Young women and sexual and reproductive health and rights

By Talent Jumo

Perhaps one of the liveliest sessions at the Young Women’s Festival in Harare, in October 2010, was the talk show on sex, sexuality and issues of body politics! As Luta Shaba challenged young women participants to open-up and share in plenary what their understanding and experiences of sex, sensuality, sexuality, sexual pleasure and related issues were the atmosphere in the room crescendoed from muffled giggles to loud outbursts of laughter as the young women became more and more relaxed and comfortable in this space. This is understandable given the limited spaces and opportunities that young women have to speak freely about these issues in southern Africa. It also explains why most media reports on the event reported it as a festival to discuss sex and sexuality, which in fact was only one among many other issues that affect young women in the region. Yet, the reality in the 21st century makes it imperative for such issues to be freely and openly discussed since they are at the core of life for many young women in southern Africa today.

Body politics

Most people in African societies still shy away from an open discussion about women’s sexuality and sexual choices. The claim that making the personal political is ‘Western’ and ‘un-African’ has been widely accepted. Therefore, challenging discrimination on the grounds of sex as a human rights issue is dismissed as ‘un-African’ – implying that the widespread acts of violence against women have become characteristic of our society today because they are condoned and justified as a prerequisite to preserving ‘African’ values. Women’s bodies are policed and constantly under attack. From an early age, young girls are taught that their bodies are dirty – harbingers of disease – and certain limits are put on how much flesh can and cannot be exposed. This is repeated at many levels, from coercing them to pull their labia, to virginity testing and arrests of women who are perceived to be deviant i.e. women in sex work, hence systematically denying women any form of control over their bodies.

Sexually active young women are discouraged from discussing sex openly with their partners, since women are encouraged to be ignorant and inexperienced. This means that young women are unlikely to be able to communicate their need for safer sex with partners. Lack of communication skills compromises women’s ability to take full charge of their bodies, hence exposing them to unwanted pregnancies, gender-based violence, sexually transmitted illnesses (STIs) and other reproductive tract infections. Lack of communication skills leads to a culture of silence, which maintains the status quo and brings about misery through sexual violence, HIV and AIDS, maternal mortality, female genital mutilation or marginalisation of those who break the rules such as single mothers, widows who re-marry, sex workers, people with same-sex sexualities and transgender people. As a result, survivors of sexual abuse and gender-based violence, for example, have not been able to access retribution because the incidents are seen as ‘domestic matters’ that can be solved through traditional procedures. Too many reports have been written about victims of violence who have been scorned and turned away by the police on the premise that these domestic matters would soon disappear and many women have been maimed or even killed as a result. But even then, society seems to have accepted such atrocities to the extent that people read such news reports and flip through the pages without giving them a second thought. It is against this backdrop that women and girls of Africa unite and organize for social transformation.

Young women’s vulnerabilities

Growing up in rural or urban Africa, whatever the case may be, is punctuated by a feeling of vulnerability for most young women and girls. Our generation inherits a socio-economic order that is punctuated by gross inequalities between and within nations, as aptly illustrated in Tendai Makanza’s article, elsewhere in this issue. The current socio-economic order presents a serious threat to women’s
For instance, Structural Adjustment Programmes (SAPs) implemented by many states in southern Africa in the 90s resulted in the rolling back of the welfare state and accelerated the downward spiral in key social indicators, particularly in health and education. At the same time, trade liberalisation unleashed competition that further depressed the local economies. Countries like Zimbabwe and Zambia were put in a position where governments kept importing poverty and exporting wealth through debt servicing. Today, the turnaround of the economies remains an elusive dream as unemployment and poverty continue to rise. A huge percentage of our populations have migrated from their countries in search of greener pastures. Experiences shared by young Zimbabwean women living in neighbouring South Africa show how poverty deepens women’s vulnerabilities in a context where most young female migrant workers, for example, find it difficult to secure a permanent job and most are forced to engage in transactional sex for survival and sometimes to evade deportation in the case of illegal migrants.

