



Mapping the Sexual and Reproductive Rights terrain in Zimbabwe

Understanding rights proponents and anti-rights actors

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Executive Summary

Sexual and reproductive rights (SRR) offer a critical framework for understanding the intersections of social, cultural, religious, and political forces within Zimbabwean society. This mapping exercise delves into these dimensions, presenting a comprehensive view of the current SRR landscape. Zimbabwe, characterized by a conservative social structure, exhibits both restrictive and transformative dynamics in the realm of SRR. The study explores two main categories of actors: anti-rights actors and SRR proponents, revealing their respective influences on societal attitudes, policies, and access to sexual and reproductive health services.

The findings underscore the closing of space for SRR through the efforts of anti-rights actors, who leverage cultural, religious, and political discourses to hinder the expansion of rights. These actors contribute to a climate of misinformation and stigma, limiting open discussions on critical issues such as abortion, comprehensive sexuality education, and LGBTQIA+ rights. By analyzing their strategies, including policy lobbying, public rhetoric, and grassroots mobilization, this study provides valuable insights into how these forces maintain restrictive norms.

On the other hand, SRR proponents have been actively working to open new spaces for dialogue and rights advancement. These organizations, often from civil society and grassroots movements, employ innovative approaches to counter anti-rights narratives, foster community engagement, and push for legal reforms. The study highlights their resilience and adaptability in navigating an often-hostile environment. They have created alternative platforms for SRR discourse, championed the introduction of more inclusive laws, and pushed for better access to sexual and reproductive health services, especially for marginalized groups.

Importantly, the study provides organizations and activists with strategic insights to counter misinformation and promote accurate information about sexual and reproductive health. Detailed analysis of the tactics employed by both anti-rights actors and SRR proponents offers advocacy groups a roadmap for anticipating challenges and crafting effective, data-driven responses. Furthermore, the study emphasizes the need for continuous evaluation and adaptation of advocacy strategies, helping organizations refine their approaches to ensure long-term sustainability and impact.

By offering a nuanced understanding of the legal, cultural, and political barriers to SRR in Zimbabwe, this mapping aims to equip Afrikgroep partners, activists, policymakers, and civil society with the tools needed to address the evolving challenges in the SRR landscape, promoting a more just and equitable future for all Zimbabweans.

Acronyms

CBOs	Community based organisations
CSE	Comprehensive Sexuality Education
IPPF	International Planned Parenthood Federation
IMF	International Monetary Fund
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer +
MSM	Men Who Have Sex with Men
NGOs	Non-governmental organisations
PRB	Population Reference Bureau
PSZ	Population Services Zimbabwe
PVO	Private Voluntary Organization
SOGIESC	Sexual Orientation, Gender Identity and Expression, and Sex Characteristics
SRR	Sexual and Reproductive Rights
UNAIDS	United Nations Joint Program on HIV and AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Education Fund
USAID	United States Agency for International Development
WHO	World Health Organization
ZFF	Zimbabwe Feminist Forum
ZNFPC	Zimbabwe National Family Planning Council

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Introduction

Zimbabwe has seen notable improvements in access to contraceptives, with the modern contraceptive prevalence rate increasing from 42% in 1994 to 67% today, marking one of the highest rates in Africa. This progress underscores the effectiveness of ongoing programs aimed at enhancing reproductive health services, such as those spearheaded by the United Nations Population Fund (UNFPA).¹

However, the study also identifies substantial barriers to SRR, particularly for adolescents. Restrictive laws and policies often prevent young people under 16 from accessing sexual and reproductive health services without adult accompaniment, despite legal provisions that do not penalize consensual sex between minors aged 12 to 16. This legal incongruity exacerbates issues like high rates of teenage pregnancies and unsafe abortions, with an estimated 22% of adolescent females aged 15-19 having begun childbearing and approximately 70,000 illegal abortions occurring annually.²

Moreover, young women in Zimbabwe are disproportionately affected by HIV, with a prevalence rate of 7.04% among those aged 15-24, and 16,000 new infections recorded annually among unmarried young women. These statistics highlight the urgent need for improved HIV testing and prevention services tailored to young women. Of Zimbabwe's population, 54% are under the age of 20 and one third of all new HIV infections are in Adolescents and Youth People (15-24yrs).³

This study provides a comprehensive mapping of the current state of sexual and reproductive rights (SRR) in Zimbabwe, highlighting significant progress and persistent challenges. The study findings will present a strategic opportunity for partners of AfriKagrupperna engaged in the region by offering a range of opportunities for informed decision-making and targeted action. Given the complex socio-political landscape of Zimbabwe, this study holds the potential to provide a comprehensive understanding of the dynamics surrounding SRR. By mapping out the various actors involved, including proponents and opponents, it offers insights into key stakeholders, their ideologies, strategies, and spheres of influence.

The study also addresses the cultural and social barriers that hinder effective SRR implementation, such as the stigma surrounding adolescent sexual activity and the lack of comprehensive sexuality education. Advocacy for policy reform is crucial, particularly the removal of age restrictions on access to SRHS and the alignment of laws to ensure adolescents can access necessary services without parental consent. These reforms are essential to mitigate the high rates of unintended pregnancies, unsafe abortions, and HIV among Zimbabwe's youth.⁴

For organizations such as AfriKagrupperna and its partners, discerning the spectrum of support and opposition towards SRR is crucial for effective engagement. This understanding can facilitate the establishment of strategic partnerships with aligned organizations and individuals, as well as enable proactive measures to address opposition effectively.

Study approach/analytical frame

Search Strategy

¹ UNFPA, 2019 *A collection of stories: inspiration and resilience in Zimbabwe: In quest for Sexual Reproductive Health and Rights*. 2019 <https://zimbabwe.unfpa.org/en/quest-sexual-reproductive-health-and-rights>

² Amnesty International, 2018. *Zimbabwe: Lost without knowledge: Barriers to sexual and reproductive health information in Zimbabwe*.

³ UNICEF Zimbabwe, HIV/Aids *Every child lives without discrimination from HIV/AIDS and with the right to development and participation*.

⁴ See n1 above

A targeted literature review was conducted to map the current state of sexual and reproductive rights (SRR) in Zimbabwe. The review included peer-reviewed scientific publications and grey literature. The search strategy involved:

1. **Web-Based Searches:** Keyword combinations relevant to SRR were used in Google, Google Scholar, PubMed, and Web of Science. Keywords were drawn from the inclusion criteria such as "sexual and reproductive rights," "Zimbabwe," "adolescents," "contraception," "HIV/AIDS," "LGBTQI+," and "teenage pregnancy."
2. **Organizational Websites:** Websites of relevant organizations, were searched for reports, data, and publications on SRR.

The search was limited to publications from the year 2000 to the present. Initially, the search focused on sub-Saharan Africa before narrowing to Zimbabwe.

Evidence Extraction and Classification

Identified programs and interventions were analysed and mapped based on the following criteria:

1. **Thematic Intervention Approaches:** Detailed thematic descriptions of SRR programs and policies implemented in Zimbabwe.
2. **Implementers and Donors:** Information on the organizations and entities responsible for implementing and funding the interventions.
3. **Anti-rights actors:** Information on cultural, religious, political and other anti-rights actors.

Key Informant Conversations

To validate the findings, conversations were conducted with activists knowledgeable about SRR programs in Southern Africa and in particular those working on SRR in Zimbabwe within NGO's with a direct connection to communities and those working at advocacy level nationally and regionally. These individuals were selected based on their extensive experience and were asked to reflect on the status of SRR programming in Zimbabwe, rights actors as well as possible opportunities for improved programming. The inputs from these experts were incorporated into the final mapping. *See Annex 1.*

Thematic analysis

Abortion

Access to sexual and reproductive health and rights (SRHR) information and services remains a significant challenge for many young Zimbabweans. This gap contributes to high rates of unwanted and teenage pregnancies, leading to unsafe abortions. In Zimbabwe, four out of 10 pregnancies are unintended or unplanned; and 25 percent of those unintended pregnancies end in abortion.⁵ According to recent data, Zimbabwe sees approximately 66,847 induced abortions annually, most of which are unsafe and conducted clandestinely due to restrictive abortion laws.⁶

In 2016, the unmet need for family planning among adolescent girls in Zimbabwe was around 12.6%, with efforts made to reduce this figure to 8.5% by 2020. However, challenges persist. Unsafe abortions account for nearly 20% of all maternal deaths in the country, underscoring the urgent need for improved access to safe abortion and post-abortion care.

