UNIVERSITY OF KWAZULU-NATAL

A FEMINIST CRITIQUE OF THE KARANGA PEOPLE OF ZIMBABWE'S UNDERSTANDING OF INFERTILITY AS A WOMAN'S REPRODUCTIVE HEALTH RIGHT

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ABSTRACT

Infertility is a global reproductive and health challenge in the 21st century across traditional to modern-clinical contexts. Despite attempts to remedy it, infertility remains a reality that leaves a vulnerable space to some Karanga women, as it is understood to disqualify them from womanhood. This context reflects that Karanga infertility conception has contributed to the silencing of some Karanga women over their reproduction, which exacerbates the deterioration of their reproductive health. Writing from an African feminist perspective, this study critiques the Karanga people of Zimbabwe's understanding of infertility as a woman's reproductive health rights, asking how a feminist critique of the Karanga people's understanding of infertility can contribute to Reproductive Health Right in Zimbabwe. Using a non-empirical qualitative research method, the study collected data from written texts and analysed it through gender and thematic analysis. This study is further supported by an African woman narrative theology (Ayanga 2016), making reference to Oduyoye's (1999) personal story and the reproductive justice framework (Chiweshe et al. 2017), so as to understand infertility as a lived reality within an African heteropatriarchal context that exemplifies the Karanga as patriarchal, and its response to infertility. From this analysis, this study acknowledges fertility as a key traditional religious and cultural value among the Karanga people, which impacts their conception of infertility in a problematic way. In this research I disclose infertility as a religio-cultural construct embedded in a patriarchal systematic reality of the Karanga, leaving some Karanga women vulnerable in terms of their reproductive health rights and well-being. The research reveals that the Karanga understanding of infertility lacks a 'just' theological dialogue that goes beyond Karanga women's biological progeny in responding to infertility. The study recommends inviting the Karanga to transform and understand infertility in a way that affirms the reproductive health and rights of a Karanga woman in the contemporary Zimbabwe.

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DEDICATION

I dedicate this feminist work to all my fellow Karanga women of my generation surviving with infertility.

In my eyes, you are more than that!

ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
ART	Assisted reproductive technology
FP	Fertility preservation
GBV	Gender-based violence
HIV	Human Immuno-Deficiency Virus
IPPF	International Planned Parenthood Federation
IUI	Intrauterine insemination
IVF	In-vitro fertilization
RHRR	Reproductive rights and reproductive health
SRHR	Sexual reproductive health rights
STDs	Sexually transmitted diseases
WHO	World Health Organization
UNAIDS	Joint United Nations Programme on HIV and AIDS

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

Infertility is a major challenge and a lived reality that continues to receive further research in the 21st century. It has become a health challenge that concerns the globe (Ombelet and Onfere 2019:66). Millions of couples suffer from this reality, within different contexts of different nations. In Africa, Sub-Saharan Africa constitutes 30 percent of infertile couples (Ombelet and Onfere 2019:66). Across diverse contexts, the concept of infertility receives different responses from grassroot level to the level of academic scholarship. Despite being a health issue, infertility has embodied more human problems intersectional to gender, sexuality, culture, religion, and society. From a feminist analyses done in this study, there are critiques on the blaming of women for infertility in marriage. Infertility therefore appears not to have been accepted or appreciated as part of normal life in certain contexts. In connection to this reality, the following poem refers to a young woman's affirming opinion on African women as more valuable than what society assumes them to be.

[1]In their eyes, I am a young woman
A black African woman,
An afterthought, a second class
With an identity crisis
From the periphery, from the margins but,
I am more than that!

In their perception, I am ordinary
Very simple and shadowy character
I have a horsy voice
I am not cool but,
I am more than that!

In their eyes, I am Deborah but,
I am more than that!
I am a messenger of change!
I am transforming

[1] A personal poem extracted from "Power Poetry" by Husna and Marlina, (2020): 'Showing Identity and Proudness as Black Women in Three Poems', *I am a Black Woman* (1970) By Mari Evans, *A Woman Speaks* (1997) By Audre Lorde, *I am More than That* (2018) by Lindiwe Princess Maseko. Power Poetry is an online digital platform for young poets where they can find their own voices heard on issues that concerns them through writing poems. The poem serves to create awareness in my own society to look beyond infertility when it comes to a woman's identity.

I am purposeful!

In their context, I am Pricilla but,
Look at me, I preach in deeds
I preach in writing
I am a woman of action!
I am more than that!

(Husna and Marlina 2020)

This issue remains commonplace, where some African women who struggle with infertility, shouldering blame and not being regarded as 'woman enough' according to African culture. To emphasise this, in some African societies a woman in this category becomes an unknown, or "dead end of human life'' (Mbiti 1969:107). A more progressive conception of fertility such as the Assisted Reproductive Technology (ART) has indeed become efficacious in contemporary times. However, in Zimbabwe, specifically amongst the Karanga people, we cannot talk of infertility in the absence of traditional remedies.

The introduction of reproductive technologies for reproduction is not universally applicable to traditional contexts, as the Karanga and some women within it. Secondly, the need to embrace humanity and celebrate womanhood with or without fertility problems still requires much attention. The need to celebrate a woman's body rather than her sexuality and gender performance is still high. This study seeks to explore the Karanga people's understanding of infertility through a feminist critique of this conception, in an endeavour to affirm a Karanga woman's Reproductive Health Rights in contemporary Zimbabwe.

1.2 Background

Zimbabwe has eight Shona-speaking groups. The Shona, the main ethnic group, constitutes three quarters of the country's population, comprising several groups, structured on the basis of cultural similarities, yet speaking what are called dialects of the Shona language (Mungwini 2014: 54; Chingombe et al. 2012:1**)**. Among these eight, the Karanga people are identified as the largest group of the Shona speaking of Southern Zimbabwe, with thirty percent population, (Shoko 2007:1, Rutsate 2010:82). They are mostly located in Mberengwa, (Midlands Province), also Chivi and Zaka Districts of Masvingo Province. Karanga involves the language, which is a dialect of the Shona as well (Shoko 2007;1). According to Mungwini (2017:95) and Rutsate (2010:81-82), the Karanga name originates from *Chikaranga* with the prefix *chi* meaning their traditional beliefs, customs, and practices. The Karanga are commonly attached

and guided by their patriarchal[2] culture and religion. Hence, Shoko (2007), a Karanga scholar, defines the Karanga as a political, economic, social, cultural, and religious group, where this study seeks to understand fertility according to these aspects.

Traditionally, a Karanga woman's beauty is not assessed by her outside appearance. It is known that *kunaka hakudyiwi* (beauty cannot feed or nourish anybody) (Mungwini 2017:173). Despite physical looks, failing to bear children fades her inherent beauty. Inherited understandings from the old Karanga define womanhood specifically in terms of fertility performance, where the beauty of a Karanga woman is based on her womb. A woman in this view is recognised when she is married, and respected after becoming a mother. Thus, *musha mukadzi* (a woman makes the household tick) symbolically means child-bearing and mothering. Therefore, seeing a woman in the Karanga thought system, is seeing a family, a community, and a tribe. Mercy Amba Oduyoye notes that patriarchal Akan Ghanaian society likewise holds procreation as one of the seven signs of a complete human being. In her article *A coming home to myself,* Oduyoye (1999) locates herself in a far-reaching experience of infertility in marriage. From her encounter, 'child factor' defines the society and the territory of an African woman, hence she can never interpret her own being, but culturally through her husband, as a wife, and her children as a mother,or *amai* in Karanga.

In any African context children remain a central focus. In Zimbabwe, in the Karanga context, traditionally the ancestral patriarchal cultural and religious practices sustain ancestorship through childbearing (Shoko 2007:23). Further to this, the Karanga understand infertility as a sign that a woman is bewitched, haunted by the spirits or misfortunes attached to her family (Shoko 2007). Under the circumstances where marriage fails to produce children (Chigidi 2009; Shoko 2007) for up to four years, the Karanga intervene to rectify this anomalous situation (Chigidi 2009:180; Shoko 2007:62). Thus, the Karanga take measures to usher a child through traditional (Shoko 2007; Tatira 2016) and modern remedies of infertility. Traditionally close family members arrange to consult a diviner or a traditional healer to insert or *kusimikira*. Further to this, they can arrange a substitute wife *(chimutsamapfihwa),* or substitute husband known as *kupindira* for a private sexual relationship (Tatira 2016:125). To illustrate this, Ryan (2005:660) noted that infertility extends to contemporary theology, where infertility is also

[2] The Karanga systemic reality of religion and culture explained by Shoko (2007:18), and further discussed in Chapter 4 of this research.

viewed as a sacred challenge that requires a spiritual quest (Ryan 2005:660). Within the Pentecostal-Charismatic Christian churches, infertility has come to be understood as an illness, and exorcism and now habitual remedy sought through prayer and miracles (Ganiel 2010). Pfeiffer et al. (2007) note that the Independent Initiated Churches characterise infertility as a bad spirit in women, due to the death of her mother; which requires prayer and fasting. Such notions are applicable to the Karanga people of Zimbabwe. Notably (Moyo 2006) a Karanga woman, has probed the Christian understanding of infertility as blessing and curse, exploring biblical narratives of Hannah in drawing hope for the Karanga infertile women. This has become a challenge in theology today, where infertility is even labelled within the prophetic movements as a disease, a spiritual illness that requires deliverance (Maxwell 1995:21) in Mangena and Mhizha (2013:145). This negatively contributes to a theology that denies African woman reproductive health rights in marriage in contexts like the Karanga.

I view myself as having binary as a Karanga woman. With thoughts informed by my motivation, after realizing how womanhood is perceived in my society. My narratives read contrary to where I am placed, a binary community that believes procreation to be the raison de'être of a complete woman. This is the conception with which I was raised. Reaching twenty-five years, while remaining unmarried and without a child, is something questionable. It is also however insufficient if I am to get married and fail to have children. As a young Karanga woman, statements of beauty, womanhood and fertility from my aunts and grandmothers still linger with agency in my memories. Hence, my study adopts this critical lens seeking to deconstruct patriarchal and socially constructed norms that condition the Karanga conception of infertility and trap some Karanga women into it. My research allowed me to collect written literature from global, local, theological, and diverse analyses on infertility. Whilst I recognize that the issue of infertility affects both men and women at a global level, this study focuses on the Karanga understanding of infertility on women. The study examined infertility in hope and need to affirm Karanga women's reproductive health rights in contemporary Zimbabwe. It is against this background, that I use Oduyoye's feminist narrative theology to critically examine the understanding of infertility of the Karanga people in pursuit of affirming Karanga women's reproductive health rights in contemporary Zimbabwe.

1.3 Research questions and objectives

The key research question for this study is: How can a Feminist Critique of the Karanga people's understanding of Infertility contribute to woman's reproductive Health Rights in Zimbabwe?

Sub-questions that answer the key research question are:

1. What is the Karanga peoples' understanding of infertility?
2. What are the religio-cultural and gender constructions that influence infertility among the Karanga people of Zimbabwe?
3. How can a feminist critique of the Karanga conception of infertility affirm the woman's reproductive health rights in Zimbabwe?

The objectives of the study are:

1. To examine the Karanga people's understanding of infertility.
2. To scrutinise religio-cultural and gender constructions that influence infertility among the Karanga people of Zimbabwe.
3. To evaluate how a Feminist Critique of infertility affirms Karanga woman Reproductive Health Right.

1.4 Research methodology

This study is not empirical. It uses a qualitative method that studies human problems through social analysis. It uses three pillar arguments from Creswell (2014), Creswell (2013), Swinton and Mowat (2016) and Yin (2011), researching social human problems by observing the way in which they live, and how they are conditioned within their diverse worldviews. As a starting point, data is collected from a diverse written literature on infertility within the global, Sub-Saharan and Zimbabwean context, in particular. This data is examined from a feminist, religio-cultural, and theological point of view.

Second, data about the Karanga people, the intersectionality of their lives, and the conception of infertility both historical and current is investigated from the books written about them, serving to evidence how women are confined within the social constructs of the infertility saga. My study thereby deconstructs Karanga heteronormative social norms that continue to deny agency and meaning to some Karanga women.

Methodologically, I have analysed my data through thematic and gender analysis from existing literature on the subjected matter. Discussing the conception of infertility among the Karanga as cultural, religious, and gendered that continues to disadvantage some of the Karanga married women, as their lives are mostly defined within the parameters, values, and beliefs of their gender, culture, and religion. Additionally, I appraise Karanga gender presentation and performance that influences how the Karanga grasp the concept of infertility and their attitude in specific to what is commonly known as 'infertile women', which all too often results in deleterious situations for these women.

This research study has potential limitations that involves instruments of data collection. This work is based on scholarly written documentation and research findings. Therefore, I will not have access to immediate personal information. However, timeframe and Covid 19 pandemic crisis limits this study from including fieldwork. This is therefore a desktop study that will reflect on the work of Karanga scholars, and relevant feminist theologians.

1.5 Theoretical framework

As noted, this research study is informed by two theoretical frameworks: African woman narrative theology and a reproductive justice framework. African woman narrative theology is outlined by Ayanga (2016:1) as a theological collection of literature by African women from their diverse experience within culture and religion. She argues that African woman narrative theology is a space where African women use their voices to debate issues that concern them, creating new life-affirming lenses that positively transform their lives. This study uses Oduyoye (1999)'s personal written narrative*, A Coming Home to Myself,*which is a feminist narrative that exemplifies the situation that befell certain African women within a hetero-patriarchal context, and infertility understanding. In this study, the example will be the Karanga patriarchal context that points to some of the Karanga women who go through unpleasant situation within the infertility situation. Using Oduyoye as an example, I analyse how most African women are trapped in socially constructed ideas of infertility. The intersectionality of story-telling through Oduyoye's form informs the aim of this study to deconstruct the Karanga patriarchal heteronormative ideas of infertility, thereby giving the Karanga women the same space to tell their stories in such a way they find a better meaning; and reclaiming life-affirming nomenclature other than common names of Mrs., Mother or *amai*.

As a young Karanga woman, I apply Ayanga's framework (2016) to redeem some of the Karanga women of the definitions that constrain them to a womanhood and motherhood defined by reproduction. Rather, naming ought to be provided and pronounced by some of them facing infertility issues, which go beyond their biological progeny. Hence, this study supports an African woman, amongst which the Karanga are numbered, to celebrate herself as a woman, and thereby redeeming a name that brings reproductive health and rights affirmation and dignity.

Second, this study uses a reproductive justice framework outlined by a number of arguments, from Ross (2011), Chrisler (2013), and Katz (2017) in Chiweshe et. al (2017), and others. According to Chrisler and Katz (2013:243-250), a reproductive justice framework goes beyond the recognition of reproductive health rights displaying ideas of social justice and reproductive inequalities. Reproductive justice seeks to bring justice within the reproductive discussion such as infertility.

Reproductive justice begins from a grassroots level. It intersects with the experiences of African women contextually as explained by Ayanga (2016) above. Thus, this frame is important in this study, as it starts by identifying gendered hetero-patriarchy relations at a low level of socio-economic and political contexts that extend to reproduction. In order for the narrative of infertility to be analysed, reproductive justice locates aspects of social justice and the distribution of socio-economic and political power, where women are involved and social constructs that governs some of the Karanga women to make choices about their reproduction. Reproductive justice attempts to start at grassroot level, using an analysis by Ross (2011) that underscores the intersectionality of women's reproduction and the conditions of the communities to which they belong.

Reproductive justice therefore enables this research to in turn enhance the agency of African Karanga women to challenge structural power inequalities regarding their reproduction within the Karanga context, from a social level. It also enables a critique of gendered power relations that are so-called permanent within the Karanga social structures, and which contribute to the construction of infertility conception. Thus, reproductive health and rights can only be achieved if power within gender, social, and political relations is equally distributed, and given their voice. Hence, there is a need to critically analyse and suggest life-affirming measures from social to reproductive issues as fertility among the Karanga.

1.6 Outline

This dissertation consists of the following chapters:

This **first chapter** introduced the study. It addressed infertility subject as a global and a Karanga lived reality, discussing the Karanga people as a focus of the research.

Chapter Two surveys the concept of fertility and the understanding of infertility on a global point of view. It interrogates infertility subject within social and religious aspects explored by feminists in general, and an African theological view. It discusses that, although the current debate of Reproductive Health Rights supports the concept of infertility as an African woman's right and autonomy, for some Karanga women it is difficult to implement.

Chapter Three discusses two theoretical frameworks, African Woman Narrative and Reproductive Justice. The section indicates the experience of infertile Karanga women typified in Oduyoye's narrative, and implied Reproductive Justice Frame in pursuit of Reproductive Health Rights. Theoretically, the written theological narrative experience of Oduyoye is used as an example of an infertile women located within patriarchal conditions, similarly seen in the Karanga worldview. It uses a language that addresses the understanding of infertility by applying Reproductive Justice Framework that goes beyond Reproductive Health Rights.

Methodologically, my work uses a non-empirical qualitative approach, based on qualitative method using a systematic literature review to assess and observe the lived experiences of some of infertile Karanga women, in particular their position on the Karanga values and beliefs, as well as other understandings of infertility.

Chapter Four discusses the historical construction of the idea of fertility and the understanding of infertility among the Karanga people. Giving a background of the Karanga as cultural, political, and religious. It clarifies that the understanding of infertility amongst the Karanga thought system as determined and influenced by these structures.

Chapter Five critically analyses the presentation and understandings of Karanga infertility construction. It critiques the binary make up of humanity and 'womanhood' that affects human

sexuality and human mortality, which affects the reproductive Health Right of some Karanga women. It discloses the patriarchal Karanga ideas of fertility as foundational of stigma and discrimination to the lives of infertile Karanga women. It then introduces new ways of redefining life beyond biological reproduction, as a way of affirming Karanga women reproductive health rights in the contemporary Zimbabwe.

Chapter Six concludes my research with key findings and new knowledge that looks beyond an African woman in pursuit of SRHR. It recommends further research on theology that fully address and protects the bodies of Karanga woman in future.

CHAPTER TWO
LITERATURE REVIEW ON FERTILITY CONSTRUCTION AND THE CONCEPT OF INFERTILITY

2.1 Introduction

In this chapter, I reviewed related literatures on the concept of fertility and the understanding of infertility within the global, Sub-Saharan Africa, and the Zimbabwean context in particular. My work focuses on infertility, however this section applies both terms: fertility and infertility interchangeably, as they complement each other. It also acknowledges the conception of infertility as primary and secondary, respectively. Infertility is understood as a lived reality, with a constellation of ideas informed by social, religious, cultural, gendered and health facts that define the meaning-making of a woman in different spaces, consequently, denying the affirmation of African Woman infertility as a reproductive health right. To this end, I outline the feminist analysis of fertility and infertility, African Theological perspectives, and the concept of fertility as an African woman's reproductive health right amongst the Karanga in particular.

2.2 Feminist analysis of fertility and infertility

Historically, fertility was regarded as a symbol that contains life and passes it to the other generations (McDaniel 1996:83). However, Shorter (1973:605-607), notes that the history of fertility declines in the 18th and 19th century in Europe. This explains the fact that the idea of fertility has not yet changed, despite the fact that the behaviour and attitude of women on ideas that inform this reality is shifting (Shorter 1973:605-607; Hakim 2003:349). McNicoll (1992:85) records that in the third world history from the 1960s onwards, the concept of fertility has been influenced by socio-political, economic, cultural constructions, teachings, attitudes, and policy directions.

Infertility is a major global health concern. Due to diversity, the concept of infertility varies from different contexts and periods. Medically, infertility is defined as the absence of conception or failure to conceive after 12 months of regular unprotected sexual intercourse (Whitehouse and Hollos 2014:124; Maung 2018:43). The World Health Organization (WHO), classifies infertility as a "disease of reproductive system" proven by failure to achieve clinical pregnancy after 12 months or more (WHO 2020; Zegers-Hochschild et. al, 2017: 1520-1524). The World Health Organization also explains further that when a woman is unable to ever bear a child, either due to the inability of pregnancy, or to carry the pregnancy to live birth, this is

classified as having *primary infertility.* Whereas, if she cannot bear a child either due to the inability to become pregnant or the inability to carry pregnancy to live birth following a previous pregnancy or the ability to carry a pregnancy to live birth, this is referred to as having a *secondary infertility* (WHO 2016). Ombelet and OnOfre (2019: 65) and Nederberger et al. (2007) record that 8 to 15 percent of the couple worldwide are infertile, with nine percent as the global average, and Hammarberg et al. (2018: 2) predict that one in every ten couples are infertile. The State of African women (2018:221) and Atake and Ali (2019:1) record that around the globe, it is estimated that 33 percent of fertility rate is from the world, 28 percent Sub-Saharan; 23 percent in Middle Africa, and 17 percent in West Africa. Hence, the African fertility rate is the highest in the world. In spite of this, Ombelet and OnOfre (2019: 65) record that there are more than 180 million couples within developing countries suffering from primary or secondary infertility. The definitions above are profound and as they shape the discussion to follow.

2.2.1 Cultural and gendered factors of fertility and infertility

The concept of fertility is analysed as cultural and gendered reality in particular contexts. This is also connected by the experiences of women which are believed to be shaped by patriarchy (Dierick et al. 2018:1; Greil et al. 2011:736). Bliss (1997: 20) stresses that infertility is historically reported as a social stigma endured by infertile couples where it is linked to sexual inability, but mostly centred on the 'physical', rather than on psychology. Visiting some dusty sites of history, Waldby (2015:470), adds that there is always a certain a gender that causes or delays fertility problems. Carson (2019:6) views the concept of fertility in a society like Canada as an intersectionality of gender, power, and inequality, implying that at most times women are negatively affected by it because of their gender. Further assessment shows that there has been social and cultutural expectation that women should have children, and this has affected their gender identity. Hence, Folbre (2004:343) notes that kind of scenario usually happens within a patriarchal society, where reproduction is a form of self-sacrifice for women to fulfil men's duty for their society's development. Baloyi (2017:1) writes from an African point of view and argues the gendered aspect of infertility to be a woman's responsibility. This is not usually proven by medical examinations, but based on the partner's assumption, and in some instances, the influence from some of the family members. He further notes the idea that women are attached to the whole process of reproduction including pregnancy, carrying, and physically delivering a baby, makes some part of the African society to assume 'fertility' to be a woman's responsibility. Hence, such traditional expectations place pressure on the woman in such a

situation to blame herself for infertility even without examination, hesitate to confront her husband on the issue.

2.2.2 Social factors on fertility and infertility

The concept of fertility and infertility is also socially constructed in some notable contexts. Fernandez and Fogli (2015:25) report that in some parts of the United States, women between 30 to 40 years of age, whose parents are not US aborigines, find it difficult to speak to their own fertility, as it is determined by the social and cultural beliefs of their husbands. Neff (1994: 475) notes a different pattern of fertility as a social construct in the central Kerala in India, where she argues that concept of fertility is socially influenced by matrilineage or the *taravatu* by the Nayar, which, unlike other societies, traces fertility through a matrilineal kinship and system. However, in the case of the Karanga, fertility and infertility is a patriarchal ideology, as sexuality of women is meant to be controlled by men in marriage, as reviewed in the following sections.

2.2.3 Biological influence on infertility

Moreover, fertility and infertility are socially constructed concepts of the female body in some cases. Scholars like Zarrinjooee and Kalantarian (2017:66), Neff (1994:475-485), and Bliss (1999:2) support this argument, where they find 'biology' to be the main construct underpinning womanhood. Zarrinjooee and Kalantarian (2016:66) analyse the novel *handmaid's tale* by Atwood (1985) using Simone de Beauvoir (1908-1985). The *handmaid's tale* is a modern film extracted from Atwood's novel, which talks about the incident where pollution and nuclear accidents caused many women to be infertile in a society called Gilead in the USA in the mid-1980s. Hence the republic of Gilead gained control over women, asserting over them that they are to be recognised by the ability to bear children as the Commander's wives. Beauvoir (1908-1985) is of the view that biology is the main source of oppression, especially when examining this particular context. In such a patriarchal society, she believes that a woman is portrayed both as a womb or an ovary. Zarrinjooee and Kalantarian (2017:66-67) show that socially, in dystopian societies like Gilead, a woman's body is described as a "consumable item" and a breeding and reproduction machine. In addition, scholars like Isherwood (1997) and Grabe et al. (2008) relate to this context, where women's bodies are negatively perceived within society, they are placed at the lowest level of the corporate ladder, objectified in the bedroom ad judjged by the fruits of their wombs. Minnaar (2018:2) and Leskinen (2011:361) additionally argue a woman's body as a means to

know about herself and her surroundings, a marker of its bearer and vital societal code. Thus, in patriarchal societies as such, a woman becomes useful by her womb, where patriarchy sometimes has power over our biological makeup, especially reproduction, and consequently, shapes the conception of infertility.