Furthermore, it is important to emphasise that the current education curricula for most African countries are influenced by stereotypical attitudes about young people’s sexuality. Educating young people about condoms is still controversial in most countries in southern Africa, largely due to cultural and religious reasons. Condom education is associated with early sexual experimentation and promiscuity. Hence sexual education either does not exist in schools, or is limited to messages on abstinence as educational practitioners believe they have a moral responsibility to deny young people sexual health messages on condom use, contraception and post-abortion care. This is despite the fact that research has shown clear evidence that well-designed programmes on sex education, which include messages about safer sex as well as those about abstinence, may influence the delay of sexual activity and lead to a reduction in the number of sexual partners as well as increased contraceptive use among those who are already sexually active.

Clearly our governments are in a state of denial, and this continues to impact negatively on women and girls on the continent. Therefore, one can easily conclude that the state apparatus is not responsive to the needs and lived realities of young women. This – together with religious and traditional fundamentalisms – has influenced societal attitudes to the extent that women are sanctioned for controlling their own bodies.

**The consequences of conspiracy, silence and inequality**

It has been observed – and rightfully so – that generally between the age of the last childhood vaccination and the first pregnancy, girls are ignored by the health sector! Therefore, young women are ‘an endangered species’. Life expectancy for females in Zimbabwe for example is 34 years – the lowest in the world, according to World Health Organisation. Early deaths amongst young women have been...
linked to maternal deaths, which are a result of a number of factors such as early/forced/abusive marriages, women’s poor control over access to and use of the contraceptives of their choice, husbands or mother-in-laws dictating women’s care-seeking behaviour, overall poor health including poor nutrition, poverty, lack of health education and awareness, domestic violence and, poor access to affordable quality health care, including basic and comprehensive emergency obstetric services. All these factors contribute to the ‘three delays’ in seeking and utilising appropriate health care: i.e. delays in seeking professional health care, delays in reaching the appropriate health facility, and delays in receiving care.

Epidemiological studies show that those who are most socially and economically disadvantaged are at a higher risk of HIV infection. The risk of HIV infection for young women is increased by socio-cultural, political and economic forces such as poverty, migration, conflict and civil disturbance. Young women continue to face the increased risks of HIV infection by virtue of their social position, unequal life chances, rigid and stereotypical gender roles, and poor access to education and health services. Sexual and gender-based violence both in the public and private spheres is one of the factors fuelling the AIDS pandemic among women.

It is clear that traditional responses to HIV and AIDS failed to recognise and respond to the socio-cultural factors that deepen women and girls’ vulnerability to HIV infection – in particular, gender, sex and sexuality perspectives. Despite the fact that HIV and AIDS was long understood to belong with sexual and reproductive health, implementing agencies tended to treat it in isolation. Broader sexual and reproductive health and rights issues were pushed to the margins and the few programmes that incorporated these issues focused on particular mainstream issues such as reproduction, i.e. family planning, and discourses framed within heteronormative sexual relationships, putting emphasis on women’s prescribed roles as wives and mothers. Debates and policy recommendations evolved largely around what is culturally sanctioned and permissible. ‘Rights’ continue to be explored within parameters of cultural prescriptions about women’s roles and bodies and fail to address the patriarchal tendencies that promote hierarchical sexual relationships, sexual domination and deny women control over their bodies and sexuality.

These patriarchal tendencies were supported by retrogressive and reactionary policies like the ‘Gag Rule’ and PEPFAR that promoted abstinence-only messages and supported institutions making anti-‘prostitution’ pledges that failed to recognise women and girls’ lived realities, undermining women’s ability to access quality sexual and reproductive health care and services. For these reasons, ABC (abstinence, being faithful to a life-long partner and condom use) has not been a very successful strategy for combating the spread of HIV and AIDS. Therefore, there is a high prevalence of unprotected sex both within and outside marriage, accompanied by high risks of HIV/AIDS/STI, unwanted pregnancies and unsafe abortions.

From paper to practice

It is important to acknowledge commitments that African heads of state and governments have made through regional and international agreements on women’s health and human rights. The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (1979), the Vienna Declaration on Human Rights (1993), the International Conference on Population and Development (ICPD) Plan of Action (1994), the Beijing Declaration and Platform for Action (1995), the Millennium Declaration (2000), the Protocol to the African Charter on the Rights of Women in Africa (2003), the Solemn Declaration on Gender Equality in Africa (2004), the Maputo Plan of Action (2006), and others hold the promise of saving millions of lives, empowering women, addressing the scourge of illiteracy, hunger and malnutrition and ensuring that Africa’s children, women and girls have access to high-quality education and good health to lead productive lives. However, agreements and declarations are not self-implmenting. There is a need for concerted efforts to ensure that governments shift from paper to practice in order to facilitate environments where women and girls can attain and enjoy unfettered access to their sexual and reproductive rights.