Recent initiatives and studies emphasize the importance of addressing these gaps through comprehensive policy reforms and the provision of adequate resources to healthcare facilities. Ensuring

⁵ Population Reference Bureau (PRB), *Breaking the Silence: Expanding Access to Safe Abortion in Zimbabwe* is an ENGAGE multimedia presentation that describes the problem of unsafe abortion in Zimbabwe

⁶ See n5 above

that young people have access to reliable SRR information and services is critical for reducing unintended pregnancies and improving overall reproductive health outcomes in Zimbabwe.⁷

Comprehensive sexuality education

Comprehensive Sexuality Education (CSE) in Zimbabwe is part of the national school curriculum, aimed at equipping young people with knowledge, skills, attitudes, and values to make informed decisions about their sexual and reproductive health. The Ministry of Primary and Secondary Education, in collaboration with various stakeholders, has integrated CSE into subjects such as Guidance and Counselling, Family and Religious Studies, and Science.

Recent data indicate significant progress in the implementation of CSE, but challenges remain. According to a 2020 UNFPA report, 68% of schools in Zimbabwe were implementing CSE, though the quality and extent of the implementation varied widely.⁸ A 2021 assessment found that about 70% of secondary school students had received some form of sexuality education, but comprehensive coverage and depth were still lacking and an estimated 35 minutes per week are spent on CSE.⁹

CSE has been shown to positively impact young people's knowledge and behaviours regarding sexual and reproductive health. A 2019 study found that students who received CSE were more likely to use contraceptives and had lower rates of teenage pregnancies and sexually transmitted infections (STIs) compared to those who did not receive CSE.¹⁰ However, there is still a significant need to improve access to and the quality of CSE to reach all adolescents effectively.

Despite these advances, several barriers hinder the effective implementation of CSE in Zimbabwe. There is considerable resistance from some **cultural and religious groups** who argue that CSE promotes sexual activity among young people. This opposition affects both policy-making and the classroom environment, leading to inconsistent delivery of CSE content.¹¹

Many teachers lack **adequate training** in delivering CSE, resulting in discomfort and inadequate coverage of critical topics such as contraception, consent, and sexual orientation.¹² The personal opinions and biases of teachers are unchecked and often imparted to students.

Limited resources, including insufficient teaching materials and lack of access to health services, impede the effective implementation of CSE.

To enhance the effectiveness of CSE in Zimbabwe, a range of measures can and have been recommended. These include:

- **Strengthening Policy Support:** Ensuring robust policy frameworks that support the full implementation of CSE in schools is crucial. This includes addressing cultural and religious concerns through community engagement and sensitization.
- **Comprehensive Teacher Training:** Providing ongoing, comprehensive training for teachers to deliver CSE confidently and effectively is essential. This training should include not only the curriculum content but also pedagogical strategies to handle sensitive topics.
- **Enhanced Resources:** Increasing investment in educational resources, including up-to-date teaching materials and access to health services, will support better delivery of CSE.

⁷ See n5 above

⁸ See n5 above

⁹ UNESCO, 2019. *The journey towards comprehensive sexuality education: Global status report*.

¹⁰ GUDYANGA, E., DE LANGE, N. & KHAU, M. 2019. *Zimbabwean secondary school Guidance and Counseling teachers teaching sexuality education in the HIV and AIDS education curriculum*. ZSAHARA-J: Journal of Social Aspects of HIV/AIDS, Vol. 16, 35-50.

¹¹ See n5 above

¹² See n5 above

- **Monitoring and Evaluation:** Implementing robust monitoring and evaluation mechanisms to assess the quality and impact of CSE programs can help identify gaps and areas for improvement, ensuring that all students receive high-quality education.

It can be deceptive to use the term CSE without clarifying the scope of CSE in Zimbabwe.

Components of CSE in Zimbabwe:

Sexual and Reproductive Health:

- Information on contraception, prevention of sexually transmitted infections (STIs), including HIV/AIDS, and understanding reproductive processes.
- Topics cover menstrual health, puberty, and safe sex practices.

Gender Equality:

- Lessons on gender roles, challenging gender-based discrimination, and promoting equality between boys and girls.
- It aims to reduce gender-based violence (GBV) and harmful cultural practices like child marriages.

Human Rights and Empowerment:

- The curriculum addresses rights and responsibilities regarding sexual and reproductive health, with a strong focus on the rights of girls and women.
- Encourages young people to take control of their bodies and health, particularly in contexts where rights might be limited.

HIV/AIDS and STI Prevention:

- Given Zimbabwe's history of high HIV prevalence, CSE includes significant content on prevention, testing, and treatment of HIV and other STIs.
- Students are educated on the importance of safe sex, including the use of condoms and abstinence.

Consent and Healthy Relationships:

- Discussions on what constitutes consent, the importance of communication in relationships, and the identification of unhealthy or abusive relationships.
- Emphasizes mutual respect, boundaries, and respect for others' sexual and reproductive rights.

Life Skills:

- Equipping young people with skills to make decisions, negotiate safe sexual practices, resist peer pressure, and critically assess the influence of media on sexual behavior.
- This aspect of the curriculum fosters resilience and empowers young people to navigate challenges in their social environments.

While Zimbabwe has made significant strides in integrating Comprehensive Sexuality Education into its national curriculum, challenges related to cultural resistance, teacher training, and resource limitations persist. Addressing these issues through targeted policies, comprehensive teacher training, and increased resources will be vital in ensuring that all young Zimbabweans can make informed decisions about their sexual and reproductive health, ultimately leading to improved health outcomes and greater gender equality. As it stands many of the themes are moralised and excluded such as contraception, safe sex, etc in preference for information on recognising and reporting abuse, the dangers of STIs and life skills. Progress exists however as A 2023 Afrobarometer report indicates that 69% of Zimbabweans in the study said pregnant pupils should be allowed to continue with their education.¹³ This data reflects positive changes from a cultural mentality that once pregnant pupils should be banned from school out of fear that they would 'corrupt' other students or encourage teen pregnancies.

¹³ Ndoma S & Moyo-Nyende S, AD607: Zimbabweans wouldn't spare pupils the rod, endorse letting pregnant girls stay in school, February 2023

SOGIESC

Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC) issues in Zimbabwe are characterized by significant legal, social, and political challenges. Same-sex sexual activity is criminalized under Section 73 of the Criminal Law (Codification and Reform) Act, which penalizes "sexual relations between men" with up to one year in prison or a fine. This law does not explicitly mention women, but it fosters a hostile environment for all LGBTQ+ individuals.¹⁴

Public attitudes towards LGBTQ+ individuals in Zimbabwe are largely negative, influenced by strong cultural and religious beliefs. A 2019 Afro barometer survey revealed that only 7% of Zimbabweans would be willing to accept a homosexual family member. This pervasive stigma and discrimination manifest in various forms, including physical violence, harassment, and exclusion from healthcare, education, and employment.