Zarrinjooee and Kalantarian (2017:66) note fertility in Gilead as a form of oppression of women, among some of the Karanga people, were expecting a woman to have a child is not seen as such. As to be discussed later, this study normalizing the notion of fertility and pursue to find out on why the concept fertility, in particular the understanding of infertility is not yet seen as a challenge within the Karanga society.

2.2.4 Economic factors of fertility and infertility

The subject of fertility and reproduction have led feminist scholars to centre their focus on women's status within economic arena. This is because opportunities for women and men construct sexuality, fertility and, both behaviour and identity (McDaniel 1996:83). Feminists speak to the intersection between the subject of fertility, infertility, and the economic aspects like the employment and education of women. The economic upliftment of women in some contexts threatens fertility rates. Women's privilege and status in socio-economic, social labour, economic independence, educational attainment, and modernisation terms, has become a barrier to the growth of fertility, since women begin to shift their focus from motherhood to other modern tasks (Hakim 2003:349; McDaniel 1996:83; JunghoKim 2010; Hank and Kreynfeld 2003:584-592; Murphry 2003:598; Fernamdez and Fogli 2005:2; Adsera and Ferra 2014:4; Odimegwu et. al, 2018:44-53; Petropanagos 2013:3; and Westoff and Marshal 2010:441). For example, women in the labour market opt to delay motherhood, which has changed the child-bearing age. Hence, working women delay starting families, something that is traditionally admonished.

Hakim (2003), Murphy (2003), Hank and Kreynfeld (2003) and JunghoKim (2016) share the relationship between economic opportunities and the decline of fertility in their respective global contexts. Hakim (2003:349) cites a national survey in Britain, designed to test preference theory predictions regarding family and employment. Her assessment is based on economic change that started in the late twentieth century, and now producing a qualitative different scenery of options and opportunities for women in the 21st century. The argument of Hakim (2003:349), is that there is no guiding theory that proves the importance of childbearing on

women's lives. Hence, according to her, changes like urbanisation, industrialisation and women's economic positions are breaking how family structures ought to be, but lowering the rate of fertility. Her supporting argument speaks to preference theory, a multi-disciplinary perspective approach, which stresses personal values and decision making at the micro-level. This explains more ways in which women's choice between market and family and control over their fertility brings about a change in perspective among women and leads to their autonomy (Hakim, 2003:356). In agreement with Hakim's (2003) view, Murphy (2003: 595) also considers societies to expand woman's employment opportunities. She further emphasises that modernisation as such increases the status of a woman, and her ability to resist the demand of fertility construction (Muphry 2003:597). Hank and Kreynfeld (2003: 584), commenting on empirical studies from the 1960s, discuss West German women's increase in education and the growing labour market as a result of a decline in fertility rate, noting the compatibility of roles of the mother and the worker respectively, as a major concern for policy makers in Germany. In another research done, JunghoKim (2016:3) also observes women's access to education in the United States, in order to determine whether it has an impact on fertility as a concept. In his assessment, education can have an impact on women's capacity to give birth because it shifts the focus from childbearing. Hence, education empowers women and includes them in household decision-making on family and reproductive issues as fertility (JunghoKim 2016:5).

This ongoing dialogue communicates women as being tasked to promote maximum fertility in some different western contexts. Such developments did not just lower the fertility rate, but scholars also argue about the consequent shift of breadwinner from men to women (McNicoll, 1992:85). The above-mentioned Western societies might have identified education and employemment of women as a contributory factor that allows them to make choices and decisions in their lives including reproduction. However, this can be different in African societies, in particular amongst the Karanga people, as will be discussed in the next sections.

2.2.5 Fertility, infertility, and religion

Religion is a contributory factor to how communities perceive the notions of fertility and infertility. In some parts of the globe, research shows the relationship between the concept of fertility, the understanding of infertility, and religion. According to Hayford and Morgan (2008), since religion pertains in particular contexts, the centre of the discussion ought to be focused on religiosity and religious influence and power on fertility and infertility. According

to a Christian point of view, Westoff and Marshal (2010:441) discuss the intersectionality of religion and high rate of fertility amongst the Hispanic origin of the United States. Westoff and Marshall (2020: 446) mention that religiosity in the Hispanic religion especially among married women, is based on the frequency of church attendance and the number of children expected. This is all based on the importance of "religion" to individuals. Thus, Hispanic women who attend church and feel that religion is very significant to them participate in a high rate of fertility.

Writing from a South African perspective while focusing on African Indian community Paul (1999: 746) traces from amongst this group the Hindu worldview, which understands infertility through the belief in *karma.* According to Paul, Karma indicates the connection of the past to the future, thus the actions of an individual today influence tomorrow. Paul (1999:747) highlights that in Hinduism, karma teachings disclose that "what one comes across in life is destiny, how he deals with it is free will". This way, infertility is one of the circumstances that befalls believers, but which is interpreted as a form of retribution for the previous transgressions. Additionally, in contextual settings as Mali, a Muslim interpreter explains certain dreams as a solution to life problems such as infertility, preventing miscarriage, avoiding stillbirth, and providing medicine that can protect the womb from all the evils. (Bell 2018:73).

Day (2012: 298-308) points to the ancient biblical Canaanite goddesses as foundational of sexuality and reproduction. It is believed that the mother goddesses represented feminine divinity, fertility under her control. Similar to Schones (2019:5-6), Hebrew culture upheld fertility, and it was obligatory, whilst motherhood was compulsory. Biblically, there are narratives involving a number of "long infertile women" (Ryan 2005:68). These include Sarah, who gave birth at ninety (Genesis 17:15-21), Rebecca (Genesis 25:21), Hannah 1st Samuel 1:9-11), and Elizabeth (Luke 1:5-25). To further elaborate, the incident in Genesis 30:1 of Rachel's cry, "give me a child or else I die!" speaks to the concept of complete womanhood in the Hebrew tradition. The adaptation of Atwood's *Handmaid's Tale* signals how the systems works to normalise the life of every woman and her purpose for religious purposes. Rachels' lament speaks about women in the Old Testament life, which is defined and packaged, ready to produce what is expected, accordingly to the Hebrew society. This scholarship notes that in this sense, women are saved by producing children, where procreation has become the main

reason for sexual intercourse. Hence, Mate (2006:559) discusses that a woman's womb is viwed as "God's laboratory" as exemplified by Mary's role in the birth of Jesus.

2.2.6 Fertility and infertility effects

Magnuson, (2009:26) and Ryan (2005:65) agree that infertility has been seen as a result of sin, a form of human suffering. In the 'Verdas and Ramayana" texts infertility is also seen as a curse, (Mishra and Dubey 2014:158). Since theological foundations strongly uphold the ability to reproduce, infertility is never easy. Apart from religious interpretation of the subject, there are after effects identified that affect individuals and couples with infertility. According to Feske (2012: 31), infertility is not an easy thing to deal with, since it relates to complex concepts of sexuality and death. It involves silence, shame, and self-blaming surrounds infertility couples in a church context. Other scholars argue that it results in psychological and social difficulties (Paasche Butau 2015; Feske 2012; McQuillan et al. 2003:1 007; Mascarenhas et al. 2012:1; Fledderjohann 2012:1 383; Greil. Et al., 2010; 141). Odmell et al. (2018: 5) adds that infertility leads to reduced sexual desire and conflicts relationships with the family. Fledderjohann (2012:1383-1390) agrees that infertility increase the risk of psychological distress and results in mental health concerns, for example those associated with divorce. Bliss (1999:19) further explains that there are possibilities of disbelief, denial, anxiety, loss of control, and anger. Whilst infertility causes depression amongst particular couples, women are more affected than men. Feske (2012:32) challenges Christian anthropology and the divine providence that most Christians are taught about, as well as the life of a Christian community. It has become difficult for many Christian infertile couples.

2.2.7 Progressive understanding of the notions of fertility and infertility in contemporary times

Despite the previous discussions on fertility and infertility as social, religious, cultural and gendered in different spaces, some research indicates the new options and development of modern options to deal with the problem of infertility in the 21st century, with emphasis on women. With this turnaround in mind, Neyer and Bernadi (2011:162) record abortion right as a challenge to reproduction, which led to the use of Assistant Reproductive Technologies (ART)s. Underpinning this discussion is Petropanagos (2013:1) who focuses on Fertility Preservation (FP) methods that have been suggested in the realm of public health in order to avert infertility in women. FP expands the reproductive options to women by giving them control over their reproduction for future genetic preservation and assistance in case on might

have age-related infertility issues (Petropanagos: 2013:2). Waldby (2015: 470-4) mentions egg freezing or cryobiology, which allows individuals to bank their eggs for later use.This method helps women to pursue other interests. According to Waldby, (2015: 479), egg freezing gives a woman option whether to maintain her genetic line, or to borrow oocytes from another woman.

Carson (2019:6) examines how public health scientists investigated a range of factors that impair a health reproductive functioning. ARTs include surrogate mother, egg donor, or sperm donation, and this assist individuals or couples to have reproduction planning options. Carson (2019:9) cites Canada as an example with various infertility treatment as intrauterine insemination (IUI), In vitro fertilisation (IVF), hormones, cycle monitoring, and other supplementary testing. IUI is a process where a donated sperm or from a partner is placed into a woman's cervix to facilitate pregnancy. Carson (2019:10) explains IVF to involve a woman's eggs, extracted and introduced into sperm outside the body in a lab setting, with the target of conception. This also involves fertility medications, for example, follicle stimulatory hormone for egg production and cycle monitoring. Hormones also include ovarian stimulation and ovarian induction through oral estrogen supplements and normal egg maturation (Carson 2919: 11). Carson (2019: 12) adds that monitoring is used in countries like Canada where transvaginal ultrasounds can be used in order to track follicle growth, and to monitor ovulation. This is usually done during the first half of menstrual cycle, over about two weeks, with an average of three appointments. The Royal Commission of the Government of Canada has raised the question of side effects. Hutchinson (2019:332) reports fertility and period tracking that has assisted women to control their menstrual health and improve their health literacy.

Hammarberg et al. (2018: 2) agree to ARTs as a need for both developed and developing contexts. Reproductive technologies might be helpful; however, these are not realistic for the Karanga people. Not all women are sufficiently educated to understand this and not all of them can afford fertilisation interventions.

2.3 African theological perspective on fertility

From women themselves, the politics of fertility can be understood from an African perspective. African society see the notion of fertility unfolding from deeply rooted interactions and attachment. Briefly related to her story, Oduyoye (1999:107) supported by Harwood (2017), Siwila (2015:61-75), and Mbiti (1973: 101) share that African society upholds

childbearing and motherhood as a construct of 'community life', to guarantee the continuation of the family lineage and future through the birth of a son, in particular (Ibisomi and Mudenge 2014; Zungu, (2016 235).To some extent, this can imply that in some African contexts, women are groomed to celebrate motherhood. However, Mhloyi (1987:141-142) holds that tradition expects a woman to bear as many children as the heads of cattle paid on her bride wealth. Her life is thereby dictated by the cultural world that surrounds her (Widge 2002:60). She is viewed as an instrument that achieves patriarchal expediency, thus her reproductive abilities secures her status in the African society (Nyawo 2014: 14-16; Owusu-Ansah, 2016:4). Segalo (2013), Phiri, and Nadar (2019:13) also argue that a woman's dressing and sexuality is determined by the society's norms and values hence this also extends to her reproduction. Thus, Nadar and Potgieter (2010:146) lament that women are groomed to sacrifice for their happiness and the lives of others. It is within this patrilineal pattern that she is obliged to prove her possibilities of becoming a mother, particularly a mother to sons, and by this she gains power, status, identity, respect, becoming complete (Segalo 2013 and Harwood 2017).

African theological views also guide the reaction of society to infertility. Segalo (2013) adds that infertility is considered a form of crisis within the African communities. As a contributor to African woman theologians, Baloyi (2019) agrees with others (Widge 2002:60; Masenya, 2013; Hlatywayo 2004:150; Gough 2015:6), who explore unbearable pains of women as they are blamed of infertility. These authors note fertility in most Africa societies to be physical measure, through the body of a woman. In Southern Africa and other African countries, traditional marriage upholds the manifestation of womanhood in fertility, especially for a female child (Masenya 2003:115; Gwandure 2013:211; Gwandure and Mayekiso 2012). To quote, Shah and Batzer (2010: 109-125) and Nukunya (2003:2) women are most likely to suffer this humiliation, rather than their partners. Shrylock (1983) notes that infertility is explained as the incapability of a 'woman' to become pregnant, due to undeveloped sex organs. Closely related to this, Mogobe (2005:26), Nyanzi (2006:611), Whitehouse and Hollos (2014), Pujari and Unisa (2014:37), Hlatywayo (2004:146-154), Baloyi (2017:1), Gijsels et al. (2001) and Setel et al. (1997), disclose that women are forced to carry the pressure of fertility issues as their own. Boeyens et al. (2009:213) contextualises the link between woman's reproductive capacity, the land's fertility potting, and procreation in the South East Bantu people. Boeyens et al. (2009:213) note how an infant was buried in a cool jar or wet place under the shade, so that the mother would be able to become pregnant again. Just in our intimately related societies, such kind of a ritual reconsiders and recreates the hope for fertility through women. Hence, this

collective narrative accommodates the society's needs of a woman, and her individual structure of life. Why do we need to affirm culture at the expense of the being of a woman?

Hlatywayo (2004:150) observes that besides our epistemologies on fertility as gendered issues, the sexuality of a man is hidden, and rarely does society expect a man to disclose his infertility. Depicted here is the body of a woman as the landscape of patriarchy. Siwila (2015:61-75) portrays the community's negative position of infertile women, where a womb of an African woman is defined for a certain function. Observing Zambian society, Siwila (2015:61-75) notes that infertile women are suspected to have metaphorically "eaten their placenta", showing the way in which, the womb is socially objectified as part of a woman's body.

2.3.1 African indigenous expressions on infertility reality

In parts of Sub-Saharan Africa like Cameroon, *mfen* refers to illnesses, vulnerability, and decline, especially in terms of procreation (Feldman-Savelsberg 1999:2). Upton (2010: 356) reports on *lekgoa,* a form of infertility in North Botswana or Setswana, which results in a woman becoming invisible. Cornwall (2001:144) states that among the Yoruba of Nigeria, *ato idomi* is used to describe a man with a watery sperm. Further, in the South African context, *inyumba is* used to refer to an empty woman*,* Sew Paul 1999:743). In Machame Tanzania, the Chagga people refer to infertility as *kasoro,* meaning a physical deformity (Vahakangas 2009:134). In Cameroon, among the Bangate and the Beti women, a fertile woman brings to herself integrity and respect and infertile one separates herself from territory of her husband (Feldman-Savesberg 1999:2; Johnson-Hanks 2006:81). Early Chagga ethnographies in Tanzania reveal the treatment of an infertile woman who is not buried properly, but her body is thrown away with all her possessions (Gutman: 1906), in Vahakangas (2009:9). In Ghana, among the Akan and Aowin people, and the Swazi, such women are considered outcasts (Oduyoye: 1999:105; Nyawo 2014: 152). In the Ghanaian context, Fledderjohann (2012:1387) adds that from social interactions, infertile couples are discouraged to interact with children, or even to discipline them. Infertile women are purposely excluded in adult discussions, which means they are not mature. Thus, maturity in that case is measured by 'physical performance'. Nyawo (2014:154) notes that in Swazi society, infertile women are described as '*ungumgodzi longagcwali*' meaning a baggage bin that never gets full or colloquially as *'wemitsa tigadla'* meaning that she is always pregnant with fibroids. Moreover, the Ijo in Soutern Nigeria trusts that a woman becomes mature when she has a child (Hollos et. al, 2009). In the Upper Zambezi (Silver 2009:180) and the Chadians (Leonard 2002), infertility (even birthing only a few

children) is a sorrow, a misfortune from which a woman cannot rescue herself, since it is connected to her lineage. In Gambia, among the Mandinka, Jola, Fula, and Wollof, infertility is regarded as evil or witchcraft, with bad spirits known as *doma bua* or *jinneh-jinno.* Among the Sarahules, infertility is considered to be the result of an unclean womb (Sundby 1996: 30). In Kigali, the Rwandan context, Dhont et al. (2011:623-626) lament that infertile couples are more isolated than those who live with HIV and AIDS, and referred to as '*Mama and Papa nothing'.*

As shown above, infertility in most African contexts is unwelcome. Also, in West Africa like in Sierra Leone, James et al. (2018) note that women look for traditional remedies to cure infertility, such as *Luffa acutangula*, an herbal plant to assist infertility. Just like in Uganda, the traditional herbal treatment has been used by almost 76, 2 percent of women (Kaadanga, Ajeani and Ononge 2014:14-27). Ola, Alaekomo, and Oludore (2008) add that 69 percent of infertile couples in Nigeria seek out a traditional care from a complementary traditional practitioner.

2.3.2 Infertility in the Zimbabwean context

In the Zimbabwean context, infertility is as lived reality as well. It is generally known as 'reproductive failure', colloquially referred to as *dambudziko rembereko* (Runganga et al. 2001; 16; 320). Infertility within this context is considered as a women's health issue, as well as that of those living with HIV and AIDS (Hlatywayo 2017:89-90; Mavondo et al., 2020: 4; Glynn et al., 2000 and Choto 2008: 27). Mavondo et al. (2020:4) stress this reality from some research carried out in Hospitals like United Bulawayo Hospitals, Mpilo Central, and Imagegate Diagnostic Centre.

Before we look into infertility as a reality among the Zimbabweans in general, the ideology of fertility requires scrutiny. In Zimbabwe, fertility is generally a social construct, culturally recognised as the meaning of life and identity (Hlatywayo 2017:89; Runganga et. al, 2001: 317). In Zimbabwe, women lie at the centre of this conception of reproduction. In her experience, a woman usually represents the "temple for creation", which symbolises the growth of the clan (Hlatywayo 2017:89-90). This defines her marital and productive status, her social relationship with her community, hence, when a woman is pregnant (as sign of fertility), it is not her personal affair, but a family issue, (Hlatywayo 2017:92; 215).

In some parts of Zimbabwe, infertility is also 'gendered', as well as measured by the number of children produced. Given this situation, Runganga (2001:320-322) cites a Zimbabwean woman from Mashonaland:

> *"Ungati kubereka here ikoko kana munhu akabereka vana four chete? Hapana zvaanenge aita, fanika pakazoshaikwa mukomana.*"
> (Would you say a person is reproductively a success by having four children only? She is a failure especially if she has no boys).

The point outlined here is that in some cases, infertility is not limited to childless women. Based on this discussion, some Zimbabwean ethinicities understand infertility as a major concern. In most cases, such concerns destabilise many sexual relationships, and are causes for awkward silences at home, and usually some women who are viewed as infertile remain outsiders, where they are not recommended to advise others (Runganga et al., 2001; 323-327; Hlatywayo 2017: 91).

However, some Zimbabweans believe that there is always a deleterious cause for it (Runganga et al. 2001: 320). Mutambara et al. (2016: 109) add that most Zimbabwean women seek traditional midwives to help them with non-medical treatment as herbs to strengthen their fertility, especially after four to five years of marriage without children. Usually, these herbs are put into the vagina during the course of treatment. Mutambara et al. (2016:109) highlight the reality of this struggle, where one Zimbabwean woman shared the following view:

> *I have been married for five years and don't have children, I had three miscarriages and this is very painful to me. Since I was looking for child, I consulted many traditional healers and they gave me herbs to insert to my vagina so that I would open my uterus, which they said it was closed, thus making me infertile. Some traditional healers said my uterus was tilted sideways and inserting the herbs would make it go back to its original position…*

2.4 African women and fertility as a reproductive health right

Earlier in section 2.3, the literature review discusses African theological views on fertility. Reproductive health for women constitutes the ability to live from adolescence to death with reproductive choices, dignity, and success childbearing and reasonably free from gynecological disease and risk, (Nilses et al., 2009:370). The International Planned Parenthood Federation (IPPF) (2015:2) states that Sexual Reproductive Health Rights refer to the right to have control over and decide freely, responding to matters related to sexuality like reproductive health, free from force, discrimination, and violence. They promote holistic physical, mental, and social wellbeing that is not merely the absence of infirmity. This also includes the ability to safe sex. Gerntholtz et al. (2011:1) shows three elements of reproductive rights, which include the right to control sexual and reproductive lives, non-discrimination against those who are infertile, and reproductive care. This fundamental contribution will empower my study to enable Karanga women to personally authorise and liberate themselves from the misconceptions surrounding fertility and infertility.

According to Cooper et al. (2009:38), fertility has been recorded as the greatest threat to women, mostly in childbirth. For Gerntholtz et al. (2011:2), unfortunately such barriers to women's reproductive rights in Africa do not enable their sexual health, fertility autonomy, or full participation in social life. This calls upon African societies to be more concerned about fertility desire within different experiential contexts, the ability to know the partner's HIV status, and the opportunity for men to understand reproductive health research (Doodo and Frost 2008:431). Further, Mukanangana et al. (2014:110) admit to a culture of silence vividly showing painful experience of Gender Based Violence, and its negative impact on women's reproductive health. Hence, education and counselling may also add to the affirmation of women in their pursuit of reproductive health rights.

Although some cultures have normalised the concern of HIV, the scholarship here argues that the control of fertility ought to exist whether one is HIV-positive or not (Stefiszyn 2011:1). The article also concludes that most women live in hope of happiness in childbearing. Pregnancy has never been thought of as a reproductive health right in these contexts, because it is not seen as a life and death situation. A human rights based approach to reproductive health should be pioneered and guided by protocol determined by and for women. The technical report of 2013 quote World Health Organization (2004:21) warns that direct and interrelationship of

woman's fertility rights and contraceptive methods is suspected to cause more health challenges for women. This prompts the question as to what extent infertility invites harmful methods that impede African woman's reproductive health rights.

Ngwena et al. (2015:2) promotes practical equality, fairness and human dignity for women and girls with the aim of to supporting and fulfilling the protection of human rights at the domestic level. Reproductive health reaffirms and normalise the right to health. This will aid my research, that is, to reclaim the concept of infertility as an African woman's reproductive health right within Karanga culture. It endorses the vision of life affirmation and promotion of reproductive rights at a grassroots level.

Todd-Gher (2014:735) notes that women in Africa are controlled to engage in sex inside marriage. She adds that, despite the reliability of laws to international right norms and standards, there is less attention given to restricted state's power to protect sexuality and reproduction. According to Todd-Gher (2014:735) the African Women's Protocol engages states to ordain regulations, plans, and the fulfillment of programming, towards realising women's rights and preventing their violation. However, still the weaknesses of the state's police power to support women's rights are not addressed.This speaks to my study as supportive to listening to women's narratives oral or written as more beneficial than assessing laws and polices because they might not be contextual and applicable to some women experiemce especially in this discussion of infertility.The Sate of African Women (2018:221) Maputo Protocol specifies that there is need for women to choose a certain method of contraception they want to use. The article emphasises that equal protection before the law also involves recognising women's control over their fertility as equal protection.

The State of African Women (2018:230) adds that the fertility of African women is a right that has to be respected, and that there is need for consent when seeking to subject a woman to medical or alternative treatment. This research asks who has the right to determine the medical remedies amongst the Karanga people. The right to fertility control also encourages women to pledge personal decisions, without making reference to law policy, cultural beliefs traditions, values, and the right to question them or ignore these. This will assist in determining show far and how affirming the values and beliefs are that sustain the understandings of infertility among the Karanga people. The right to reproductive control also enhances the participation of women and their control over boundaries set by religious, culture, and the law.

