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African Masculinities, Sexual and Reproductive Health : The Case of AICs in Zimbabwe

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15 African Masculinities, Sexual and Reproductive Health

The Case of AICs in Zimbabwe

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Abstract

Throughout the world, there are still strong social and cultural norms that perpetuate power imbalances between men and women. While men usually have more agency than the women in their lives, men's decisions and behaviours are also profoundly shaped by rigid social and cultural expectations related to masculinity. For this reason, there is an increasing amount of research output recognizing the impact of religion and culture on sexual and reproductive health-care utilization in Africa. Connell (1998), MenEngage (2016), Ezra Chitando & Susan Mbula Kilonzo (2018), Desi Dwi Prianti (2019) Mbah (2019), Chitando & Chirongoma (2012), Sokfa (2013) and many more highlighted that there is a growing realisation that masculinities are not uniform and that they are expressed in diverse and sometimes conflicting ways. It is hypothesized in this chapter that some religious beliefs and cultural practices in Africa can influence the gender disparities that can affect sexual and reproductive health care of a people. Considering this backdrop this chapter examines the influence of African masculinities in sexual and reproductive health care using the belief systems and practices in African Indigenous Churches in Zimbabwe. The paper pays particular attention to two dominant issues in traditional African sexuality such as marriage and family planning. Extensive published literature and interview discussions were used to gather data for this paper.

Keywords: African masculinity, reproductive health, African Indigenous Churches, sexuality, reproductive health, Zimbabwe

Introduction

Echoes on the effects of African masculinity on sexual and reproductive health in Africa continue to increase in number and intricacy. Scholars from the health fraternity, social sciences, humanities and theology have

expended considerable intellectual energy to understand the impact of African masculinity on sexual and reproductive health care. Using African Indigenous Churches as a case study, this chapter seeks to address the following questions: What is the impact of African masculinity on sexual and reproductive health care? Do African indigenous beliefs and practices on marriage and family planning promote or threaten sexual and reproductive health of the people of Zimbabwe? Can the interface between religion and masculinity be understood in a blanket way, or do scholars need to assess specific aspects of religion to determine their impact on sexual and reproductive health? These questions have generated a sizeable body of literature that has brought a definite shape to the study of African masculinities and their effects on sexual and reproductive health. This chapter, therefore, conceptualizes African masculinities and their impact on sexual and reproductive health among AIC members in Zimbabwe. Since AIC belief systems and practices are highly influenced by African traditional beliefs and practices, this paper pays particular attention to issues of marriage and family planning in relation to sexual and reproductive health care in Zimbabwe. The chapter argues that developments in African masculinity provide new insights into the discourse on religion and sexual and reproductive health in Africa. The chapter is divided into three major sections. The first section is a conceptualisation of sexual health and reproductive health. In the second section, the paper provides an overview of the literature on African masculinities. The third section explores the interface between African masculinity and sexual and reproductive health in Zimbabwe through the prism of AICs' belief systems and practices. Considering that African masculinities, as espoused in AICs and their impact to sexual and reproductive health, the paper concludes that AIC beliefs and practices should be transformed for inclusive transformation in the Zimbabwean society. Data for this chapter were largely gleaned from published literature and interview discussions.

Conceptualisation of Key Terms

For us to understand the impact of African masculinity on the sexual and reproductive health among members of AIC in Zimbabwe, we need to define key terms such as sexual health, reproductive health and African masculinities.

Sexual health defined

According to WHO (2006a) "Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." However, it should be noted that sexual health cannot be defined, understood or made operational without a broad consideration of sexuality, which underlies important behaviours and outcomes related to sexual health. Thus, the working definition of sexuality is:

> "...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors." *(WHO, 2006a)*.

Reproductive Health: A Definition

The WHO report (2006a) quoted the Cairo definition of reproductive health which asserts that "Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes." This being the case, reproductive health is viewed as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases (WHO, 2006b).

Understanding African Masculinities

For us to understand the impact of African masculinities on sexual and reproductive health we need to understand the concept of masculinity in general and African masculinity in particular. According to Desi Dwi Prianti (2019) the subject of masculinities has long been absent from scholarly discussions of gender in many developing countries. But in the Western world, the concept has enjoyed considerable attention within gender studies. Of those who discuss the subject, most do so only in a contemporary context rather than linking it to sexual and reproductive health care utilisation. Therefore, to give more nuance to the study of African masculinities and its impact to the sexual and reproductive health in Zimbabwe, this section highlights some of the works published on this subject.

