studies find that women who fall ill or test positive for HIV become victims of more violence, including beatings, attempted murder, and murder (Vetten and Bhana 2001). Violence influences the risk of HIV and other sexually transmitted infections when it interferes with a woman's ability to negotiate condom usage. Because condoms often are associated with infidelity, prostitution, and promiscuity, women find it difficult to ask men to use condoms. This is particularly true within marriage. Reports from around the world (including Uganda, Rwanda, Haiti, Jamaica, South Africa, India, Brazil, and the US) indicate that for many women, initiating condom use is not a practical option. It often risks a violent response, especially for spouses (Blanc et al. 1996; George and Jaswal 1995; Goldstein 1994; Ulin et al. 1995; van der Straten et al. 1995; Wingood and DiClemente 1997). In several Sub-Saharan countries, sex-workers also report a risk of violence and loss of business if negotiations around condom usage are too adamant (Curry 2003; Dale 2002). It is especially difficult to insist on condoms when clients are willing to pay more for "live-sex" (Nolen 2003; UNIRIN 2002b).

In Sub-Saharan Africa and elsewhere, HIV/AIDS services often encourage voluntary counseling and testing (VCT) and full partner disclosure of HIV status. For many women, this is yet again not a viable option. In assessing why only 27% of infected women (66 of 243) disclosed the results of their HIV test to their spouses, a study in Nairobi, Kenya, found that of those 66 who did disclose, 11 were chased away from their homes or replaced by another wife, 7 had been beaten up by their partners, and 1 committed suicide (Temmermann et al. 1995). Results from perinatal programs from six African studies also showed that, where risks of vertical transmission were deemed to be high, similar fears of violence, social stigmatization, and abandonment led pregnant women to

refuse HIV testing, decline short-course AZT therapy to prevent mother-to-child transmission, and ignore advice against breastfeeding (Brown 1998).

Many cultures have social norms, beliefs, and institutions that perpetuate this violence against women. While domestic violence occurs in all socio-economic groups, many studies have found that women living in poverty are more likely than other women to experience violence, since they have fewer choices and are more focused on ensuring their families' daily survival (Gonzales de Olarte and Gavilano Llosa 1999; Hoffman et al. 1994; Martin et al. 1999; Straus and Gelles 1986). The belief that men have a right to control their wives' behavior justifies violence as physical chastisement and a husband's right to correct an errant wife (Michau 1998; Osakue and Hilber 1998; Schuler et al. 1996). Such violence is often likened to disciplining a child or a domestic animal (Jejeebhoy 1998).

Women generally have little legal redress for the violence they suffer. The technical nature of the law and its procedures, the high financial costs involved, and the nature of the litigation process often result in a distinction between legal justice in theory and the application of social justice in practice. The challenge of closing the gap between the law (*de jure*) and its practical application (*de facto*) remains alive throughout Sub-Saharan Africa.

Being able to redress the law, in cases of domestic violence, is often a function of a woman's social class. Poor women are less likely to be able to afford legal fees and more likely to be ignorant of the letter of the law and the litigation process. Even when legal access is possible, the law is gendered so that women are constrained and restricted by judicial procedures. In Uganda, for example, domestic violence is currently not defined under the law, and there are no provisions to make it a crime (Uganda Association of Women Lawyers (FIDA-U) personal communication, December 8, 2000; US State Department 1995). Furthermore, it has also been shown that cases of violence against women are increasingly being referred to Local Councilors' (LC) courts, which usually do not deem this violence a serious offense (US State Department 1995).

Similarly, cases of rape and defilement are seldom taken to the High Court for trial. The penal codes of Uganda (Uganda Penal Codes 2001) define rape as an offense against morality, rather than an offense against a person. The consequence is that a man accused of rape is allowed to impugn the rape victim's "general immoral character" in order to impeach her credibility. An extreme example of this defense is evidenced by a recent case involving the death of a prostitute in Kenya. Italian expatriate Augusto Murri admitted to luring 19-year-old prostitute Fatuma Manur Amin to a friend's house, killing her, and then dumping her body by the roadside. He was tried in a local court in Kilifi, Kenya on November 25, 2000, given an 18-month suspended sentence, and walked out of court without further penalty (*New Vision* 2000). He told the court that he had taken the woman to the house for sexual intercourse, but they disagreed on money and had a fight, during which the woman fell from the bed and fractured her skull. He admitted wrapping her body in bed-sheets, driving to a secluded location, and dumping the body. Peter Mutani, the judge in the case, ruled that since Murri was in a "state of drunkenness," the killing of the woman had been "involuntary" (*New Vision* 2000; Quotidiano.net 2000).