Promoting the reproductive health rights of women is essential and involves gender analysis (McCleary-Sills et al. 2012:5). Gender analysis destabilises the way in which fertility is conceptualised for African women. Hence, for this reason, the article promotes personal reproductive control. Reproductive health rights include a woman's desire to limit children. Gender analysis also serves to determine how gender relations faciliate or impede Karanga woman to do so. Secondly, women's desire to exercise reproductive control include gender barriers like women' fear to potential and social heath consequences of using family planning and abortion. Level three includes women's ability to effectively implement reproductive control.

Overall, although the research of feminist scholars speaks to the concept of fertility and infertility, in pursuit of a change in patterns of social, economic, and public health. I still find this an uneasy concern of the Karanga people. I acknowledge the work of reproductive technologies and public health organisations that are keen to standardise women's health especially fertility as a choice and reproductive right. However, as briefly mentioned above, most societies discussed are western. My work is based on a different context, deeply rooted in African culture. Among the Karanga, the right to determine the nature of fertility and infertility are not considered to be a part of a woman's rights. Secondly, infertility is not discussed outside the inner family, as compared to the ARTs. There is a lacuna in the research in this respect, where there is the need to critically address the understanding of the infertility among the Karanga people as reproductive health right.

2.5 Conclusion

This section discussed the feminist analysis of fertility and infertility as religious, social, gendered, and economically constructed. It discussed the concept of fertility and the understanding of infertility at a global level, as well as in Sub-Saharan Africa, focusing on the lived reality in the Zimbabwean context. It argued that infertility is constructed but, in other contexts it has been changed through the economic and educational attainment of women, where new approaches to reproduction issues such as infertility pertain.

It explored views on infertility and fertility from an African theological perspective, paying attention to specific contexts and indigenous knowledge around the subject. It finally discussed the current debate on fertility as reproductive health right to women in pursuit of reproductive

dignity. Available literature does not present the Karanga context, hence the need to further discussion and examples of the infertility saga within this context shall be discussed in the next chapter.

CHAPTER THREE
THEORETICAL FRAMEWORK AND RESEARCH METHODOLOGY

3.1 Introduction

The previous chapter reviewed literatures on how fertility is conceptualized, as well as an understanding of infertility as a lived reality from a global history and current discussions. It also discussed this within Sub-Saharan Africa, paying attention to Zimbabwe as an inclusive context. It argued that the subject is impacted by socio-cultural, gendered, religious, economic, public health and progressive perspectives, debated in the contemporary times. This chapter focuses on theories and methodology applied in this study. On frameworks, it uses African woman narrative theology. The narrative discussed is a feminist engagement of Oduyoye's infertility experience to embody the situation of Karanga women and provide a theological response to their meaning-making within a hetero-patriarchal context. This study forwards a reproductive justice framework as a theological notion that goes beyond the Karanga art of womanhood taken as childbearing. Methodologically, it applies a non-empirical, qualitative research tool to collect, and analyse written data. Using these frames and tools, this chapter deconstructs the homogeneity of womanhood constructed in African spaces such as Zimbabwe-Karanga that fundamentally denies the reproductive health rights of Karanga women.

3.2 African woman narrative theology

African woman narrative theology is generated by the Circle of Concerned Women Theologians.[3] One of the main objectives in writing and publishing theological written literature by African Women stems from their experiences of religion and culture in Africa as women. Hence, this is also a research that assists young women when it comes to religion, culture, and the importance of storytelling (Ayanga 2016:3). Focusing on this framework, Oduyoye's personal experience is major narrative to receive focus.

Mercy Amba Oduyoye, born in 1934,[4] is a Ghanaian Methodist Theologian who is currently the director of the Institute of African Woman in Religion and Culture at trinity

[3] The Circle of Concerned African Women Theologians was introduced in 1989 in Accra, Ghana under the leadership of Mercy Amba Oduyoye, to be the voice of African Christian Women at the grassroots level, offering them a space and opportunity to dialogue their own stories within religion and cultural contexts (Ayanga 2016:1).
[4] Pui-Lan, K. 2004. Mercy Amba Oduyoye and African women's theology. *Journal of Feminist Studies in Religion*, *20* (1), pp.7-22.

Seminary Ghana. She is known as the mother of the African woman's theology, and also an educator, writer, mentor and poet. She is the founder of the Circle of Concerned African Women Theologians, an organisation that encourages African women to research, write and publish theory books and articles on African issues and concerns. Her work is based on culture, religion, and missiology, especially in the African context. Oduyoye's perception of life is very diverse, from religion to ethnicity and she believes that people can and should live together in harmony, despite their differences. Thus, her experience holistically confronts different situations that African women face in their daily lives in their contexts in Africa.[5] Apart from her theological work, Oduyoye has written a personal story on her life as a married African woman without a biological child. She locates her story within the contexts of Akan in Ghana which expects her to bear children as a 'woman'.

In Oduyoye writing, 'A Coming Home to myself',[6] she brings back her name 'Ewudziwa', which is her birth name. By telling her story, she is concerned about herself and other African women that might be experiencing infertility as a dilemma. Using key aspects of Oduyoye's experience I apply this story that complements African Woman Narrative theology, as an example of how an infertile African woman is conditioned in an "African, patriarchal and heteronormative context", which does not consider her level of education or lifestyle, but observes the African values upheld in Ghana. Similarly, this applies to certain Karanga women, weather educated or not, held captive by the Karanga beliefs and values of fertility as a concept central to their womanhood. Thus, this research portrays an injustice act of reproduction whereby a woman in these parameters is not able to make decisions over her body, in particular her reproduction.

According to Ayanga (2016:1), African women's narrative is a theological collection of literature by African women from their different experiences of culture and religion. Ayanga (2016: 2-3) adds that it is a space for African women in dialogue with faith communities and culture. She further emphasises that "women began to voice to their experiences in the context of culture and religion… and they have helped one another to create new narratives and develop

[5] Amoah, E. (2006). Preface, In: Phiri IA and Nadar S (Eds) *African Women, Religion, and Health: Essays in Honor of Mercy Amba Ewudziwa Oduyoye.* Pietermaritzburg: Cluster Publications, xvii-xxii.

[6] Oduyoye, M. A. 1999. A coming to myself: the childless woman in the West African space. *Liberating eschatology*, pp.105-120

new interpretative lenses" (Ayanga 2016:2). Ayanga (2016:2) further explains that narratives from women assist them to create a future that they can give opinion to their own experiences as a way of doing theology. African feminist scholars like Kasomo and Maseno (2011:157) also agree with Ayanga (2016:2), emphasizing that African woman narrative theology can be either oral or written. Also, supporting this framework, Phiri and Nadar (2006:8) add that this is a powerful tool used to appraise repressive practices and normality in African-religio-culture in order to affirm African women; in this case the Karanga. Stech (2019: 424) defines narrative theology as the story of the human being, which reveals God in and through the realities of life.

This means to say that by telling a story we can know the person's roots and her current life. Thus, sharing a story can be both a grieving and a healing process. The aim is to encourage some of the African women like the Karanga to find their own voices concerning their reproduction, not to victimise them, but bringing back memories of their lived experiences into current existence with a positive mindset, to celebrate themselves as women despite the values that limit them because of their biological infertility.

According to Ayanga (2016:2), African woman narrative theology enables African women to tell their story. Shalkwayk's (2002:139) supports this by saying it helps to rediscover a theology through their bodily experience. Hughes (1998:121) also stresses that the body is about people's lived experiences and these two are inseparable. In this way, we can know that African Woman Narrative Theology is a lens through which we can assess problems challenging individuals and communities in the African context. In explaining this, Oduyoye (1999: 105&108), reflects on childbearing and how it determines good quality of life and relationships within an African context such as hers. In her narration, relations are either built or broken due to reproduction. Weinrich (1982:105) notes the traditional necessity of children to preserve and extend the lineage, which has given the rise to safeguarding of fertility under all situations. Weinrich (1982:105), further notes that under the circumstance that a couple is not yet married, "if a woman does not fall pregnant, that engagement is dissolved". Tapping into the indigenous knowledge of the Karanga, the 'child factor' is something rooted in Karanga daily proverb: '*dzinza harifaniri kufa',* meaning that a clan must forever be kept alive through procreation. Recalling very well, recently I had a conversation with one of my childhood friends, who is now married. She is explained to me that *mumba hamusi kugarika*, *muri kupisa,* (there is no peace in the house, it is burning) means that 'they have been married for three years now, but still no child'. Oduyoye's experience always reminds us the emphasis of fertility within the

Karanga people, who usually whisper over a couple after their marriage, *Ko haasati ave nemwana* (is she not pregnant yet?), *Akaroorwa rinhi? Asi mimba yakabva?* (When did she get married? Did she have miscarriage?) In most cases, the so-called child factor raises a lot of questions, and infertility remaining a taboo among the Karanga people. This study reveals how the Karanga people uphold the concept of fertility in marriage as a cultural-religious norm. On this note, African feminist scholars like Njoroge (2006:62), comment that patriarchy and sexism exacerbate the sexual and reproductive indignity of women. Hence, Oduyoye's story becomes a form of theology that empowers my work to challenge the Karanga in order to place greater focus on the being of a woman, instead of her sexuality.

As part of the narrative theology experience, Oduyoye (2006:10) adds that the position of a married woman in African culture and religion is prescribed to benefit the wellbeing of the community and its values. This lens discloses the reality of the Karanga worldview in which women's fertility constitutes a significant mechanism used to communicate Karanga religio-cultural ancestral veneration through procreation. Usually when there is a family ceremony to bring back the spirit of the dead in the homestead, a woman does not participate directly. According to Shoko (2007:34), it is her son, who is called *muzukuru* (nephew), who "pours beer on the grave and addresses the deceased inviting the spirit to come and look after the children". Thus, women's fertility among the Karanga is not a matter of individualised ideology.

Also, as Ayanga (2016) explains above, Oduyoye (1999:108) adds another experience of womanhood determined by fertility, which fulfills the name of her clan. Her narrative reflects that an African woman's bodily function is a signifier to prove her womanhood. Oduyoye, (1999:108), contributes to this study on how the concept of fertility in the Karanga worldview defines a woman, particularly how from an early stage her bodily changes and functions determine her fertility future. On this note, Butler (1998:52) and Segalo (2013: 4) concede that biological reality is usually mixed in with perceptions of womanhood and motherhood. Among the Karanga people, it is through your physical body and its function that the community can determine your womanhood:

> *One afternoon in 2008, Maslin my desk mate, jumped out of the classroom with her friend in a jovial mood. I heard them discussing, and Maslin screamed: Yes, it happened today! It was the time of her menstrual cycle. Later in 2008, I*

was sixteen. It was the final year of my secondary, however a worrisome to my childhood friends since I was the only girl in my class with no cycle yet. Always concerned, they would say to me, "With all this beauty Lindiwe, what are you going to do if you do not flow forever. You won't be able to bear any child". They would check me day-in, day-out. I remember Sphiwe my childhood colleague, who came to me and said, "I am so worried about you Lindiwe, you are so tiny, no huge breast, no cycle, and this the reason why most guys don't approach you. You are beautiful, but one thing left, the menstruation cycle." Lucky enough for me, I was always reading the Action Plan book in Zimbabwe and got informed that a woman can go up to seventeen without a cycle and that is not a huge problem. In March 2011, the cycle happened and I remember getting some gifts as if I had achieved something. Little did I know the function of our bodies determine our womanhood, motherhood in the African setup as the Karanga.

Following this discussion, scholars like Segalo (2013: 4) argue that women's bodies are read as lived texts. As a young Karanga woman, I am depicted as a text, since I was young. My chapters have not yet finished until I get married have children, and then I will be fully read as Lindiwe, the Karanga woman. However, the African narrative of Oduyoye (1999: 108) is a theology that empowers me to make a Karanga woman recognised of who she is, and not to be idealised and fantasised.

Further to this, Ayanga (2016:2) reflects that African woman narrative theology encourages African women to present their pain to those who violated them, serving as a new way of developing a better worldview. Moyo (2006: 244) shares the same sentiment, noting that by telling our stories, we engage in dialogue with others to relate our personal hurts. Oduyoye (1999) notes that naming is very vital in her community, but a painful encounter for infertile women. To her knowledge, a woman is given a birth name, but can be renamed after failing to conceive. A variety of African scholars (Mbiti 1969; Emecheta 1994; Oduyoye1993), note in African societies like Ghana, Kenya, and Nigeria that a woman's reproduction function is vital. Mbiti (1969:107) emphasises that a woman's failure to bear children is worse than genocide, while Oduyoye (1993:349) adds that a childless marriage is irreplaceable, humiliating, and embarrassing. Emecheta (1994: 62&152) notes that from her writing '*Joys of motherhood'*, children represent a grand achievement to women, where if one cannot bear children, then she

is a 'failed woman'. This shows how women are defined by titles. In the Karanga worldview, this frame differentiates names given to an ordinary a woman, a married woman, a mother, and a woman of childbearing challenge. For example, according to Moyo (2006: 125), the term used to describe a Karanga 'mother' is "*mai"*, and 'wife' is "*mukadzi*". These names represent motherhood and wifehood that speaks volume to childbearing and rearing. So, to some, if a Karanga woman has no child, she is likened to a *gaba*, or empty tin (Moyo 2006:117).

This approach analyses that naming reflects an African woman's ability to 'perform' her gender through childbearing. Fertility produces a name that marks a function of religious and spiritual significance (Oduyoye 1999:105). Names given to Karanga women are significant to their concept of fertility and understanding of infertility. Oduyoye's (1999) narrative is a theological response to experiences of infertility, empowering Karanga women to use their painful encounters in marriage as a theology that transforms, liberates, and affirms their reproductive health rights, and reclaim dignity through sharing their pain. Phiri, Govinden and Nadar (2002: 6-8) and Njoroge (2006: 62) understand narrative therapy to be a life-giving theology that diversely address those so-called taboos topics that bring pain, despair, suffering, and indignity to infertile women's lives.

Self-understanding is gained through this process, where a woman becomes able to voice what is societally attached to her body, shifting from a spectate posture to action and reclaiming her dignity and being (Ayanga 2016:3). Phiri and Nadar (2006:8), also concede this as an affirmative tool that allows women to tell their stories of religio-cultural oppression, despite the fact that they are still in those same spaces. It is worth noting that the theology of narrating stories is a resistant-resilient matter, where women are endorsed to be resistant over their bodies, health, and reproductive system, as Russell (2006; 54) suggests. Using this lens, my research acknowledges the Karanga worldview of the understanding of infertility, however questions the limited extent to which some Karanga women can speak and interpret their experience of infertility within the Karanga cultural and religious concept of fertility.

Additionally, African woman narrative theology reflects a contextual encounter to re-define a woman, where she can be known by her own name, and not by how she is idealised (Ayanga 2016:3). This theology supports a woman's right to speak out, by which we can begin to know more about her. Oduyoyels (1999) experience shares a unique vision on how an African woman can reclaim herself. In this view, a relevant question is raised, namely: how does an individual

come to herself? Rakoczy (2004:28) notes that women are observed as lower in dignity, and need men to complete them as human, the suggestion of a 'coming home to myself', where Oduyoye (1999) critically examines the meaning and the contribution of an African woman birthname. From her story, Oduyoye (1999:107) re-identifies herself, holding a birth name, reclaiming herself as a woman alone, admired by the community not for 'gender performance,' as Butler (2011) notes, that is, neither in terms of a conception of womanhood, nor reproductive duty.

Although other scholars such as Segalo (2013:5) suggest that the entry point for African women's empowerment is to think of their realistic bodies as good and beautiful, thereby maintaining their body and sexual integrity and decisions about their body, this lens helps my work to think of the of the struggles of some Karanga women when they want to come home to themselves. It is not easy for a Karanga woman to accept the reality of infertility. This is because infertility as a state is the opposite of what the Karanga culture expects of a woman. In fact, infertility becomes difficult because it reduces "womanhood". A Karanga woman finds it challenging to even accept the reality of her husband's sterility because infertility is traditionally feminised. Shoko (2007: 23) briefly discusses *kupindira*[7] (a Karanga method), where a man's sterility is concealed. A woman in such a situation may want to move on to another man for fertility, however for the sake of keeping her marriage, as per Karanga tradition, it remains difficult for her to gain permission to do so. This leads to the struggle to come to herself, to be able to decide over such a reproduction issue. It is this struggle of some Karanga women to come home to themselves that, Oduyoye (1999) theological reflection on the experience of infertile women within an African patriarchal context in turn asks women not to remain silent about their experiences. It prompts some Karanga women to find ways in which they may gain social relevance, beyond the concept of infertility. As a consequence, this is an intervention that ought to be implemented so that within an infertility context, Karanga women can find ways in which they begin to create a name for themselves, outside of the norms of culture and those created by tradition, transforming ideologies that groom the Karanga women to become more than their womb, or marital name. This study asserts that there remains power and life within Karanga women's birth names, where the others like *amai* (mother) or *mudzimai* (wife) remain secondary.

[7] A private sexual relationship between the sterile man's brother and his wife. The products of the sexual encounter, lchildren, belong to the sterile man, (Shoko 2007:23)

Additionally, African woman narrative theology is not only about a basket of stories, however a moment where women tell and listen to exchange stories and begin to see their fellows from another angle. Oduyoye's *a coming home to myself* (1999) is a personal story she shares among other African women theologians, aiding my study to deconstruct binary focus of 'womanhood' that defines women within the Karanga worldview of infertility. Oduyoye, (1999:111) contemplates a theology of infertility that helps other African women in marital matters as discussed, to listen and respond to matters of infertility without shame. Sharing is a sign of justice where, in an African context, women have the capability of inspecting the so-called taboos with their fellows. The infertile Karanga women in this study ought to be emancipated not to feel ashamed of their infertility condition, but to be encouraged to survive and also give life through telling and listening to stories be it written or oral, in pursuit of affirming their reproductive health right in the contemporary Zimbabwe. In this way, the study educates other Karanga women, who are used as gatekeepers of patriarchy. It also questions whether Karanga women are able to listen, and to be just to those who are infertile when they tell their stories.

In addition, African woman narrative theology is concerned with how women respond to religio-cultural conditions arranged for them. Oduyoye, (199:108) notes that "some offered help and advice, and some directed me to doctors and healers." She further explains that the issue of infertility is a "not yet" situation where hope has to be applied in expecting a child. Just like Oduyoye's narrative, some Karanga women give hope to those who are infertile through prayers and motivational words, to keep on looking for more options in order to have a child. This frame employs the Karanga women worldview of negotiating infertility with some cultural herbs and contemporary with prayers of hope. Using Oduyoye's feminist experience (1999:110) my study embraces a diversity of gifts, including the concept of fertility, and beyond. This study encourages Karanga people to accept infertile women as they are, broadening the Karanga's understanding of infertility, embracing infertile women's full life, more than their bodies, and also affirming their reproductive health rights.

3.3 Reproductive justice framework

In order to enhance the narrative theology examined earlier, and in pursuit of reproductive health rights for infertile Karanga women, there is a need to explore reproductive justice. According to Chrisler (2013:1-24) and Katz (2017:243-250), cited in Chiweshe et al.

(2017:204), reproductive justice is a framework that "goes beyond the recognition of reproductive health rights displaying ideas of social justice". Bailey (2011) Price (2010) Roberts and Kaplan (2016) and Gard (2010) brings out a range of inequalities associating to reproduction. According to Ross and Solinger (2017:9), reproductive justice is a political movement that knits together reproductive rights and social justice, so as to attain reproductive justice. Reading from these two scholars, it encompasses the right not to have a child, to have a child and to prevent children in safe and healthy environment (Ross and Solinger 2017:9). According to Gillian et al. (2009:243), reproductive justice encompasses current discrimination encountered by different communities, while Ross (2020) states that it thrives on the completeness of physical, mental, spiritual, political, and social wellbeing of women. Williamson (2017:6) also describes it as a theological concept to health rights for self-rule.

Loreta Ross (2017:290) states that Reproductive Justice was birthed in 1994 by feminists of colour who were already working on the conception of reproductive health and rights. Morison and Hebert (2018:1) add that a reproductive justice framework encompasses reproductive right struggles instilled in social justice hence to challenge women's oppression. It emerged to address reproductive matters like women's fertility' to speculate intersecting repercussions of diverse forms of oppression, sexual, reproductive, and marital matters (Le Planning F.D.Q.P Des Naissances: 2014 6-7). McCloud (2019:47) adds that a reproductive justice framework is "located within the context and frequently facts to embed analysis with the multiple power relations in particular racialized [sic] and socio-economic realities that structure women's and men's sexual reproductive lives". Luna and Luker (2013:326-329) add that it is a multilayered analysis that combines the law polices and social regulations and it fights against criminalisation of reproduction. It aims at social justice intersecting social identities like gender and class and counters the status quo that deny human rights.

Reproductive justice identifies multinational, context specific and common gendered hetero-patriarchy power relations, of social, economic, and political through the experience of the women, the marginalised gender in marriage. It starts from a grassroots level, locating aspects of social justice within the concept of social circumstance that disadvantage women from making choices over their reproduction (Chiweshe et al., 2017:204-205). Ross (2020) highlights that reproductive justice empowers and supports power of the most excluded groups of women and individuals in applicable contexts. Williamson (2017: 6), agrees that this framework enhances the African, as it is practicing a way of investigating our lives through the

art of storytelling be it oral or written, realising our vision practicing our passion. This way it enhances African Woman narrative theology as to present written narrative as important as an example to the Karanga people to tell their stories of infertility despite their context and position within the Karanga religion and culture. Williamson (2017:6) highlights that the focus of African women (such as Karanga), is an embodiment of various complexities that involve the question of educational opportunities, economic stability, safety, and life affirmation.

It is worth noting that reproductive justice centres on the experience of the African woman within her society. Ross (2011) reflects that a woman's reproduction is tied to conditions of her community. This frame also shows the same general knowledge among the Karanga. A Karanga woman cannot define herself, or her reproductive system, she is a body whose reproductive functionalities are also governed from within her family, and the broader community. For this reason, we get to know stories of our bodies within the conditions of a community, its culture, and religion. We can, therefore, not talk of Karanga woman's reproductive life outside the conditions of her marriage, family, and community at large. In this regard, Ross (2011) and FQPN (2014: 2) notes that Reproductive Justice captures all forms of sexual, marital, and reproductive oppressions as the concept of fertility that directly affects women and their bodily autonomy.

Furthermore, this frame examines how socio-economic and political power is distributed where women are involved. In support of this argument FQPN (2014:11) notes that this frame is intersectional in its approach, paying attention to the way in which the marginalised and oppressed relate to their reproduction and sexuality due to their gender. It further explains how the system of oppression, in this case – reproductive oppression, is maintained through the systemic realities of the social institutions, where gender disparity is rooted in social positioning (Morison and Hebert 2018; Jolly 2016). This way, Ross (2011) explains that Reproductive Justice is a response enabling women to challenge structural power inequalities within their communities. It engages lived realities in order to identify factors contributing to the infringement of women's reproductive health rights. This enables a critique of the gendered power relations that have been instilled permanently within the reproductive issues as infertility. This enables the current research to examine infertility in the Karanga worldview as a complex issue that is gendered and imbalanced when it comes to women's reproductive rights. Investigating the extent to which Karanga patriarchal power control women's reproduction as infertility continues to intersect with and destabilise socially constructed ideas

of gender performativity and roles, it counters religio-cultural traditions that define the worth of women through the fertility of the womb, which has contributed greatly to the infringements of women's rights not only within the Karanga community, but within the African context as more broadly. This allows the current study to consider matters of injustices constructed by Karanga social, political, and economic structures that deny the Reproductive Health Rights to infertile Karanga women.

