Dissertation Report

A PERCEPTION OF THE JOHANNE MARANGE APOSTOLIC SECT WOMEN ON FAMILY PLANNING USE: A CASE STUDY OF THE BOCHA AREA, VILLAGE 5 – MUTARE.

Confidence Munashe Marevanyika

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A dissertation report submitted to the Department of Social Work, Bindura University of Science Education in partial fulfillment of the requirements for the Bachelor of Social Work Honours degree.

2013
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Supervisor

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DEDICATION

I dedicate this dissertation to my beloved parents, Mr and Mrs Maravanyika, and my young brothers, Cosmas and Coaster, for their unconditional support and prayers. You are such a wonderful team that brings meaning and joy into every component of my existence, make me realize my full potential and enhance my social functioning. I would not have trudged this far without your unwavering support, resourcefulness and guidance. I am inexplicably grateful and may the Almighty continue to guide and protect you.
ACKNOWLEDGEMENT

I acknowledge God Almighty for his mercy upon me and making my pursuits achievable. Dr Nyoni and Mr Chisvo, my supervisors, thank you for your support, guidance, advice and encouragement in providing the necessary information of coming up with this thesis. Special thanks also go to Ms Christine Ndabambi and everyone who made my project possible, honourable and a success. I say thank you!!!
ABSTRACT

Women in the Johanne Marange Apostolic Sect are guided by their Church’s doctrines in their way of living, and this case study incognisant of the high mortality rates of children and mothers, complications at birth as well as failure of couples to meet their families’ basic needs, analyzed and revealed the women’s knowledge, attitude and perception towards their stance of not using family planning methods. Questionnaires and interviews were used for data collection. Content and thematic analysis was utilized to obtain detailed and accurate real life information from the respondents. 80% of the Marange women (n=20) had knowledge on family planning as well as its benefits but the sentiments passed by their church forbid family planning use. Nevertheless, 35% highlighted family planning benefits and revealed that they now use family planning, especially the modern methods without the consent of their husbands for their own good. In fact, men in the sect seem to be very much dominant in the sexuality of their wives, they determine the size of the family to the extent that women suffer to please them at the expense of their health. Thus, religion is one such factor that effect the infringement of women’s human rights and they is need for collaborative efforts from Ministries like Health and Education to ensure reformation and revision of the Church’s doctrines.
## ACRONYMS

<table>
<thead>
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<th>Acronym</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
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<td>FPA</td>
<td>Family Planning Association</td>
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<tr>
<td>HIV</td>
<td>Human Immuno Virus</td>
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<tr>
<td>IUD</td>
<td>Intra – Uterine Device</td>
</tr>
<tr>
<td>UDACIZA</td>
<td>Union for Development of the Apostolic Churches in Zimbabwe</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergence Fund</td>
</tr>
<tr>
<td>ZNFPC</td>
<td>Zimbabwe National Family Planning Council</td>
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**DEFINITION OF TERMS**

**Alternative family planning methods** - methods of family planning that are accepted by the Marange sect.

**Church** - is a group of the Marange people who share the same beliefs and practices.

**Contraceptives** - devices or methods used to prevent a woman from getting pregnant.

**Doctrines** - beliefs held and taught by Church.

**Early marriage** - informal unions in which a girl, below the age of 18, lives with a partner old enough to be her father before being physically, physiologically and psychologically ready to shoulder the responsibilities of marriage and child bearing (UNICEF, 2005; Forum on Marriage and the Rights of Women and Girls, 2001).

**Family planning** - is the process of controlling the number of children using contraception and in this case, the modern methods.

**Makeshift clinic** - is where pregnant Marange women deliver their babies with the assistance of midwives commissioned from the Church.

**Sect** - is a group of people who belong to a particular religion.
### TABLE OF CONTENTS

- Approval form i
- Declaration and release form ii
- Dedication iii
- Acknowledgements iv
- Abstract v
- Acronyms vi
- Definition of key terms vii
- Table of contents viii
- List of figures xi
- List of tables xi
- List of appendices xii

### CHAPTER 1

1.0 Introduction 1
1.1 Background of the study 1
1.2 Aim 4
1.3 Objectives 4
1.4 Statement of the problem 4
1.5 Research questions 5
1.6 Justification of the study 5
1.7 Limitations of the study 5
1.8 Delimitation of the study 5
1.9 Summary 6
CHAPTER 2

2.0 Introduction 7
2.1 The theoretical framework 7
2.1.1 Patriarchy 7
2.1.2 Family planning methods 8
2.2 Evaluation of family planning methods 11
2.3 Religious sects and their attitudes towards family planning 13
2.4 Examples of religious sects 14
2.4.1 Contraceptives and the Islamic Doctrine 14
2.4.2 Catholicism and family planning 14
2.6 Social change 15
2.6.1 Prominent theories of social change 15
2.7 Reproductive rights 16
2.8 Education and early marriages 16
2.10 Summary 18

CHAPTER 3

3.0 Introduction 19
3.1 Research design 19
3.2 Target population 19
3.3 Sample size 19
3.4 Sampling techniques 20
3.5 Research instruments 20
3.5.1 Questionnaire 20
3.5.3 Interview 20
3.6 Data presentation and analysis 21
LIST OF FIGURES

Figure 1: Educational levels of respondents by numbers and percentages 25
Figure 2: Knowledge on defining family planning 26
Figure 3: Knowledge on family planning methods 27
Figure 4: Knowledge on the benefits of family planning 29
Figure 5: Reasons for not using family planning 32

LIST OF TABLES

Table 4.1: Age category by number of respondents 23
Table 4.2: The educational levels 24
Table 4.3: Knowledge on Family Planning methods 27
Table 4.4: Suggested strategies by Marange women to improve their health challenges 33
LIST OF APPENDICES

Appendix 1: research questionnaire

Appendix 2: interview guide
CHAPTER 1

1.0 Introduction

This chapter seeks to lay the foundation of the study through outlining the statement of the problem, the aims and objectives so as to provide a basis upon which the study is built. The research questions, justification of the study, limitations and delimitations are also highlighted in this chapter. A summary is then given to sum up all concerns on the reasons that women in the Marange Apostolic Sect give on their stance of not opting for family planning methods.

1.1 Background of the study

In almost all African cultures, women remain subordinate to men in most aspects of their development priorities, such as health, education, politics and culture. In fact, these cultures determine gender roles, define rights and responsibilities and classify them according to what is “appropriate” for men and women. In most cases, these cultures justify practices that constrain women’s life chances. The power relations between men and women in such set ups are not equal. Men are perceived as more powerful than women, and as such in, for example, marriage or education as well as decision-making is concerned, women pay reverence to men. Society rather inculcates how people behave and the “socialization meal” in society prepares men to be the type of persons they are (Potter, 2008). In fact, in patriarchal societies the role of the father is highly reverenced and society tends to pose strong expectations on women. Their traditional role inside the home persists, buttressed by culture, patriarchy and custom (Blau and Abramovitz, 2010). Thus, even if men reject the exercise of power over women, they benefit from the existence of male – biased structures and institutionalized sexism that favors males. Potter (2008) also expressed that the traditional patriarchal culture and religious ideas and upbringing have been a major influence on the status of women which prove them as second class citizens and even weak in terms of controlling their sexuality.

The Government of Zimbabwe (1989) as cited by Gumbo in Hall and Mupedziswa (1995) notes however that while most women in urban areas had their babies in clinics or hospitals, those in rural areas had limited access to health services, which were likely to be in very poor condition, thus, maternal mortality was high. The issue of increased population and the need to control population growth rates was realized during the colonial period and the high fertility patterns had negative effects on people's lives. Thus, the concern about rapid population
growth saw the establishment of institutions, policies and programmes to enable people to regulate their fertility. As a result, family planning was born to help women choose the size of their families and the spacing of their children (Report on Family Planning Services for Life Experiences and Challenges, 1990).

According to the Zimbabwe Demographic and Health Survey (1988) cited by Gumbo in Hall and Mupedziswa (1995) family planning services have been available since 1953 but these were mostly available to whites and accessible to very few blacks. This saw the establishment of the Family Planning Association (F.P.A) in 1965 and was given the responsibility of providing family planning services through government hospitals, especially the maternity departments. It was only then that they became available to more black women. Gumbo in Hall and Mupedziswa (1995) posits that family planning services tended to be hospital or clinic based, mostly in urban areas, although rural areas were also covered (through clinics and mobile clinics). She adds on to say, in rural areas, the only methods available were the pill, condoms and injectables which require minimal expert supervision. Other high technology methods such as the loop and sterilization were available in urban areas where specially trained personnel were available. In 1967, the Family Planning Association started recruiting educators whose main role was to inform and motivate people to use family planning. Those individuals interested were referred to the clinics (Gumbo in Hall and Mupedziswa, 1995). Consequently, according to Hall and Mupedziswa (1995), the Maternal and Child Health Programme was launched in 1983 to ensure that women and children have the necessary health facilities. A training programme for traditional midwives in elementary hygiene and basic midwifery was commenced nationwide.