There are wide ranging social implications for societies where legal systems do not deliver social justice. This failure shapes, influences, and reinforces the way men and boys see and treat women generally (Kott 2002; Twiggs 2003; Wood and Jewkes 1997). This is graphically reflected in Ugandan, Zambian, and Zimbabwean school cultures, where girls are often forced into sex by

teachers, classmates, and older men "sugar daddies" who offer sweets, clothes, or money (Leach and Machakanja 2001). Intergenerational sex is becoming increasingly common, making young girls even more vulnerable to a range of sexual abuse by both strangers and family members. Girls are unlikely to complain about sexual violence committed by a breadwinner in the family (Fleischman 2002). Men and boys get the message that girls are readily available for them, and girls get the message that they have no choice or recourse. Similar experiences are reported in South Africa, where boys often attempt to seduce girls at first but are not averse to forcing them or drugging and gagging them if they face resistance (Varga 1999; Wood and Jewkes 1997). Many South African teenagers find forced sex to be the norm (Smith 2001; Wood and Jewkes 2001).

In the war-torn areas of Northern Uganda, Eastern Congo, and Northern Sudan, it is not uncommon for insurgents to attack schools in order to terrorize and abduct schoolgirls to be used as sex slaves. By mid 2003, nearly 8,000 children had been abducted by a group calling itself "The Lord's Resistance Army." The boys are recruited as soldiers. The girls are forced to become "wives" of army commanders and then—by bearing children—they are used to supply the army with a continual stream of soldiers. It has been reported that one commander has as many as 60 "wives" (Liu Institute for Global Issues 2003; Westcott 2003).

Sexual coercion, forced sex, and sex abuse severely impact women's reproductive health by increasing the numbers of unwanted pregnancies, high-risk pregnancies, and sexually transmitted diseases. Sexual coercion has dire consequences—for women in particular and society at large—by hindering the full participation of women in society and by limiting their contributions to social and economic development. Violence against women takes on even harsher consequences against the backdrop of the HIV/AIDS pandemic. Violence against women is more than a serious social pathology that interferes with physical and psychological well-being. It is now a death sentence on a massive scale. The powerlessness women feel to resist violent acts that expose them to the virus—thereby undermining their ability to protect themselves and their families—has laid waste to whole communities throughout several Sub-Saharan countries (Maryknoll Productions 2002). Witnessing this first hand all over the continent for the last decade, former UNAIDS envoy to Africa, Stephen Lewis, declared:

We are just beginning to understand that, where AIDS is concerned, gender inequality is lethal. . . . We have never faced anything like this. What we are witnessing is a kind of Darwinian nightmare, whereby the survival of the fittest, results in the annihilation of women (Lewis 2003).

#### **Conclusion**

There is grave danger in symbolizing the strength and power of women in proverbs and verse while simultaneously undermining them through daily interpersonal and institutional practices. This article has shown that as long as women's health, safety, and economic viability are assaulted, their strength will be compromised and their shouts of "Striking the woman is striking the rock" will be nothing more than a distraction from happenings on the ground. That these practices continue to thrive in societies that claim to value gender equality is of great concern, particularly when perpetrators act with impunity. Who or what can stop them?

This review of harmful gendered conventions and their consequences for women and society is by no means comprehensive. It is, rather, a call to stop, look, and mark what is going on—sometimes

in the name of culture—and to challenge insiders and outsiders alike to determine what can be done to make women's lives healthier and safer. Creating sustainable, healthy societies requires that:

The advancement of women and the achievement of equality between women and men are a matter of human rights and a condition for social justice and should not be seen in isolation as women's issues. They are the only way to build a sustainable, just and developed society. Empowerment of women and equality between women and men are prerequisites for achieving political, social, economic, cultural, and environmental security among all peoples (Beijing Declaration and Platform for Action, Chapter III, no. 41, in Lockwood et al. 1998:489).