Since this framework allows my study to examine the Karanga societal, political, and economic positions of women, the framework allows for the argument to be made that bodily autonomy can only be achieved when power distribution and action in terms of their own sexuality is shifting within societal structures. Scott (2017: 103), buttresses this argument, reflecting on Reproductive Justice as a theological response that assists with to shift culture and prioritises individual bodily autonomy. This is emphasised by FQPN (2014:1) and Williamson (2017:5), who agree that this can only be achieved when women have complete economic, social, and political power to access resources that enables them to make healthy decisions on their bodies and families. Taking on the task of the understanding of infertility, this framework challenges the Karanga to shift their socio-cultural normativity of power in marriage, family, and community to individuals' reproductive health rights, as in the case of infertile Karanga women.

Moreover, reproductive justice recognises the commonality of women's experiences seeking to liberate multiple women through sharing and expanding awareness a dialogue that enhances sexual reproductive health (Ross 2017; Jolly 2016). Hence, employing Oduyoye's narrative experience, reproductive justice strengthens this study in its ability to liberate Karanga women's reproductive concerns, through sharing other women's stories accounted that expand awareness.

Further, Ross (2017) adds that reproductive justice explains how a person sees himself, herself, or themselves as normatively mismatched with the society's standards. This framework addresses how particular realities mistreat diversity and abandon undiscovered reproductive vulnerabilities that are shaped by a dominant group within the society. This framework empowers the study to introduce the ways in which some Karanga women are recognised beyond fertility taken as equal to their womanhood, which defines and accepts the heterogenous nature of Karanga women within reproduction discourse as infertility, and

affirming infertile women as “different” and not “incomplete”. It widens the interpretation of womanhood that promotes reproductive dignity for Karanga women in contemporary Zimbabwe. Hence, this framework influences the Karanga understanding that infertility is a form of theological justice, where instead, it is a woman’s health right for her to remain infertile.

3.4 Research methodology

In this sub-section, I now turn my attention to a description of research methodology, which is deeply informed by the theoretical framework underpinnings described above.

3.4.1 Qualitative research method

This study is non-empirical. It uses qualitative method that selects and collect data, interpreting it through systematic literature review from secondary documentation, and further apply thematic analysis of the content. Creswell (2013:44; 2014:32) outlines this method as an assumed worldview, or a possible theoretical lens, and study of research problems inquiring into the meaning of individuals ascribe to a social-human problem. Qualitative research locates the observer in the world, and examines the lives of people under their condition (Yin 2011:7-9; Denzin and Linchon 2011:3). Methodologically, Leavy (2017:214) and Taylor, Bogdan and DeVault (2016:7) highlight that it provides a window into how people think and behave in their everyday lives through descriptive information aimed to generate meaning. Swinton and Mowat (2016) add that qualitative research allows the researcher to investigate the world socially, so as to acknowledge the diverse way in which individuals live.

The point of departure in collecting data is the use of secondary information provided from written texts on the concept of fertility and the understanding of infertility worldwide, in Sub-Saharan Africa, and with a particular attention to Zimbabwe. Taylor, Bogdan and DeVault (2016:7) note that qualitative research serves as a holistic approach taking into account people’s settings, where the current study looks at the concept at several contextual levels. The examination of this information is done in a systematic manner that characterises the subject through religious, socio-political views from a diverse feminist perspective, with a focus on feminism in Africa. Close exploration of infertility is done in the contemporary Zimbabwean context in order to express infertility as a lived reality amongst the Karanga.

Second, a theological approach to infertility is explored through a written narrative of Oduyoye to exemplify the Karanga's reality of infertility. This reality among the Karanga people is further examined through a reproductive justice framework, showing the written text as a life affirming theology of infertility that promotes the reproductive health rights of the Karanga infertile women.

Third, data is investigated through written texts and printed books regarding the Karanga's historical construction of fertility and understanding of infertility. This is meant to show gender and social constructions based on religio-cultural systemic beliefs regarding the understanding of infertility that perceives infertile women negatively. This allows me to capture the voices of infertile women and of the patriarchs within the social construct of marriage. The narrative literature of the Karanga people is also excemplified through my theory that examines lives of African women Karanga and how they are situated in this lived reality. Yin (2011:8) endorses that qualitative research methods drive insight that defines the way a certain people behave. The text provided assists the feminist desire of this study, which clarifies the Karanga as socially created, heteronormative, and patriarchal. Hence, this study adopts this critical lens, seeking to deconstruct such norms that condition their concept of infertility for women. It enables my work to revisit and reclaim how culture can affirm Karanga women reproductive health rights in the contemporary Zimbabwe.

Thinking through methodological approaches, data is analysed through thematic analysis, (Bowen 2009) of already existing scholarly literature. Analysing through interpretation (Yin 2011), describing information documented from amongst extant literature. According to Yin (2011: 209), description is a major type of interpretation which captures the potential universal aspects of family and community life in a society. Using this analytical tool, it reveals themes that explains the concept of infertility and the understanding of infertility in the Karanga world view. It reveals perceived ideas of infertility that are centred on the implications of Karanga womanhood. With scrutiny, it is determined to show whether the information presented on infertility has a positive influence on Karanga women's reproductive health rights. It develops a critical conclusion on assumptions from published works of the Karanga conception of infertility for women in marriage. This methodology discovers human social behaviour that bring flexible understanding of humanity and 'womanhood' among the Karanga people of Zimbabwe.

Secondly, my work analyses the aspect of gender of the Karanga people. As maintained by Corbin and Strauss (2014), this method acknowledges people or a group from the knowledge of their understanding. Examining gender through biographic analysis (Creswell 2007) assists my research in order to identify an objective set of the Karanga gender experiences, especially the upbringing of a woman, that extends how the Karanga value marriage, family, and procreation that result in their understanding of infertility. It enables my study to appraise women as gate keepers of patriarchy and custodians of religious beliefs that appear to deny their reproductive health rights.

3.5 Conclusion

This chapter has discussed the embodiment of an African woman experience of infertility, which is rooted from an African woman narrative theology. It borrows from Oduyoye's experience to express how the concept of infertility is upheld within an African hetero-patriarchal marriage, which is similar to the understating of infertility among the Karanga people of Zimbabwe. The first sub-section has enhanced the reality of infertility conditions through Oduyoye's story, which informs reproductive function of fertility equated to womanhood. It revisits the painful sites of an African woman as a form of infertility that is embroidered with cultural-religion norms, and adopts theology of fertility that empowers an African woman in particular the Karanga through the redefinition of herself, and to be accepted as woman despite of reproductive challenges. To a greater extent, the first section has served as a liberating and therapeutic tool that involves a vulnerable voice in the context of infertility. Seeking to redefine the celebration of womanhood through opening a space of discussion, this enables some of the Karanga women to voice and celebrate their reproduction status.

In pursuit of reproductive health rights for Karanga women, the second sub-section goes beyond the concept of infertility. It argues the need to observe women's involvement within the social, economic, and political structures of their societies and communities. It has furthered the argument of infertility to be scrutinised from a grassroots level, where women belong. Hence, it reveals that reproductive control and the reproductive health rights of Karanga women are attainable if they are not empowered to take positions within their socio-political and economic structures. In search of the validity of the grassroot position of the Karanga people, this chapter also discussed the method by which they understand the way of living, in terms of the religious, social and cultural aspects influencing their understanding of infertility.

However, the deconstruction of oppressive power in the Karanga society is not an easy one. Karanga women adopt a patriarchal world view, which has inherited, fixed perspectives on their gender and sexuality. Nevertheless, in order to fully attain this knowledge, the next chapter presents the historical construction of fertility and the understanding of infertility among the Karanga through biography.

CHAPTER FOUR

KARANGA PEOPLE'S CONCEPT OF FERTILITY AND INFERTILITY

4.1 Introduction

Chapter Two outlined the complex reality of fertility and the understanding of infertility globally, and in Sub-Saharan Africa. The previous chapter Three presented a theological embodiment of infertility using an African woman narrative from Oduyoye (1999). It argued that African women, especially in the Karanga space, ought to find ways that enables them to be recognised beyond their reproduction with reference to infertility. Reproductive justice informs this research, which seeks to redress social justice, so as to promote reproductive health that gives the Karanga women their bodily autonomy. The current chapter discusses the historical construction of the ideas of fertility and the understanding of infertility among the Karanga people. It gives a brief background of the Karanga as cultural, political, and religious society. It clarifies that the understanding of infertility in the Karanga thought system, as determined by these structures.

4.2 Brief background

The Karanga people believe in *Chivanhu or Chikaranga,* with the prefix *chi* meaning their traditional beliefs, customs, and practices (Mungwini 2017:95). Adding to this belief, the Karanga world view of "being human" is encompassed by the body, (*muviri)* soul *(mweya),* blood *(ropa)* identity *(rudzi).* Taringa and Maposa (2017:136) explore that to be human is to be a whole community. Every individual is connected to his community, values, and religion. Hence, Shoko (2007:9-14) a Karanga scholar defines them as political, economic, social, cultural, and religious.

4.2.1 Political, economic, and social life

Politically, the Karanga people live as families in a village within a community guided by the chiefdom, the highest hierarchy. Within the village, the Karanga live under the Headman *Sabhuku*, (Shoko 2007: 9). Bourdillon (1976:76) adds that these hierarchies both have authority and wisdom invested and connected with ancestral spirits. To exemplify this sense with my own village Mnene, there are 16 homesteads, multiplying due to first born sons, who marry and decide to move out. From my childhood up until now, the Ngidhi family have been heading the village peacefully.

The Karanga people's economy is based on their land, through agriculture, and selling related products (Shoko 2007: 14). Agriculture includes crop cultivation and domestication of animals such as cattle, goats, and sheep as source of income that enable individual families to pay, amongst other costs of living, the *roora* (or bride prize)[8]. Agriculture involves manpower, which is acquired through marriage, in the sense that when a bride joins a new family, she becomes part of their manpower in the field. The bride who is married is expected to additionally produce children so that the family has more human power to boost the economy. According to Shoko (2007:14), this economics also carries sacred value. He further highlights that "in some cases a father sleeps with his daughter in order to ensure high yields in the field" (Shoko 2007:14). This picture integrates the link between the concept of fertility of land through human sexuality, depicted in the roles given to Karanga men and women to serve the Karanga's economy. However, from a feminist perspective, every achievement the Karanga do involves a woman, in particular her body, and sexuality.

The general view of life among the Karanga pursues the concept of 'community' (Taringa and Maposa 2017: 135-136; Mungwini 2014:50). As a borrowed phenomenon from African philosophy, Taringa and Maposa (2017:135) remind us that every African human is completed by his or her participation to beliefs, ceremonies, rituals, and festivals of a particular community. This idea explains justice in dual form, which expects one to establish and maintain good human relationship with others. It is self-vital and ensures social cohesion through promoting respect in the community. Human behaviour is largely prescribed by tradition and culture, which is symbolic and sustains order, and the survival of the Karanga society as a whole (Ramose 1999: 49-52; Mungwini 2014; 50; Taringa and Maposa 2017:137; Chirume 2018: 93; Gelfand 1965:101). From these ideas, we learn that the Karanga idea of humanity does not exist in a vacuum, but with others.

The Karanga people are patriarchal. This system determines the size of the family, control customs, individual, and behavioral relations, as this is both cultural and normative (Mungwini 201:50; Gelfand 1965:105 Tatira 2016:123). Bourdillon (1976:21-22), Shoko (2007:18), Mukonyora (1999: 277-78), and Tatira (2014:109) concede that family relationship is rooted

[8] In old and present studies of Karanga people in Mberengwa, bridewealth is well known as *roora*. Rooted from *kurowora* the Karanga verbal prefix *"ku"*, interprets it as a contribution to the bride's family to marry the bride, (Hatendi 1973:142). It is a verb to the object bride, fulfilled by marrying or *kuwana* which means to find a wife, (Pongweni 2017:106). In simple terms, *roora* is an outside expression of a man's love for his fiancée, (Andifasi 1970:28).

in grandfather-father-son relationships. Family inheritance is passed on from and through the father (Gelfand 1965:5, Bourdillon 1976:21). According to Shoko (2007:1), the basic inheritance is the clan's name carries the history of ancestral spiritual guidance. Since the Karanga clan names *mutupo* have totems like *Shoko*, (monkey) *Hove* (Fish), *Shava* (eland), *Shumba (*lion), *Shiri,* (bird), and *Gumbo* (leg), the Karanga try by all means not to tamper with clan names such as *mutupo* (meat or bird). Secondly, avoiding marriage of the same clan so as to avoid damaging special gifts, "children" to the family (Shoko 2007:1). This is something the Karanga believe in, namely that if you eat the meat from your totem, you will end up losing your teeth. This picture shows the Karanga as a group still tied to their cultural beliefs. This way, the father is the final authority of the family and is respected both by children and the mother, his wife, (Bourdillon 1976:27, Shoko 2007). Shoko (2007: 1) stresses that the husband is the head of the family, and usually the wife is the junior. As she does not belong to the lineage of her husband, she is considered a *mutogwa* (a foreigner in the family). In the Karanga social lifestyle, a man is sexually active, and allowed to marry more than one wife. He is likened to a bull in charge of other cows, yet this represents him as sexually flexible, so as to produce as many children as the family expects (Shoko 2007:20). (Gelfand 1965: 14). Chauke (2006:45) observes that in Karanga culture, a wife is like a field in which one plant his seeds, where the produce belong to the owner of the field. This suggests that women serve the glorification of men, who are the dividends of patriarchy. Also, the idea behind a man's opportunity to have control over his sexuality paints the Karanga women as a group reserved to fulfill men's sexual potency. Hence, a woman can never define herself and her body as well.

Furthermore, the Karanga people are not only defined and differentiated by patriarchy, but by gender, sex, generation, duties, ascribed rights, and responsibilities (Gelfand 1965: 11-12; Bourdillon 1976; 23). Every Karanga family member is sensitised as to what he or she is supposed to do. In this case, Gelfand (1965:11-12) notes that duty allocation is fixed. It is these roles and responsibilities that lead to the different treatment and behaviour of men and women. In the Karanga social worldview, no two individuals are treated at the same level, which is an ethos bringing harmony to the family. This is observable in the system where a woman adopts her husband's totem as her name of address, such as *Mrs.* or *Mai* in Karanga culture, which symbolises a husband's ownership of their wife. A Karanga man dominates in homestead and is physically and psychologically strong (Mukonyora 1999: 280; Tatira 2014:11; Bourdillon 1976: 33). Thus, a woman rarely partakes in particular cultural and social leadership duties. Socially and culturally, a woman is incapable of handling a traditional court case with wisdom,

and she is represented by a man, who is a close relative, to speak on her behalf (Shoko 2007:22; Bourdillon 1976:49). In this way, Karanga social life only considers a male voice when it comes to social issues and leadership.

In the Karanga society, women do not primarily take a leadership role. In fact, the place of a Karanga woman cannot be discussed outside marriage or relationship with men. As a member accepted to the family, she is expected to have good morals, or *unhu,* towards her husband and his family*,* including being decent, good, respectful. She is not supposed to express her feelings because culture does not allow that, otherwise she will be called a prostitute or *hure* (Shoko 2007:20). Her place as a 'good' wife, a mother and a 'sexual' partner is much valued and respected (Gelfand 1965:7; Bourdillon 1976 29 -30; Shoko 2007:22). Gelfand (1973:167) also emphasises that respect is given when at her time of marriage, a woman is *Virgo intacto* (Bourdillon 1976:24). The power of a woman is stilled within her marriage as the *roora* or bride price paid for her will help her brothers to marry and have children (Bourdillon 1976: 35). She is also connected to her children, who basically value her when she receives a mother's cow when her daughter is married (Gelfand 1965:7-10; Bourdillon 1976:29). From a feminist perspective, Karanga women are groomed to support cultural preservation over their sexuality, as Kanyoro (2002) observes.

Customarily, Karanga women are connected to the environment, nature agriculture, and the kitchen, more than they are to the family lineage. Such participation of Karanga in house chores and duties connects to Oduyoye (2001), who shares that women do theology with their bodies. Traditionally, Karanga women usually prepare food like *rapoko,* millet, sorghum, and beer for daily feeding (Shoko 2007:22 and 24). Cooking nice food is a Karanga expectation, and each woman is given cooking stones, which are also symbolic in her marriage (Bourdillon 1976:44-45). The former duties remind me of my childhood, and until today when I visit my aunt at home, I usually grind (*mashazhare)* maize into stamp rice using a mortar and a pestle (*musi neduri)*, finger millet used to ferment *mahewu* a Karanga nonalcoholic drink, fetch water from a well (*tsime),* which is about 200 metres away. In doing this duty, only my aunts and I participate, and not my brothers. Gelfand (1965:7) confirms this pattern in that such duties are specifically performed by mothers and daughters on special occasions. A Karanga scholar Shoko (2007:22) stresses that in preparing for ceremonies, middle women are observers, whilst virgins and elderly women tend to participate. Aschwanden (1982:207) notes that utensils such as mortar and pestle signifies men and women's sexual reproductive organs, and sexual

intercourse within the Karanga culture. Karanga women are therefore discovered when they carry community and family duties, such as wifehood and motherhood, through feeding. Inasmuch as women partake in other duties, they are still defined within the cycle that serves patriarchy. The lived reality and visibility of women within the Karanga is symbolic of gender and sexuality.

4.2.2 Karanga religious and cultural life

As part of African society, the Karanga people are religious and cultural. On this note, Mbiti (1990:2) observes that where there is an African, there is religion and culture which is not possible to separate the two. Supporting this argument are Ramose (1999:67) and Aspinall (2006:61), who add that human reality is always informed by symbolic connections, which are immanent and transcend physical and spiritual worlds. Hence, the Karanga context involves both the visible and the invisible world (Rutsate 2010 82). Shoko (2007:33) notes that the Karanga have three religions, mainly the traditional religion (driven by culture), Christianity, and independent churches. Religion in the Karanga world view cut across all structures mentioned above, thus men become the central practitioners of culture and religion.

Traditionally, the Karanga believe in and venerate the ancestral spirits *(vadzimu)* (Kuper 1954:38; Rutsate 2010: 82; Gelfand 1973:111 and Shoko 2007:33). Generally, these are dead family members that include grandfathers, fathers, aunts, and uncles. The Karanga ancestorship is a basic form of worship and counsellor communication channel between people and *Mwari*. (Bourdillon 1976; Gelfand 1973:110; Taringa and Maposa and Mungwini 2014:93). With emphasis on this reality, the channel of communication is also inherited from Karanga kinship, where sons normally avoid direct communication of issues with their fathers, but rather tell the uncle (Bourdillon 1976; Shoko 2007). *Mwari* is believed to be *Musikavanhu*, Nyadenga the creator of humans and earth, who is responsible for every activity that involves the Karanga (Kuper 1954:38; Shoko 2007: 33 and Tatira 2014:107). Supported by this phrase, *murau ndiShe,* 'the law is from God', (Gelfand 1984), traditionally the final authority of Mwari embodies the belief that brings survival to the society through obedience of ancestorship.

Insofar as the traditional religion plays a key role among the Karanga people, there are qualities that one requires in order to become an ancestor. The idea behind this survival and sustainable life informs that death is not a barrier for Karanga family, with bonds between the dead and the living (Gelfand 1965:5). It is those who once lived who become the spiritual guidance or

vadzimu. Hence, the rise to ancestorship depends on the status of a person during his time before death, which includes good morals, one whose death is followed by proper burial rituals, and when one is married (Kuper 1954:38; Gelfand 1965:16; Rutsate 2010:8). Bourdillon (1976: 43-44) highlights that the *kurova guva* burial ritual of bringing back the dead spirit of a dead member to join ancestorship can only be done if one begotten a child. More to this criterion, the Karanga traditional religion limits women from partaking in performing ancestral prayers, which are performed instead by the father, as the head of the family (Bourdillon 1976:49; Chirongoma 2013:89). Shoko (2007:15) reports that the value of the father appreciates through the accumulation of livestock. As the bull protects and controls other cattle not to break into people's fields, it represents his control over his family. Hence, a bull can only be slaughtered at an old age, as approved by ancestors.

Mwari is traditionally believed to control fertility of the Karanga, to bring about rain in a period of crisis. According to Mukonyora (1999: 283), this request is extended for fertility of crops, animals as well as fertility of women. Prayers are offered to *Mwari* the God of fertility for women to bear children continuously until "*nyoka yemudumbu yapera"*- the snake in their womb ceases to produce children. Karanga traditional religion proves to control women's sexual reproduction in particular. Chirume (2018: 99) notes that the reason behind this is that Karanga believe that their ancestors' demands such as fertility should be met. These prayers are meant to please the ancestors and *Mwari*.

The Karanga also believe in *Ngozi* as a bad spirit. *Ngozi* is the avenging spirit of an innocent person who was murdered taking its revenge on the family of the perpetrator as a way of seeking justice (Chomutiri 2009:165; Benyera 2015:6 761; Machingura 2010:89). *Ngozi* occurs when a *mudzimu* or ancestor is angered, a worker is maltreated till his death, when one assault a wife to death, especially before *roora* (bride price) is paid (Gelfand 1973:122; Chingombe et. al 2012:6; Daneel 1971:134; Mawere 2010:218). Masaka and Chingombe (2009) in Benyera (2015) agree that *ngozi* is usually merciless, and can cause destruction and misfortune, like illness, as well as the death of family members. In light of this, Chingombe et al. (2012:6) highlights that *Ngozi* as a spirit may also cause infertility for a married couple. Within my community, there is an adage *mushonga wengozi kuiripa*, meaning that the remedy to these avenging spirirts is compensation. Nakah 2007:29 argues that the *Ngozi* spirit is itself not evil, but a religious source of reparative justice, approved by *Mwari* to penalise the culprit.

Underlying this belief also comes a traditional way to appease the *ngozi* spirit. This involves cattle payment and the offer of a virgin to the victimised family (Nakah 2007:30-31; Bhobho 1990). Shoko (2007:59), citing Bhobho (1990), stresses that offering a virgin is an expectation of her to birth children, in particular a son substituting the murdered person. According to this view, the traditional religious system of the Karanga people involves women to participate and intervene in family issues as compensatory subjects to family social conflicts.

The Karanga traditional religion upholds belief in witchcraft or *uroyi. Uroyi* is defined by Dube (2011 :438) and Chavunduka (1980:142-143) as a mystical social anthropology behaviour, caused through possession by ancestor or alien spirit who was a witch, or by securing bad charms from an evil diviner. According to the traditional religion beliefs, the witchcraft interprets tragedy in life that embodies misfortunes *(Minyama)* (Bourdillon 1976:49; Mungwini 2014:93; Tatira 2014: 112). However, women are suspected to be witches, as they are regarded as strangers to the men's lineage (Shoko 2007:20). Additionally, Makaudze and Gudhlanga (2012: 2 303-6) note that *Mukadzi mutsvuku akasaroya anoba,* means that the beautiful and light skinned are suspected of theft and witchcraft. Thus, the other notion of the Karanga religious beliefs do not weigh much the outside beauty of a woman, as she is traditionally suspicious, even to the cause of their infertility in individual cases.