The F.P.A is now known as the Zimbabwe National Family Planning Council (Z.N.F.P.C), a parastatal organization under the Ministry of Health and Child Welfare (Zimbabwe Maternity and Child Health, and Family Planning Coverage Survey, 1991). The Z.N.F.P.C has tried to provide health care for women, including advances in family planning. However, Mukonyora (2007) points out that discussion on family planning has been silenced by churches. Despite efforts by the Union for Development of the Apostolic Churches in Zimbabwe (UDACIZA), an apostolic non-governmental organization set to bring all the apostolic sects in areas of development, the Marange Apostolic Sect is one of the churches which do not promote family planning. Thus, women in the Marange Sect tend to have many children.

In addition, family planning is a component of sexual and reproductive health that offers individuals and couples an opportunity to plan the fertility aspects of their lives. According to the Zimbabwe Maternal and Child Health and Family Planning Coverage Survey (1991) Zimbabwe defines family planning as to when to have the first and last child. The survey expressed that it should be remembered that there is a great danger to the mother and child if pregnancy occurs before the age of 18 years, if the woman's age is over 35 years, if the gap between pregnancies is less than three years, and if the woman has more than four pregnancies. This
definition implies the concept of informed choice as well as the quality of life individuals who use contraceptives tends to live.

Hallack (1999) pointed out that family planning ensures a good lifestyle. He expressed that family planning improves ability of family to meet basic needs. It empowers women to control their own fertility and allows time for individual care, personal and community development. It even allows easier access to educational institutes and hospitals. The Ministry of Health and Child Welfare of Zimbabwe (2001) concurred with Hallack's view and envisioned that the main goal of family planning is to improve quality of life and reproductive health by empowering individuals and couples to exercise their rights to safe sexuality and to decide whether and when to have children and how many.

Tinker and Ramson (2002) revealed that family planning prevent subsequent pregnancies. Women can space their children properly and reduce risks associated with too many pregnancies or pregnancies spaced too closely. Consequently, Ramamurthy (2004) states the importance of child spacing in order to preserve the health of the mother and financial security of the family. He further revealed that family planning reduces the incidences of poor health pregnancy delivery and the pueperium, for example, incidences of anaemia, spontaneous abortions and eclampsia. In a way family planning reduces maternal mortality and morbidity. Thus, most researches on family planning only address women who visit the health care services.

Omran and Standley (2007) expressed three important factors associated with family planning and the outcome of pregnancies: the survival, health and development of women and children, the survival, health and reproductive potential of child-bearing women; and the general well-being of families. These include inter pregnancy interval (the amount of time that has passed between a current pregnancy and the previous pregnancy), maternal age (the age of the woman who is pregnant) and pregnancy or birth order (the number of previous pregnancies or births that the woman experienced).

These authors also revealed that during the process of receiving family planning services, illness can be detected and treated early, and this reduces the likelihood of long-term debilitating problems. In fact, family planning can benefit the society in that the health benefits to men, women and children can result in a more productive labor force, the number of unplanned pregnancies resulting in abortions can be reduced, thereby decreasing the proportion of hospital supplies and time used to treat women with incomplete, septic abortions and a basis for understanding how, where and when the population will grow emerges; thus, development plans can be made in relationship to the number of people to be served.

Underwood (2000) also envisioned that changes in reproductive patterns can influence the child and mother's health and survival through a number of mechanisms, which include birth order number, birth spacing and
maternal age at birth. Short birth intervals tend to lead to a number of health problems such as lack of maternal recuperation and lack of maternal preparation for birth, which may lead to premature birth and low birth weight hence increase the probability of death of both the mother and the child. Short birth intervals have indirect effects through factors such as mother's depletion, premature birth and limited family resources. Women with short intervals between two pregnancies have insufficient time to restore their nutritional reserves and this is hypothesized to have a strong effect on foetal growth. Short birth spacing also leads to increased burden on the mother, which may diminish the quality of maternal care. Thus, family planning as one of the reproductive health care services for the prevention and treatment of reproductive tract infections is of paramount importance as it gives couples and individuals the right to determine, freely and responsibly the number and spacing of their children for this ensure a good lifestyle.

1.2 Aim

This research aims to analyze the reasons given by women in the Marange Apostolic Sect on their stance of not using family planning methods.

1.3 Objectives

i. To find out the knowledge, attitude and practices of women in the Marange Apostolic Sect towards family planning.

ii. To find out what women in the Marange Apostolic Sect employ as alternative family planning methods.

iii. To find out whether the alternatives (if any) employed by women in the Marange Apostolic Sect are effective.

iv. To assess the views these women bring towards the effects of lack of family planning.

1.4 Statement of the problem

Pregnant women of the Marange Apostolic Sect do not consult medical professionals. Instead, elderly women in the sect are responsible for all the midwifery duties on expecting mothers. According to the Ministry of Health and Child Welfare (2011) not visiting hospitals has resulted in avoidable deaths of pregnant women and children among Vapostori. They deliver at home, where if complications occur, their chances of survival are low.

In fact, statistics of maternal and child mortality in Zimbabwe have been worrying in the past decade, with at least eight women dying while giving birth daily, while hundreds of children die often from preventable causes
Consequently, most children in the Marange Apostolic Sect lack proper education because their parents fail to meet their needs.

1.5 Research questions

i. What are the attitudes, knowledge and practices of women of the Marange Sect on family planning?

ii. What alternatives to family planning do Marange women employ?

iii. Are the alternatives (if any) employed by Marange women effective?

1.6 Justification of the study

Bourdillon (1993) cited by Emerson and Smith (2007) envisioned that religion has a contradicting status in women's lives. Their position is rather regulated by religious institutions. In particular, notions of fatalism which are integral to many religions offer comfort to the powerless (in this case the Marange women) and an explanation for suffering, while at the same time constraining them from seeking change. Thus, the research seeks to recommend a strong and sustainable family planning programme applicable to the Marange people so as to prevent unplanned pregnancies and encourage child spacing among the Marange people who at times fail to meet their family needs. Family planning reduces maternal, neonatal illness and death, and in a way ensures a general healthy and productive population. Hence, family planning is important to the social and economic development of Zimbabwe, and the results of the study will also in a way enable the church to revise some of its doctrines.

1.7 Limitations of the study

Financial constraints are one limitation of the study. In fact the data collection is going to include field work by the researcher (who is a student) and requires necessary financial resources especially for travelling and to circumvent this problem, the researcher will source funds from the parents, and will even utilize times in which the Marange people conduct their conferences in Harare – Mufakose.

1.8 Delimitation of the study

The study will be confined to the Bocha area, Village 5 in Mutare which is 262 kilometres from Harare and is in the Eastern Highlands of Zimbabwe. The Bocha area used to be one of Zimbabwe's poorest places before the diamonds. In fact, there are approximately 500 000 people from this area and most of them belong to the Marange denomination. Just like any other denomination, the Marange Apostolic Sect has its own rules and regulations. One of the most common patterns of the Johanne Marange male members' lifestyles is their
penchant for many wives and this has maintained claims of male superiority (patriarchy) based on their Church or religious doctrines. Due to this, the Church is however accused of abusing women and girls under the ruse of religion. Nevertheless, the Church is structured in such a way that the spread of HIV is limited as those caught cheating on their wives risk ex-communication from the Church. If such people are in leadership, they are stripped of their positions and become ordinary Church members. However, a number of people from Village 5 are not formally employed. To earn a living, they are into gold panning at Chiadzwa area; some are into farming and self-help projects. In terms of access to health care services, individuals from this area are ignorant. Village health workers try to educate them on health issues and the need to consult health care service providers but they still do not visit them.