Men are complicit in supposedly respecting women as the center of the family and the keepers of culture, but at the same time carrying on practices that commodify, abuse, and destroy women. It is not enough to open parliamentary doors to a few women here and there, or to establish governmental gender equity commissions. Although these are important civil and political gestures, they are insufficient to advance gender equality when beliefs, attitudes, and practices remain in place, unchanged. As internationally renowned journalist and activist Charlene Smith states: "In Africa, even if we develop a vaccine or distribute billions of condoms, and the continent is already awash in latex, unless we begin working on male attitudes towards women—and that requires looking at the role of culture, tradition and religion—we will get nowhere" (2001:268).

This transformative process can be accomplished through educational, legal, political, and cultural approaches, and by organizations setup to advance gender equity and healthy communities<sup>9</sup>. The first step is to recognize the attitudes, beliefs, and practices of a society and their consequences on gender equality. The second is to recognize that culture changes and evolves as individuals and communities evolve and, as such, it can be molded in ways that enhance gender equity. Practices that are harmful to women, and by extension to communities and society as a whole, can be and must be changed. After 20 years research experience, Geeta Rao Gupta, President of the International Center for Research on Women, observes:

Change has to come from within a society. It has to come because people feel the need for it. An example is female genital mutilation. In the past 10 years we have seen enormous change in people's views about that in African and Islamic societies. That change didn't come about because activists in the West were shouting about what a horrific thing genital mutilation is, but because women leaders and others in those communities began to see it as wrong (in Kott 2002:3).

The third step is to ensure the ongoing commitment from governments to spearhead educational, legal, and economic policies that explicitly empower women as equal citizens with full rights, including equal protection under the law and property ownership. Once the values are made explicit on a national level and support is given to local and individual initiatives to actualize those values, the transformative process begins. It then is sustained as social progress becomes increasingly apparent, and as the commitment to actualize the principle of equality and uphold human dignity is integrated into the fabric of society.

We must be honest with ourselves as individuals and members of local, national, and global communities. No cultural practice or tradition is so vital that it cannot be transformed in the interest of establishing healthy, thriving individuals, communities, and societies (Edgerton 1992). While

challenging gendered conventions may be the most difficult frontier yet in the human rights struggle, it may also prove to be the most fundamental to advancing human dignity and well-being, and to actualizing principles of equality in everyday interpersonal and institutional practices.

Increasing gender equality has enormous benefits. Numerous reports and studies point to the possibility of stabilizing societies—that is, addressing health challenges, eliminating violence against women, and creating economic viability—as something within reach, if only the principle of gender equality were at work (World Bank 2003). Where gender equality is present, women and girls are educated about their bodies and health matters. They make informed decisions about when and how to enter into sexual relationships. Men and boys are educated about expressions of masculinity that do not center on violence and aggression. Where gender equality is working, women are educated about their worth as adult human beings. They cannot be beaten at their husbands' or partners' whim. Men are educated to understand the consequences of violating and hurting women. Where gender equality is working, women have land-ownership rights. They are not the property of their husbands and cannot be discarded to the streets when men tire of them. Women have control of their incomes, and both their productive and reproductive labor is valued and compensated.

The call for gender equality worldwide has been pivotal for those working in human rights, health equity, women's studies, and international and community development for the past several decades. However, it is only in the last ten years, with the onset of the HIV/AIDS pandemic, that recognizing the interdependence between gender equality and societal survival has become so unmistakably urgent and relevant. The critical next steps that must be taken to stall and then reverse the social destruction caused by gender inequality are outlined by Stephanie Urdang, Senior Advisor on Gender and HIV/AIDS for the United Nations Development Fund for Women:

Unless gender inequality, which rests on power relations, is specifically addressed in every strategy, policy, and programme that is undertaken—from the global and government level to the community and family level—our efforts to reverse the epidemic will be stalled. Gender equality is not simply a matter of justice or fairness. Gender inequality is fatal (UNIFEM 2001:1).

Gender equality establishes a culture of human rights with a firm commitment to social justice. It positively influences productivity and reaffirms the value of human capital. It has also been proven to increase overall development and reduce poverty in all countries where these steps have been undertaken. In the long term, gender equality may be the best mechanism for maximizing citizen participation and monitoring and ensuring a state's accountability to its citizens.