4.3 The Karanga concept of fertility

Generally, a Karanga family includes a woman and children (Bourdillon 1976:29). It is cherished as satisfactory living. Hence, Shoko (2007:23) emphasises that the sexual activity is not just for desire, but for procreation. Aschwanden (1982:207) dates back that historically in the Karanga religious belief, where women and men were created to produce children through sexual intercourse. Hence among the Karanga the concept of fertility is achieved through the sexual intercourse between husband and wife. Karanga people are conscious about fertility as keystone to life giving as one have a chance to live again, in the sense of being represented by the physical or the living, once having passed on (Aschwanden 1989:60). Muchinako (2013:24) also adds that fertility ideology is a source of happiness and an achievement for the Karanga. Gelfand (1973:171) finally opines that fertility is the purpose of life, and imperative for the Karanga survival, and customarily passed to another generation through marriage. Reading from historical accounts from Kuper et al. (1954:21) and Bourdillon (1976:43-44), the Karanga relationships were traditionally meant to continue the growth of the family. The reason behind this belief is that children, in particular sons, are the only ones allowed to pour beer for their

parents during family or burial rituals. Additionally, Weinrich (1983:33-39 shares that the notion of procreation is spiritually justified through ancestral religion. The ancestral spirits guide the fertility of the Karanga. From the stage of pregnancy, there are certain rituals that accompany the rite of passage that are meant to protect the baby and the mother. Shoko (2007:84) explains that when a woman is about to deliver her baby, she goes back to the place where she is given some medicine for easier birth, and others to connect to her maternal spirits. This is meant to protect the child and to also sustain the life by committing the baby to spirits. This further explains how the Karanga separate the umbilical cord (*rukuvhute),* just after some days after birth. The cord is cut and buried under ashes (*madota) or* laid just outside the house. This is meant to connect the new-born child with the spiritual world. Moyo (2006:140) concurs by stating that the Karanga make sure they bury the cord where the father was born, showing that they want to be buried near their relatives. The *rukuvhute* process is a way of sending the spirit of the baby to pre-join the other family spirits, where without this connection, family descendants are limited from multiplying. Hence this kind of connection done from birth knits the family together by means of the gift of fertility (the baby), and the provider of the fertility (the ancestors -*midzimu).*

Another process done after birth include the precautions taken to protect the gift of fertility (the baby). Shoko (2007:34) further explains that a cord is tied against the waist of the child to protect him or her from witchcraft. Moyo (2006:139) explains another relevant ritual called *kusungira zango.* In this process, the urine of a baboon is dried, tied in a small bundle that makes a necklace for the baby. The belief is that a baboon does not get sick easily and so the child is already protected from disease (Moyo 2006:139). Thus, among the Karanga, fertility is traditionally called life *rupenyu or upenyu*, and strength, or *Simba,* is upheld.

4.3.1 Early stages of fertility conception

The concept of fertility is constructed by Karanga gender relations. Traditionally, a Karanga woman is a junior to her husband (Gelfand 1965:10). She is socially recognised through childbirth, and raising her children in a good manner, which is most important in the Karanga family. Gelfand (1965:13-23) accounts that in this scenario, if her daughters get married, she receives a mothers' cow (*mombe yeumai*), which gives her the power of motherhood. In other words, the mother's cow offers compensation for her work to raise the daughter, however and an expectation offer that one time that daughter has to bear children and sustain her husband's family (Shoko 2007:23).

For the Karanga, initiation issues and matters concerning marriage and life receive discussion, and this includes the concept of fertility and infertility. Customarily, a girl and boy relate their sexuality to fertility ideology. From an early stage, the Karanga separate girls from boys. According to Shoko (2007:9), the girls are taught to get used to sleeping in *nhanga*, the bedroom for girls, and the boys in the *gota,* their bedroom. This is meant to protect girl child sexuality, which to the Karanga is important for the family and the clan in future. Gelfand, (1973:35) emphasises that the reason for this is that the Karanga are highly aware of the strong sexual impulse in young men when growing up. This whole idea draws on the fact that the security of a girl child's sexuality is in the safeguarding of marriage related to her future as a mode of fertility.

Furthermore, usually, all heavy work is reserved for boys, while girls are taught to carry lighter firewood called *svinga,* and men carry heavy firewood that sustains up to winter kept at *bakwa* (Shoko 2007:22). The *svinga* is usually kept at the top of the *bakwa,* and is used in the kitchen to cook. Further, marriage preparations usually start at the age of four, informally, through the way that children play. The goal for all these practices is to catch a good man through her charms at *mahumbwe* or the playground (Gelfand 1965). Basic chores for future mothers are to make a simple dish of thick porridge or *sadza*, which I only managed to learn at the age of eleven. Gelfand (1965) and Bourdillon (1976) add that advice on menstrual process is given by the aunt. She teaches the girl how to handle herself, her husband in future, the significance of pregnancy, possible ways of child making if pregnancy delays. Gelfand (1973:34 and 169) later stresses that aunts are responsible to sexually educate a girl in preparation for marriage. Shoko (2007: 24) notes that before they menstruate, girls are taught to pull their labia minora to the expected length that represents womanhood, said to help with sexual arouse sexual activity, and aids in giving birth.

4.3.2 Mythological ideas of fertility

The concept of fertility begins from the history of myths. Elderly Karanga believe in telling myths to teach young family members about fertility. From the story of the snake, (Aschwanden 1989:49, 50) the Karanga thought of oviducts or spermatic cord *nyoka* represents fertility. A snake represents life giving or seed giver. This has a connection to sexuality, for example, a puffadder snake is regarded as an ancestor to the community, and the ancestors are known for providing fertility. Aschwanden (1989:56) gives another myth that represents

fertility, marriage and, family. From the story of "The ignorant boys" on fertility knowledge, the boys have to "make fire and bring the *shamabakodzi-jar* to the boil" so that they are allowed to marry, (Aschwanden 1989:56). He further notes that the fire interpretes love, the *shambakodzi*-jar refers to the fertility of the woman and to birth. The boiling pot means pregnancy and the "snakes in there" are the woman's oviducts, (Aschwanden 1989: 57). Aschwanden (1989:105) adds that the concept of fertility is passed from the father to the son, and this is symbolically seen from narration of myths, where for example, the father gives his son *tsvimbo* (a stick) before he dies. Of course, the man was a hunter, believing that the spear and the stick would give food, and bring life to him again. The father in this story represents the ancestors, who gives the descendance the gift of fertility, as the Karanga believe.

Besides myths, the Karanga prohibits certain habits, and these are much related to the idea of fertility. From a Karanga reader of Shoko (2007:67), it not encouraged for one to sew a cloth which is worn, as they believe by doing that, one is slowly closing the reproductive organs. Closely related to this, one is not supposed to tamper with the fibre used to tie firewood, because in doing so the individual is understood to be tying up the reproductive organs. One cannot kill a snake when the wife is pregnant, otherwise, she will produce a dead child. Another prohibition is that one should not climb a tree when one's wife is pregnant, as she can birth a crippled child, consequently becoming a serious curse to the family. Thus, the idea is typically to protect fertility goal among the Karanga.

4.3.3 Symbolical concept of fertility

The Karanga people believe in fertility symbols. One of them is *mutimwi* (a string of beads that is given from birth). According to Weinrich (1983: 108), the bead around the string symbolises the seeds of the boy. Although it is given to both genders, the *mutimwi* role play feminine fertility rites at puberty, first pregnancy, and at birth. Every Karanga woman is traditionally believed to have been going to give birth with *mutimwi* around her waist. Fertility rituals for boys is periodical, whereas for girls they grow up with *mutimwi* up to the pregnancy stage. The goal for *mutimwi* is traditionally to enlarge the reproductive organs and prepare them for their function. Extensively, Weinrich (1983:108-9) presents the *masungiro* ritual, which allows the mother and daughter take off their *mutimwi,* and place it at the doorstep of the parents' hut. Both of them have to walk over the string, in some cases it was both parents doing this. This is a stage of acknowledging the daughter becoming like her mother. Sometimes mother and

daughter would exchange their *mutimwi,* as traditionally this would mean that the older woman stops bearing children as she had passed the fertility blessing the younger junior generation.

As noted earlier, some Karanga plants and livestock are traditionally connected to human sexuality (Gelfand 1965:33). Plants for women include ground nuts and sweet potato, however a menstruating woman is restricted from entering a groundnut field as she will cause decay of plants before they are ripe, unless she planted them herself. Although she is having a normal menstrual cycle, however this whole process can dramatically lead the crops miscarry their produces before yield time. Also, livestock symbolises the concept of fertility among the Karanga. They usually keep livestock for rituals, praying for fertility of everyone during their ritual and family functions like marriage (Taringa and Maposa 2017:134 Weinrich, 1983:35). To exemplify this, a mother's cow (*mombe yeumai)* and marriage payments like *masungiro* (a pregnancy ritual) are linked to maternal spirits. During the *masungiro* ceremony, a female goat is killed for the meal to dedicate the maternal ancestors, (Weinrich 1983:41). The *Mombe yeumai* ritual is essential, and must be venerated so as to avoid the belief a married daughter can experience fertility challenges, go insane, or bear dying children.

Aschwanden (1989:139) adds that *huyo* (a millstone held by hands when grinding traditional food in Karanga) symbolises the young wife, who is likely to be invited when the first wife fails to have children. Second, *guyo* is the bottom stone that represents motherhood. It is used to grind food which is meant to feed the family as the mother provides for the children. *Budzi, a* green vegetable from the pumpkin, makes a calabash that is normally used as uterus substitute for all newborn babies. The babies feed from the calabash, which is a sign of sexual intercourse. The food they are fed is a sign of pregniancy and childbearing. Another symbol of fertility is fire, which is explained by Aschwanden (1982:207) to symbolically represent God in the process of creation. Some names and titles are also symbolic, signifying the importance of fertility. Mashiri (1 999:102) clarifies that these names are usually given to a girlchild among the Karanga. Thus, girls with huge breasts are called dairy board, which is associated with beauty, maturity, and entrusted enough to bear and breast feed babies in their future.

4. 4 The Karanga understanding of infertility

Since fertility is a requirement among the Karanga people, this influences the Karanga philosophy of infertility. Traditionally, in the Karanga culture, the state of failing to bear children is referred to as *kushaya mbereko* which means infertility.This generally involves

when a woman fails to bear children after marriage. Shoko (2007) emphasises that in this case, if a woman continues to have still births, she is regarded as infertile. This is because the Karanga do not accept the loss of a baby several times. There are two vernacular terms used to describe infertility. According to Moyo (2006: 128), and Shoko (2007:30), *ngomwa* is one of the words used to describe infertility. Moyo (2006:128) further clarifies that the early history of the term was meant to refer to an infertile man, but is now used to define a woman with an infertile condition. Moyo (2006: 128) notes that originally, *ngomwa* refers to an infertile man whose sperms are "watery" and who has "weak sperm count". Moyo (2006:128) further explains that traditionally, this was proved by a test, according to which adult would ejaculate while swimming, where if the sperm sinks under water, it means fertility, but if it floats on top of the water it shows that an individual has infertility. Eating a raw egg was another test, where if a man vomits, he was regarded a *ngomwa.* Further explanations show that these tests were never done on women, and hence their infertility is traditionally proved by failing to become pregnant. Thus, Moyo (2006:128) argues that the term *ngomwa* has shifted, and now colloquially refers to infertile women.

Another term for infertile woman is is *ruware* or whaleback. Moyo (2006:129) notes that *ruware* refers to a woman who can hardly conceive, due to the deformity of her reproductive organs. To ephasisze this, *ruware* (whaleback) is hard, rough, and flat. The term means that there is no way in which to improve the situation, hence the reality means permanent infertility. In the process of sexual intercourse, her sexual organs deny a penetration, resulting in sperms succumbing outside (Moyo 2006:129). This background shows that Karanga society casts more weight on women when it comes to infertility, where both terms are now used to refer to women and not men, who are no longer defined as if they do not have the deformities that explains infertility.

Infertility is historically an anomalous condition among the Karanga. Moyo (2006:116) explains that it is a threatening issue, because Karanga womanhood is based on childbearing. The notion of being a real woman is being a wife or "*mukadzi",* which is derived from *"nhukadzi",* her reproductive organs (Moyo 2006). This way, when the reproductive organs are not functioning well, it becomes a worrisome and leaves a woman without dignity, and harbouring shame. Secondly, infertility is associated with Karanga women, and it is an embarrassment to the family. Shoko (2007:23) supports that infertility worries a woman more than her husband, as she knows she might be suspected of witchcraft by family members. This

assumption is derived from the Karanga belief and proverbs that explain more chances of infertility in women than in men. To exemplify this, a proverb like *'Chembere ndeyembwa yemurume ndibaba vevana'* is translated by Moyo (2006:129) as 'a dog can be regarded as old, but a man remains fertile in his old age', are meant to show that the Karanga rarely understand infertility to potentially be a man's responsibility, where infertility is unacceptable among Karanga family members.

4.4.1 Causes of infertility

The Karanga people tend not to accept a rare situation as coincidental, but believe in cause and effect, as can be seen in Karanga proverbs on causality, like '*chiripo chariuraya zizi harifi nemhepo'* translated by Mungwini (2019: 91) as "something must have killed the owl; it cannot be wind". In general, illness or an unusual condition is understood to be caused by spirits. According to Shoko (2007:62), spirits are usually intangible, but they possess power that can affect the living human beings. This includes ancestral spirits, the *vadzimu,* who are closely related to the living members of the family, as mentioned earlier. Generally, ancestors' anger does not have a boundary, serving to punish even a beloved member of the family if he or she offend them. Both the maternal and paternal ancestral spirits are linked to the causality of infertility. In some cases, if a son-in-law deliberately fails to pay the *roora* or bride price to the mother-in-law, the wife's ancestors may can decides to punish the couple with infertility (Chingombe et al 2012:5).

The Karanga suspect their known enemies of having power over their reproductive functionality (Chingombe et al. 2012). In our culture enemies or *vavengi* refer to people who are jealous, and develop hatred for other people. Enemies can be our relatives, or people who have knowledge about us, and the positive developments of our lives. Such individuals target to destroy our lives in ways that have the most impact, such as in a marriage. Clothes like underwear are taken secretly and they consult an herbalist for the cloth to be attached to wicked medicine, so that the targeted person fails to bear children (Chingombe et al 2012:6). Usually, the goal of the enemy is to permanently damage the person's dignity and the life, because without children, the latter is incomplete among the Karanga.

Third*,* the intersectionality of spirit possession, painful menstruation (*jeko)* a traditional disease and family curses are also linked to infertility. These three causes infertility in women, as per

the Karanga belief. Shoko (2007), a Karanga scholar, explains that the spirit possession or *shavi* is understood in dual terms as positive, and negative. Positive *shavi* influences an individual to perform admirable duties, such as hunting, dancing, healing, and singing, whereas the opposite is capable of illness. In view of this, there are two types of spirits the Karanga believe in, namely the spirit of witchcraft (*shavi reuroyi*) and Uncle's spirit, (*shavi rasekuru*), (Moyo 2006: 123). Thus, a spirit is believed to eat the woman's eggs, until she has no ovaries to produce. Bourdillon (1976:168) emphasises that the Karanga believe that human flesh is a medicine for witchcraft, especially that of babies. Also, uncle's spirit is an evil male spirit, which attacks a woman, where she may find difficulty in getting married. Further to this, if she gets married, she is not able to bear children, because of this spirit in her. It is believed that such a woman denies having sex with her husband, leading to the belief is that without frequent sex, pregnancy is delayed.

Furthermore, painful menstruation, known in Karanga as *dzwanga jeko,* explains the causality of infertility. As explained in medical terms, menstruation is a process of blood flow we experience as women, especially after puberty (Chingombe et al. 2012:6). In this scenario, usually a woman experiences heavy, painful, and harmful period, known as *jeko rerume* (men's period), where among the Karanga this may result in infertility. Shoko (2007:62) splits into *Chibereko* (womb), *kushaya* (miscarriage). Lastly, infertility may occur to a woman in the case that her family is cursed. Family curses involve avenging spirits, or *ngozi*. When a woman's family has harmed an individual to death, in turn, to compensate, they promise to offer their daughter to that family. However, if her family envy *roora* (bride price payment), and let her marry elsewhere, chances are very high that she fails to bear children, because *roora* will be followed by the *ngozi* spirit within her.

4.4.2 Karanga remedies to infertility

As indicated earlier regarding the importance of fertility, the Karanga do not simply ignore the infertility issue, but take measures to give birth to at least one child. Under the circumstances where marriage fails to produce children in particular a woman, for a long time, about two to four years, the Karanga intervene to rectify this anomalous situation (Chigidi 2009:180 and Shoko 2007:62). According to Weinrich (1982:105), in the case of infertility, traditionally the Karanga visit the *n'anga,* known as the diviner or traditional herbalist, to figure it out. Also, a consultation can be made to Mwari, the High God, through rituals in search of fertility. Shoko (2007: 84) notes that in some way a few rituals are performed after the divination. The Karanga

goes further to speak with maternal ancestral spirits, as they are responsible of a woman's fertility. Considering herbs, some Karanga use such methods to treat the direct cause of infertility. Shoko (2007: 95), shares that, since the Jeko is of the causality, some Karanga uses *jeka-cheka* (sharp bladed grass) mixed with other traditional medicines. To explain this, Sadza (thick porridge) is cooked with herb, then the knife is used to cut the *sadza*. In the process, a woman with *Jeko* has to eat a single piece and throw the next one away in turn. Also, *Jeka-cheka* is crushed into powder and put into porridge, where the pot is turned upside at down and smashed at the *durunhuru* (rubbish pit). A woman suffering from this problem should continuously eat, until she is cleansed.

Besides the herbalist method, the Karanga find solutions amongst the family members. One of the social methods is known as *kupindira.* Tatira (2016:125) shares that some Karanga families arrange a private sexual relationship between the wife and the brother of the wife in such case that the husband in infertile. On the other hand, when the woman has the problem, in order to cover up, usually some close family members arrange with the in-laws to bring the young sister of the wife to substitute her to bear children (Shoko 2007:23). With this idea, the Karanga believe that children born from these optional relationships are part of the original family lineage.

Additionally, when some Karanga men of this age feel they cannot sustain marriage without children, they find a way to do so as individuals. As explained by Moyo, (2006:155), some men engage in a secret relationship outside marriage in search of a child. This is commonly known as *chikomba,* or a 'small house'. The belief around this is that children produced outside marriage belong to the family because they fall under their father's clan name.

4.5 Conclusion

The above discussion provided the background of the Karanga identity description that is encircled by community which values family, marriage, and procreation. From the general input of the section, the concept of fertility and the understanding of infertility is not a borrowed phenomenon, but the 'life' of the Karanga people. However, their position and conceptualisation cannot go beyond their social, religious, and cultural frame, hence it is fixed within these. Despite this, I can acknowledge the concept of fertility as the human shape of life and womanhood among the Karanga people, where some of the narratives discuss binary

beliefs and understandings of infertility that occupy the rights of the family and the communal life, denying the right of a Karanga woman to remain infertile without stigma or discrimination. It is against the above observations of understandings of fertility that my feminist approach critically responds to Karanga comprehension of infertility in the next chapter.

CHAPTER FIVE

TOWARDS A NEED FOR AFFIRMATION OF THE REPRODUCTIVE HEALTH - RIGHTS OF THE KARANGA WOMEN

5.1 Introduction

Using the African Woman narrative of Oduyoye and reproductive justice framework in this chapter, I critically engage the understanding of infertility among the Karanga from a socio-cultural and religious background. Negatively impacting two separate yet close aspects: reproductive rights and reproductive health of infertile women. Without dismissing the value of fertility in the Karanga culture, I also propose a 'theology of infertility' that informs the Karanga to recognise women beyond their fertility in order to bring positive life of reproductive rights and health to infertile Karanga women in contemporary Zimbabwe.

5.2 Cultural impact on the conception of infertility

In order to grasp the nature of infertility and its complex reality from an outside point of view, we need to consider cultural context of the practice. Culture encompasses and shapes the understanding of infertility among the Karanga. Before I apply my skepticism on culture and its impact on Karanga women's infertility, I need to state some of the African scholars' thoughts on culture in definition. Kamau (2011:257) avers that culture is a people's way of life which involves their art of doing things, habitation and beliefs, rituals and it is generational. In line with this, Ayanga (2008:36) states that culture is the creation of people by themselves to serve their overall community needs, usable by dominant groups to oppress and exploit the weak and the powerless in the society. On her conclusion, Kamau (2011:269) argues that gender inequalities are products of culture, hence it is important to start part of any intervention strategy considering how people culture including 'religion' work against the interests of women. On this note, Kanyoro (2001:164-69) notes that the welfare and status of women are explained in the framework of culture. She then argues that the narratives of culture affect women and men in a different way (Kanyoro, 2001: 169). However, one of her very important points on culture is its intersection with sexuality as the foundation for 'endangering cultural hermeneutics'.

The chapter four notes aspects of the Karanga culture that are relevant to infertility. It notes that to be Karanga is to be cultural and to follow cultural values. The general feeling shown

from the text shows the Karanga culture benefits men as one gender, whilst disadvantaging women in several aspects. It is culture that permits men to have a voice over women's bodies. Culture is presented in most cases as influencing the concept of fertility and critique infertility. However, it is necessary to ask if this presents as a real problem to the Karanga women. Is it not patriarchy that has captured culture to achieve its agenda of authority and control over women? Reading this and previously, women are not particularly safe within the spaces of culture. In fact, culture affects women within their social lives and they are determined by culture, hence we see that their sexuality is also governed by culture from the very beginning. In Chapter Three, I have used the reproductive justice framework with Ross (2011), arguing that reproduction issues are well connected and conditioned by a woman's community as she is completely defined by it. The truth of this assertion is, there is no community without a culture, and its practices. Thus, we have seen the *African Woman Narrative* of Oduyoye speaking of her condition in a patriarchal community and culture. Yee (2007:69) challenges the use of the 'text'. Yee (2007: 142) discusses the ideology of questioning of social, political and economic structure in a society at a particular time: Where are the sites of power located in these structures and what kind of power do, they display? These questions also try to ask about the group which produced the text provided, and why (Yee 2007:139). I further use this challenge of the 'text' to question the Karanga: whose culture is it that has voice over women's sexuality and body. Whose culture is against infertility, whose culture looks into infertility as a woman's problem? Whose culture owns the sexual reproductive system of Karanga women and who controls it?

I think this is the best time to reflect on the text to which the Karanga daily practice and frequently practices serve. The dominance of a Karanga conception of infertility is quite questionable, and it is arguable to say that a corrupted patriarchy has actually personalised culture to control women's reproduction. More literature has been produced by men, which gives them room to voice much on issues to do with reproduction as infertility, extensively emphasising it as a woman's responsibility. Interestingly, in the Karanga literature, there has been no question that challenges the nature of the culture and whom it benefits, where culture as a concept is also used by patriarchy to oppress women in the infertility saga. Hence patriarchy has influenced culture to promote male superiority that feminize, discriminate, infertility as a result of women living in vulnerable spaces. If the understanding of infertility is held by the patriarchal culture, then it means that the interests of women are not served.

To argue this in reality, this study acknowledge that there are few men discussing about women's reproduction, their health, and rights. But how can they redeem women in their text, or will they continue to uphold patriarchy to uplift fertility and do away with infertility? When will culture be redeemed to redeem women on reproductive issues, and when will be women's interests be served within cultural dimensions in the Karanga? Examining culture as a point of departure in this piece of work is to try to understand the special reasons that makes infertility an 'issue' among the Karanga people. Importantly, it helps to re-interpret the misinterpretation that results in women's vulnerability in failing to control their reproduction, and becoming incomplete because of their reproductive condition. Through the African woman narrative of Oduyoye, the re-questioning of culture contributes to a certain skepticism in this regard.

5.2.1 Commercialisation of reproduction

From a global point of view, infertility conception is presented from a constellation of ideas that affect women most. On the other hand, suggestions to handle this dilemma include the economic opportunities of women through education as the basis of empowering women within this context. Scholars like Hakim (2003:349) confirm this economic analysis. However, notably, ARTs seem to be more redeeming elsewhere. These are a technical solution to the problem of infertility, in particular amongst women. From section **2.2.7** in my literature review, the reproductive technologies are mentioned for about five times and referred to as a solution and treatment to infertile women. However, the current study is located within the African context, where the Karanga people cannot counter cultural and religious beliefs on infertility conception. Reproductive technology may work in other countries, but poses difficulties amongst the Karanga culture. As stated in one of my sections, to some Karanga women, infertility is a modern conception, where to some it is traditionalised, acting as a kind of cultural anchor. For example, in this case, not all Karanga women afford infertility tests, be it for financial reasons, or because they are not able to obtain permission from their husbands. According to Moyo (2006:128), infertility is discovered when a woman fails to become pregnant. Also, in a patriarchal community like the Karanga, procreation is believed to be accepted from within the family, which means that as long as the husband or any relative of the husband is not part of it, it is not applicable to process the fertilisation. It is in this scenario that it becomes difficult for Karanga women to go outside look for another option, because

lineage is traced from the father. In this way, the ARTs do not affirm to the reproductive rights of Karanga women.