1.9 Summary

The chapter discussed the background of the problem. Research questions derived from the problem have also been identified. The importance of the study of family planning in the Apostolic Sect has also been noted. The scope of the study has also been given in limitations and delimitations. Chapter two will review the literature related to this study.
CHAPTER 2

Literature review

2.0 Introduction

This chapter will focus on the theoretical and empirical literature that explains the relationship between family planning, women's health and religion. It is hypothesized that family planning is critically important to the promotion of good health amongst women. Thus, the literature will be arranged in a way which helps one identify what previous studies said about the area under study and how feminists criticize the patriarchal ideologies which tend to look down upon women and even infringe their rights. The literature review will rather provide a conceptual framework on family planning from various scholars, the importance of the use of contraceptives, the family planning methods and the evaluation of the family planning methods. Examples of other religious sects and their attitude towards family planning as well as the theoretical framework of the area under study will also be highlighted. Consequently, the empirical literature review will focus on studies that have been done on the relationship between family planning and religions visa-viz individuals in various religious sects' reactions and attitudes. This will also assist in identifying how these previous studies are related to the area being analyzed in this study.

2.1 The theoretical framework

2.1.1 Patriarchy

On the basis of analysis made on the relationship between gender and power, patriarchy has been given as the reason why males and females are unequal. Most theories attribute this to structural effects of society’s different facets which include religion and these theories also note that men and women are different because society ascribes them to different positions in society. According to Potter (2008) patriarchy has been adopted by feminists to refer to male domination over women in all its forms – physical, political, psychological and ideological. In particular, it refers to the social and political structures, cultural institutions and social forces which keep women oppressed and powerless in a male – dominated society. This forms the driving force for all feminists who believe there is need for social change on women. Ultimately, there is need to move to a global humanism informed by feminist thought, and to contribute to the growing awareness that solving the problems that arise from female oppression will go a long way towards improving the lot of the whole of human kind.

In patriarchal societies, marriage is one important social prescription through which women attains
completeness. The assumption is that a woman can only become a true woman by virtue of procreation. Consequently, in the marriage set up, there are dos and don’ts but mostly, these reflect the need to please husbands and to uphold the sanctity of marriage. A case study by Chandra Talpade Mohanty, a principal theorist within the Western Feminist Movement shows that in Ancient Athens, women had no legal personhood and were assumed to be part of the Oikos headed by the male Kyrios. Until marriage, women were under the guardianship of their father or other male relative and once married, the husband becomes a woman’s Kyrios. In this respect, women are barred from conducting legal proceedings, the Kyrios does so on their behalf. Thus, according to Marxist feminists, men tend to use marriage to control women and to ensure undisputed paternity revealing the fact that societal structures institutionalize male dominance. For the radical feminists, because women bear children, men have reinforced their domination throughout social structures. Male dominance ultimately depends on force and on physical violence or at least the threat of it. This sex class system (for radicals) can only be eliminated by freeing women from their most basic biological role, having children and while birth control techniques are a step in this direction, true liberation will only come with artificial reproduction, when babies can be born outside the womb (Haralambos and Holborn, 2008). This shows that men control women’s sexuality and women continue to lag behind men in as far as decision making is concerned. Thus, for radicals, who advocate for a woman - only society, lesbianism is the only real path to sexual freedom.

In addition, Janet Mancin Billson and Carolyn Fluehr – Lobban cited by Potter (2008) envisioned on the fate of female well - being. They revealed that women, everywhere in the world are struggling towards new freedoms and new identities. Janet and Carolyn highlighted the fate of female well - being in terms of four indicators – life expectancy (looking at both maternal and infant mortality), literacy, fertility and contraception. In fact, these two posit that female well – being is extremely prone to deterioration or blockage when a society defines any segment of the population as ‘less than’ and denies access to education, health care and other sources of self – respect. Thus, women are victims of masculine control and to enhance their well – being there is need to address women’s mental paradigm and also to involve men in anything that concerns women welfare.

2.1.2 Family planning methods

These include both traditional and modern methods (The Zimbabwe National Family Planning Council Clinical Procedure Manual, 1995). These are said to have health benefits for mother and child.

Traditional methods

1. Post - partum abstinence associated with lactation is the most important of these practices in Africa.

Breastfeeding has a clinically demonstrated contraceptive effect, primarily before the menses return. But its
importance as a course while the mother is still breast-feeding. This may be practiced to space births so that each child will receive enough breast milk to survive or because of the mistaken notion that semen pollutes milk.

2. Polygyny (the practice of having more than one wife, a form of polygamy) controls fertility in a way. It can reinforce effects of the post-partum abstinence by providing the husband with another sexual partner, thereby decreasing the chances that the abstinence will be violated and sexual relations resumed prematurely.

3. Cortus interruptus (withdrawal), cortus inter crura ("between a skin" or separated by a garment), and coitus inter femora (between the thighs) are methods that, if correctly practiced, provide sexual release while reducing the likelihood of pregnancy for it works by keeping sperms out of a woman's body.

4. Traditionally, many African mothers have relied on breast-feeding as a method of delaying their next pregnancy. During the first month after delivery, the likelihood is low. She is usually amenorrheic during this time. Consequently, the Zimbabwe National Family Planning Council Clinical Procedure Manual (1995) expresses that amenorrhoea method (LAM) is the use of breast-feeding on its own as a family planning method. It delays return of ovulation in the post-partum woman. It is 98% effective in preventing pregnancy in the first six months post partum only if;

i. The baby is less than six months old.

ii. The baby is fully breastfed with no supplements, not even water.

iii. The woman's menses have not returned.

5. Natural family planning or rhythm method

This method is when one does not have sex or use a barrier method on the days she is most fertile (that is, when mostly likely to become pregnant). A woman who has a regular menstrual cycle has about nine or more days each month when she is able to get pregnant. These fertile days are about five days before and three days after ovulation, as well as the day of ovulation. To have success with this method, one has to learn about her menstrual cycle for purposes of predicting the days she is fertile or "unsafe". This method also involves checking the cervical mucus (discharge from the vagina) and recording body temperature each day. One is most fertile when the discharge is clear slippery.

Modern methods

1. Oral contraceptives
According to Longwe and Clarke (2009) oral contraceptives include birth control pills and progestin - only pill which works primarily by preventing the release of eggs from the ovaries. The pills contain hormones estrogen and progestin, cause the thickening of cervical mucus (by blocking sperm from meeting an egg) and disrupt the menstrual cycle, including preventing the release of eggs from the ovaries. The pill rather causes changes in the lining of the uterus.

2. Injectables

Longwe and Clarke (2009) revealed that injectables are given once every three months. For example, Depo Provera is an injectable contraceptive that contains synthetic progestin, similar to the hormone progesterone produced by the woman’s body. It makes the uterine wall for importation, causes cervical mucus to become thick and thus impenetrable to sperm and partially suppresses ovulation.

3. Implants

According to the Guide for the integration of gender issues into HIV and AIDS response (2011) the Norplant works by preventing ovulation, which means that no eggs are released for fertilization, by thickening the mucus of the cervix, which prevents sperm from entering; and by thinning the line of the uterus, which makes implantation of an embryo less likely. According to studies completed, Norplant has been shown to be 99% to 99.95% effective at preventing pregnancy, and is one of the most reliable, though not the most available, forms of birth control. Intra-Uterine Device (IUD) is a contraceptive device inserted into the uterine cavity. It inhibits fertilization, immobilizes sperms and speeds transport of the ovum through the fallopian tubes. The IUD rather causes a chemical change that damages sperm and egg before they can meet. This IUD is suitable for breastfeeding women, for it prevents unplanned pregnancies.

4. Barrier and chemical methods (Longwe and Clarke, 2009)

The condom forms a barrier that prevents sperm and semen from entering the women’s vagina.

Spermicides which are in the form of foams, jellies, creams, tablets or pessaries which are inserted into the vagina before intercourse also prevent unplanned pregnancies. In fact, spermicides cause the membrane of sperm cells to break, killing them or slowing their movement. This keeps sperm from meeting an egg. In addition, the diaphragm which is a shallow dome-shaped rubber cap with a stiff but flexible rim around the edge is inserted into the vagina. It prevents semen and sperm from entering the vagina by acting as a barrier.

5. Voluntary surgical contraception

Longwe (2006) envisioned on how the voluntary surgical contraception method is done. He expressed that an
informed consent form is signed between the client and the physician since the method is irreversible. One will be unable to have any more children. He talked of two methods namely the tubal litigation (female sterilization) which is a permanent method of contraception in which the fallopian tubes are occluded through a simple operation. It prevents the egg from meeting the sperm. Longwe (2006) also envisioned on vasectomy (male sterilization) which is a permanent method in which the vas deferens are occluded through a simple operation. Semen is ejaculated but will not cause pregnancy.