The proverbial wisdom has been that 'all men are the same' yet research has shown that there are different ways of being a man. Barker & Ricardo (2005b) argue that the versions of manhood in Africa are socially constructed; fluid over time and in different settings; and plural. For this reason, it should be noted that there is a general acceptance of the plural 'masculinities' ahead of the singular 'masculinity' in current scholarship. Masculinity, according to Connell (2005a), is defined as the activities and actions that men and women engage in to illustrate social gender roles, with its applicability manifesting in their bodies, culture, or personality. Connell posits four types of masculinities namely: hegemonic, complicit, subordinated, and marginalized these types are described more as positions in relation to one another than as personality.

The hegemonic position is the currently accepted male ideal within a particular culture at a particular time. Hegemonic masculinities are responsive to patriarchy's determinants and dimensions. Connell (2005b) recognizes that not all men fit into the hegemonic masculinity model, but they nevertheless benefit from the patriarchal model, which favours men in general by establishing women's subjugation.

Subordinate masculinity, according to Connell (2005a) is a form of masculinity in which a person lacks many of the qualities of hegemonic masculinity while also expressing qualities opposite to hegemonic masculinity. For example, it may involve acting in a feminine way, being overly emotional, or not being heterosexual.

Complicit masculinity refers to a man who admires or does not challenge hegemonic masculinity, even if he does not fit within the category (Connell, 2005b). Marginalized masculinities explore how men in precarious

positions in different countries and social contexts understand and experience their masculinities, focusing on men who are viewed as being marginal in a range of fields in society including the family, work, the media and school.

Given the four categories of masculinities as propounded by Connell (2005a), it should be noted that African masculinities are not uniform and monolithic, not generalizable to all men in Africa, and that masculine behaviours in Africa are not natural or unchanging suggesting the possible emergence of new (and less violent and less oppressive) ways of being masculine (Morrell & Ouzgane, 2005:8-9). Barker & Ricardo (2005b) have examined young men and the construction of masculinity in sub-Saharan Africa, with special focus on HIV & AIDS, conflict and violence. They counsel that, a gender analysis of young men must consider the plurality of masculinities in sub-Saharan Africa. For them, there is no typical young man in sub-Saharan Africa and no single version of manhood. There are numerous African masculinities, urban and rural and changing historically, including versions of manhood associated with war, or being warriors and others associated with farming or cattle herding. There are indigenous definitions and versions of manhood, defined by tribal and ethnic group practices, and newer versions of manhood shaped by Islam and Christianity, and by Western influences, including the global media (Barker & Ricardo, 2005a). This entails masculinities are malleable, and men are susceptible to change. For Morrell (2001:7), this reassures gender activists of the possibility of transforming masculinities.

According to Barker & Ricardo (2005b), African masculinities are fragile since they are constantly breaking down and new ones formed. This is why we hear religious and theological circles say, 'men are capable of being born again'. As a result, it is not surprising to see men who have been anti-women becoming their partners in struggle. This means that diehard supporters of inequitable gender norms and values can become the most passionate defenders of religio-cultural resources in the emergence of liberating "more peaceful and harmonious masculinities" (Morrell, 2001:7).

Sokfa, Siwila & Settler (2013) are of the idea that contemporary discussions on masculinity in the face of gender-based violence and HIV & AIDS, religion and culture have often been abused by men to perpetrate (and perpetuate) gender-based violence and to have multiple sexual partners. Religious and cultural ideologies have reinforced hegemonic masculinities. These are masculinities that are widely perceived as the most

desirable and as having the most power in each society (Connell, 1995). Some men appeal to "ancestral traditions" or "sacred texts" to defend patriarchal privileges. Sokfa, Siwila & Settler (2013) recognize that masculinity has generally played an important role within faith communities and other religious structures and seeks to interrogate this interface. Cognisant of the role of religion and culture in discourses on masculinities and the HIV & AIDS pandemic, there is need to mobilize men in faith communities to become advocates of gender justice.

Chitando & Chirongoma (2012) reviewed an extensive literature about masculinities in Africa, and they observed that there is an appreciable increase in the literature addressing masculinities in Africa. For the duo, it has become clear to various stakeholders that the struggle against HIV & AIDS can become more effective by including men as partners. Thus, research and publications on masculinities may enable policy makers to design more effective HIV & AIDS programmes. It is therefore crucial for any individual or organization desiring to work with men in the present time of HIV & AIDS to become familiar with the latest material on masculinities (Chitando & Chirongoma, 2012).