5.2.2 Commercialisation of women's sexuality/body

Additionally, the presentation of Karanga women's sexuality is controlled among the Karanga people. This is not a borrowed phenomenon, but is part and parcel of patriarchy. The fact that we read a woman's body as a manner of 'economic booster' (see Chapter Four) in the Karanga is something questionable. A critical view that ought to be considered is how the economy becomes improved, and magnified in a way that costs her body and her sexuality. Chapter Four gives a picture as to how the Karanga protect their economy through the sexual activity of father and daughter. Despite this fertility goal to be achieved among the Karanga, this however robs the sexul dignity of a young woman who is put in this position. This shows that a women's sexuality is commercialised, hence at the same time, women lack bodily autonomy. This also affects their natural flow sexually, and the choices of young girls over their bodies. 'Reproductive justice' argues that if women have the equal distribution of power at low levels as socio-political, they are able to control their sexuality and reproduction. According to this scenario, Karanga women can only find reproductive rights and bodily autonomy if such cultural practices are deconstructed. Behind this fertility goal, Reproductive Health and Rights are not celebrated to some Karanga women. Thus, this study calls for the need for affirmation of Reproductive Health Rights of the Karanga women, in the discussions of infertility.

5.2.3 Cultural language silencing women and feminising infertility

In addition, the Karanga indigenous knowledge negatively affects Karanga women, causing them not to voice their reproductive health and rights. Considering some Karanga proverbs like '*chembrere ndeyembwa yemurume ndibaba vevana'* translated earlier by Moyo (2006:129) in chapter four*,* the Karanga believe in the fertility of men, rather than women. Hence, it is patriachal culture that influences the Karanga to believe that infertility is only a women's problem. Consequently, women with infertility challenges may not be able to ask questions, because it is also considered disrespectful to question traditional and cultural knowledge. Generally, women are not allowed to speak out about what happens, not only in terms of marriage, but in terms of that which concerns their sexuality and reproductive rights. Examining this from an African woman's experience, Ayanga (2008:41) supports the view that women continue to suffer in silence, as they are not expected to speak out about their situation.

In view of this discussion, Musimbi Kanyoro adds that some African women are strictly governed by the fear of breaking taboos. Women remained objects of cultural preservation (Kanyoro 2001:158). Buttressing this, writing in the context of Rhodesia, now called Zimbabwe, during HIV and AIDS era, Lutanga Shaba notes that a woman is not raised to talk about her feelings. Instead, a woman's pain is bound by secrecy (Shaba 2006:33).

To stress this point, using the Karanga indigenous knowledge, Chirongoma (2006:56) notes three proverbs as follows: *Chakafukidza dzimba matenga* (what shields a house is a roof), and *Nhumbu hairevi chayadya* meaning that an elderly woman will never tell how and when she got pregnant, whether it was by rape, force, bitter, or sweet. *Kuzvifukura hapwa,* meaning that armpits must be kept close, as no one would like to smell the bad odour (Chirongoma 2006:56-57). The first proverb means that even the walls are not supposed to know what happens in your house. Taking this level of cultural language, it is difficult for women to share that which bothers them in their relationships. These proverbs also extended to daily living as Karanga people, which include the attitude, behaviour and understanding of issues related to sexuality. Shoko (2012) in Chitando and Chirongoma 2012: 105), reminds us that Karanga religion is very secretive to sexuality. For instance, issues that are generally related to HIV and AIDS are considered sensitive, and too controversial. They are regarded as an embarrassment or *"zvinonyadzisa*". This explains why elderly people refer to genitals *"zvinhu"* or things, and sexual intercourse as *"kukwirana",* translated as sleeping with one another, which does not always mean intercourse. But this is how the Karanga thought system alludes to sexual realities, where even if they are meant to educate, they are still kept behind a veil of discretion.

Due to such ideology, the Karanga women find it a challenge to find somewhere to share their sexual problems. Even if they happen to know that infertility problem is likely to lie with their husbands, the social infrastructure makes it difficult to talk about it. This has caused low self-esteem in the Karanga women, because they inevitably fear that they are infertile. Consequently, becoming uneasy to reach Mercy Oduyoye's idea of 'coming home' to themselves. To have courage to speak about the infertility of their husbands, without fear of the patriarchal assumptions of ifertility. Hence, they cannot even argue their own case when blame is cast upon them, in as much infertility conception is discussed with the Karanga people. When it comes to the 'sensitivity' of HIV and AIDS, this can slowly deteriorate women's health, because they are sometimes too afraid to share in avoidance of stigmatisation and discrimination. Hence, the Karanga cultural language continues to mute women on sexuality

and especially on reproductive issues as infertility thereby denying their Reproductive Health Rights.

5.2.4 Indigenous knowledge language traditionalising infertility

In addition, infertility is understood as abnormal among the Karanga and remains a traditionalized concept. Other proverbs extracted from chapter four also show how women in this space are vulnerable. This is not something foreign, but an idea that is within the traditional and cultural daily language that has proved to be a true reflection among the Karanga. In view of this proverb *"chiripo chariuraya zizi harifi nemhepo*", as "something must have killed the owl; it cannot be wind" (Mungwini 2019: 9) implicates their belief in causality to explain infertility. This way, women under this condition become anomalous, and are treated as disabled or impaired. As mentioned in the previous chapter, we have seen that the causes of infertility mostly from a traditional and cultural perspective are maintained to the advantage of men, because infertility is cast as being all about menstruation, spiritual effects and witchcraft. Hence, to some point, infertility should be medicalised in some of the Karanga people, so as to promote the reproductive rights and health. Whilst infertility should be medicalized in some Karanga women, the need to affirm the Reproductive Health Rights of women are high.

5.2.5 Infertility as a 'gendered' conception

In connection to why women do not have the equal flexibility on their sexuality, as cited previously in Chapter Four, Gelfand (1965:11-12) mentions that relationships between men and women and the Karanga are not equal. Culturally, I found that women are given lesser power, even when it comes to their own body, where sexuality is effective to their reproductive rights and health. This calls for a critical analysis of gender in the space of reproduction related issues such as infertility. Kanyoro (2001:163) interprets gender analysis within an African culture seeking to interrogate how the society is organised, how power is distributed, who benefits from a particular interpretation of culture, and how the system is kept in place. How are values, roles and attitudes regarding men and women constructed in our societies? Provided are two terms that explain the condition of infertility in Chapter Four, and from this, it is clear that one gender is seen to be problematic, and a source of shame for the Karanga people. Only women are blamed and hence they are at risk socially. Giving an example of the term *ngomwa*, as presented earlier, two scholars Moyo (2006) and Shoko (2007) agree that the term has been prescribed for men, however we also notice that this has changed. Similarly, Baloyi (2017:1)

has commented that in an African context, usually women are the "main objects" of infertility, and they are "traditional" responsible. The position of the Karanga in naming and shaming draws into question the whole system, who defines the Karanga infertile women? And whose meaning do these terms carry? This has become a dilemma when women are only expected to bear children. This sustains gender inequality, and increases discrimination and stigma that affects women who face infertility. It also makes a woman's infertility public, tarnishing her image in the community. Without dismissing the idea of naming, which is cultural, the Karanga people ought to move beyond the belief carried in their terminology, and at least offer women a chance to name themselves after 'infertility' as a way of reclaiming themselves a positive life and pride of their reproductive rights.

5.2.6 Masculinity compromising women's health

The impact of masculinity on the vulnerability of Karanga women is threefold. Firstly, heteronormativity permits a Karanga man to be sexually active and produce as many children as possible, (Shoko 2007:21). In other words, a 'real man' is defined through promiscuity. Morrell (2005) cited in Owino (2012:67) explains masculinity as a "specific gender that identify belongings to individuals who have specific experiences of what it means to be a male person". Beynon (2002) in Owino (2012:67) adds that masculinity is standardised and fixed by biology, into which all "normal men" are placed. Within the Karanga thought system, this 'real men identity' traditionally exists from a number of factors identified as socialisation and myth. Chitando and Chirongoma (2012: 16) supports that men have been socialised from an early stage to regard themselves as having a sexuality that drives them to have multiple partners, which to them is very normal. Secondly, myths contribute to the construction of masculinity that leave women in a vulnerable space in this context of infertility. Myths develop from indigenous knowledge in most cases. Through myths, Karanga men believe that a real man ought to boost his sexuality. According to Shoko (2007:21), Karanga men usually apply aphrodisiacs, or *vhukavhuka,* a traditional herb often taken by men to boost their sexuality. The traditional herb is mixed with *mazondo* (trotters) and is taken orally, in order to stretch the penis, which is believed to be effective when having sex. Karanga men enjoy sexual freedom and hence they practice *mubobo.* As detailed by Shoko (2007:21), *mubobobo* is a "practice in which a man can have sex with a woman without her knowledge. It is believed that the man can enter the bedroom where a couple are asleep and have sex with the wife without the husband noticing. The man could remain in ideep sleep while the woman feels the act as a

dream". This reveals the extent to which Karanga society allows men to be sexually active as a way to prove their manhood. Hence, in the context of infertility, because of their sexual flexibility, men do not hesitate to go out to look for someone who can bear their children, which in result is a risk and vulnerable to women abandoned at home due to suspected infertility (Shoko 2007:21). Another myth focuses on health issues. Until recently, Shoko (2012: 105) continues to explain that the Karanga still believe that HIV and AIDS is caused by *chihure* or prostitution, which is largely associated with women.

Male superiority allows a Karanga man have many sexual partners, whilist a woman lacks such freedom. If there is infertility problem in marriage, a man is allowed to look for other women but a woman can not. Previously in Chapter Four, Moyo (2006) is cited for noting that some Karanga husbands seek out alternative sexual partners for the purposes of procreation. In most cases, some Karanga men do not use contraception, as they want to prove their manhood, and are particularly keen to produce children. Chitando (2011:241) argues that infertility is not tolerated in various African contexts, and women are unable to negotiate to have safer sex, a circumstance which increasingly results in the spread of sexually transmitted diseases, with a high risk of HIV AIDS in particular. In this respect, Chitando (2011:242) notes the reticence of men to use condoms as linked to perceptions of masculinity. By beliving in these myths, some Karanga men still take risks hence compromising health to themselves and to women. Shoko (2012:106) shares some reasons why most men in the Karanga culture do not use protected sex. They are sceptical about the origins of the disease, as they believe it has originated from the West. They also uphold the euphemism one 'cannot eat a sweet in its packet', which expresses their view that protected sex is less enjoyable. A condom is therefore considered as if a manner of unnecessary and cumbersome *jombo* (gumboot), or raincoat. Thirdly on this note, Karanga men also believe that a real man ought to die fighting as a 'man', hence statements like "*zviri nani kufa semurume"* it is 'better to die like a man' (Shoko 2012:108). Men tend to believe that due to their masculinity, they are impervious to STDs including AIDS. In regard to this behaviour, some reports on a broad map have shown that in some countries in Sub-Saharan Africa, for every man infected with HIV and AIDS, there are four women infected, where men exhibit greater promiscuity (UNAIDS 2009, cited in Kamau 2011:258).

In this regard, some Karanga women find it difficult to voice reproductive health concerns, due to a number of factors attached to cultural practices within marriage. Cultural marriage practices like *roora* (the bride price payment) among the Karanga are mostly characterised by fertility. Shoko (2007:23), explains that "the woman is important in that she produces children, children are gifts from the spirits, thus the reason why roora is paid…" This also explains the sense of ownership over women's bodies on the part of men. The Karanga phenomenon of ritual *kutizira mukumbo* (elopement) involves the woman going to the man's home, where the next day, she is expected to bring water and wash the face and the hands of everyone in the family. This is also done to other family members in the village. The water used symbolises life and the dish represent a woman, which altogether represent fertility (Shoko 2007: 26). Thus, the usual argument on condom use is not favourable amongst Karanga women. Hence, some of the Karanga women fail to make decisions on their bodies. They have to abide with the demands of masculinity for procreation and also satisfaction of men's sexual potency. The price that is paid during marriage negotiations qualifies women to bear many children and allows men to own them sexually. Masculinity is generally powered by such practices in the Karanga and broader African contexts. Mbilinyi and Kaihula (2000) cited in Kamau (2011:259) comment that, such dominant systems deny a woman the right to her sexual pleasure, imposing stereotypes and creating double standards that divide women into those socially considered worthy of motherhood within sanctified institution of marriage. To some African scholars, as Nadar and Phiri (2009: 5), the implication is that HIV and AIDS has become gendered pandemic and costly to women's health in different contexts. From their research, 'marriage' is found to be a dangerous institution for women in the context of HIV and AIDS. In most of African society, women 'go through the fire with eyes wide open', just to satisfy the zeal of fertility, and manhood through accepting the stigma men uphold against male contraceptives. This way, Dube (2004:10) also adds that prevention through protected sex is a challenge, because women do not have bodily autonomy. They therefore risk unprotected sex, although they know their husbands are not faithful.

In relation to women's fertility, masculinity does not end in effecting Sexual Transmitted Diseases (STDs) related diseases in women, but their health vulnerability is extended to their wellbeing as well as their social life. Ayanga (2008:40) supports this by saying women are later blamed by patriarchal double perceptions. Often times, women are meant to plead guilty for the HIV and AIDS pandemic, as some members in certain households as well as public health believe such health issues are invited by women's immorality, leaving women facing

harassment and stigmatisation alone. Hence, Dube (2004:10) argues, gender constructions in this case disempower women in the area of decision-making, leadership, and property ownership, where women are at the centre of HIV and AIDS storm, due to the social construction of masculinity among the Karanga. Ayanga (2008:38-40) laments that being a woman is a risk factor For HIV and AIDS infection. In this way, HIV and AIDS in unstoppable, because its only one gender that upholds self-control. Dube (2001:17) reflects on "Grant me justice" a theological text that seeks to transform patriarchal dominant mindset which undermines women's health when it comes to reproductive issues. This goes back to my first observation of the Karanga culture, and the question of how it may be possible for it to liberate and affirm women. There is a need for the culture to listen to women's decisions over their bodies. Culture should be able to see the need of women's health and their reproductive rights as well.

Some Karanga cultural practices, such as *kupindira* (a private sexual relationship between the sterile man's brother and his wife, Shoko 2007:23) upholds patriarchy, where reproduction is expected. These three examples depict the vulnerability of women and place their health at risk. This is because it is not clear whether a man practices protected sex in such process that will also lower the risk of Sexual Transmitted Diseases (STDs) as HIV and AIDS. Hence, it is within these unnegotiated practices the risk of contaminating Sexual Transmitted Diseases (STDs) as HIV and AIDS are high, especially for women, since they have no decisions to make. Further to this, not only is physical health is affected, but so too is mental health, as one of 21st century medical problems. For this reason, infertility is not only reproductive matter, but involves women's health and wellbeing.

On this note, my general feeling is that women's health issue (s) are overlooked. To such an extent, masculinity related to fertility does not affirm Karanga women's reproductive health. Karanga women's reproductive health is something attainable where the pursuit of gender equality is upheld, by refuting myths and deleterious forms of gender socialisation amongst the Karanga. Inasmuch as fertility is key to the Karanga people, the discussion of infertility should also exist to prove masculinity to be a reality, accepting infertility as a norm and a reality, rather than problematic. At the heart of the matter is that masculinity ought not to be threatened by infertility.

5.2.7 Religious conception of infertility affecting women's reproductive rights

Religion plays a role, where it obstructs equality of humanity, especially for women who are not able to bear children. The Karanga concern over infertility disqualifies some women from becoming a parent, or even from becoming part of a family, where their womanhood remains unrecognised. As noted, witchcraft has been used as an excuse for infertility. Hence, some women fall victims of witchcraft if they are infertile. Instead, the Karanga do not bother to allow some of these women to take medical examinations to prove whether they are infertile or not. The danger of believing that infertility is caused by witchcraft causes women to see the condition as innate, and places women's reproduction under threat where it obscures the biological possibility of male infertility, making it difficult for married women to confront their husbands. Chitando notes (2011:243) that in some African traditional contexts, when symptoms recede, an illness is thought to be cured; and the Karanga generally do not resort to medicines. Thus, in this view, religion plays a role however unfortunately denies a Karanga woman's reproductive rights.

5.2.8 Unhu/Ubuntu and community justice versus women reproductive justice

The understanding of infertility as key is mostly debated in the history and daily lives of the Karanga, because it either brings about justice or injustice to the community itself. Fertility brings justice whereas infertility is unjust since it does not sustain the family and the community at large. Mbiti's words, "I am because we are, since I am we are", this resonates with what Chitando (2011: 246) said about the concept of *ubuntu,* offering an idea that an individual does not exist in isolation, but is tied to other family and the community members. This echoes the Karanga concept of *unhu* which is same in ideas with *Ubuntu.* In this study the words are used interchangeably. Thus, some of the women surviving with infertility can be regarded as unjust to the Karanga society. However, looking critically at this, reproductive justice asks, whose 'justice' is being served? Does justice for the community through procreation using women's bodies also lead to justice for women and their reproductive rights and health? Women are also gatekeepers of patriarchy where they act to preserve inherited cultural practices. Therefore, women's bodies, especially the womb, is used to preserve the culture, and the values of the community, portraying women's reproduction as a mechanism of community sacrifice. Whilst Chitando argues that *Ubuntu/Unhu* protects women as part of the community, I would like to argue that an *ubuntu*-based conception of fertility does not do justice to women who have infertility problems of their own, or who find themselves faced with the problem of infertility in their marriage. It speaks justice to the community, whilst being

injustice to women's reproductive rights and health. Hence, it does not affirm the reproductive rights of some Karanga women. If *ubuntu* challenges masculinity, and if community members are responsible for each other, why does infertility remain a woman's burden?

5.2.9 Infertility and gender-based violence (GBV)

Infertility has caused several problems to the Karanga women, amongst which is gender-based violence (GBV). GBV affect individuals at different times, dependent on individual circumstance and broader context. Jewkes notes that GBV is a "constellation of associated and mediating factors and processes, which are centrally influenced by ideas about masculinity and the position of women in a society and ideas about the use of violence..." (Jewkes 2002 et. al, 1 613), which implies that it involves different forms of gendered and sexual violence, most pointedly for women. Karanga women face GBV when they fail to or are suspected of infertility in marriage. Heteronormative masculinity is oppressive to women, punishing them for not bearing children either at their expected time, or at all. Shoko (2012: 108) notes that the Karanga system usually involves a man cheating, or going out to look for a woman who can bear children for him. Some women would be afraid to deny their husbands 'conjugal rights', where, if women resist, they tend to become victim to violence; as Jewkes notes, this results in rape and the abuse of physical power (Jewkes (2002: 1231). In this context, some Karanga men become toxic and perfom wife battering as a way to demonstrate their masculinity over women. Women are expected not to be disobedient. This extent of abuse proves that some Karanga women's bodies have become the landscape of patriarchy. Infertility, in this way has caused some women to deny themselves as worthy of both fully inhabiting and asserting their gender and sexuality. As noted by Oduyoye (1999), some Karanga women struggle to "come home to themselves", where they cannot speak about their reproductive status as they are afraid to enter into conflict that causes them to suffer physical violence. Hence, the Karanga should review infertility as a lived reality so as to affirm Karanga womne's reproductive rights.

5.3 Conclusion

As discussed earlier, Karanga culture and traditional religion contribute much to the understanding of infertility, however, it leaves women in a vulnerable position in terms of both their health and their reproductive rights. Maluleke and Nadar (2002) agree that there is an unholy trinity of religion, culture and gender socialisation in perpetuating violence against women. What the systemic reality of infertility in the Karanga does is to overlook women's health: physical, emotional, and mental. It overlooks their reproductive justice and the reality

that diversity exists as well. Instead, the Karanga conception of infertility should also celebrate women with fertility problems and their names by birth. Njoroge Nyambura, one of my inspirational African Woman theologians, opines that the celebration of naming childless women ought to embrace this state of life, and enhance and enrich humanity, suffering with those who suffer (Njoroge: 2006:65). In other terms, the Karanga should let women with infertility issues feel confident to name their condition. The systematic thought for which a woman is qualified in her womanhood by biological progeny ought to be deconstructed among the Karanga. The celebration and acceptance of infertility as a reality should bring back a theology of infertility that heals and restores identity, reproductive justice, reproductive dignity, and reproductive rights to women who are obliged to navigate this kind of experience. It is worth noting that the Karanga people ought to be sensitised with a theology that affirms reproductive health and reproductive rights, as this re-builds the Karanga as a community that is concerned about the reproductive lives of women, and what affects them at local and global level.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1 Summary of the study

This study was motivated by my passion to address the issue of intertilty among the Karanga women using tools that will help them attain bodily autonomy and integrity, especially when this comes to their reproductive rights. As a Karanga young woman, who has the opportunity to be an insider-outsider worldview, I thought it worthy to critically evaluate the Karanga conception of infertility from a feminist perspective, examining and investigating how is it respectively affirming and life denying to a Karanga women's reproductive health and rights.

The study acknowledges infertility as historical and currently a global reality. This research has discussed infertility as a conception interpreted by a web of ideas from a religious, theological, biblical, gender, economic, cultural, and socio-political influence, including progressive understandings of infertility such as the assisted reproductive technology (s) (ARTs), which are, however, not applicable to the traditional context under scrutiny here.

This study has noted that the Karanga women suffer for their infertility. It also noted that infertility conception is not an individual conception among the Karanga, but strongly tied to their religious, cultural values, norms, and conception of gender. Notably, fertility has been observed as a key Karanga cultural value, and hence infertility is a serious concern that goes against these values and traditional religious and cultural beliefs. Thus, the understanding of infertility is understood to be disadvantageous to women, by being feminised. This leaves some of the Karanga women's Reproductive Health and Rights vulnerable in this space, as they lack body autonomy to reproductive issues as infertility.

The core research question for this study was: how can a feminist critique of the Karanga people's understanding of women's infertility contribute to a woman's reproductive health rights in Zimbabwe? The sub-questions that answered the key research question were: what is the Karanga peoples' understanding of infertility; what are the religio-cultural and gender constructions that influence infertility among the Karanga people of Zimbabwe; and how can a feminist critique of the Karanga conception of infertility affirm woman's reproductive health rights in Zimbabwe?

Chapter One introduced the study by indicating infertility as a global health and reproduction challenge, with a diverse of response in different contexts. It also located this subject within Zimbabwean context, in particular, the Karanga. This study summarised the Karanga narratives as involving patriarchal, political, economic, social, religious, and cultural life, stating infertility, as this is conceived by religion and culture, which extends to contemporary theology. This chapter also highlighted the key and sub-research questions, objectives, theoretical frameworks, research methodology, and possible limitations to the study.

The second chapter comprehensively discussed together the concept of fertility and the understanding of infertility globally, the Sub-Saharan Africa including Zimbabwe, home context. It surveyed these two concepts from a feminist, theological, religious, economic, social, cultural, gendered scholarly points of view. It suggested two significant common solutions on a broad scale that include the introduction of progressive notions of infertility such as Assisted Reproductive Technologies (ARTs), as a modern remedy, and suggested African women's fertility as a reproductive health right. The review exposed a lacuna in the literature regarding individual experiences. Failing to analyse that, not every modern remedy is applicable to some traditional contexts as Karanga and, to some Karanga women, infertility is not conceived of as a right. There is a dearth of literature affirming their experiences and rights.

Chapter Three informed this study, with reference to African woman narrative theology, and discussed a theological embodiment of infertility of an African woman using a written narrative of Oduyoye *A Coming to myself* (1999), exemplifying some of the African women who are surviving with infertility, within a patriarchal society such as that of the Karanga. Oduyoye (1999) indicated that African women in this situation are trapped by traditional beliefs and hetero-patriarchal values manifest in socially constructed gender norms, leaving them vulnerable to a lack of reproductive autonomy. African women should be able to come home to themselves by telling and naming their own stories as infertility with a language that is affirmative to their reproductive health and rights. Women can be celebrated as they are and beyond themselves beyond womanhood and motherhood constructed, like Mrs. and *Amai.* In pursuit of this, this chapter also conjoined reproductive justice, a framework that goes beyond the value and dignity of the biological progeny. It questioned whose justice it may be to value fertility as a manner of key over women's bodies, whose justice is it to give names to infertile women, and whose justice is it to equate womanhood with fertility? Methodologically, I used

a non-empirical qualitative approach, using a systematic literature review, to collect, observe, and analyse written data on the understanding of infertility globally, as well as locally among the Karanga.