6. Emergency contraception

Longwe and Clarke (2009) also enlightened on emergency contraception which they said keeps a woman from getting pregnant when she has had unprotected vaginal intercourse. "Unprotected" can mean that no method of birth control was used. It can also mean that a birth control method was used but it was used incorrectly, or did not work (like a condom breaking) or a woman may have forgotten to take her birth control pills. She also may have been abused or forced to have sex, and may then need an emergency contraception. It works by stopping the ovaries from releasing an egg or keeping the sperm from joining with the egg. It should be taken within 72 hours after having unprotected sex.

2.2 Evaluation of the family planning methods

Researchers have found that a method of natural family planning that uses two indicators to identify the fertile phase in a woman's menstrual cycle is as effective as the contraceptive pill for avoiding unplanned pregnancies if used correctly (European Society for Human Reproduction and Embryology, 2007). Natural family planning methods are safe and reasonably effective in preventing pregnancy. They can be an effective type of birth control if more than one method of natural family planning is used and if they are always used correctly.

European Society for Human Reproduction and Embryology (2007) also noted that international studies have demonstrated the effectiveness of natural family planning regardless of one's religion, marital status or socio-economic level. However, natural family planning practices are thought to be complicated, but actually can be simple. For example a woman using the two day method asks herself did I note cervical secretions yesterday. If the answer is yes, she is considered fertile. If no, the probability of her conceiving that day is low. This method can be taught within the time allowed for a contraceptive counseling visit. Significant advantages of this method include its effectiveness, regardless of cycle regularity or irregularity (Zimbabwe National Family Planning Council Clinical Procedure Manual, 1995).

With correct use, the failure rate of natural family planning methods is similar to those of more commonly accepted hormonal and barrier contraceptive methods. The symptothermal method, which monitors basal body
temperature, cervical secretions, cervical position, and cycle patterns to predict periods of fertility, has proven effective: its failure is 0.4% per year with perfect use, and 7.5% per year with typical use. The effectiveness of the two day method has a 4% annual rate of unintended pregnancy compared with 2% for condoms: with typical use, 14% compared with 18% for condoms (Lingen and Browsers, 2009).

Natural family planning is effective and offers benefits that hormonal and barrier contraceptive methods cannot, including no or low cost, ease of use, no systematic adverse effects, and no medication interactions. Natural family planning is safe for women in whom hormonal methods are undesirable because of medical comorbidities. Natural family planning empowers the couple in understanding fertility, increases relationship satisfaction, and is associated with lower rates of elective termination. According to the Centre for Development and Population Activities (2010) more than 90% of two day users and their partners report being satisfied with this method. Some physicians may avoid recommending natural family planning because they think periodic abstinence will interfere with a couple's sex life; however, couples who use natural family planning have equal or more frequent sex compared with non-natural family planning users.

Additionally, knowledge of fertility awareness can help a couple conceive effectively, without the delay in return to fertility that occurs with some artificial contraceptive methods. A systematic review of the evidence of natural family planning is challenging. Because of the lack of consistency among available randomized controlled trials, a Meta-analysis combining data from multiple studies could not be performed (European Society for Human Reproduction and Embryology, 2007). However, Goetz (2007) expressed that the only birth control that is 100% effective is abstinence. This means abstaining from sexual intercourse. He also revealed a study which showed that implants are vastly effective than the pill. Implants are said to be 20 times better at preventing unintended pregnancies than the pill and other short term methods. The study showed that over a period of three years, 9.4% of 7 500 sexually active women of St Louis area in England who use birth control pills become pregnant accidentally, compared to just 0.9% of women who opt for implants. This was not that pills are not effective, but they are where they are used perfectly. Their effectiveness depends on consistent daily use.

By contrast, implants are designed to be foolproof. An implant remains in place for five to ten years. Despite being far more effective than pills, implants are known as long - acting reversible contraception but they have proven to be less popular with women. In addition, Made (2012) highlighted that contraception use is still low but is improving in Zimbabwe. Zimbabwe is said to be one of the five Southern African Developing Countries (SADC) including Mauritius, Namibia, South Africa and Swaziland that now have contraceptive use rates of more than 50%. In fact, according to the Zimbabwe 2010 – 2011 Demographic and Health Survey, in Zimbabwe there is 59% of married women who use a contraceptive method, and the prevalence rate for modern
contraceptive methods among married women is 57%. Only 45% of sexual active women between ages 20 – 24 use contraceptives according to the same study. The use of modern family planning methods for sexually active unmarried women is 62%. Zimbabwe has achieved nearly universal knowledge of contraception with 98% of women and 99% of men having knowledge of a contraceptive method.

According to the same study, there is higher contraceptive use among women with more than secondary education (67%) and women in rural areas are less likely to use contraceptive methods than women in urban areas (57% compared with 62%). Oral contraceptive (the pill) is the most widely used form of contraception. According to the 2010 – 2011 Demographic and Health Survey, the use of the pill has increased from 23% in 1984 to 41% in 2010 – 2011. All this shows that the knowledge of contraception has spread in the entire nation of Zimbabwe and its use and effectiveness lies upon the married couples.

2.3 Religious sects and their attitude towards family planning

There are numerous definitions of religion and a few are stated here. Haralambos and Holborn (2008) quoted Clifford Geertz an anthropologist who defined religion as a system of symbols which acts to establish powerful pervasive, and long - lasting moods and motivations in men by formulating conceptions of a general order of existence and clothing these conceptions with such an aura of factuality that the moods and motivations seem uniquely realistic. They also quoted Antoine Vergote, a theologian who emphasized the "cultural reality" of religion, which he defined as "the entirety of the linguistic expressions emotions and actions and signs that refer to a supernatural being or supernatural beings", he took the term "supernatural" simply to mean whatever transcends the power of nature or human agency.

Consequently, one can say religion is the collection of belief systems, cultural systems and world views that relate humanity to spirituality and sometimes to moral values. Many religions have narratives, symbols, traditions and sacred histories that are intended to give meaning to life or to explain the origin of life. They tend to derive morality, ethics, religious laws or a preferred lifestyle from their ideas about the cosmos and human nature. Emile Durkheim quoted by Haralambos and Holborn (2008) revealed that religion differs from private belief in that it is "something eminently social." He defined religion as a “unified system of beliefs and practices relative to sacred things." By sacred things he meant things set apart and forbidden beliefs and practices which unite into one single moral community called a church.

This shows that religion moulds people's lifestyle, and tend to have an impact on their attitudes and behavior. In other words basing to Karl Marx’s view of religion being equated to opium, religion rather make people absurd and absurdities can come in many forms which include self – destructive behaviors. Professor Sheila Jeffreys in Goetz (1997) envisioned on the rise of religion and the eclipse of women's rights. She expressed that in recent
times most countries have experienced some form of religious revivalism or fundamentalism. This has an impact on family laws which in turn have often eroded women's rights. She looked at three religious groups, that is, Judaism, Christianity and Islam. Professor Sheila described common anti-women attitudes around issues such as polygamy and impurity of bodies. She says these attitudes and views are becoming more prolific in modern-day society and religion is becoming intertwined in all areas of life including the legal system, education system and government to the detriment of women's rights. She concluded that multi-culturalism and religion can be very damaging to the rights of women. Extreme patriarchy delivered through religious channels is a real concern and there are serious problems with government supplying such large amounts of funding to religious-based schools and social services. Haralambos and Holborn (2008) talk of radical feminists who say that, as long as men occupy power positions in politics, education, law, business, medicine, religion, civic society and social club, women will remain relegated to the home, always pregnant and doing unpaid job.

2.4 Examples of religious sects

2.4.1 Contraceptives and the Islamic Doctrine

According to Underwood (2000) Muslim religious leaders are assumed to hold conservative attitudes than the general population about family planning. Their stance toward family planning is in some way misinterpreted. When they can be expected to refer to religious texts for guidance as they seek to interpret the acceptability of new ideas, religious leaders may prove no more opposed than other members of society to innovation.

Consequently, with respect to contraception, Muslim scholars universally accept the legitimacy of a hadith (or one of the collected sayings of the Prophet Mohammed) in which the Prophet when asked noted that withdrawal is permitted, for it "if God wanted to create something, no one could avert it." By analogy, this has been interpreted to imply that all non-permanent methods are in keeping with Islam. Furthermore, a number of Qur'anic verses emphasize the notion that God does not wish to burden believers, with the implication that the quality of children overrides concerns about quantity. Additionally, marriage is portrayed in Qur'an as a source of companionship and mutual protection, rather than primary for procreation.