LGBTQ+ individuals in Zimbabwe face significant barriers to accessing health services. Fear of discrimination and stigma often deters them from seeking necessary healthcare, leading to poorer health outcomes. Studies indicate that LGBTQ+ people are at higher risk for mental health issues, HIV, and other sexually transmitted infections (STIs) due to the lack of inclusive and non-discriminatory health services.¹⁵

Despite the hostile environment, several organizations work to support LGBTQ+ rights in Zimbabwe. Prominent among these is the Gays and Lesbians of Zimbabwe (GALZ), Pakasipiti, Sexual Rights Centre, among others, which provide advocacy, support, services, and resources for the LGBTQ+ community. These organizations face significant legal and societal challenges but continue to play a crucial role in advancing SOGIESC rights. Despite office raids, shutdown of meetings, surveillance and arbitrary arrests these organisations continue to operate. In June of 2024 a group of protesters ambushed the GALZ offices, chanting anti-gay slogans brandishing the walls with homophobic graffiti.¹⁶

Earlier in 2024, Zimbabwean vice-president Constantine Chiwenga made a statement against the tertiary education scholarship offered by GALZ since 2018. He called the scholarship an attempt at recruiting young people into LGBT activities and stated that;

Our schools and institutions of higher learning will not entertain applicants, let alone enroll persons associated with such alien, anti-life, un-African and unchristian values which are being promoted and cultivated by, as well as practised in decadent societies with whom we share no moral or cultural affinities. Zimbabwe is a sovereign, African State with definite laws and values which typify it, cutting it apart from other mores.

Consistent with the statements of numerous other politicians over the past few decades, there was an emphasis on the sovereignty of the Zimbabwean state, a labelling of homosexuality as unAfrican and unchristian. All of which indicate a clear positioning and tactical approach by the Zimbabwean government on LGBT+ issues.

HIV Prevalence: According to a 2020 report by UNAIDS, HIV prevalence among men who have sex with men (MSM) in Zimbabwe is significantly higher than in the general population, with an estimated prevalence rate of 23% compared to the national average of 12.9%.¹⁷

Violence and Safety: A 2018 report by the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) documented numerous cases of violence against LGBTQ+ individuals in Zimbabwe, including police brutality and mob attacks.

¹⁴ Section 73 of the Criminal Law (Codification and Reform) Act,
<https://www.refworld.org/legal/legislation/natlegbod/2005/en/98050>

¹⁵ See n5 above

¹⁶ <https://www.voaafrica.com/a/zimbabwe-protesters-denounce-lgbt-union-and-practices/7650141.html>

¹⁷ See n5 above

Legal Reforms: In recent years, there have been minimal legal reforms to protect LGBTQ+ rights. However, advocacy groups continue to push for decriminalization and the introduction of anti-discrimination laws. Their work includes driving:

- **Legal Reforms:** Decriminalizing same-sex sexual activity and introducing comprehensive anti-discrimination laws are crucial steps towards protecting LGBTQ+ rights.
- **Public Awareness Campaigns:** Conducting nationwide campaigns to challenge homophobic attitudes and promote acceptance of diversity is essential.
- **Inclusive Health Services:** Ensuring that health services are inclusive and non-discriminatory will improve health outcomes for LGBTQ+ individuals.
- **Support for Advocacy Groups:** Providing support and resources to organizations like GALZ can strengthen their capacity to advocate for LGBTQ+ rights and provide essential services.

The situation for LGBTQ+ individuals in Zimbabwe is fraught with challenges due to legal restrictions, societal stigma, and discrimination. However, ongoing efforts by advocacy groups and international organizations provide a glimmer of hope for progress. Comprehensive legal reforms, public education, and inclusive health services are key to advancing SOGIESC rights and improving the lives of LGBTQ+ individuals in Zimbabwe.

Sexual violence and abuse

Gender-based violence (GBV), including sexual violence, remains a critical issue in Zimbabwe. Despite efforts to combat it, GBV is pervasive and affects many women and girls across the country. The Zimbabwean government has implemented several laws and policies to address GBV, such as the Domestic Violence Act of 2007 and the National Gender-Based Violence Strategy (2016-2020). However, enforcement of these laws remains inconsistent, and cultural norms often impede progress.

Recent data indicate high rates of GBV in Zimbabwe:

- **National Surveys:** According to the Zimbabwe Demographic and Health Survey (ZDHS) 2015, 35% of women aged 15-49 have experienced physical violence, while 14% have experienced sexual violence at some point in their lives.
- **Sexual Violence:** A study by UNICEF in 2020 reported that approximately one in three girls in Zimbabwe experiences sexual violence before the age of 18.
- **COVID-19 Impact:** The COVID-19 pandemic exacerbated the situation, with reports of GBV cases increasing significantly during lockdowns. For example, Musasa Project, a local NGO, recorded a 70% increase in reported cases during the first lockdown in 2020.

GBV in Zimbabwe takes various forms, including:

- **Domestic Violence:** The most prevalent form, affecting many women and children. It includes physical, emotional, and economic abuse.
- **Sexual Violence:** Encompasses rape, sexual assault, and coerced sex. It is often underreported due to stigma and fear of retaliation.
- **Child Marriage:** Despite legal prohibitions, child marriage remains a significant issue, with 32% of girls married before the age of 18.

Several factors contribute to the persistence of GBV in Zimbabwe including, deep-seated patriarchal attitudes and cultural practices often justify or normalize GBV. Economic Dependence also presents a challenge as many women remain in abusive relationships due to financial dependence on their partners.

At the level of the state, there is a gap between the existence of laws and their effective enforcement, with many cases going unreported or inadequately addressed. Additionally, there is also a lack of support services such as shelters, counselling, and legal assistance for GBV survivors though some of these services do exist.

Improvements can be made through:

1. **Enhanced Legal Framework:** Strengthen laws related to GBV and ensure their rigorous enforcement.
2. **Comprehensive Support Services:** Expand and improve access to support services for GBV survivors.
3. **Community Engagement:** Work with communities to change harmful cultural norms and practices that perpetuate GBV.
4. **Economic Empowerment:** Implement programs that enhance the economic independence of women, reducing their susceptibility to abuse.

GBV, including sexual violence, remains a severe issue in Zimbabwe, affecting a substantial portion of the population. While there are laws and policies in place to address this, effective implementation and enforcement are lacking. Continued efforts are needed to change societal attitudes, empower women, and provide comprehensive support to survivors to mitigate and eventually eradicate GBV in Zimbabwe.

Who are the Rights proponents?

Sexual and Reproductive Rights (SRR) proponents in Zimbabwe are diverse and play a crucial role in advancing SRHR initiatives. These proponents include international organizations, local non-governmental organizations (NGOs), community-based organizations, healthcare providers, and activists who work to promote and protect the sexual and reproductive health and rights of Zimbabweans.

Some key SRR Proponents

1. **International Organizations**
 - **United Nations Population Fund (UNFPA):** UNFPA is a leading SRR proponent in Zimbabwe, providing support for family planning, maternal health, and gender-based violence prevention. They work closely with the government to implement SRHR programs.
 - **International Planned Parenthood Federation (IPPF):** IPPF supports local NGOs in delivering SRHR services, particularly focusing on access to contraception and safe abortion services.
 - **USAID:** Through its various health programs, USAID funds initiatives aimed at improving SRHR outcomes, including HIV/AIDS prevention and treatment.
2. **Local Non-Governmental Organizations (NGOs) include,**
 - **Zimbabwe National Family Planning Council (ZNFPC):** ZNFPC provides family planning services and education, working to reduce the unmet need for contraception.
 - **Population Services Zimbabwe (PSZ):** PSZ offers a range of SRHR services, including contraception, safe abortion, and HIV prevention.
 - **Katswe Sistahood:** A feminist organization that advocates for the rights of women and girls, focusing on sexual and reproductive health education and services.
 - **Women's Action Group (WAG):** WAG is a prominent feminist organization in Zimbabwe focusing on women's rights, particularly sexual and reproductive health rights. They engage in advocacy, education, and community mobilization to address issues like maternal health, gender-based violence, and SRHR policy changes.
 - **GALZ (Gays and Lesbians of Zimbabwe):** GALZ advocates for the rights of the LGBTQ+ community in Zimbabwe, working towards the inclusion and protection of sexual minorities. Their efforts include raising awareness, legal advocacy, and offering support services to combat discrimination, homophobia, and the criminalization of same-sex relationships.