Chapter Four discussed a historical account of the construction and infertility conception among the Karanga people. In detail, the background on the Karanga noted that they are a hetero-patriarchal, religious, and cultural group. I also outlined the idea of fertility as part of their traditional religion and cultural value, deeply rooted and embedded within Karanga traditional mythology and symbolical life. This chapter outlined the conception of infertility as influenced by these key values and regarded as abnormal, a curse, and an embarrassment. Thus, mostly among this group, infertility is feminised, gendered, and traditionalised, lacking medical validation, and leaving some Karanga women vulnerable, as they are blamed basing on physical, and traditional beliefs to the concept. In this chapter, I have acknowledged the concept of fertility as a key in shaping the humanity and womanhood of my context, however I have questioned the binary understanding of infertility that denies reproductive health and rights to Karanga women.

In Chapter Five, I critically engaged the systematic Karanga understanding of infertility so as to affirm a Karanga woman's reproductive health and rights. I outlined key sub-themes that negatively impacted Karanga religio-cultural ideas of the understanding of infertility that lead some of the Karanga women to lack an affirmative voice on their reproduction. It began by questioning culture at large, and the ideology and desire around fertility among the Karanga in particular. Without denying the culture is part of the Karanga life, the study asked: whose culture plight women within the discussion of infertility? Whose culture feminise infertility and whose culture and ideology problematises infertility, and who controls the reproductive health and rights of a Karanga woman? It then pointed to infertility as a socio-cultural and religious constructed ideology, to serve the Karanga patriarchal culture, placing the Karanga conception of infertility in question.

6.2 Key findings

The objectives of this research study were to explore the Karanga people understanding of infertility, to investigate religio-cultural and gender constructions that influence infertility among the Karanga people of Zimbabwe, and, to critically determine how a feminist critique of infertility affirms the reproductive health rights of Karanga women.

6.2.1 When patriarchal culture speaks

When patriarchal "culture" speaks, a woman is silenced by the traditional language on issues of reproduction, where she is accorded blame, hence infertility is feminised. Infertility becomes a traditional and intolerable condition instead of being a health issue. Women's healthy is risked over the pertinency of Karanga religion, and masculinity. Women's bodies are daily becoming numb, yet we still hear of gender-based violence affecting them physically, emotionally, and psychologically. When patriarchal culture speaks on infertility conception, a woman's reproduction is taken as a community issue, instead of as an individual experience. Thus, community justice is served, at the expense of justice to women reproduction. Viewing this from a feminist perspective, the Karanga equate womanhood with fertility. By this limited measure of value, ironically the Karanga ideology of infertility overlooks that womanhood is not only defined by reproducition. Unfortunately, when Karanga patriarchal religion and culture speaks, a woman's body is expected to meet Karanga reproductive standards. Her health is compromised, since to them the value of multiplying the clan – *kukudza dzinza* – is the ultimate goal.

Although the concept of fertility is key among the Karanga, their conception of infertility is a factor that cannot go beyond Karanga cultural and religious perspective, hence defined, discussed, and solved by and within the cultural and religious traditional knowledge. Women are left vulnerable today in marriage in as much as we talk about reproductive helath and rights. This study noticed the structure of Karanga lifestyle, where the hierarchy values culture and ancestral religion, prioritising patriarchy. Thus, men become the central practitioners of culture and religion, which influences fertility as its key value, and interprets infertility as problematic. If men are the practitioners of Karanga patriarchal religious and cultural values, and a gender that possesses more power, this implies that certain Karanga women in this space are affected all-inclusively by the systematic realities of patriarchy, culture, and religion. Surviving under the control of this "unholy trinity", (Maluleke and Nadar 2002), a woman is denied decisions over her body, sexuality, and reproduction. She only knows she is designed to give birth, when she cannot, it is difficult for her to '*come home to* herself', or to argue against the patriarchal systemic reality. Hence, she ends up "*going through the fire with her eyes wide open"*, (Nadar and Phiri 2009:12), which may be interpreted as the fire of STDs, as well as the fire of emotional and physical torture, rejection, dehumanisation, hate, and shame, in relation to her

family, marriage, and community. This is the fire of yearning for your body stolen from you, to serve the community's justice. On a painful note, metaphorically discussed by some Karanga women, a woman's body is rejected at first, and hurt physically for failing to give birth, implying that a woman's body has to bring and maintain the happiness of a man. This causes mental health problems, identified as another pandemic in the 21st century. To a larger extent the body of a woman has become the landscape of patriarchy.

Viewing this, my study has managed to see, judge, and act the Karanga understanding of infertility. For this reason, in order to improve African women's lives in these spaces, there is a need to deconstruct and destabilise patriarchal religion and culture, and the language that defines "womanhood" as merely a means to progeny. On this note, I argue that culture and religion ought to be used to redeem African women in these spaces, rather than shaming them of their individual reproduction experiences. From my own perspective, these encounters are beautiful and unique as they are, and must be accepted. The concept of fertility is a beautiful privilege that is honoured among the Karanga. However, the Karanga need to think beyond their religio-cultural bounderies and consider infertility as a different reality. Hence, this can be liberative to some of the Karanga women surviving with infertility.

6.3 Recommendations for further research

As highlighted in the Chapter One, this study had its limitations, hence, where it is vital to note areas requiring further research.

Firstly, written research on reproduction issues from a man's perspective indirectly denies the betterment of women's lives, in terms of their reproductive health and reproductive rights. A relevant Karanga adage applies here, viz. *ko inovhiyiwa sei isipo?* (How can one slaughter an animal in its absence?). What can be spoken or written about women in their absence? Hence, there should be a vast of scholarship produced by Karanga women. Future research should focus on women's voice, especially those surviving with infertility. Writing issues that bother women with infertility draws the marginalised to the centre, bringing them on board and can help introduce a theology of infertility.

Secondly, due to the fact that extant literature produced by men remains largely biased, there is a need to write women's experiences from empirical evidence. When we visit women

physically in their sites and spaces, 'we' see from the environment, from their facial expression and able to capture their voices on what and how they experience some of the issues at stake within their religious and cultural contexts, as the Karanga. Answering questions that speak to the extent to which their reproductive health and rights are affected, hence affirming theology has to be accounted for from the margins, and by the marginalised and vulnerable.

Third, there is a need to deconstruct the Karanga way of traditionalising and religionising infertility amongst some Karanga women. Infertility is a healthy issue, where it is recommended here that visits are conducted on areas like mental health, thereby studying the after-effects of some of these infertile women when they are denied of their womanhood because of their condition.

Fourth, women must together also liberate themselves from religio-cultural heteronormative norms that deny their health. There is need for them to accept reproduction realities and empower women from a grassroots level to celebrate themselves and their bodies. It is worth noting that accepting reproduction realities as infertility will also contribute to the traditional societies like the Karanga, such that they reduce and counter tropical sexual related diseases and viruses as HIV and AIDS as a continuing global health challenge. Celebrating a woman, as humane and not a body for reproduction, will also improve mental health, which is recommended for further research. It remains a question as to what happens a woman when denied her womanhood on the basis of (assumed) infertility.

In the last stanzas of my poem below, I lament again about women. African woman. She is a messenger of change, of transformation. She might be infertile, but she is not a sinner, she is not cursed. She is purposefully as she is. Understanding this from a feminist perspective can be challenging and dismissed, but society is unjust. I lament again, an infertile woman is more than who she is, and there is still life beyond her biological progeny. The Karanga, I lament again, ought to be transformed and go beyond fertility as a key value. A society with justice for itself and its people is also a key value in life. Happily, we can live when we attain the health of our communities and also the Reproductive Health and Rights of women in the Karanga context…

'I am immeasurable
Unstoppable and unlimited

Praise is my title
My pride is my value
I am a woman of great valour,
Strong with a supreme character

In their eyes, I am Deborah but,
I am more than that!
I am a messenger of change!
I am transforming
I am likened to Eve a sinner but,
I am more than that
I am a helper in creation, I am purposeful!

My face is pale,
They dismiss my ideas
I appear a hidden and not a heroin
I succumb in an unjust society but,
I am energetic I am brilliant!

I am a woman from the margins but,
I am strong!
I am the second hidden Hannah,
With an unheard cry prayer
Behind all this effort are hidden tears
Behind this writing is a voice
Coming out soon from me because,

I am more than that!'

6.4 Conclusion

The issues of Reproductive Health and Rights in Zimbabwe and in the African cotext at large in the 21st century continue to fall apart. Over and above tropical viruses like HIV and AIDS and mental health from trauma, infertility has become another Reproductive Health challenge. In an endevour to find solutions to infertility, this has given rise to more health challenges. Viewing this from a feminist point of view, the response given to infertility is trial and error, however deteriorating women's reproductive health. As such, the Karanga understanding of infertility has raised important critical questions from a number of African feminists, including myself. My feminist analysis in this study has critiqued fertility as a key value over women's reproductive justice. Overall, life affirmation is attainable if diversity of reproduction is possible. Reproduction issues such as infertility ought to remain profane, independent, as well as a normal reality. Women's lives on this matter can be improved if their natural bodies and

reproduction are valued and dignified. Without dismissing the importance of fertility to the Karanga, infertility should be interpreted in a non-binary manner, as a way of celebrating reproduction diversity. The reproductive health and reproductive rights of a Karanga woman, are affirmed by a theology of infertility, a theology that embraces both fertile and infertile women in the society. However, proven by this particular study, the Karanga understanding of infertility is traditional, and, hetero-patriarchal, which has shaped the vulnerability of Reproductive Health and Reproductive Rights of some Karanga women living with infertility.

Bibliography

Andifasi, J. (1970). An Analysis of Roora. In: Kileff C and Kileff P (Eds) *Shona Customs* Gwelo: Mambo Press, 28-32.

Amoah, E. (2006). Preface, In: Phiri IA and Nadar S (Eds) *African Women, Religion, and Health: Essays in Honor of Mercy Amba Ewudziwa Oduyoye.* Pietermaritzburg: Cluster Publications, xvii-xxii

Asamoah-Gyadu, J. K. (2007). 'Broken calabashes and covenants of fruitfulness': cursing barrenness in contemporary African Christianity. *Journal of Religion in Africa*, *37*(4), pp.437-460

Aschwanden, H. (1989). *Karanga mythology: An analysis of the consciousness of the Karanga in Zimbabwe* (Vol. 5). Mambo Press

Atake, E. H. and Ali, P.G. (2019). Women's empowerment and fertility preferences in high fertility countries in Sub-Saharan Africa. *BMC women's health*, *19* (1), p.54

Ayanga, H. O. (2016). Voice of the voiceless: The legacy of the Circle of Concerned African Women Theologians. *Verbum et Ecclesia*, *37* (2), pp.1-6

Ayanga, H. (2008). Religio-Cultural Challenges in Women's Fight against HIV/AIDS in Africa. In Hinga, T. M. Kubai, A. N. Mwaura, P. and Ayanga, H. (Ed) *Women, religion and HIV/AIDS in Africa: Responding to ethical and theological challenges.* Pietermaritzburg: Cluster Publication, 34-48.

Bailey, A. (2011). Reconceiving surrogacy: Toward a reproductive justice account of Indian surrogacy. *Hypatia*, *26*(4), pp.715-741.

Baloyi, G. T. (2019). An African woman's dilemma in The Secret Lives of Baba Segi's Wives: A bosadi perspective on the challenges and pains of infertility. *Verbum et Ecclesia*, *40*(1), pp.1-8

Baloyi, M. E. (2017). Gendered character of barrenness in an African context: An African pastoral study. *In die Skriflig*, *51*(1), pp.1-7

Benyera, E. (2015). Presenting Ngozi as an important consideration in pursuing transitional justice for victims: The case of Moses Chokuda. *Gender and Behaviour*, 13(2), 6 760-6 773.

Beynon, J. (2002). Masculnity and Culture; Philadelphia, PA: Open University Press

Boeyens J. et. al, (2009). From uterus to jar: The significance of an infant pot burial from Melora Saddle, an early nineteenth-century African farmer site on the Waterberg Plateau. *Southern African Humanities*, *21* (1), pp. 213-238

Bourdillon, M. F. C. (1998). The Shona Peoples: Ethnography of the contemporary Shona with Special reference to their Religion, Gweru: Mambo Press.

Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative research journal*, *9* (2), p.27.

Blevins, J. (2011). Tough Negotiations: Religion and Sex in Culture and Human Lives. In: Cochrane JR, Schmid, B. and Cutts, T. (eds) *When Religion and Health Align: Mobilizing Religious Health Assets for Transformation.* Pietermaritzburg: Cluster Publications, pp.118-129.

Bliss, C. (1999). *The social construction of infertility by minority women* (Doctoral dissertation, Doctoral Dissertation)

Butler, J. (2011). Gender trouble: Feminism and the subversion of identity. Routledge.

Butler, J. (1988). Performative acts and gender constitution: An essay in phenomenology and feminist theory. *Theatre journal*, *40*(4), pp.519-531.

Carson, A. (2019). *Ambiguous Endings: A Feminist Sociological Approach to Women's Stories of Discontinuing Medical Fertility Treatment in Canada* (Doctoral dissertation)

Chavunduka, G. L. (1980). Witchcraft and the law in Zimbabwe. *Zambezia*, *8* (2), pp.129-147

Chigidi, W. L. (2009). Shona Taboos: The Language of Manufacturing Fears for Sustainable Development. *Journal of Pan African Studies*, *3* (1).

Chingombe, A. and Nenji, S. (2012). Perception and Management of Human Fertility: A Shona Landscape. *International Journal of Management and Sustainability*, *1*(1), pp.1-12

Chirongoma, S. (2013). *Navigating indigenous resources that can be utilized in constructing a Karanga theology of health and well-being (Utano): an exploration of health agency in contemporary Zimbabwe* (Doctoral dissertation).

Chirongoma, S. (2006). Women's and Children's Rights in the time of HIV and AIDS in Zimbabwe: An Analysis of Gender Inequalities and its Impact on People's Health. *Journal of Theology for Southern Africa*, *2*(126), p.48

Chirume, S. (2018). Number sayings, numerology, and myths in Shona culture in Zimbabwe. *The Journal of Pan African Studies (Online)*, *12*(3), p.92.

Chitando, E. and Chirongoma, S. (2012). Redemptive masculinities: Men, HIV, and Religion, Geneva-Switzerland: WCC Publications

Chitando, E. (2011). African Traditional Religions and HIV and AIDS: Exploring the boundaries: In Haddad, B. (ed) *Religion and HIV and AIDS: Charting the Terrain.* Pietermaritzburg: University of KwaZulu Natal Press, 237-253

Chiweshe, M. Mavuso, J. and Macleod, C. (2017). Reproductive justice in context: South African and Zimbabwean women's narratives of their abortion decision. *Feminism & Psychology*, *27* (2), pp.203-224.

Chrisler, J. C. (2013). A global approach to reproductive justice-psychological and legal aspects and implications. *Wm. & Mary J. Women & L.*, *20*, p.1.

Chomutiri, E. M. (2009). Jesus and suffering in John 9: A narratological reading from within Karanga faith communities (Doctoral dissertation, Stellenbosch: University of Stellenbosch.

Choto, T. J. (2008). *Factors underlying fertility transition in Zimbabwe: An examination of proximate determinants using data from Demographic and Health Surveys* (Doctoral dissertation).

Creswell, J. W. (2014). Research design: qualitative, quantitative, and mixed methods approaches.

Creswell, J. W. (2013). Qualitative Inquiry & Research Design: Choosing among Five Approaches. Los Angeles, CA: Sage

Cooper, D. Moodley, J. Zweigenthal, V. Bekker, L. G. Shah, I. and Myer, L. (2009). Fertility intentions and reproductive health care needs of people living with HIV in Cape Town, South Africa: implications for integrating reproductive health and HIV care services. *AIDS and Behavior*, *13*(1), p.38

Corbin, J. and Strauss, A. (2014). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Sage publications.

Cornwall, A. (2001). Looking for a child: Coping with infertility in Ado-Odo, South-western Nigeria. *Managing reproductive life: Cross-cultural themes in fertility and sexuality*, pp. 140-56.

Cox, K. L. (2013). Toward a theology of infertility and the role of Donum Vitae. *Horizons*, *40*(1), pp.28-52

Daneel, M. L. (1970). *The God of the Matopo Hills: An essay on the Mwari cult in Rhodesia*. Mouton & Co., the Netherlands.

Day, P. L. (2012). Hebrew Bible goddesses and modern feminist scholarship. *Religion Compass*, *6*(6), pp.298-308.

Denzin, N. K. and Lincoln, Y. S. eds., (2011). *The Sage handbook of qualitative research*. Sage

Dhont, N. Van de Wijgert, J. Coene, G. Gasarabwe, A. and Temmerman, M. (2011). 'Mama and papa nothing': living with infertility among an urban population in Kigali, Rwanda. *Human Reproduction*, *26* (3), pp.623-629.

Dierickx, S. Rahbari, L. Longman, C. Jaiteh, F. and Coene, G. (2018). 'I am always crying on the inside': a qualitative study on the implications of infertility on women's lives in urban Gambia. *Reproductive health*, *15* (1), p.151.

Donchin, A. (1996). Feminist critiques of new fertility technologies: Implications for social policy. *The Journal of Medicine and Philosophy*, *21*(5), pp.475-498

Dube, L. (2011). *African initiatives in healing ministry*. Unisa Press.

Dube, M. W. (2004). "Grant me Justice: Towards gender-sensitive multi-sectoral HIV/AIDS readings of the Bible." *Grant me justice*, pp. 3-24.

Feldman-Savelsberg, P. (1999). *Plundered Kitchens, Empty Wombs: threatened reproduction and identity in the Cameroon Grassfields*. University of Michigan Press.

Fledderjohann, J. J. (2012). 'Zero is not good for me': implications of infertility in Ghana. *Human Reproduction*, *27*(5), pp.1383-1390

Fernandez, R. and Fogli, A. (2009). Culture: An empirical investigation of beliefs, work, and fertility. *American economic journal: Macroeconomics*, *1*(1), pp.146-77

Feske, M. C. (2012). Rachel's lament: The impact of infertility and pregnancy loss upon the religious faith of ordinary Christians. *Journal of Pastoral Theology*, *22*(1), pp.3-1

Folbre, N. (2004). Sleeping Beauty awakes: Self-interest, feminism, and fertility in the early twentieth century. *Social Research: An International Quarterly*, *71*(2), pp.343-356

Ganiel, G. (2010). Pentecostal and charismatic Christianity in South Africa and Zimbabwe: A review. *Religion Compass*, *4*(3), pp.130-143.

Gathogo, J. (2007). 'Story-telling as a methodology in developing a theology of reconstruction', *Studia Historiae Ecclesiasticae* XXXIII (1), 155-186.

Gelfand, M. (1999). The Genuine Shona, Gweru: Mambo Press.

Gelfand, M. (1992). The Genuine Shona survival Values of an African Culture. Mambo Press: Gweru.

Gelfand, M. (1965). *African background: the traditional culture of the Shona-speaking people*. Juta

Gerntholtz, L. Gibbs, A. and Willan, S. (2011). The African women's protocol: bringing attention to reproductive rights and the MDGs. *PLoS medicine*, *8* (4).

Gijsels, M. et. al, (2001). "No Child Sent "Context and Consequences of Female Infertility in North Western Tanzania". In: Ties B and Mgalla, Z. (eds) *Women and Infertility in Sub-Saharan Africa: A Multi-Disciplinary Perspective* Amsterdam: Royal Tropical Institute 203-222.

Gilliam, M. L. Neustadt, A. and Gordon, R. (2009). A call to incorporate a reproductive justice agenda into reproductive health clinical practice and policy. *Contraception*, *79*(4), pp.243-246.

Glynn, J. R. Buvé, A. Caraël, M. Kahindo, M. Macauley, I. B. Musonda, R. M. Jungmann, E. Tembo, F. and Zekeng, L. (2000). Decreased fertility among HIV-1-infected women attending antenatal clinics in three African cities. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *25* (4), pp.345-352.

Grabe, S. Ward, L. M. and Hyde, J. S. (2008). The role of the media in body image concerns among women: a meta-analysis of experimental and correlational studies. *Psychological bulletin*, *134* (3), p.460.

Greil, A. McQuillan, J. and Slauson-Blevins, K. (2011). The social construction of infertility. *Sociology Compass*, *5*(8), pp.736-746.

Greil, A. L. Slauson-Blevins, K. and McQuillan, J. (2010). The experience of infertility: a review of recent literature. *Sociology of health & illness*, *32* (1), pp.140-162

Hakim, C. (2003). A new approach to explaining fertility patterns: Preference theory. *Population and development review*, *29* (3), pp.349-374.

Hank, K. and Kreynfield, M. (2003). A multilevel analysis of childcare and women's fertility decisions in Western Germany. *Journal of marriage and family*, *65*(3), pp.584-596.

Hatendi, R. P. (1973). Shona Marriage and the Christian Churches In: Dachs, J.A. (ed) *Christianity South of the Zambezi* Gwelo: Mambo Press, 135-149.

Hlatywayo, A. M. (2017). *Indigenous knowledge, beliefs and practices on pregnancy and childbirth among the Ndau people of Zimbabwe* (Doctoral dissertation).

Hlatywayo, S. (2004). Infertility among black South African women. *Agenda*, *18* (60), pp.146-154.

Hammarberg, K. Trounson, A. McBain, J. Matthews, P. Robertson, T. Robertson, F. Magli, C. Mhlanga, T. Makurumure, T. and Marechera, F. (2018). Improving access to ART in low-income settings through knowledge transfer: a case study from Zimbabwe. *Human Reproduction Open*, *2018* (4), p. 17.

Husna, F. and Marlina, L. (2020). Showing Identity and Proudness as Black Women in Three Poems I am a Black Woman (1970) by Mari Evans, A Woman Speaks (1997) by Audre Lorde, I am More Than That (2018) by Lindiwe Princess Maseko. *English Language and Literature*, *9* (1).

Ibisomi, L. and Mudege, N. N. (2014). Childlessness in Nigeria: perceptions and acceptability. *Culture, health & sexuality*, *16* (1), pp.61-75.

IHM Rakoczy, S. (2004) *In Her Name: Women Doing Theology* Pietermaritzburg: Cluster Publications.

Inhorn, M. C. and Patrizio, P. (2015). Infertility around the globe: new thinking on gender, reproductive technologies and global movements in the 21st century. *Human reproduction update*, *21* (4), pp. 411-426.

Isherwood, L. (1997). Body Politics: A Theological Issue? *Feminist Theology*, *5*(15), pp.73-81.

Isherwood, L. (1997). Body Politics: The Journal of Feminist Theology, pp. 73-8.

James, P. B. Taidy-Leigh L, Bah A. J, et al. (2018) Prevalence and correlates of herbal medicine use among women seeking Care for Infertility in Freetown, Sierra Leone.

James, P. B. Taidy-Leigh, L. Bah, A. J. Kanu, J. S. Kangbai, J.B. and Sevalie, S. (2018). Prevalence and correlates of herbal medicine use among women seeking Care for Infertility in Freetown, Sierra Leone. *Evidence-Based Complementary and Alternative Medicine*, *2018*.

Jewkes, R. Levin, J. and Penn-Kekana, L. (2002). Risk factors for domestic violence: findings from a South African cross-sectional study. *Social science & medicine*, *55*(9), pp.1603-1617.

Johnson-Hanks, J. (2006). *Uncertain honor: Modern motherhood in an African crisis*. University of Chicago Press.

Jolly, J. (2016). On forbidden wombs and transnational reproductive justice. *Meridians*, *15*(1), pp.166-188.

Kim, J. 2016. Female education and its impact on fertility. *IZA World of Labor*.