2.4.2 Catholicism and family planning

The Catholic Church encourages sex for procreation; it also views sex as the ultimate beautiful expression of love between two married spouses. They are encouraged to have as many children as their circumstance allow, however, the church also recognizes the need to space children out. They certainly do not expect a woman to constantly be pregnant. For this reason, certain forms of birth control are considered to be acceptable. While
family planning is allowed, the use of contraceptives both hormonal and barrier, are not. Likewise tubal litigations and vasectomies for purposes of contraception and sterilization are not acceptable, although they may be done out of medical necessity.

Barrier methods of control, such as condom and cervical cap, along with hormonal contraceptives like the birth control pill and Depo-Provera, are thought to interfere with the act of contraception. Specifically, they prevent the egg from being fertilized by a sperm and in some cases may inhibit a pregnancy further by preventing the implantation of an egg. To Catholics, purposely stopping the joining of an egg and sperm is thought to be a sin; therefore these forms of birth control are not accepted. Catholics encourage natural family planning. Natural family planning is an umbrella term for various forms of birth control that do not involve any hormones or physical barriers to prevent pregnancy, but instead rely on periods of abstinence during a woman's menstrual cycle. Popular methods of natural family planning include the rhythm method, basal body temperature charting and the standard days method. Natural family planning helps bring partners closer as it improves their communication about their bodies and their sexuality. Catholics view other actions including the use of implants and the morning after pill as acts of abortion because they have the potential to destroy an embryo. In fact, Catholics consider life to begin at conception, when an egg is fertilized by a sperm. Therefore, abortion is seen as a form of murder, making it a sin. Yet the Church also distinguishes what they consider to be a direct abortion and an indirect abortion.

2.5 Social change

According to Giddens (2006) social change refers to an alteration in the order of society. The base of social change is change in the thought process in humans. It may refer to the notion of social progress or socio-cultural evolution, the philosophical idea that society moves forward by dialectical or evolutionary means (Haralambos and Holborn, 2008). Accordingly, it may also refer to social revolution, presented in Marxism, or to other social movements such as Women’s suffrage (Giddens, 2006). These authors also pointed out that social change may be driven by cultural, religious, economic, scientific or technological forces. More generally, social change rather includes changes in nature, social institutions, social behaviors, or social relations.

2.5.1 Prominent theories of social change

Giddens (2006) posit that change comes from two sources. One is random or unique factors such as climate, weather, or the presence of specific groups of people. Another source highlighted by Giddens (2006) is systematic factors. For example, successful development has the some general requirements, such as a stable and flexible government, enough free and available resources, and a diverse social organization of society. So on the whole, social change is usually a combination of systematic factors along with random or unique factors.
(Haralambos and Holborn, 2008). All this shows that a people’s way of living may be influenced by a number of factors and these might even pose for the betterment of their well being.

### 2.6 Reproductive rights

Mberi and Makore – Rukuni (2005) revealed the importance of reproductive rights which sentiments of patriarchal societies do not emphasize much. These authors expressed that these rights relate to sexual reproduction and reproductive health. In fact, the rights include the right to legal and safe abortion, the right to control one’s reproductive functions, the right to access quality reproductive health care and the right to education and access in order to make choices free from coercion, discrimination and violence. They are understood as rights of both men and women, but are most frequently advanced as women’s rights. However, choice is curtailed by social, economic and cultural factors, for example, inability to buy family planning pills, prevention from using family planning devices by partners, and fears based on ignorance about their reproductive system.

### 2.7 Education and early marriages

Statistics in the world point to very high disparities between males and females. These disparities are evident in all the social fields that one can think of; chief among them education. In Africa it has been noted that more male children go for secondary education than female children. Historically, women have had lower levels of education than men. Efforts have been enacted to address the anomaly and in Zimbabwe the education for all policy was one such move that tried to promote women education. However, this was not followed by individuals who rather thought educating the girl child was rather meaningless. In fact, women were only educated in order to write and read letters from their husbands working away from homes. Thus, women only received a modicum of education basing on the fact that they are to get married. Hence, educating them will be a worst of time since they will be tied to with house chores as mothers or wives.

Consequently, although current data is not available, statistics from the Ministry of Education, Sports, Art and Culture District office of the Manicaland province reveal that out of the 10 000 girls who enrolled in form one in the Marange District in 2000, only about a third completed form four in 2003. Those who dropped out became wives, with a small number dropping out because they could not afford the fees. This is also highlighted by the National Gender Policy (2002) which revealed that women constitute 60% of the illiterate adult population and the school dropout rate, particularly among female students is still very high. Enrolment at secondary school level, universities and vocational training institutions is also significantly lower for females than for males.
According to Kachere (2012) most men prefer to marry under-age girls because it is easier to control them. He posits that the younger the bride the more chances for the dominance of the man. Kachere (2012) went on to say early marriages are a social ill that threatens to derail government’s bid to fulfill its Millennium Development Goal on increasing access to primary education as girls continue to drop out of the already constrained education system. Madzokere in Hall and Mupedziswa (1995) highlighted much on the importance of education. He pointed out that education develops individuals to become productive, and to understand issues better. Education is therefore both a means to an end and an end in itself (Hall and Mupedziswa, 1995). A meaning to an end in that people hope to function more meaningfully, efficiently and to obtain jobs and to become self-reliant because of education gained. Consequently, an end in itself because education helps people in understanding development issues that concerns their well being.

The right form of education is the precursor of all consciousness (Mutumbuka, 1985 cited in Hall and Mupedziswa, 1995). Education is in three forms that is formal education which is provided in formal institutions, mainly a means to an end. Informal education is passed on through socialization, usually as knowledge which must be known by all in order to speak or behave in a socially desirable way. Non – formal education, on the other hand is an organized form of imparting new knowledge, skills and attitudes, but is carried on outside the formal system (Mupedziswa, 1993 cited in Hall and Mupedziswa, 1995). Thus, education is of paramount importance in enlightening individuals such that they are able to make constructive decisions on their own and not to fall as victims of external influences, from either their families or social environments.

According to the Southern African Research and Documentation Centre (1999) studies concerning the family planning beliefs of religious leaders are rare, when conducted, have typically relied on small samples. A study of the family planning attitudes and practices of Ethiopian elites was conducted with a sample of 99 Orthodox Christian Priests and 86 Muslim religious leaders. The researchers found that 24% of Orthodox Christian and 80% of Muslim religious leaders had heard of family planning. Among those who were married (89% and 92%, respectively), 6% of the Orthodox Christians and 26% of the Muslims practiced contraception. Religious leaders were found to be less favorably disposed toward family planning than other elite groups (such as teachers and community leaders), but the researchers did not compare religious leaders' responses with those of the general population.

Moffat, Geadah and Stuart (2007) revealed a study on the knowledge and attitude to modern family planning methods in Abraka communities, Nigeria. The main objective was to assess the level of regard and misconceptions of modern family planning methods amongst individuals in Abraka communities. The interviewer administered questionnaires to gather the required information from 657 respondents randomly chosen. The results showed that 75.3% of those interviewed were aware of modern family planning but only
42.9% were using it to plan their figure. Thus, data indicate a fairly high degree of awareness but little regard for family planning.

In addition, an annual preliminary report on the Ministry of Health and Population showed that at least 23% of girls in Nepal get married at the age of 15 – 19 years as against the legal age of 20 for both sexes. Early marriage needs to be stopped because it does not only affect girls’ education but also their health but also their health and overall career development in future. The biggest challenge is the families’ attitude towards educating their daughters. There is need to strongly lobby against early marriages, but efforts are hampered by very poor monitoring systems to implement existing laws. Still many rural families in Nepal marry off their daughters at the age of 11 – 13 because their parents think that the older a girl gets the higher the dowry will be. Child marriage is the extreme denial of children’s rights. Many girls suffer from abusive marriages as they are married to older men. After marriage, such girls rarely come back to school and even if they do, their performances are recorded very low. Some reveal that early marriage negatively impacts the girl’s self confidence. Child marriage not only defied them from their education; it often made them vulnerable to a cycle of discrimination, domestic violence and abuse. The survey revealed found that among Nepalese women of the 20 – 49 age groups 60% were by the time they reached 18. Early marriage changes a girl’s life options because parents no longer want to invest in “someone else’s property”. If child marriage is to be eradicated there should be close coordination among government sectors dealing with health, poverty and culture.

2.8 Summary

The chapter reviewed the literature related to the study. It highlighted the views, comments and studies from different authors and experts in the subject in question. Through the literature review it is clear that there is need to investigate into the reasons that prompt women from the Marange sect not to opt for family planning methods despite the known ruse that their Church forbids them. The next chapter discusses the methodology to be used when carrying out the case study.
CHAPTER 3

Research Methodology

3.0 Introduction

This chapter describes the research design, target population, sample size, the sampling techniques, research instruments, data presentation and analysis, as well as the ethical considerations which were followed when carrying out the research. Consequently, a summary of the chapter concludes the section.