- **Pakasipiti:** Pakasipiti works to address gender and sexual rights, particularly focusing on LGBTQ+ issues and women's empowerment. The organization promotes safe spaces for discussion and tackles the stigma around sexual diversity and gender identity through community engagement and legal reform efforts.
- **Community Working Group on Health (CWGH):** CWGH focuses on strengthening community participation in health systems, including sexual and reproductive health. It advocates for equitable access to healthcare services and raises awareness about SRHR, including maternal health and family planning in rural and marginalized communities.
- **Sexual Rights Centre (SRC):** SRC is committed to advancing sexual rights in Zimbabwe, working with marginalized groups such as sex workers and sexual minorities. The organization provides legal aid, advocacy, and education to empower these communities and ensure their access to health services.
- **SAYWHAT (Students and Youth Working on Reproductive Health Action Team):** SAYWHAT focuses on SRHR among students and young people in Zimbabwe. It provides youth with sexual health education, advocates for policy change in favor of youth SRHR, and promotes access to youth-friendly health services.

3. Community-Based Organizations

- **Padare/Enkundleni/Men's Forum on Gender:** Engages men and boys in SRHR advocacy to promote gender equality and reduce gender-based violence.
- **SAFAIDS:** Works to increase awareness and understanding of SRHR issues through community education and advocacy.

As detailed earlier the prevailing SRR conditions in Zimbabwe are marked by tensions surrounding these issue areas.

Access to Contraception

- According to the Zimbabwe Demographic Health Survey (ZDHS) 2020, the contraceptive prevalence rate among married women is 66%, showing a significant improvement from previous years . However, the unmet need for family planning remains a concern, particularly among adolescents.

Maternal Health

- The maternal mortality ratio in Zimbabwe is 458 deaths per 100,000 live births (2019), reflecting challenges in accessing quality maternal health services . Proponents are working to improve antenatal and postnatal care to reduce these rates.

Comprehensive Sexuality Education (CSE)

- Organizations like UNFPA and the Ministry of Primary and Secondary Education are implementing CSE programs to provide young people with accurate information about SRR. However, cultural and religious opposition poses challenges to comprehensive implementation .

Gender-Based Violence (GBV)

- GBV remains a critical issue in Zimbabwe, with 35% of women aged 15-49 having experienced physical violence since the age of 15 . SRR proponents are advocating for stronger legal protections and support services for survivors.

Safe Abortion Services

- The Termination of Pregnancy Act in Zimbabwe is highly restrictive, only allowing abortion under specific conditions. Despite these restrictions, unsafe abortions are prevalent. SRR proponents are advocating for the liberalization of abortion laws to reduce maternal mortality and morbidity associated with unsafe procedures .

HIV/AIDS

- Zimbabwe has one of the highest HIV prevalence rates in the world, with 11.6% of adults aged 15-49 living with HIV (2020) . SRR proponents are focusing on prevention, treatment, and support services to combat the epidemic.

Sexual Orientation

- Regulation and rhetoric surrounding same-sex sexualities continues to feature in national discourse around sovereignty and Africanness. SRR proponents are focusing on provision of services to LGBTQI+ persons despite the restrictive conditions.

Stigma associated with SRR issues, particularly around contraception, abortion, and HIV/AIDS, remains a significant barrier. Proponents are working to change societal attitudes through education and advocacy. As they do this, funding also presents some constraints, wherein many SRR initiatives rely on donor funding, which can be unpredictable. Thus there is a need for sustainable funding mechanisms to ensure the continuity of SRHR services. Additionally, restrictive laws and policies hinder the full realization of SRHR in Zimbabwe making continued advocacy for policy reform is essential to address these barriers.

SRR proponents in Zimbabwe are making significant strides in improving sexual and reproductive health and rights despite facing numerous challenges. By collaborating with international and local organizations, advocating for policy reforms, and addressing societal attitudes, these proponents are working towards ensuring comprehensive and equitable access to SRR for all Zimbabweans. Continued support and innovative approaches are necessary to sustain and expand these efforts, ultimately contributing to better health outcomes and gender equality in Zimbabwe.

Who are the Anti-rights actors?

Anti-rights actors in Zimbabwe play a significant role in shaping the discourse and implementation of SRR. These actors, rooted in cultural, religious, and political spheres, often work against the advancement of SRR by perpetuating stigma, influencing policy decisions, and opposing reforms. Understanding their influence is critical for developing strategies to counteract their impact and promote SRR.

Cultural and Religious Influences

- **Traditional Beliefs:** Zimbabwe's deeply rooted traditional beliefs often clash with modern SRR initiatives. Patriarchal norms and customs, such as child marriages and preference for large families, undermine women's rights and access to SRR services. According to UNICEF, 34% of girls in Zimbabwe are married before the age of 18.
- **Religious Groups:** Various religious groups oppose SRR initiatives, particularly those related to contraception, comprehensive sexuality education, and abortion. The Zimbabwe Catholic Bishops' Conference, for instance, has been vocal against the legalization of abortion and the distribution of contraceptives in schools. The United Methodist Church of Zimbabwe staged a protest in May 2024 challenging the church's move to welcome LGBTQ+ members.

The United Methodist Church, one of the largest Protestant denominations in the U.S., voted to repeal its ban on LGBTQ clergy as well as prohibitions on its ministers from officiating at same-sex weddings.¹⁸ The United Methodist Church also voted on a "regionalization" plan that would allow various geographic regions of the church — North America, Europe, Africa, and elsewhere — to make their own rules regarding LGBTQ clergy and same-sex weddings. That move eased the way for United Methodists in more conservative parts of the world to develop their own rules for ministers and marriages.

The protests by the United Methodist Church of Zimbabwe, alongside some other Africa countries challenging the repeal are an indication that within these countries, the Methodist Church would not be taking the same position. Some church members in Zimbabwe are lobbying for the church to cut ties with the USA, as they believe that the LGBTQI+ movement is a western ideology. Given that Christianity itself came with the colonial project it is

¹⁸ DeRose J, 'United Methodist Church lifts bans on LGBTQ clergy and same-sex weddings', 1 May 2024, NPR

interesting that African churches should call homosexuality western. Rather it is indicative of how nationalist discourse merges with religious discourse and mutually reinforce each other.

In January, Catholic bishops in Africa and Madagascar issued a unified statement refusing to follow a declaration by Pope Francis allowing priests to offer blessings to same-sex couples, asserting that such unions are “contrary to the will of God.” Apostolic sects and evangelical churches are also known for anti-gay rhetoric with some performing ‘exorcisms’ to apparently remove homosexuality from individuals.

Political Actors and Policies

- **Government Stance:** While Zimbabwe has policies supporting SRR, such as the National Adolescent Sexual and Reproductive Health Strategy, there is often a disconnect between policy and practice. Political actors may resist fully implementing these policies due to personal beliefs or political agendas. For instance, the Termination of Pregnancy Act remains highly restrictive, allowing abortion only under specific circumstances .
- **Political Manipulation:** Politicians sometimes use anti-rights rhetoric to garner support from conservative constituencies. This tactic is evident in the resistance to legal reforms on SRR issues, which are framed as threats to cultural and religious values. An example of this is the political mobilisation of homophobia during the Zimbabwean constitution making process. The government carefully constructed an idea of what it means to be Zimbabwean. In a speech by former president Robert Mugabe he declared, ‘As Zimbabweans, we have already said Yes! To economic empowerment No! to reversing the land reform programme No! to homosexuality or lesbianism.’¹⁹ To combine homosexuality and lesbianism with the two most important issues in Zimbabwe at that time, economic stability and land is perplexing but not accidental. It is an indication of how homosexuality was opportunistically being thrust into the public imagination setting it up as a mobilising issue for the future national issues including elections. Even after the referendum, anti-gay sentiments continued in the lead up to the 31 July elections. A month before the election Mugabe guaranteed ‘Hell for gays’ if ZANU-PF won the elections.²⁰ The ZANU-PF manifesto went so far as to declare the ruling party’s intent to ‘defend Zimbabwe’s traditional and religious values against such evils as homosexuality.’²¹