Kaadanga, H. F. Ajeani, J. Ononge, S. Alele, P. E. Nakasujja, N. Manabe, Y. C. and Kakaire, O. (2014). Prevalence and factors associated with use of herbal medicine among women attending an infertility clinic in Uganda. *BMC complementary and alternative medicine*, *14* (1), p.27.

Kamau, N. (2011). African Cultures and Gender in the Context of HIV and AIDS-Probing these practices. In: Haddad, B. (ed) *Religion and HIV and AIDS: Charting the Terrain.* Pietermaritzburg: University of KwaZulu Natal Press, 257-272.

Kanyoro, M. R. A. (2001). Engendered Communal Theology: African Women's Contribution to Theology in the 21st Century: In Njoroge, N. J. and Dube, M. W. (ed) *Talitha cum! Theologies of African Women.* Pietermaritzburg: Cluster Publications, 158-180.

Kanyoro, M. R. A. (2002). Feminist Cultural Hermeneutics; An African Perspective, Introductions in Feminist Theology: The Pilgrim Press .

Kasomo, D. and Maseno, L. M. (2011). A critical appraisal of African feminist theology. *International Journal of Current Research*, *2*(1), pp.154-162.

Katz, J. (2017). Advocacy above the fray? Limitations of the pro-voice approach to supporting abortion patients. *Feminism & Psychology*, *27*(2), pp. 243-250.

Kuper, H. Hughes, A. J. B. and Van Velsen, J. (1954). *The Shona and Ndebele of Southern Rhodesia: Southern Africa Part IV*. Routledge.

Landman, C. (2002). References to the Old Testament in women's stories of suffering. *Old Testament Essays*, *15* (1), pp. 85-98.

Leavy, P. (2017). *Research design: Quantitative, qualitative, mixed methods, arts-based, and community-based participatory research approaches*. Guilford Publications.

Leipämaa-Leskinen, H. (2011). Cultural analysis of dieting consumers' construction of bodies and identities. *Qualitative Market Research: An International Journal*.

Leonard, L. (2002). Problematizing Fertility: "Scientific" Accounts and Chadian Women's Narratives. *In* Infertility around the Globe: New Thinking on Childlessness, Gender and Reproductive Technologies. M. Inhorn, and F. van Balen, eds. Pp. 193–214. Berkeley: University of California Press.

Le Planning, F.D.Q.P. Des Naissances (FQPN). (2014). "Reproductive Justice, or Applying a Social Justice Lens to Sexual, Reproductive and Maternal Health and Rights.".

Luna, Z. and Luker, K. 2013. Reproductive justice, California: University of California.

Machingura, F. (2010). The Shona concept of Spirit possession (Kusvikirwa) and the Pentecostal phenomenon of getting into the Spirit (Kupinda Mumweya). *Hope's reason: A Journal of Apologies* 1: 85-101.

Machoko, C. G. (2013). Religion and interconnection with Zimbabwe: A case study of Zimbabwean Diasporic Canadians. *Journal of Black Studies* 44: 472-495.

Magnuson, K. T. (2000). Marriage, procreation, and infertility: reflections on Genesis. *Southern Baptist Journal of Theology*, *4*(1), pp.26-42.

Makaudze, G. and Gudhlanga, E. S. (2012). Shona People's Concept of Beauty and its Relevance to their Literary Appreciation. *International Journal of Asian Social Science*, *2*(12), pp.2300-2312.

Maluleke, T. S. and Nadar, S. (2002). Breaking the covenant of violence against women. *Journal of theology for Southern Africa*, (114), p.5.

Mangena, F. and Mhizha, S. (2013). The Rise of White-Collar Prophets in Zimbabwe. In: Kugler, J. Gunda, M. R. Togarasei, L. et al. (eds) *Prophets, Profits and the Bible in Zimbabwe.* University of Bamberg Press: University of Bamberg Press, 133-152.

Masaka, D. and Chingombe, A. (2009). The Relevance of' "Gata" Among the Shona of Zimbabwe in the Context of the HIV/AIDS Pandemic. *Journal of Pan African Studies*, 3(1).

Mascarenhas, M. N. Cheung, H. Mathers, C. D. and Stevens, G. A. (2012). Measuring infertility in populations: constructing a standard definition for use with demographic and reproductive health surveys. *Population health metrics*, *10* (1), p.17.

Masenya, M. (2003). Trapped Between Two "Canons": African Christian Women in the HIV/AIDS Era. In: Phiri, I.A. Haddad, B. and Masenya, M. (eds) *African Women, HIV/AIDS, and Faith Communities* Pietermaritzburg: Cluster Publications 113-127.

Mashiri, P. (1999). Terms of address in Shona: A sociolinguistic approach. *Zambezia*, *26*(1), pp.93-110.

Mate, R. (2002). Wombs as God's laboratories: Pentecostal discourses of femininity in Zimbabwe. *Africa*, *72*(4), pp.549-568.

Maung, H. H. (2019). Is infertility a disease and does it matter? Bioethics, 33 (1), pp.43-53.

Mavondo, J. Mavondo, G. A. Chikuse, F. F. et al. (2020). Prevalence and Ultrasound Presentations of Polycystic Ovarian Syndrome in Black African Women Presenting with Infertility: A Case of Women in Referral Health Institutions in Bulawayo, Zimbabwe, 1-17.

Maxwell, S. Z. (2017). A theoretical exposition of feminism and womanism in African context. *Gender and Behaviour*, *15* (2), pp.9181-9193.

Mbilinyi, M. and Kaihula, N. (2000). Sinners and Outsiders: The drama of AIDS in Rungwe. AIDS, sexuality and gender in Africa: Collective strategies and struggles in Tanzania and Zambia, pp.76-95.

Mbita, G. Renju, J. Lija, G. Conserve, D. F. and Todd, J. (2019). Effect of antiretroviral therapy on fertility rate among women living with HIV in Tabora, Tanzania: An historical cohort study. *PloS one*, *14* (9).

Mbiti, J. S. (1990). *African religions and philosophy*, Oxford: Heinemann.

Mbiti, J. (1973). 'The Kamba of Central Kenya'. In. Molnos, A. (ed.), Cultural Source Materials for Population Planning in East Africa, Vol. 3, Beliefs and Practices. Nairobi: East African Publishing House, pp. 97-113.

Mbiti, J. S. (1973). *Love and marriage in Africa*. Longman Publishing Group

Mbiti, J.S. (1969). African religions & philosophy.

McDaniel, S. A. (1996). Toward a synthesis of feminist and demographic perspectives on fertility. *The Sociological Quarterly*, *37* (1), pp.83-104.

McNicoll, G. (1992). Changing fertility patterns and policies in the third world. *Annual Review of Sociology*, *18* (1), pp.85-108.

McQuillan, J. Greil, A. L. White, L. and Jacob, M. C. (2003). Frustrated fertility: Infertility and psychological distress among women. *Journal of Marriage and Family*, *65*(4), pp.1007-1018.

Mgalla, Z. Boerma, J. T. (2001). *Women and infertility in sub-Saharan Africa: a multi-disciplinary perspective*: Royal Tropical Institute, KIT Publishers.

Minnaar, T. A. (2018). *Is ovarian cancer the end of womanhood? a feminist theological engagement* (Doctoral dissertation, Stellenbosch: Stellenbosch University).

Mishra, K. and Dubey, A. (2014). Indian women's perspectives on reproduction and childlessness: Narrative analysis. *International Journal of Humanities and Social Science*, *4*(6), p.1.

Mogobe, D. K. (2005). Denying and preserving self: Batswana women's experiences of infertility. *African journal of reproductive health*, pp.26-37.

Morrell, R. (2005). "The Times of Change", 5; Raewyn, W. Connell, Hearn, J. and Michael, S. Kimmel, Introduction, in Michael, S. Kimmel, Jeff, Hearn and Robert W. Connell (eds) *"Handbook of Studies on Men and Masculinities*. London: Sage Publications.

Morrell, R. (2001). “The times of change. Men and Masculinity in South Africa”, in Morrell, R. (ed) Changing Men in South Africa. Pietermaritzburg: University of Natal Press, 3-35.

Morison, T. and Herbert, S. (2019). Rethinking ‘risk’ in sexual and reproductive health policy: The value of the reproductive justice framework. *Sexuality Research and Social Policy*, *16* (4), pp.434-445.

Moyo, F. L. (2006). Navigating Experiences of Healing: A Narrative Theology of Eschatological Hope as Healing. In: Phiri IA and Nadar S (eds) *African Women, Religion, and Health: Essays in Honor of Mercy Amba Ewudziwa Oduyoye- Women from The Margins* Pietermaritzburg Cluster Publications, 243-260.

Moyo, C. (2006). *A Karanga perspective on fertility and barrenness as blessing and curse in 1 Samuel 1: 1-2: 10* (Doctoral dissertation, Stellenbosch: Stellenbosch University).

Mukanangana, F. Moyo, S. Zvoushe, A. and Rusinga, O. (2014). Gender based violence and its effects on women’s reproductive Health: the case of Hatcliffe, Harare, Zimbabwe. *African journal of reproductive health*, *18* (1), pp.110-122.

Mukonyora, I. (1999). Women and ecology in Shona religion. *Word and World*, *19*, pp.276-284.

Mungwini, P. (2019). *Indigenous Shona Philosophy: Reconstructive Insights*. NISC (Pty) Ltd.

Murphy, R. (2003). Fertility and distorted sex ratios in a rural Chinese county: Culture, state, and policy. *Population and Development Review*, *29*(4), pp.595-626.

Mutambara, J. Sodi, T. Sandra, M. and January, J. (2016). 'Goblins left dirt in my birth canal’: Perceived Cultural Beliefs on the Causes and Meaning Making among Women with Cervical Cancer in Zimbabwe. *Alternation Journal*, (18), pp. 99-117.

Nadar, S. and Potgieter, C. (2010). Liberated Through Submission? The Worthy Woman's Conference as a Case Study of Formenism. *Journal of Feminist studies in religion*, *26*(2), pp.141-151.

Nakah, V. (2007). Evangelical Christianity and African culture: A critical assessment of the salvific significance of the cross of Christ in Shona culture (Doctoral dissertation), Stellenbosch: Stellenbosch University.

Nederberger, C. A. et al. (2007). Male infertility. In Litwin M. S. and Saigal, C.S. editors. Urologie Diseases in America. Washington D.C: Government Printing office.

Neff, D. L. (1994). The social construction of infertility: the case of the matrilineal Nāyars in South India. *Social Science & Medicine*, *39*(4), pp.475-485.

Neyer, Gerda, and Laura Bernardi. (2011). "Feminist perspectives on motherhood and reproduction." *Historical Social Research/Historische Sozialforschung*, pp.162-176.

Ngwena, C. G. Brookman-Amissah, E. and Skuster, P. (2015). Human rights advances in women's reproductive health in Africa. *International Journal of Gynecology & Obstetrics*, *129* (2), pp.184-187.

Nilses, C. Lindmark, G. Munjanja, S. and Nyström, L. (1997). Trends in fertility patterns of women in rural Zimbabwe. *Health care for women international*, *18* (4), pp.369-382.

Njoroge, N. J. (2006). Let's celebrate the power of Naming. In Phiri, I. A. and Nadar, S. (ed) *African Women, Religion, and Religion. Essay sin Honor of Mercy Amba Ewudziwa Oduyoye: Women from the Margins.* Pietermaritzburg: Cluster Publications, 59-74.

Novotny, M. and Hutchinson, L. (2019). Data Our Bodies Tell: Towards Critical Feminist Action in Fertility and Period Tracking Applications. *Technical Communication Quarterly*, *28* (4), pp.332-360.

Nyanzi, S. (2006). " Better a dead child than a dry womb!" reproduction and HIV/AIDS in Sub-Saharan Africa. *Gender and behaviour*, *4*(1), pp.610-624.

Nyawo, S. (2014). *" Sowungumuntfukenyalo'-" You are now a real person": a feminist analysis of how women's identities and personhood are constructed by societal perceptions on fertility in the Swazi patriarchal family* (Doctoral dissertation).

Nukunya, G. K. (2003). *Tradition and change in Ghana: An introduction to sociology*. Ghana Universities Press.

Odimegwu, C. O. Akinyemi, J. O. Banjo, O. O. Olamijuwon, E. and Amoo, E. O. (2018). Fertility, family size preference and contraceptive use in sub-Saharan Africa: 1990-2014. *African journal of reproductive health*, *22* (4), pp.44-53.

Odmell, C. Mamimine, P. W. and Kudakwashe, C, (2018). A situational analysis of health tourism for appropriation of indigenous herbal sexual stimulants and fertility enhancers in Zimbabwe: A situational analysis paper. *Cogent Social Sciences*, *4* (1), p.1440498.

Oduyoye, M. A. (2006). Women and Ritual in Africa. In: Oduyoye MA and Kanyoro MRA (eds) *The Will to Rise: Women, Tradition, and the Church in Africa.* Pietermaritzburg Cluster Publications, 10-24.

Oduyoye, M. A. (2001). *Introducing African women's theology* (Vol. 6). A&C Black.

Oduyoye, M. A. (1999). A coming to myself: the childless woman in the West African space. *Liberating eschatology*, pp.105-120.

Oduyoye, M. A. (2001). *Introducing African women's theology* (Vol. 6). A&C Black

Oduyoye, M. A. (1999). A coming to myself: the childless woman in the West African space. *Liberating eschatology*, pp.105-120.

Ola, T. M. Aladekomo, F. O. and Oludare, B. A. (2008). Determinants of the choice of treatment outlets for infertility in Southwest Nigeria. *Rawal Medical Journal*, *33*(2), pp.193-196.

Ombelet, W, OnOfre J.J.F. Views and ObGynvi. (2019). IVF in Africa: what is it all about? 11: 65.

Owusu-Ansah, S. (2016). The role of Circle women in curbing violence against women and girls in Africa. *Verbum et Ecclesia*, *37* (2), pp.1-6.

Owino, K. (2012). The Mighty Men Conference as a “safe space” for “born again” men to express conflicting masculinities? Journal of Gender and Religion in Africa, 18 920, pp. 65-84.

Paasche Butau, L. (2015). Companions on the Journey: What Parish Communities can do to Help Couples Struggling with Infertility.

Petropanagos, A. (2013). Fertility Preservation Technologies for Women: A Feminist Ethical Analysis.

Pfeiffer, J. Gimbel-Sherr, K. and Augusto, O. J. (2007). The holy spirit in the household: Pentecostalism, gender, and neoliberalism in Mozambique. *American Anthropologist*, *109* (4), pp.688-700.

Phiri, I. A. and Nadar, S. (20090. “Going through the Fire with Eyes Wide Open": African Women's Perspectives on Indigenous Knowledge, Patriarchy and Sexuality. *Journal for the Study of Religion*, pp.5-21.

Phiri, I. A. And Nadar, S. (2006). "Treading Softly but Firmly": African Women, Religion, and Health. In: Phiri IA and Nadar S (eds) *African Women, Religion, and Health: Essays in Honor of Mercy Amba Ewudziwa Oduyoye-Women from the Margins.* Pietermaritzburg: Cluster Publications, 1-16.

Pongweni, A. (2017). The impact of English on the naming practices of the Shona people of Zimbabwe. 31: 101-115.

Pui-Lan, K. 2004. Mercy Amba Oduyoye and African women's theology. *Journal of Feminist Studies in Religion*, *20* (1), pp.7-22.

Pujari, S. and Unisa, S. (2014). Failing fatherhood: A study of childless men in rural Andhra Pradesh. *Sociological Bulletin*, *63*(1), pp.21-40.

Ramose, M. B. (19990. African philosophy through Ubuntu, Mond.

Rapp, R. (2001). Gender, body, biomedicine: How some feminist concerns dragged reproduction to the center of social theory. *Medical Anthropology Quarterly*, *15* (4), pp.466-477.

Ross, L. (2020). Understanding reproductive justice. In *Feminist Theory Reader* (pp. 77-82). Routledge.

Ross, L. J. (2017). Reproductive justice as intersectional feminist activism. *Souls*, *19*(3), pp.286-314.

Ross, L. and Solinger, R., (2017). *Reproductive justice: An introduction* (Vol. 1). Univ of California Press.

Ross, L. J. (2006). The color of choice: White supremacy and reproductive justice. *Color of Violence: The INCITE! Anthology*, pp.53-65.

Runganga, A. O. Sundby, J. and Aggleton, P. (2001). Culture, identity, and reproductive failure in Zimbabwe. *Sexualities*, *4*(3), pp.315-332.

Rutsate, J. (2010). "Mhande" dance in the "kurova guva" ceremony: An enhancement of Karanga spirituality. *Yearbook for Traditional Music* 42: 81-99.

Russell, L. M. (2006). Mercy Amba Oduyoye in Phiri IA and Nadar S (eds) *African Women, Religion, and Health: Essays in Honor of Mercy Amba Ewudziwa Oduyoye-Women from The Margins.* Pietermaritzburg Cluster Publications, 43-58.

Ryan, M. A. (2012). Faith and infertility. *On Moral Medicine: Theological Perspectives on Medical Ethics. Cambridge: WB Eerdmans*, pp.865-869.

Scheper-Hughes, N. (1998). Undoing: Social suffering and the politics of remorse in the new South Africa. *Social Justice*, *25*(4 (74), pp.114-142.

Scott, C. A. (2017). The intersection of Reproductive Justice and Faith In: H. Williamson, M. Howell and M. Batchelor (eds) *Our Bodies, Our Lives, Our Voices: The State of Black women and Reproductive Justice: Policy Report.* 10-110.

Segalo, P. (2013). Women, they too have their story: Re-imagining the female voice and body. *Scriptura: Journal for Contextual Hermeneutics in Southern Africa*, *112*(1), pp.1-10.

SEWPAUL, V. (1999). Culture religion and infertility: A South African perspective. *The British Journal of Social Work*, *29*(5), pp.741-754.

Shaba, L. (2006). *Secrets of a Woman's Soul*. Athena Press.

Shah, K. and Batzer, F. (2010). Infertility in the developing world: The combined role for feminists and disability rights proponents. *IJFAB: International Journal of Feminist Approaches to Bioethics*, *3* (2), pp.109-125.

Shoko, T. (2012). Karanga Men, Culture, and HIV and AIDS in Zimbabwe. In Chitando, E. and Chirongoma, S. (ed) *Redemptive masculinities: Men, HIV, and Religion*, Geneva-Switzerland: WCC Publications, 91-112.

Shoko, T. (2007). *Karanga Indigenous Religion in Zimbabwe: Health and Well-being*. Ashgate Publishing, Ltd.

Shorter, E. (1973). Female emancipation, birth control, and fertility in European history. *The American Historical Review*, *78*(3), pp.605-640.

Siwila, L. C. (2015). The role of indigenous knowledge in African women's theology of understanding motherhood and maternal health'. *Alteration Special Edition*, *14*, pp.61-76.

Stech, F. (2019). Narrative Theology, Revelation, and the Road towards a Theological Media Theory. *Theology Today*, *75*(4), pp. 420-433.

Stefiszyn, K. (2011). Health and reproductive rights, HIV and the Protocol to the African Charter on the Rights of Women in Africa.

Sundby, J. (1997). Infertility in the Gambia: traditional and modern health care. *Patient Education and counseling*, *31* (1), pp.29-37.

Taringa, N. T. and Maposa, R. S. (2017). African ethics and the family life: Attestations of the socio-religious ethics in the Shona society, Zimbabwe. *Boleswa*, *4*, pp.134-143.

Tatira, L. (2016). The Shona Concept of marriage with special reference to procreation and fertility. South African Journal of African Language, 36 (1), pp.123-127.

Taylor, S. J. Bogdan, R. and DeVault, M. (2016). *Introduction to qualitative research methods: A guidebook and resource*. John Wiley & Sons.

Tshishonga, N. (2013). Musangwe-A No Go Space for Women: Implications for Gender (In) equality. *New Analytical Perspectives on Gender in the African Context*, p.197.

Todd-Gher, J. (2014). Policing bodies, punishing lives: The African Women's Protocol as a tool for resistance of illegitimate criminalization of women's sexualities and reproduction. *African Human Rights Law Journal*, *14* (2), pp.735-756.

Upton, R. L. (2001). 'Infertility Makes You Invisible': Gender, Health and the Negotiation of Fertility in Northern Botswana. *Journal of Southern African Studies*, *27*(2), pp.349-362.

Vahakangas, A. (2009). *Christian couples coping with childlessness: Narratives from Machame, Kilimanjaro*: Wipf and Stock Publishers.

Van Schalkwyk, A. (2002). Heretic but faithful: the reclamation of the body as sacred in Christian feminist theology. *Religion and Theology*, *9*(1-2), pp.135-161.

Waldby, C. (2015). 'Banking time': egg freezing and the negotiation of future fertility. *Culture, health & sexuality*, *7* (4), pp.470-482.

Weinrich, A. K. H. (1983). *African marriage in Zimbabwe and the impact of Christianity*, Gweru: Mambo Press.

Westoff, C. F. and Marshall, E. A. (2010). Hispanic fertility, religion, and religiousness in the US. *Population research and policy review*, *29* (4), pp.441-452.

Whitehouse, B. and Hollos, M. J. M. (2014). Definitions and the Experience of Fertility Problems: Infertile and Sub-fertile Women, Childless Mothers, and Honorary Mothers in Two Southern Nigerian Communities. 28: 122-139.

Widge, A. (2002). Sociocultural attitudes towards infertility and assisted reproduction in India. *Current practices and controversies in assisted reproduction*, *60*, p.74.

Wilcox, B. (2006). Family and Life Cycle. In: Ebaugh, H.R. (ed) *Handbook of Religion and Social Institutions.* University of Houston, Texas: Springer

Williamson, H. Howell, M. and Batchelor, M. (2017). Our Bodies, Our Lives, Our Voices: The State of Black Women and Reproductive Justice. Policy Report.

Yee, G. A. (2007). Judges & method: new approaches in biblical studies. Fortress Press.

Yin, R. (2011). Qualitative research from start to finish, Robert K. Yin. New York: Guilford Press

Zarrinjooee, B. and Kalantarian, S. 2017. Women's Oppressed and Disfigured Life in Margaret Atwood's The Handmaid's Tale. *Advances in Language and Literary Studies*, *8* (1), pp.66-71.

Zegers-Hochschild, F. Adamson, G. D. Dyer, S., Racowsky, C. De Mouzon, J. Sokol, R. Rienzi, L. Sunde, A. Schmidt, L. Cooke, I. D. and Simpson, J. L. (2017). The international glossary on infertility and fertility care, 2017. *Human reproduction*, *32* (9), pp.1786-1801.

Zungu, E. B. (2017). "Burying old bones in new graves!" linguistic creativity with a focus on women's eligibility for marriage in Zulu memetic aphorisms. *Southern African Journal for Folklore Studies*, *27* (2), pp.1-15.

Additional

International Planned Parenthood Federation, (2014. Sexual and reproductive health and rights: A crucial agenda for the post-2015 framework

WHO, (2016). https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/fertility-care/infertility-definitions-and-terminology (accessed 13 February 2021)

Ethical Exemption Letter

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

Prof Cheelo Lillian Siwila (3512142)
School Of Rel Phil & Classics
Pietermaritzburg

Dear Prof Cheelo Lillian Siwila,

Protocol reference number: 00007830

Project title: A Feminist Critique of the Karanga people of Zimbabwe's understanding of Infertility as a woman's reproductive Health Right

Exemption from Ethics Review

In response to your application received on, your school has indicated that the protocol has been granted **EXEMPTION FROM ETHICSREVIEW.**

Any alteration/s to the exempted research protocol, e.g., Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through an amendment/modification prior to its implementation. The original exemption number must be cited.

For any changes that could result in potential risk, an ethics application including the proposed amendments must be submitted to the relevant UKZN Research Ethics Committee. The original exemption number must be cited.

In case you have further queries, please quote the above reference number.

PLEASE NOTE:

Research data should be securely stored in the discipline/department for a period of 5 years. I take this opportunity of wishing you everything of the best with your study.

Yours sincerely,

[redacted]

Prof Philippe Marie Berthe
Raoul Denis Academic
Leader Research