3.1 Research design

One type of the qualitative research design which is a case study was chosen. It was chosen for it allows the researcher to obtain answers from respondents on the questions ‘why’, ‘what’ and ‘how’ through the use of interviews (Cassel and Symon, 2004). This paradigm of qualitative research is useful and effective in getting opinions, perceptions and attitudes, as well as cause and effect relationships amongst respondents (Orum and Sjoberg, 1991 quoted by Tellis, 1997). The case study of women of the Bocha area, village 5 allowed the researcher to first build a rapport with the Marange women to obtain credible results in their natural setting. The researcher through the case study strategy also gathered descriptive information about the womens’ thoughts, feelings and beliefs through probing and the study was highly qualitative in nature.

3.2 Target population

Plossy (2004) defined a population as any group of individuals, organizations and social interactions which exhibit similar characteristics such as age, sex or health condition and according to a Report by UDACIZA quoted by Mukonyora (2007) the Marange women are approximately +/- 500 000.

3.3 Sample size

A sample is a representative part or a subset of the target population taken to show what the rest of the population is like (Higson – Smith, 1995). However, one should take into cognizance that issues to do with numbers are not important in a case study. This is so because one may go into the field targeting to meet a certain number of individuals whom he or she may not find due to various reasons. In this case, the researcher managed to have an encounter with only 20 women from the Sect and these were in the 15 to 35 and over 36 age range. These were selected through utilizing the snowball and purposive or judgemental sampling techniques.
3.4 Sampling techniques

A combination of purposive or judgemental sampling technique and snowball sampling technique was used to come up with the sample for this study. This allowed easy accessibility of the targeted individuals, hence saving time. The over 36 years of age women tend to be well abreast with the Church’s doctrines basing on their stay in the Church. They were also selected since some of them are the ones who offer midwifery services to other pregnant Marange women. In addition, the researcher located respondents with desired attributes, whom she then asked to suggest additional people with the same attributes.

3.5 Research instruments

Data collection involved fieldwork by the researcher meaning the researcher was the one responsible for data collection and this yielded detailed and accurate real life information about the Marange women and as such, the researcher made use of questionnaires and interviews.

3.5.1 Questionnaire

The questionnaire had both closed and open-ended questions. It was mainly for those in the 15 to 35 age range because these were the ones the researcher assumed to be literate and could write legibly. It was chosen for this study for it made respondents to answer the questions without the researcher’s influence. The distribution of questionnaires took a day and the researcher liaised with the respondents on the date for collection which was the fourth day after the distribution day. However, in the absence of the researcher, it was difficult to ascertain whether the respondents understood the questions on the questionnaire and so to address the demerit posed by the questionnaire, on the date for collection, the researcher translated the questions into Shona and went on to set another date for collection which was the following day.

3.5.2 Interviews

Interviews were chosen for this study for they figured out important information from the respondents’ incidental comments, voice tones, reactions and gestures. They also uncovered the fundamental reasons underpinning the women’s attitude and behavior towards medicinal practices especially the use of family planning, despite the known ruse that their religion forbids them. In fact, introductions were first made and a brief explanation was made on the purpose of the study. There was no time limit for completion of the interview sessions and they took three days. The researcher used interviews to cover the limitations of questionnaires. The researcher utilized the interview guide for purposes of avoiding an introduction of too many peripheral issues. Interviews were applicable to those who lacked reading skills. Through the interviews the researcher also had the ability to return to participants where there was need for clarification. The response rate was rather quick.
and saved time in some way. However, some interviewees could not provide truthful answers for they were afraid of being ex–communicated from the Church, but a consensus was then reached to enable the researcher to gather valid information related to the topic under study. She assured them of utmost confidentiality and that their names will be kept anonymous.

3.6 Data presentation and analysis

The research utilized the content and thematic analysis which emphasize on organization and rich description of data. According to Howitt and Cramer (1995), content analysis is a systematic replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding. Through content analysis the researcher managed to categorize data into groups of words with similar meaning and connotation. The researcher who was responsible for carrying out data collection, especially through conducting in-depth interviews followed the process of coding which ensured the development of themes like inequality between men and women were derived from the raw data. The themes became the categories for analysis (thematic analysis) and much of pinpointing, examining and recording patterns within data was emphasized. The researcher was involved in reading and re–reading data from participants. She was also involved in translating questions in the questionnaire as well as data from the respondents (those in the over 36 age range whom the researcher interviewed) from Shona to English by giving room for questions from the respondents who could not understand the questions. For the sake of clarity and presentation, some descriptive statistics (quantitative data) was presented in tables, figures, graphs and charts.

3.7 Ethical considerations

Ethics are codes of conduct or rules which govern a practice or profession. It indicates how information and clients relationships should be managed (Urombo, 2000). This case study was compatible with human values and the researcher conformed to research ethics – informed consent, anonymity and confidentiality.

The researcher, for confidentiality purposes ensured that no names and addresses were to be written on the questionnaires and the questionnaire itself did not have a space for the respondents’ names and addresses. When conducting interviews the respondents’ names were even kept anonymous. In addition, no one had access to the research information except the researcher as a way of ensuring anonymity of participants. The researcher chose to refer to respondents just as ‘participants or respondents’ to make absolute anonymity.

Consent was sought from the authorities (the Village Chief) who then gave the researcher the mandate to interact with the respondents. Consent was also sought from the respondents’ husbands as well as the respondents themselves and this made them to voluntarily participate in the study. The researcher informed each
and every participant the purpose of the study. The issue of anonymity was central to this study for respondents feared being ex – communicated from the Church. However, it can be argued that every social research does invade the privacy of individuals in order to bring out the unknown in the form of knowledge.

3.8 Validity

The research was valid in that permission was first sought from the Village Chief, the respondents’ husbands as well as the respondents themselves. This made the study to be accepted for the respondents freely accepted to participate in the study.

3.9 Feasibility

The research was made possible by the fact that the Bocha area – Village 5 is where the researcher comes from. This allowed easy accessibility of the targeted population and even allowed the researcher to return back to clients whenever necessary for purposes of clarification in some of their responses.

3.10 Summary

This chapter described the research methodology that was used in the study. It dealt with the research methods, data collection techniques and their advantages and disadvantages, data presentation and analysis, as well as ethical considerations that were followed when carrying out the research were also looked at. In the following chapter the results will be presented, analyzed and interpreted.
CHAPTER 4

Data presentation and analysis

4.0 Introduction

This chapter presents and analyzes the data obtained from questionnaires and interviews which were guided by the exact questions on the questionnaire. The data is presented in tables, figures, charts and graphs.

4.1 Biographic Information

4.1.1 Age

Table 4.1 shows a summary of various age groups amongst the Johanne Marange women.

Table 4.1 Age categories by number of respondents

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 – 17</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>18 – 25</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>26 – 30</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>31 – 35</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Over 36</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

N=20

From the table above the highest age range was from 15 – 17 (50%). It was followed by the 18 – 25 age range which had 30%. This shows that women from the Marange Sect engage in marriage at an early age. From the 15 – 17 age range (n=10), 4 women revealed that they got into marriage at 15. This is against the Zimbabwe’s legal laws. The Marriages Act [Chapter 5: 11] stipulates that a woman may marry at a minimum age of 16. In fact, an October 2011 study by Maureen Sibanda for Research and Advocacy Unit (RAU) entitled “Married too soon” –
Child Marriage in Zimbabwe, noted that the Church is the worst perpetrator of the practice which is replete with reproductive health risks for young girls.

4.1.2 Educational levels

Table 4.2 The educational levels

The respondents (n=20) also gave their educational levels. 45% attained Secondary education (45%). Only 30% reached the tertiary level, that is, 2 and 4 reached College and University levels respectively and 5 had reached the Primary level. This is shown in the table below:

<table>
<thead>
<tr>
<th>Educational level</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Secondary</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td>College</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>University</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

N=20

This shows that trends seem to be changing in as far as education amongst the Marange people is concerned. Sending the girl child to school was once viewed as something less important. Thus, as the research obtained that 45% of the Marange women had attained Secondary school, it implies that members of the Marange tribe are trying to educate their children. This is also shown by a few Marange women (30%) (n=20) who reached the College and University educational levels and can also be illustrated by the graph below:
Thus, despite the Church being known to contribute to Zimbabwe’s illiteracy levels, the findings from this case study showed that the Marange people are now embracing education and their literacy level (100%) seem to be above the National literacy level which is 86% (National Gender Policy, 2002).