At the global level some of the most prominent anti-rights actors include:

1. **World Congress of Families (WCF):** A U.S.-based organization that promotes conservative family values and opposes abortion, LGBTQ+ rights, and comprehensive sexuality education. They organize conferences and collaborate with other conservative groups globally, including in Africa.
2. **Alliance Defending Freedom (ADF):** An American Christian legal advocacy group that works globally to oppose LGBTQ+ rights, abortion access, and gender equality under the guise of religious freedom. ADF has influenced anti-abortion and anti-LGBTQ+ policies across Africa and other regions.
3. **CitizenGO:** A global petition platform used by conservative and religious groups to mobilize opposition to SRR, including abortion and LGBTQ+ rights. They have been active in campaigns against comprehensive sexuality education and reproductive health policies.
4. **Family Watch International:** An organization that promotes traditional family structures and opposes SRR initiatives like access to contraception, abortion, and LGBTQ+ rights, particularly targeting international policy platforms like the United Nations.
5. **International Organization for the Family (IOF):** Associated with the World Congress of Families, IOF promotes conservative, traditional values globally and opposes SRR policies, especially those relating to reproductive health, abortion, and LGBTQ+ rights.

¹⁹ D Mahuku & B Mbanje ‘A lion does not fear the forest’ *Herald* 31 August 2012 (accessed 14 November 2019).

²⁰ T Chitagu ‘Hell for gays if ZANU-PF wins’ (2013) *Newsday* 15 June (accessed 14 November 2019).

²¹ Tanhira MR “‘Evil’ Gays are no closer to freedom in Zimbabwe’ (2013) *Mail and Guardian* 26 July.

6. **Human Life International:** A Catholic organization that campaigns against abortion and contraception, providing resources and support to local anti-abortion efforts around the world, particularly in Africa and Latin America.
7. **African Christian Democratic Party (ACDP):** A political party in South Africa that opposes abortion, LGBTQ+ rights, and comprehensive sexuality education. They work with religious groups across Africa to resist progressive SRR reforms.
8. **European Centre for Law and Justice (ECLJ):** A conservative legal organization that opposes abortion and LGBTQ+ rights, particularly at international platforms such as the United Nations and the European Court of Human Rights.
9. **The Vatican:** As a significant global religious actor, the Vatican exerts considerable influence in opposing abortion, contraception, and LGBTQ+ rights globally, particularly within the framework of international diplomacy and the UN system.
10. **World Youth Alliance (WYA):** The WYA is a global coalition that promotes human dignity from a conservative perspective, focusing on opposing abortion, contraception, and comprehensive sexuality education. It has been active at international forums like the United Nations, advocating against SRR policies under the guise of protecting "youth and family values."
11. **Russian Orthodox Church:** The Russian Orthodox Church has taken a strong stance against SRR, particularly opposing abortion, same-sex marriage, and LGBTQ+ rights. As a powerful religious institution in Russia and globally, it collaborates with conservative political forces to resist progressive SRR initiatives, framing them as threats to traditional family and moral values.
12. **Organisation of Islamic Cooperation (OIC):** The OIC, an international organization representing Muslim-majority countries, often opposes SRR initiatives at the United Nations and other international platforms. They frequently block or challenge language and policies related to LGBTQ+ rights, sexual health, and reproductive rights, framing these issues as incompatible with Islamic teachings and moral values.

These actors often collaborate with local conservative groups in different countries to resist SRR advancements.

Unpacking Anti-rights strategies

Anti-rights actors engage in tactical alliance building across lines of nationality, religion, and issue, creating a transnational network of state and non-state actors undermining rights related to gender and sexuality. Anti-rights and anti-gender rhetoric and actions are not just a response to rights advancements, rather it is part of concerted efforts to bring about or maintain a social and political order that limits freedoms for some while maximising power and social/economic and political hierarchies.

What appears to be a growing or expanding discourse is potentially the product of separate anti-rights actors operating at local or national levels becoming connected across time and space and energising and reinforcing each other's efforts. Rights are just another turf on which a larger struggle is being fought. Rather than being averse to rights, anti-rights actors are part of larger attempts to limit democratic space and autonomy and limiting rights is just another tool in the process that is designed to maintain patriarchal, colonial, heteronormative discourses that support capital and political power and social control.

Even though anti-rights actors have differences in their motivations and ideology for operating in defence of religion, family, culture, tradition, capital etc, they have a cumulative effect that enables them to contribute to one massive threat. Proponents and defenders of rights have struggled to make progress against anti-rights actors because they have underestimated the collective power of these actors, seeing them as individual or separate actors, and failing to see them as the movement that they are.

According to a March 2021 report by Elevate Children Funders and Global Philanthropy Project there are significant differences between how the anti-rights and pro-rights movements are resourced and sustained. For instance, while anti-rights funding timeframes can be in the range of 40-50 years, rights proponents often receive support over a 1–5-year period. Secondly, while anti-rights are encouraged to be innovative in their approaches and given core funding, most rights advancers receive project-based funding. Additionally, where rights funders are seeking to avoid duplication, the anti-rights movement uses duplication as an intentional strategy to embed and reinforce ideas.

Some of the most visible strategies being employed by anti-rights actors include,

1. Religious and Cultural Framing

Anti-rights actors frequently frame SRR issues as threats to traditional African values and religious norms. Religious leaders and groups, particularly from conservative Christian communities, often label SRR efforts as "Western impositions" that undermine local cultures. This narrative fuels stigma and resistance toward discussions on topics like contraception, abortion, and comprehensive sexuality education (CSE). Within the Zimbabwean context, like many other African countries, people rely on family and community and so what family members and community members think of you impacts your social capital. In such communal societies stepping outside the accepted religious or 'cultural' behaviour carries a risk. As one interviewee shared, when she became pregnant without being married, her fathers rage was more about what family members and community members would think of him and his family than anything else.

An interview with a young lesbian identifying woman named Cassie revealed how religious beliefs are not only about anti-rights actors but how religious doctrine impacts those needed SRR protections themselves.

I didn't know what was going on and I think I really struggled with denial. I prayed a lot. I prayed a lot. I remember doing this prayer saying, God you didn't seek lesbians or gays, so why am I attracted to women... For me it was that, if you are a lesbian, you are a Satanist....²²

2. Political and Legislative Tactics

Anti-rights actors often lobby governments to introduce or uphold restrictive laws on abortion, LGBTIQ+ rights, and CSE. In many African countries, legislation heavily influenced by religious conservatism imposes restrictions on reproductive health services and sexual rights. For instance, laws banning same-sex relationships, or highly restrictive abortion laws, are justified under the guise of protecting national identity or morality. In some instances, even the government is aware of the risks and cost of not providing adequate SRR services but out of fear of antagonising the masses or 'losing votes' they hold on to their conservative rhetoric in public while supporting organisations such as PSZ to function and provide health services such as post-abortion care.

3. Use of Misinformation and Fear

Anti-rights actors frequently disseminate misinformation, particularly around abortion and CSE. In many African countries, myths about SRR are rampant, such as false claims that CSE promotes sexual promiscuity or that legalizing abortion leads to moral decay. Misinformation campaigns often leverage media, especially social media, to spread these ideas widely. Keeping pregnant girls in school was also peddled as a form of encouragement to teenagers to have sex.

4. Strategic Alliances with Political Power

Many anti-rights actors have cultivated close relationships with political elites to push their agendas. In exchange for electoral support, politicians often advance conservative agendas on SRR. In some cases, politicians adopt anti-SRR stances as part of broader nationalist or populist movements that claim to

²² Interview by Chigudu R (PhD thesis) with Cassie 2019.

protect "family values." In Zimbabwe the alliance between the ruling ZANU-PF and the apostolic sect is one such example. In exchange for a voter base, they turn a blind eye to some problematic practices including sexual abuse inappropriately called 'child marriage', or refusal to access health centres for child birth leading to women dying in child birth.