There is a need to address young women’s issues to enable them to participate actively, equally and effectively at all levels of social, educational, economic, political, cultural and civic life. African Governments should respond to the call to uphold and prioritise women’s rights, particularly sexual and reproductive health rights for young women, as these are key to attaining the Millennium Development Goals (MDGs) and other agreed milestones. Responses premised on the universality and interdependency of rights that promote women’s rights to choices and sexual freedoms, including fundamental issues of abortion, sexual orientation, pleasure, and the fight for freedom from coercion, violence or punishment as means of sexual surveillance are required to ensure progress. One cannot overemphasise the need for policies to recognise the inter-linkages between sex, sexuality and the overall political discourse around ownership, power and control over resources and opportunities.

Invest in girls’ education

Africa should seriously find the means for Africa’s women to gain access to better educational facilities, where the focus is not just on quantity of students but rather on quality of education offered. Thus, special considerations need to be taken into account to ensure that the factors that inhibit the access of girls to education are effectively addressed in the educational system. Quality relevant education
(including sexuality education), employment and income-generating opportunities should be made available to young women and girls as a foundation for their overall empowerment.

**Engender HIV and AIDS responses, protect and defend women’s rights**

It has been universally acknowledged that the face of HIV and AIDS in Africa is the face of a young woman. The important question is: to what extent have responses been tailored to address this very fact? Only a gendered, rights-based approach that accounts for the different effects of the disease on men and women will be able to reduce infection rates. Measures should be put in place to ensure that young women are empowered to take greater control over their lives. These include legal services to ensure that their rights are protected. In addition, health information and services should be accessible, affordable, receptive and responsive to the needs of young people. Health promoters and staff should not reinforce stereotypes or maintain negative attitudes against young unmarried women, as is the case in most parts of Africa, whereby young women are affected by health provider attitudes that impede their quest to access sexual and reproductive health information and services.

**Platform for young women**

It is necessary for young women to speak with an amplified voice, and demand that governments deliver for women, who have delivered for nations since time immemorial. Movement building by young women is critical in building a sustainable response to the challenges related to sexual and reproductive health and rights that they face. Deliberate steps should be taken to create/strengthen platforms for, and the capacities of, young women to meaningfully, actively and effectively participate in the economic, social and political spheres and at all levels in society. Programmes that take a transformative rather than welfare approach can lead to sustained dialogue and action by young girls and women themselves, which are premised on the universality and interdependency of rights.

That our governments have enacted laws to protect women has been acknowledged but the tragedy remains that most women and girls are ignorant about how these laws protect their rights, hence, the existing laws have not enhanced access to rights for majority of the women. Limited knowledge of sexual and reproductive health rights weakens advocacy on gaps in the provisions of the legal instruments that protect women’s rights. Therefore, it is imperative that girls and young women are informed about their rights to seek protection and legal redress as provided for by the existing laws, and to promote among them proactive behaviour in protecting their bodily integrity. Constraints hindering such behaviour also need to be discovered through experience, so that they can be addressed through advocacy for further legal reforms and for survivor friendly procedures. Advocacy is needed to promote the strengthening of policies, structures, systems, operational procedures and the accountability of law enforcement agencies.

Young women’s movements should lobby governments so that constitutions should guarantee and protect the right to health for all, providing explicit clauses that guarantee quality service delivery on all matters that relate to women’s sexual and reproductive health and rights. Government and partners should demonstrate commitment towards women’s health and rights and this should be reflected through improved resourcing for health as well as rigorous commitments in terms of implementation and follow up of existing policies. Governments should be held accountable for their actions. If they can pay for guns, ammunition and war, they surely can pay for health and education.

Building and promoting young women’s capacities to realise their inner strength and determination to navigate the possibilities of more dignified and meaningful lives both in the private and public spheres is important. The ultimate aim should include supporting and sustaining a movement of young women and girls who can actively pursue their legal rights to gain the benefits of advances. Inner strength as a political resource enables young women to realise their agency and assume greater control over their bodies and sexualities and to discover the reservoirs of personal and political courage that lies within, individually and together. This will be instrumental in the fight for what lies beyond oppressive social systems and circumstances.

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