**4.2 Knowledge on the definition of family planning by age category**

The question tested the respondents on their understanding of family planning and the findings showed that 16 out of 20 (80%) respondents provided a correct answer and 4 from the 15 – 17 age range gave a wrong one.

**4.2.1 Correct answer**

A 100% response rate was obtained from those in the 18 – 25 age range (n=6) and these managed to provide a universal definition which can be understood by anyone else. They defined it as a method of birth control done by married couples to avoid or prevent unwanted pregnancy. All of the over 36 age group (100%) (n=2), 1 (100%) from the 31 – 35 age range and 6 (60%) out of the 10 from the 15 – 17, and 1 (100%) from the 26 – 30 age group, had ideas on the practice for their answers had the kuronga mhuri aspect in them (that is the birth control aspect).
4.2.2 Wrong answer

Only 4 (40%) from the 15 – 20 age group gave a wrong definition of family planning citing that it has to do with going to the hospital. Thus, in some way young women from the Sect do not understand family planning. Nevertheless, the findings made it clear that despite the fact that women from the Marange Sect are denied family planning, they have an understanding on what it is all about. The findings are presented as follows:

![Correct Answer vs Percentage vs Wrong Answer vs Percentage](image)

**Fig 2 Knowledge on defining family planning**

4.3 Knowledge on family planning methods

The questions sought to assess the respondents’ knowledge on any family planning method either traditional or modern methods. The respondents listed both traditional and modern methods and a number of them (50%) cited the pills. Some (30%) talked of male and female condoms, as well as continuous breastfeeding (15%). This is shown in the table below:
Table 4.3 Knowledge on family planning methods

<table>
<thead>
<tr>
<th>Method</th>
<th>Frequency</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pills</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>Male and female condoms</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Continuous breastfeeding</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Do not know</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

This shows that even if the Marange women do not visit or consult health care centers, they know about family planning. However, only 1 (5%) from the 15 – 17 age range did not know any of the family planning methods.

The response rate is also illustrated by a chart below:

![Frequency Chart]

Fig 3 Knowledge on family planning methods
4.3.1 What the respondents know about the methods they mentioned

1. Pills
The respondents (50%) revealed that pills are tablets or medicines swallowed by individuals to prevent them from getting pregnant. They pointed out that one has to take the pills more often.

2. Condoms
The respondents (30%) pointed out that there are two types of condoms, that is, the female condom and the male condom. They revealed that these are worn by either a male or a female when they want to have sexual intercourse.

3. Continuous breastfeeding
The respondents (15%) explained much on continuous breastfeeding. They said that after having a baby, the mother continuously feed her baby with milk from her breasts and this is done to space births such that each child receives enough breast milk.

4. Do not know any of the family planning methods
Only 1 (5%) did not know any of the family planning methods. She revealed that she has recently entered into marriage and was not aware of the methods of family planning but however, the researcher felt that the young woman did not want to share her knowledge of family planning.

4.4 Knowledge on the benefits of using family planning
Majority of the respondents (50%) said that family planning has no benefits. 35% agreed that the practice has benefits and only 3 (15%) said they do not know any benefits of using family planning. This is presented by the chart below:
4.4.1 No benefits

The respondents (50%) expressed that their husbands deny them contraception use; they tend to control the number of children such that women are obliged to follow their husbands’ needs to avoid conflicts with them. This shows that the women’s attitude and perception towards family planning is to a larger extent driven by the need of avoiding strained relations with their husbands.

4.4.2 Agreed that there are benefits

Women who agreed (35%) highlighted that family planning improves lifestyle, has health benefits to the mother and the child as well as high survival chances. They expressed that it prevents abortions and subsequent pregnancies, and also enables couples to control the size of their families together for purposes of meeting their families’ basic needs. In fact, these women posit that their husbands are not formally employed, hence a challenge in meeting the basic needs of their respective families. Thus, they agreed to family planning use for it makes it easier for them to look after their children in times of economic hardships the country has been exposed to.

4.4.2.1 Impact of their knowledge on the benefits of family planning

The women’s attitude has changed. Some of them, that is, 3 from those who agreed (35%) revealed that they are now using contraceptives without the knowledge and consent of their husbands. In other words, their perception have been changed, and this may be because of the ever – changing environment and also the
economic changes of the country which makes it difficult for couples to look after hordes of children and the issue of how people are now living as mixed individuals of diverse cultures, religions or even races. More so, the concept of intermarriages have an effect in influencing individuals’ perception and so, one way or the other individuals’ lifestyles will end up diluted for they tend to copy other people’s way of living especially those whom they are close to, like their relatives and friends. They are now moving with time for the modern day society favors small sized families and view the Marange practices as of old.

4.4.3 Do not know the benefits of using family planning

Some women (15%) said that they do not know any benefits, citing the fact that the Church’s doctrines forbid them family planning.

4.5 Use of alternative family planning methods by Marange women

The question sought to assess whether the respondents employed other alternative family planning methods which goes along with their Church’s doctrines.

4.5.1 Women who employed alternative family planning methods

The findings indicated that 50% (n=20) of the respondents accepted that they employ alternative family planning methods and these included the withdrawal method and continuous breastfeeding.

4.5.2 Did not employ any alternatives

The research findings also showed that 50% of the respondents said they do not use any alternative of family planning methods, their responses seem to reveal that these women just think family planning has to do with only conventional, medicinal practices which call them to visit clinics or hospitals.

4.6 The effectiveness of alternative family planning methods

4.6.1 Not effective

From the findings, 7 of the 50% (n=20) women who agreed to it that they employ alternative family methods made it clear that they utilize continuous breastfeeding and the withdrawal method. Nevertheless, they pointed out that their effectiveness in avoiding unwanted pregnancies is not guaranteed as seen by the number of children they have. Amongst the 7 (35%), 5 of them had 6 children respectively. They highlighted that these children are more or less of the same age for at times when breastfeeding one would find herself pregnant again.
4.6.2 Effective

Amongst the 50% who accepted, 3 (15%) of them said that the alternatives they employ are effective since their lives, including their sexuality base on what their leaders whom they believe to be ordained by God and who are also their husbands say. This shows that in some way religion is the chief vehicle for women subjugation for it tends to shape and influence the way they act or behave. Thus even if there is infringement of the women’s rights, women are silenced.

4.7 Attitude of the women to adopting family planning

4.7.1 Positive attitude

The question got a 95% response rate from the respondents (n=20). The respondents expressed a positive attitude to adopting family planning as they emphasized much on education as one key factor of ensuring that Marange Apostolic Church members accept medical practices like the use of family planning. The respondents pointed out that there is need for responsible ministries to educate their leaders and other church members who include their husbands. This shows that the practices of the Marange Sect infringe upon women’s human rights, and there’s need of revising the Church’s doctrines for women to be given authority to visit health care centers and even to use family planning methods.

4.7.2 Negative attitude

One women (5%) from the 18 – 25 age range expressed that despite education being crucial in making medicinal practices more acceptable amongst the Marange population, the Church is controlled by men and so women are not listened to, thus, one way or the other women in this Sect are very much controlled by men. They pay reverence to men in all they do and so their attitude and perceptions to family planning are rather difficult to change.

4.8 Reasons women give for not using family planning

All the respondents (100%) (n=20) managed to answer this question and they revealed that their way of living is centered on the Church’s doctrines. This is presented below:
The respondents (20%) believe in faith or divine healing for the prophets who are their husbands tend to discourage them use of medicines and even shun hospitals. 15% rely on holy water (muteuro) and prophecy from Church leaders. Some (25%) believe that bearing more children is one way of pleasing their husbands thereby upholding sanctity or purity of marriage, and 15% said more children are a cheap source of labor for the family. The researcher quoted one of the over 36 age range woman who said that, “women in our Church do not use family planning, because if the prophet gets wind of it, spiritually of cause, one is punished.” This shows that sentiments passed on in the Church cannot be overridden. Consequently, the high maternal deaths which were revealed by 1 woman of the over 36 age range who said that, “we bury so many children who die during birth at our makeshift clinic…” also explains why the Marange women opt for hordes of children at the expense of their health.

**4.9 Suggested strategies by women in the Sect for the improvement of health challenges they face**

The question asked ways that women in the Sect would suggest in improving their health challenges and respondents (n=20) provided six of them. The table below highlights them clearly:
**Table 4.4 Suggested strategies by Marange women to improve their health challenges**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Frequency</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusion in health – related programs and forums</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Avoid polygamy and early marriages</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Visit health care centers for consultation only</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Train more women on reproduction health provision</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Health promotion activities</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Provision of health care facilities to those who offer midwifery services</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**N= 20**

4.9.1 **Inclusion in health – related programs and forums**

Respondents (15%) revealed that if only women and some men who appreciate health concerns of their wives are included in programs and forums that teach reproductive health issues their health challenges will be addressed in a way.