5. Criminalisation and Harassment

In countries where SRR issues are particularly contested, anti-rights actors support the criminalization of activists and the organizations that promote sexual rights. This includes harassment, arrests, and legal actions against SRR proponents, particularly those advocating for abortion rights and LGBTQI+ equality. The experiences of GALZ raids are case in point.

6. International Networks of Conservative Movements

Anti-rights actors in Africa often receive ideological and financial support from global conservative networks, particularly from organizations in the United States and Europe. These networks fund anti-abortion campaigns, religious institutions, and anti-LGBTQIA+ movements across the continent, providing resources to sustain anti-SRR campaigns.

7. Weaponization of Morality

Anti-rights actors often frame SRR advocacy as immoral, focusing on the supposed breakdown of family values and societal integrity. This moral framing appeals to conservative sections of the population, galvanizing grassroots resistance to SRR advancements.

Impacts of anti-right discourse on SRR proponents

The impacts of working and existing in oppressive and repressive contexts that limit freedoms, autonomy and agency cannot be trivialised. Rights proponents, organisations, collectives, movements and individual activists working to advance SRR have to contend with significant challenges, some of which are listed below;

Stigmatization and Social Backlash

Religious and cultural actors, particularly from conservative Christian and traditionalist backgrounds, often oppose SRR advancements, framing them as immoral or against cultural norms. SRR activists are frequently stigmatized as promoting Western ideologies that undermine local values, making it difficult for them to engage communities. This stigmatization can result in social ostracism for activists, who are viewed as being out of touch with "Zimbabwean values." This creates an environment where SRR advocacy is not just difficult but dangerous, with activists facing backlash both socially and professionally.

Political and Legal Challenges

Anti-rights discourse influences Zimbabwe's legal and policy framework, particularly concerning issues like abortion and LGBTQ+ rights. Criminalization of same-sex relations and severe restrictions on abortion under the Termination of Pregnancy Act creates a hostile legal environment that not only limits the scope of SRR interventions but also forces activists to work within restrictive policies that impede the provision of services. For example, SRR organizations are often cautious about addressing LGBTQ+ issues openly due to fear of government reprisal, raids, arbitrary arrests, or heavy regulation and even closure of organisations.

Reduction of SRR Funding and Support

Anti-rights rhetoric impacts donor priorities by painting SRR advocacy as controversial or risky. As a result, funding is often directed away from progressive SRR initiatives to less controversial areas. Activists are sometimes pressured to frame their work in non-threatening ways, diluting the SRR messaging. Some international donors have had to redirect funding due to increased opposition, forcing SRR organizations to work under constrained resources, limiting the scale and effectiveness of their programs. SRR advocates are often overwhelmed by the need to counteract the spread of

misinformation, diverting resources and attention from other critical areas. This constant battle against falsehoods can reduce the efficacy of SRR advocacy and erode public trust in health and rights organizations.

Psychological Strain and Burnout Among Activists

Working in a hostile environment takes a toll on SRR advocates, many of whom face harassment, threats, and personal attacks. The constant pushback from anti-rights actors creates a psychological burden on activists, leading to burnout and reduced capacity to sustain long-term campaigns. The fear of legal repercussions is also significant for those addressing issues like abortion or LGBTQ+ rights, causing stress and anxiety among activists.

Delaying Progress on Gender Equality and SRR Advancements

The opposition from anti-rights actors has delayed legislative reforms and undermined efforts to meet international commitments like Sustainable Development Goal 5 (gender equality) and SDG 3 (good health and well-being). Policies aimed at promoting SRR often face protracted resistance, making progress slow and inconsistent.

The involvement of international conservative organizations increases the power and reach of anti-rights actors, making it harder for local SRR advocates to counteract well-funded opposition. It also globalizes the anti-rights discourse, as international figures often weigh in on local SRR debates, complicating advocacy strategies for SRR movements.

The threat of criminalization discourages activism and leads to self-censorship. SRR organizations operate in fear of backlash, which hinders their ability to mobilize communities or openly advocate for legal reforms. This also impacts funding, as international donors may be reluctant to support organizations that face legal risks. Some mainstream SRHR organisations steer clear

What strategies are rights proponents using?

Despite the many challenges faced, it would be remiss to neglect some of the creative strategies that SRR proponents, organizations, and movements in Zimbabwe have adopted to address opposition, including from cultural, religious, and political anti-rights actors. Here are some key strategies being employed:

Community-Based Dialogues

Recognising that that families and communities are the first site of engagement for most SRR issues, SRR proponents have invested in community dialogues that demystify sex and sexuality. Organisations like Katswe Sistahood support dialogue spaces called *Pachoto* while organisations like SAYWHAT targeted tertiary institutions for the same. These dialogues engage local leaders, religious figures, and community members in non-confrontational discussions about sexual health, reproductive rights, and human dignity. By framing SRHR issues in the context of family welfare and community health, SRR collectives are creating a space for conversations without overtly invoking rights language, which can be polarizing. This approach encourages gradual shifts in attitudes.

Religious Framing and Partnerships

In a country where religious opposition is a significant barrier, some organizations have engaged faith-based leaders and communities in discussions on SRR. By connecting SRR issues to religious values like compassion, dignity, and the health of the family, these movements soften opposition to reproductive rights. For example, religious leaders are sometimes invited to join HIV/AIDS awareness and prevention programs as a gateway to broader reproductive health issues.

Art and Cultural Expression

Art, theatre, and music have become powerful tools for advocating SRR in Zimbabwe. Youth-led organizations use creative storytelling, street theatre, and music to engage communities in difficult

conversations about sexual violence, abortion, and LGBTQ+ rights. These forms of expression reach audiences in ways that traditional advocacy may not, by resonating with cultural norms and providing a less threatening way to confront sensitive issues. Activities such as the Vagina monologues and pop up theatre events constitute some creative interventions that open space for spontaneous dialogue and information sharing.

Youth Engagement and Digital Campaigns

SRR organizations have increasingly turned to digital platforms and social media to engage young people, who are often more open to discussions around sexual and reproductive health. Campaigns such as "My Body, My Choice" use social media to spread messages about contraceptive access, comprehensive sexuality education, and the rights of marginalized groups, including LGBTQ+ individuals. These platforms also provide safe spaces for young people to learn, discuss, and mobilize, away from the public eye where opposition may be more intense.

Legal Advocacy and Strategic Litigation

Legal advocacy groups have used strategic litigation to challenge restrictive laws, especially around issues like abortion and child marriage. For example, organizations like the Zimbabwe Lawyers for Human Rights (ZLHR) work to challenge laws that limit SRHR, while also training young lawyers to engage in SRHR advocacy. This strategy relies on legal frameworks such as constitutional protections and international human rights law to press for reforms. The change in the legal age of consent in Zimbabwe from 16 to 18 can be attributed to this approach.

Building Alliances Across Movements

SRR proponents are forming alliances with other social justice movements, such as those advocating for gender equality, human rights, and health rights. By positioning SRR within broader movements for social justice, they gain more visibility and support, making it harder for anti-rights actors to isolate SRR as a single, controversial issue. These alliances also help integrate SRR into national policy discussions on health and development. The Zimbabwe Feminist Forum (ZFF) and WcoZ are examples of alliance spaces across diverse issues. Some interesting work was also made possible under the Spotlight initiative.

Engagement with Policymakers

Proponents are using evidence-based research and data to engage with policymakers, showing the impact of restrictive SRR policies on public health and economic development. By focusing on the practical implications of poor SRR, such as increased maternal mortality or the economic burden of unsafe abortions, organizations frame SRR as a development issue rather than a moral one, appealing to policymakers' practical concerns. Approaching SRR as a social and developmental issue is what enabled HIV/AIDS interventions to gain mileage and facilitated conversations that were otherwise seen as taboo. SRR collectives are continuing to use this approach to tackle SRR challenges.