A decolonial psychologist and men and masculinities studies scholar, Kopano Ratele (2017), acknowledges that the production of masculinities involves some active participation by individual males referred to as agency. These males sometimes choose what kind of masculinity they perform within a particular socio-economic context or as a result of the images of specific masculinities they have been presented with. He concluded that in order to properly engage issues of masculinities in Africa, the connection between the social-psychological experience of being male and the socio-economic and political realities of Africa must be taken seriously. In this case Kopano Ratele (2017) added that masculinities are not only produced socially but psychologically as well.

Within the theological discourse on masculinities in Africa, the Zimbabwean scholar of religion, Ezra Chitando (2007, 2013) acknowledges the diversity of masculinities and also the hierarchy of masculinities with hegemonic masculinities being the most dominant and dangerous form which does not only dominate women but other men as well. Chitando & Chirongoma (2013) focus on the oppressiveness of masculinities towards women and children and often speak of dangerous masculinities with reference to men's practices in more general terms. In his work, 'Religion and masculinity in Africa: Opportunity for Africanization' Chitando (2013), avers that dangerous masculinities thrive because of the privileged

position patriarchy afford men for the simple reason that they are males. According Sokfa, et al. (2013) behind Chitando's engagement with masculinities is a strong critique and intolerance towards patriarchy. He critiques the religious and cultural practices, as well as the employment of related resources to sustain patriarchy and the consequent dangerous masculinities, which have been socially constructed to place men and their desires over women and children (Sokfa, et al. 2013).

It should be acknowledged that Chitando's writings on African masculinities display an evident optimism about the ability of men to change, as evident in the fact that he frequently challenges them to do so and to adopt masculinities that are life-giving. However, this change for Chitando would not be complete unless it involves a complete rejection of patriarchy, and notions such as the delineating of duties associated with care to women and headship to men (MenEngage, 2016).

It should be acknowledged at this juncture that most of the publications on masculinities make references to men's high rating of having sexual intercourse as a key part to what it means to be a man. According to Simpson (2005:584) men feel they must, as boys, struggle among their peers to achieve manhood, and this routinely involved trials of physical strength, and for many, unprotected sex. Barker and Ricardo (2005:38) maintain that ideals of masculinity such as those which espouse male sexual needs as uncontrollable, multiple partners as evidence of sexual prowess, and dominance over women (physical and sexual), can place both young men and young women at high risk of HIV infection. The Southern Africa HIV & AIDS Information Dissemination Service (SAFAIDS,2021) and its partners have produced valuable material on men and HIV & AIDS in Southern Africa. The organization examined men's vulnerability to HIV & AIDS, drawing attention to the socialization of boys and men regarding their role in sex. It is in light of this backdrop where the next section of this chapter is going to examine the impact of African masculinities on the sexual and reproductive health among members of the AICs.

African Indigenous Churches, African Masculinities and Sexual and Reproductive Health in Africa

The impact of African masculinity on sexual and reproductive health on AIC members seems to be a neglected area. Gregson, Zhuwau, Anderson & Chandiwana (1999) examine the influence of religion on demographic

change in rural Zimbabwe and discovered that certain religious beliefs and practices encouraged people to have more children and hence promote population growth. Kambarami (2006) examined the issue of femininity, sexuality and culture: patriarchy and female subordination in Zimbabwe. For him, it is African cultural practices that are used to promote male supremacy and female inferiority. Maguranyanga (2011), Machingura (2011) and Musevenzi (2017) discovered that African independent Apostolic churches' doctrine of having a diet of wives is under threat due to views coming from pressure groups. It is important to note that these professionals pay little attention to the impact of African masculinities on the sexual and reproductive health in Zimbabwe. But scholars like Chitando (2007) examine how the efforts of Zimbabwean Pentecostals in producing responsible men in the time of HIV & AIDS and how their commendable effort is limited by their use of patriarchal ideas, language and frameworks, amongst other things. Chitando (2008) critically examined the issue of unsafe sexual practices perpetuated by men. He challenges men to adopt more humane practices and encouraged solidarity with women as something that both African Traditional Religions and Christianity have to offer, and which is a necessity for the transformation of masculinities in Africa. It is from the views and recommendations of Chitando and other scholars where this section examines the impact of African masculinities on sexual and reproductive health in Zimbabwe using the prisms of AICs.