4.9.2 **Avoid polygamy and early marriages**

Despite it known that the Church believe in polygamy, 20% of the women suggested that these must be avoided if possible. They made it clear that more of competition in as far as child bearing for purposes of pleasing husbands amongst the women has negative effects health wise. They fail to give proper care to themselves as
well as their children who at times suffer from malnutrition. As for early marriages, the respondents highlighted those young women who get married early die of severe bleeding or ruptured uteruses as their young bodies would be immature for full reproductive functions.

4.9.3 Visit health care centers for consultation only

The respondent (5%) meant they will continue following what their Church says but should be at least accorded authority to visit and consult health care centers on any health issue of concern.

4.9.4 Training of more women on reproduction health provision

Women (15%) believe that if more women are trained on reproduction health provision which entail the incorporation of the conventional medicinal practices maternal death rates at their makeshift clinic will be reduced.

4.9.5 Health promotion activities

Some women (30%) suggested health promotion activities as one way of improving their health challenges. They expressed that these activities can be done through dramas in public for purposes of sensitizing or educating other women as well as their husbands about health issues. They also pointed out that these activities are applicable to them for they even call for their active participation.

4.9.6 Provision of health care facilities to midwives in the Sect

These women (15%) thought that if the responsible Ministry of Health and Child Welfare provide or equip their makeshift clinic and even provide facilities to easy work of those commissioned by the Church to offer midwifery services, maternal death rates will be reduced.

4.10 Summary

This chapter presented and analyzed the data collected from the respondents. The findings showed various reasons that women from the Sect give towards their stance of not using family planning despite the known ruse that their Church forbid them. The findings also revealed the women’s attitudes and perception towards family planning use. The research confirms that a number of the Marange women have the knowledge about family planning for some even posed suggestions which call for the revision of the Church’s doctrines, but some are still ignorant. Nevertheless, the next chapter will look at the summary, conclusions and recommendations.
CHAPTER 5

Summary, Conclusion and Recommendations

5.0 Introduction

This chapter provides a summary, conclusion and recommendations in connection with the reasons given by women in the Marange sect on their stance of not using family planning methods. In fact a summary will highlight all the research findings in as far as the women’s knowledge, attitude and perception towards family planning is concerned. A conclusion will then be drawn from the findings giving room for recommendations.

5.1 Summary of the major findings

The case study research analyzed the reasons given by women in the Marange Sect (n=20) on their stance of not using family planning methods. From the findings, respondents have a sound knowledge of family planning. They understand what it is all about, that is, the methods as well as benefits of utilizing the practice despite being denied family planning use. The women’s attitude to adopting family planning is positive for they emphasized the need and importance of educating their Church leaders who are also their husbands on the importance of family planning. The findings also show suggested strategies by respondents for the improvement of health challenges they face thus indeed their health is at risk and are after a new life style.

5.2 Conclusion

The church is one perpetrator for women subjugation. However, if it was not the church’s doctrines or sentiments, the Marange women would have been practicing family planning.

5.2.1 The women’s knowledge and attitude towards family planning

Women from the Sect despite being denied family planning use have got an understanding of what the practice is all about. Nevertheless, the attitude they reveal is rather driven by fear of being ex-communicated from the church, as well as fear of possible conflicts with their husbands who are the church leaders.

5.2.2 Use of alternative family planning methods

The Marange women tend to employ methods that are accepted by their Church.
5.2.3 Effectiveness of the alternative family planning methods employed

Marange women rely on continuous breastfeeding and the withdrawal method but these methods often misguide them for they end up with unwanted pregnancies.

5.2.4 Attitude of the women to adopting family planning

Women in the Marange sect have a positive attitude to family planning as they emphasized much on the need and importance of education for the Sect leaders as well as the members of the church as a whole to adopt family planning. This reveals that the Marange women are quite aware of the effects of lack of family planning hence they are after their liberation that is being allowed to visit Health Care Centers for their own good.

5.3 Recommendations

From the conclusions pointed out, the research puts forward suggestion worth to instill change in the practices of the Marange sect, and to make sure that women should be allowed family planning or the opportunity to visit health care centers. The recommendations are as follows:

5.3.1 Equality

Women should be given equal positions with men in Church for they also have the spiritual and moral abilities just like men and this will ensure women’s views to be heard hence allowing room for the revision of the Church’s doctrines.

5.3.2 Change of mentality

Women themselves should stand for themselves through the exhibition of a mental paradigm that reveals that they are not second class citizens. In fact they have the prerogative to liberate themselves to survive in a set up dominated by men thus they should organise themselves for a more effective voice.

5.3.3 Education

UDACIZA should continually try to engage both males and females in the Sect in collaboration with the Ministry of Health and Child Welfare as well as the Zimbabwe National Family Planning Council in the area to sensitize them on the importance of adopting family planning methods especially the modern ones. On the other hand, practices and beliefs from the Sect should be evaluated to determine if they are medically significant and,
if they have beneficial or benign effects, then efforts should be made to incorporate them into health care delivery systems.

5.3.4 Empowerment

There is need for empowering women to build their capacities of challenging subjugation and subordination, and to determine their own life choices. In fact, women empowerment is of key importance as it relates to women’s decision making capacity over access to health care services.

5.3.5 Partnership or coordination across services, sectors and ministries

There is need for responsible ministries (for example Health and Education) to strongly lobby against early marriages in the church and to instill monitoring systems for the implementation of laws that protect the girl child.

5.4 Summary

This chapter provided a summary of the major research findings, conclusions drawn from them as well as the recommendations in connection with the reasons that women in the Marange Apostolic Sect give on their stance of not using family planning methods.
REFERENCES


http://en.m.wikipedia.org/wiki/women’s rights


National Gender Policy of Zimbabwe (2002)


APPENDIX 1

QUESTIONNAIRE

Introduction
My name is Confidence Munashe Marevanyika, a student from Bindura University of Science Education (BUSE). I am working on my dissertation which is a pre-requisite for my Bachelor of Science Honours Degree in Social Work. The dissertation is an analysis on the reasons women in the Marange Sect give on their stance of not using family planning methods. The information shall be a milestone towards the success of my project for it will be treated for academic purposes and will be accorded utmost confidentiality and anonymity. No names and addresses are to be written and I will be indebted to your sincere participation. For your responses please tick the appropriate box and fill in the spaces provided after each question.


2. Education: Primary Education □ Secondary Education □ College □ University □

3. What is your understanding of family planning?
....................................................................................................................................................................................
....................................................................................................................................................................................

4. Do you know any family planning methods, either traditional or modern methods?
YES □ NO □

5. If yes in question 4, list them.
....................................................................................................................................................................................
....................................................................................................................................................................................
....................................................................................................................................................................................

6. Do you think the use of family planning has any benefits in individuals’ lives?
YES □ NO □
7. Give a reason for your answer in question 6.

....................................................................................................................................................................................
....................................................................................................................................................................................
..........................................................................................

8. Do you employ other alternative family planning methods? YES □  NO □

9. If yes, are they effective or not in avoiding unwanted pregnancies?

....................................................................................................................................................................................
....................................................................................................................................................................................
..........................................................................................

10. What are the reasons that influence your stance of not using family planning?

....................................................................................................................................................................................
....................................................................................................................................................................................
..........................................................................................

11. In your opinion, what do you think should be the most appropriate way of ensuring that members in your Sect accept medicinal practices like the use of contraceptives?

....................................................................................................................................................................................
....................................................................................................................................................................................
..........................................................................................

12. What ways would you suggest to improve health challenges which women in your Church face?

....................................................................................................................................................................................
....................................................................................................................................................................................
..........................................................................................

THANK YOU!!!
APPENDIX 2

INTERVIEW GUIDE

1. What is your understanding of family planning?

2. How do you view family planning in your church and do you have a say in matters of birth control in your relationships basing on the fact that men who are your husbands as well as church leaders are highly revered?

3. Some people think it is important to employ the modern family planning methods. What do you think about that?

4. Do you think the use of family planning provides a robust solution for the challenges you might be facing in taking care of your children?

5. How do you feel about having hordes of children in this ever changing social, political and economic environment?

6. What strategies have been put in place either by the Government, civil society and you, Marange women to overcome the challenges you might be facing?

7. As a full member of the Marange Sect, how do you intend to improve the current status quo?