Capacity Building and Training

Many organizations are focusing on training young activists, healthcare providers, and local leaders on SRHR issues. This grassroots capacity building is essential for long-term change, as it creates a network of knowledgeable advocates who can lead the charge in their communities. This approach also helps address opposition from within, by ensuring that the next generation of leaders is more open to progressive SRHR policies.

Wellbeing and collective care

Increasingly organisations and collectives are seeking ways to advance their work while also paying attention to the wellbeing of individuals and the collectives that are working to drive change. Burnout, poor mental and physical health, depression and even suicide are threats to activist and their movements and the conscious integration of wellbeing and care practices in organisations has been able to improve conditions. Some activists and rights proponents have taken on individual practices whilst some

collectives continue to attempt to institutionalise wellbeing using tools such as ‘Strategies for building organisations with a soul’²³ and numerous other guides and tools.

Masking

Another strategy utilised by organisations is masking meetings and other convening spaces. For instance conversations on abortion are hosted under the banner of maternal health which is a more ‘acceptable’ topic. Similarly organisations or collectives working on issues that are deemed controversial often couch them as something different in order to be able to organise without hinderance.

By using these creative strategies, SRR proponents in Zimbabwe are finding ways to engage with communities, challenge opposition, and advocate for more progressive policies, all while navigating a complex and often hostile environment. Many collectives have also tactically circumvented legal and policy change as they recognise that there is change that can still be achieved without this. For instance, in the case of abortion services, there are a range of organisations that have been permitted to offer ‘post-abortion care’ services in Zimbabwe. This service facilitates access to safe and legal abortion and post-abortion care services without having new legislation that decriminalises abortion. The challenge however is that within the existing legal framework, advertising and awareness raising at a massive scale is required as there is already a belief that no safe, legal services exist. In essence it is challenge for people to access a service they are not aware exists.

Recommendations for partners

While the literature paints a relatively bleak picture of SRR in Zimbabwe, conversations with SRR proponents offered glimmers of hope and also challenge the seemingly ‘tried and tested’ approaches to SRR that have been used for many decades. The conversations provoked the question, ‘do we need entirely new approaches to SRR.’

By assessing the state of sexual and reproductive rights (SRR) in Zimbabwe through the three critical categories, namely i) thematic intervention approaches, ii) implementers and donors, and iii) anti-rights actors – this study surfaces opportunities for exploration by Afrikagrupperna partners and other SRR organisations in Zimbabwe.

Thematic Intervention Approaches

The detailed thematic mapping of sexual and reproductive rights (SRR) programs and policies in Zimbabwe has uncovered a variety of strategies aimed at enhancing sexual and reproductive health. Key initiatives include increasing access to contraceptives, targeted interventions to reduce maternal mortality, support services for sexual and gender-based violence. However, the landscape is marked by continued tensions surrounding comprehensive sexuality education, restrictive policies on abortion as outlined in the Termination of Pregnancy Act, and laws against same-sex unions and sexual activities.

It is imperative to continuously theorize and evaluate both progress and regression in SRR to comprehend the prevailing realities and the underlying causes. Identifying global and local factors responsible for these changes is crucial. Understanding these factors can reveal that positive change is possible and multifaceted, influenced by various contributors. For example, policy advancements in one area can create a conducive environment for further progress or, conversely, harden opposition and restrict progress in other areas. This nuanced understanding can guide SRR collectives and organizations in determining optimal moments for advocacy and when to organize quietly in preparation for more favourable conditions.

²³ Chigudu H & Chigudu R, Strategies for Building an Organisation with a Soul, Air for Africa (2015).

Two activist interviewees pointed out that outdated programming persists despite shifts in contextual realities due to antiquated policies and the lack of updated guiding action and implementation plans for SRR programs. Recognizing and addressing these gaps is essential for ensuring that SRR interventions remain relevant and effective in meeting the current needs of the Zimbabwean population.

Additionally there are significant opportunities within the context. Changes such as the revised legislation on the legal age of consent indicates some progress.²⁴ According to UNICEF, the legislation raising the age of consent for sexual relations to 18 years, will contribute to a reduction of sexual abuse of children and adolescents, which continues to be a concern in Zimbabwe. Given that available data suggest that in Zimbabwe, over a third of girls experience sexual violence before the age of 18 years. For most of these girls, the perpetrators are intimate partners.²⁵

Implementers and Donors

A diverse array of organizations and entities is responsible for implementing and funding SRR interventions in Zimbabwe. These include international organizations such as UNFPA, numerous local NGOs addressing various SRR issues, and government bodies. This study underscores the crucial role of civil society networks in expanding access to services and information, particularly for vulnerable populations. These organizations, as significant providers of SRR services, have been instrumental in advancing SRR efforts.

A key learning from this mapping is that organizations need to develop alternative approaches to addressing SRR in Zimbabwe. An interviewee highlighted a critical point: "If we go to the largest women's rights organization in Zimbabwe at the moment, we will see the same faces and hear the same conversations as we did ten years ago." While established organizations might continue with the same personnel and rhetoric, there is also a growing presence of newer, younger organizations attempting to innovate. A healthy blend of experienced older organizations and inventive younger ones could benefit the SRR community. As one interviewee noted, "Those who are trying to do things differently have stopped talking to people who are unwilling to change; instead, they are creating their own small spaces and trying to make a difference there. The challenge, though, is that the impact of that work is more localized and does not translate for the masses."

One the other hand funding remains a significant challenge, with many organizations being forced to adapt their work to align with funding trends rather than focusing on the issues or strategies they deem most important or impactful. A young activist articulated this issue: "If the donors say they are funding initiatives to prevent child marriages, we all end up with a child marriage project in our organizations." General SRR funding is scarce, as most donors have fixed priority areas. There is a pressing need for unrestricted funding for SRR organizations in Zimbabwe, and implementing organizations may require support in holding funders accountable to support SRR efforts in ways that best advance SRR goals.

Anti-Rights Actors

Cultural, religious, and political anti-rights actors pose significant challenges to the advancement of SRR in Zimbabwe. These actors often perpetuate stigma and oppose policy reforms that enhance SRR. Qualitative research, particularly on women's agency in their SRR decision-making, can provide deeper insights into the barriers imposed by these anti-rights actors. In accessing SRR services such as accessing a morning after pill, healthcare providers can be visibly judgemental. One of the activists interviewed shared an experience where she went for HIV testing with her female partner some years ago and once the counsellor realised they were a couple she spent most of her time trying to persuade

²⁴ Criminal Laws Amendment (Protection of Children and Young Persons) ACT 2024 No. 1.

Section 78(1) of the Constitution of Zimbabwe provides that only persons who have attained the age of 18 have the right to found a family.

²⁵ UNICEF Statement on Zimbabwean law raising the age of consent to 18 years, January 2024.

them that they were going through a passing phase and would find their way to men and would end up married to men. Therefore instead of discussing safer sex options for them she discussed safer sex practices for heterosexual couples. Incidents like this discourage health seeking behaviour by individuals that fear they will be judged.

This mapping identifies opportunities for challenging anti-rights forces by categorizing these actors into various sub-groups: traditional conservatives, opportunists who use anti-rights discourse when convenient, the fearful who support anti-rights due to a lack of courage to challenge the majority, and those who simply have not been exposed to different perspectives or have never considered certain rights issues deeply.

As one interviewee stated, "There are so many people that have never really thought about abortion because nothing in their lives has necessitated it, so they just parrot what other people say. Only when they are required by situations to think more deeply do they actually apply their minds to the issue." This suggests that while there are entrenched religious, cultural, and political actors driving an anti-rights agenda, some individuals within these groups may be more open to change when faced with personal circumstances or alternative information.

A deacon from a local church shared her hope that God would protect her daughter from sin and pregnancy but admitted that if her 17-year-old daughter became pregnant, she would consider abortion, despite her uncertainty about going through with it. This highlights the existence of a "moveable middle" among anti-rights actors, suggesting that SRR proponents need to be more deliberate in identifying and engaging with these individuals.