AICs and Sexual and Reproductive Health

In this chapter, African Indigenous Churches is used to refer to those churches that have originated in Africa and are not dependent on any religious groups outside Africa for its funding, leadership and control. These are the African churches that have and retain an African ethos and whose theology has developed a distinctive flavour (Hayes 2005:1-2). Despite a variety of these churches in Zimbabwe, there are salient features and characteristics common to all. As a result, respondents from the Zion Christian Church (ZCC) and Johane Marange African Apostolic Church (JMAAC) were purposively selected. Thus, these two churches were selected simply because they share very close beliefs and teachings pertaining to the status of men and women and their sexual and reproductive health rights. For Maguranyanga (2011:15), these two branches of AICs

are 'ultra-conservative' as their beliefs and practices towards marriage and family planning is concerned. Thus, the two emphasised more on the utilisation of African cultural traditions that allow the practice of polygamy and use of traditional methods of family planning. So, what follows is data presentation and discussion on the impact of African masculinities on sexual, and reproductive health in AICs as exhibited in their marriage systems and family planning practices. To establish this, the researcher sought responses from interviewees who are office bearers in the two selected AICs in Harare metropolitan province. For purposes of anonymity, these interviewees are given pseudo names in relation to their churches. Thus, respondents from Apostolic churches (JMAAC) are coded AC1 to AC5 while respondents from Zionist churches (ZCC) are coded ZC1- ZC5.

AICs and Marriage

Interviews conducted among office bearers in the JMAAC and ZCC churches indicated that monogamous and polygamous forms of marriages are commonly accepted in these churches. In almost all these churches polygamy is an acceptable and valid form of marriage and monogamy has been traditionally associated with people of lower social status. According to Interviewees AC1 and AC2 have claimed that the more wives a man has, the more children he is likely to have, and the more children, the greater the chances that the family will enjoy immortality. Interviewees AC3 and ZC5 are major proponents of polygamy and agreed in principle that to marry one wife is like being one-eyed, while having two wives can be compared to having two eyes, and therefore being capable of seeing far more. From these views, we can see that polygamy as one form of marriage which is rampant in AICs is a clear manifestation of the oppression of women. This study concurs with Chitando & Chirongoma (2012) who proposed that any aspect of African culture which keeps women in bondage or reinforces their inferiority must be challenged. In this case AIC 'Men Can, Should and Must Change' as proposed by Chitando (2013). Chitando has drawn our attention to the urgency and need for African men to challenge themselves and work for individual and social transformation in terms of gender relations.

There are also other forms of sexual unions or practices that are related to marriage in JMAAC and ZCC churches that are used to promote African masculinities. For instance, all the interviewees indicated that in their

churches a*rranged intimacy (kupindira) is used as a* remedy for the problem of infertility. In line with this view, Mbiti (1969:105) conveys the importance of childbearing in African marriages. For him: "Marriage and childbearing are the medicines against death. While death continues to demolish life, marriage and childbearing keep ahead of it all the time." The Zionist office bearers interviewed for this paper quoted the story of Abraham and Hagar, which suggests the permissibility of polygamy in instances of barrenness. This view was also echoed by interviewee AC4 a member of the JMAAC who stated that "If a wife is barren, it is indeed her duty to give such a consent, and even to exhort the husband to take another companion as Sarah did of old." This view was echoed by interviewee ZC3 when he stated that a wife's infertility is a valid reason for her husband to seek another. From these two views above, one can see that polygamy is the "kindest" solution in the case of a wife who is infertile, because this is preferable to being expelled from the household and having to look for another husband. This is a clear sign that in AICs, the principal aim for marriage is to bear children. The interviewee ZC5 who is the ZCC office bearer married to two wives indicated that, "In our church, we do not just marry for personal fulfilment or for mutual pleasure of the spouses, but procreation is a duty to be fulfilled." To support the view that members of AICs marry for the purposes of procreation, a thirty-nine-year-old man who belongs to the JMAAC indicated that he is married to five wives and has nineteen children (Interviewee AC2). Another thirty-five-year-old member of the Zionist church is married to three wives and has sixteen children (Interviewee ZC2). Of interest, most Bishops and senior office bearers in the ZCC and JMAAC churches are married to more than five wives and have more than thirty children (Interviewee AC1 and ZC1). Most AIC members are of the belief that giving birth to many children guarantees eternal life. A traditional African man needs many children especially sons to ensure the survival of the lineage and to increase his power within the clan. For this reason, Mbiti (1969:133) argues that marriage and procreation amongst the African communities are a unity; without procreation, such marriage is incomplete.

In relation to the issue of polygamy, this study also discovered that the ZCC and JMAAC churches believe and accept other forms of marriage such as arranged marriage (*kuzvarira),* taking over brother's wife after his death (*kugara nhaka)* and child marriage (*kuroora vana vadiki*). All these forms of unions are used to promote African masculinities and hence un-

dermine the sexual and reproductive health care of the girl child. Superiority of men over women is also exhibited in the Zionist and Apostolic churches' attitude towards family planning methods.