#### **Notes**

- 1. The anti-pass campaign was the first public protest in which South African women refused the apartheid regime's Pass Laws, which required people of African descent to have an identification document on their person at all times to control movement and labor. In 1952, under the Natives Act—subtitled the Abolition of Passes and Coordination of Documents Act—the government renamed the passes "references books," stiffened the penalties for being caught without them, and for the first time applied the laws to women. As women began joining their male counterparts in urban areas, the government cracked down on those refusing to comply with the law, thereby fueling women's involvement in the anti-pass campaign. Shortly thereafter, controlling women's movement became a concern of the apartheid regime.
- 2. The first two values listed in the First Chapter of the 1996 Republic of South Africa's Constitution are: a) Human dignity, the achievement of equality, and the advancement of human rights and freedoms; b) Non-racialism and non-sexism. (See also the African Charter on Human and Peoples' Rights, adopted in June of 1981.) Though setting up commissions is an important first step, governmental commissions often lack adequate funding to substantially implement their resolutions.
- 3. The low wage is exacerbated by the influx of refugees from South Africa's neighboring countries, who are willing to work for even lower wages (Solomon 1996). South Africa already has two million illegal immigrants from Zimbabwe and continues to receive about 500 Zimbabwean refugees a day, which it is struggling to absorb (*Guardian London* 2004; Hawthorne 2002).

The South African economy, especially its farming, mining, security, and construction sectors, relies heavily on the cheap and easily exploitable labor of undocumented migrants, mostly from Mozambique, Lesotho, Zimbabwe, and Swaziland. Undocumented laborers on farms work for as little as 5 rands (US\$1) per day (Solomon 1996).

- 4. The Preamble to the Constitution of the World Health Organization was adopted by the International Health Conference, New York, June 19-22, 1946, signed on July 22, 1946, by the representatives of 61 States (WHO 1948:100), and entered into force on April 7, 1948. This document has not been amended since 1948 and is endorsed by 192 countries. (See http://www.who.int/about/definition/en/).
- 5. Anthropologist Robert Edgerton (1992) discusses the origins of cultural relativism and credits the students of Franz Boas at Columbia University in the 1920s and '30s for making it fundamental to anthropological thinking. However, he posits that the first explicit formulation of the principle originated before Boas, with American sociologist William Sumner, who stated: "The mores can make anything right, and prevent condemnation of anything" (Edgerton 1992:25).
- 6. This is done for several reasons. At the most fundamental level, it is often the easiest and most familiar thing to do and symbolizes a sense of belonging. At an ideological level, in much of the Third World, it can represent resistance to colonialist rule, as women may feel they are rebuilding the nation-state upon the pillars of cultural traditions. Second-class citizenship and their systematic exclusion from knowledge, social policy, and practices that are developing throughout the world underlie why women are complicit in reproducing cultural practices that may be harmful to them (Toubia 1995:223).

- 7. Leadership and Advocacy for Women in Africa (LAWA), based at Georgetown University Law Center, is an excellent organizational model for challenging human rights abuses aimed at women. The LAWA program was founded in 1993 to find and train promising African lawyers committed to advancing the cause of women's rights in their own countries. Fellows who complete this program draw on international, regional, and comparative human rights law to draft proposed legislation on issues such as domestic violence, marital rape, HIV/AIDS, female genital mutilation, inheritance rights, and employment equity. (See http://www.wlppfp.org/lawa/).
- 8. At the same time, however, leaving an abusive relationship is no guarantee of a woman's safety, since violence often continues and the risk of a woman being murdered often increases in the immediate post-separation period (Campbell 1995; Jacobson et al. 1996).
- 9. Since the Beijing conference, women in Uganda taking advantage of opportunities offered by micro-finance institutions and affirmative action have improved their lives. However the majority of women, who are illiterate and unable to access these resources, have become poorer and their situations have worsened since 1995. IMF Structural Adjustment Programs in Zimbabwe, South Africa, Tanzania, and Kenya have left unskilled workers, predominantly women, unemployed. Health and education budgets are suffering, and violence against women is present or on the rise in these countries (WEDO 1998).

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