Seeing all anti-rights actors as a monolithic group with uniform ideas and logic leads to missed opportunities in advancing SRR. Differentiating between the various motivations and levels of openness among anti-rights actors can provide strategic entry points for advocacy and dialogue, ultimately facilitating more effective SRR interventions.

One activist mentioned that while the government does not permit through law, the provision of sexual health services to minors, it has however given permission to some organisations to provide such services. While this may seem progressive the challenge remains that young people are unlikely to seek services they know they are not legally entitled to thus keeping the uptake of services low.

Another matter tied to limiting operating space for NGOs is the PVO Bill which if passed can be used to target organisations working on human rights and governance issues or any other contentious issues making SRR organisations especially LGBTIQI+ organisations particularly vulnerable. The pending Bill will essentially deregister organisations not currently registered as PVOs and gives them 6 months to register as a PVO. This is such that SRR organisations that are deemed a threat or 'unacceptable' by the government can be denied registration.

The main form of resistance to the Bill by civil society is aimed at trying to prevent it from passing in its existing form. Various attempts have been made to ease the regulations being imposed through presentation of alternative clauses, however only very few of these have been accepted. Some organisations in anticipation of passing of the Bill have attempted to register as PVOs so as to limit interruption of activities should the Bill come into effect but registrations appear to have been halted pending the passing of the Bill. Some organisations have set up offshore accounts, some have registered in other countries as regional organisations and others are looking to operate at a local level through informal movement structures. This pattern of increased regulation is not unique to Zimbabwe it is part of a global shrinking of civic space, Georgia for example is experiencing similar regulations under the

‘Foreign agents law’. Just Associates offers an interesting analysis on shrinking space, proffering that space for groups such as women and LGBTI+ persons has always been limited.²⁶

Where to from here?

The findings underscore the need for more robust, and diverse approaches to SRR. Efforts must focus on reducing multiple barriers to policy implementation, addressing underlying conditions such as violence that hinder women's and girls' ability to exercise their SRR. This aligns with the Guttmacher–Lancet Commission's recommendations, emphasizing the importance of contextual factors in achieving gender equality and empowering women and girls (Starrs et al., 2018).

This study highlights the complex landscape of SRR in Zimbabwe, calling for continuous theoretical and practical advancements to ensure comprehensive and equitable access to SRR and related services. Incorporating diverse methods and focusing on both policy and grassroots levels will better address the multifaceted challenges and drive meaningful progress in SRR.

Innovation is essential for SRR proponents in Zimbabwe. Unconventional and unusual approaches are necessary to open spaces that are continually closing. Creating change is challenging when people are in their comfort zones, as few are willing to move from what is known and certain to what is new and uncertain. Change often comes from periods of crisis and uncertainty, as seen during the HIV/AIDS epidemic and the peak of COVID-19, which opened up otherwise unimaginable conversations about sex and public health.

SRR activists must consider how to create the kind of discomfort that drives change within communities. This involves fostering open conversations and dialogues about seemingly taboo SRR issues and engaging in discussions that start with humanity rather than rights. By compelling individuals to see the human aspect behind SRR issues, activists can make these conversations more relatable and less alien. Such efforts can already be seen in the resistance strategies being employed by SRR proponents such as story-telling, theatre, monologues, film, radio programs that offer humanising stories of people that enable people to see the human before employing a legal or moral gaze.

Narratives in various forms present a compelling opportunity to drive change beyond rights-based approaches. SRR groups can immerse communities in realities that highlight the injustices faced by marginalized groups whose SRR are being limited and denied. A combination of showing, telling, and challenging is needed to make progress. It is important to meet people where they are to ensure they hear and understand, but it is equally crucial to challenge and guide them toward a more tolerant and just way of existing.

In moving forward it is also helpful for Afrikgroep partners and SRR proponents to recognise that the opposition is not one monolithic category of actors. There are a range of actors, old-school traditional and conservative anti-rights actors, opportunistic anti-rights actors who act in service not of an overall ideology but in service of their needs in any one moment, for instance political leaders during election periods and finally the less informed actors that operate from the information they have but would behave differently if exposed to different information. As such it is important to invest in different approaches for tackling these different groups.

Conclusion

This SRR mapping exercise in Zimbabwe has provided a detailed and nuanced understanding of the current landscape of sexual and reproductive rights (SRR) in the country. Through an extensive review

²⁶ JASS Just Associates, An overview on civic space, enabling environment and human rights defenders (2022)

of thematic intervention approaches, the roles of implementers and donors, and the impact of anti-rights actors, several critical insights have emerged that can guide future SRR initiatives and policy developments.

The mapping revealed a variety of strategies implemented to improve SRR outcomes including, efforts to increase the availability of contraceptives have shown progress, but the unmet need remains high, particularly among adolescents. Initiatives to reduce maternal mortality are crucial but need to be intensified, given the persistent high maternal mortality ratio. CSE Programs aimed at educating young people on SRR are essential yet face significant cultural and religious opposition.

Tackling GBV through legal reforms and support services is a priority, with ongoing efforts to enhance protection and assistance for survivors. Advocacy for liberalizing restrictive abortion laws is critical to reducing unsafe abortions and associated maternal health risks. Continued focus on prevention, treatment, and support for HIV/AIDS is vital, given the high prevalence rates.

A diverse array of international organizations, local NGOs, and community-based organizations play pivotal roles in SRR interventions. Key players such as UNFPA, IPPF, USAID, ZNFPC, PSZ, and various grassroots organizations have been instrumental in advancing SRR. These entities not only provide services but also advocate for policy changes and address societal attitudes towards SRR. Sustainable funding remains a challenge, necessitating innovative funding mechanisms and accountability from donors to support priority SRHR issues effectively. The anti-rights terrain is dominated by fundamentalists who claim to speak on behalf of religious, cultural, and traditional institutions. These anti-rights actors also include right wing movements and corporate/private actors.

As profoundly articulated in the AWID Rights at risk 2021 report ‘We hold no illusions about the limitations of existing human rights frameworks and institutions in overturning injustices rooted in centuries of patriarchy, colonialism, white supremacy, and other forms of oppression. At the same time, we recognize these spaces as an important front on which a struggle is being waged – a struggle between those that believe that everyone is entitled to their human rights, and those who wish to erode this principle of universality and make rights the preserve of a powerful few.’ Anti-rights discourse and practice though increasingly evident is not a new phenomenon that the world is contending with. It is rather a continuity that exists despite efforts for the advancement of rights and perhaps magnified by increased efforts at advancing rights.

It is not all rights that are under threat, as a result of anti-rights discourse there are a range of rights issues that have been at the fore and these include, sexual and reproductive rights, and gender discourse. These anti-rights actors perpetuate stigma and oppose policy reforms, complicating efforts to enhance SRR. Understanding the diverse motivations and influences of these actors is essential for developing effective counter-strategies.

The efforts of SRR proponents are critical in driving positive change. By fostering collaboration between international bodies, local organizations, and community leaders, these proponents work tirelessly to promote SRR. However, the persistence of outdated policies and programming highlights the need for continuous updates and context-specific strategies to remain effective.

The comprehensive mapping of SRR in Zimbabwe underscores the complexity of the landscape and the multifaceted challenges faced by proponents. To advance SRHR effectively, it is imperative to integrate diverse approaches, continuously update policies and programs, and foster innovation. Understanding and addressing the underlying cultural, religious, and political factors will be key to creating a more supportive environment for SRR. By leveraging the strengths of both experienced organizations and innovative new actors, and by securing sustainable funding, Zimbabwe can make significant strides towards achieving comprehensive and equitable access to SRR for all its citizens.

The results of this study offer partners of Afrikgroeperna a valuable opportunity to gain insights into the complex dynamics surrounding SRR in Zimbabwe. By leveraging these insights, partners can

enhance their capacity for informed decision-making, strategic engagement, and effective advocacy, ultimately contributing to the advancement of sexual and reproductive rights in the region

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