AICs and Family planning

Family planning enhances efforts to improve family health, and this is done in two ways namely, traditional and modern/medical. Traditional methods of family planning include fertility awareness methods.[1] On the other side, modern family planning services include counselling and provision of contraceptive methods which include oral contraceptives, implants, injectable contraceptives, intrauterine devices (IUDs), condoms (male and female), emergency contraceptive pills, lactational amenorrhea method, basal body temperature method, among others (http://jnfpb.org/why-traditional-methods-of-contraception-dont-always-work/).

From the fieldwork conducted for this paper, it was discovered that the Zionist and Apostolic churches have problems with modern or medical methods of family planning. As a result, advocates of medical family planning methods sometimes clash with members of these churches. In this case some of the traditional beliefs, religious practices, and lack of male involvement have weakened modern family planning interventions. However, research by Goodburn et al. (1995), Adedibu (2018), Chikwature and Oyedele (2016), Gregson et al. (1999), Kenneth et al. (2016) and Tsara (2019) have confirmed high unmet needs for family planning in sub-Saharan Africa in terms of the number or percentage of married women in African Indigenous Churches who say they prefer to avoid a pregnancy but are not using any contraception method. Thus, interviewees from the Zionist and Apostolic churches indicated that their churches forbid sexual relations between a husband and wife during pregnancy as well as the time when a wife is nursing a child. Most of the women interviewees confirmed that once they become pregnant, they stop having sexual relationships with their husbands and resuming only after the baby is weaned. Instead of using the modern medical family planning methods, or waiting

[1] Basal Body Temperature method, Sympto-thermal method and Calendar-Rhythm method) and Withdrawal; http://jnfpb.org/why-traditional-methods-of-contraception-dont-always-work/.

for three years before resuming sexual relations, most Zionist and Apostolic men might then decide to venture into polygamous families. In some instances, the woman herself may suggest that her husband take another wife, as this may reduce the chance of him being unfaithful during such a long period of abstinence.

Female interviewees AC2 and AC5 from the Johane Marange African Apostolic Church expressed concerns about potential negative repercussions of contraceptives on their bodies. These female interviewees revealed that there are many rumours circulating in their churches about side effects of contraceptives. For them modern medical contraceptives cause gynaecological cancer, dangerous alteration of menses, and permanent unwanted sterilization. As a result, these women are hesitant to use modern medical methods of family planning (Interviewees AC2 and AC5). The male interviewees ZC1 and ZC3 in the ZCC also reported that there is a strongly held belief that women are born with a specific number of eggs, and that women must give birth to all of them, or risk being made ill by the eggs that remain in their bodies. These interviewees from the Zion Christian Church also expressed concern that modern medical family planning can produce children with birth defects.

One of the senior office bearers in the Zion Christian Church believes that modern medical methods of family planning have side effects. For him, "If you use the birth control pill you can give birth to either a child without fingers or toes, not fully developed, maybe they are just half. Maybe the head is twisted sideways, maybe s/he has no legs, maybe handicapped" (Interviewee ZC3).

Discussion and analysis

The above responses point to the fact that despite the church teachings that emphasize that their members should not go to hospital, church leaders are also now acknowledging that there are many more diseases now compared to the time the leaders formulated their church doctrines. Thus, going to hospital becomes a positive move towards improving the girl's sexual and reproductive health and rights, particularly during and after pregnancy for they will go for some check-ups for various sexual and reproductive health related issues. However, the church is still in a dilemma about whether it should fully grant its members permission to go to the hospital. As a way of evaluation, the AICs are embracing the teachings of

ACCZ. Though it is taking a long time, they will finally transform most of their teachings.

In a study of African Indigenous Churches and reproductive health, Tsara (2019) discovered that most of the AIC women testified that they had empowered themselves by finding ways to access modern medical family planning methods. For Tsara (2019) there is need for women empowerment in order to promote sexual and reproductive health care in AICs. This implies that there is a growing consensus that sexual health cannot be achieved and maintained without respect for, and protection of, certain human rights. So, from the research findings above on the impact of African masculinities on sexual and reproductive health care among members of the Zionist and Apostolic churches, we can deduce that to a greater extent, these churches violate human rights that are already recognized in international and regional human rights documents and other consensus documents and in national laws which are associated with the fulfilment of sexual health. In this case, these churches' belief systems and practices associated with marriage and family planning methods are not respecting, protecting and fulfilling women's sexual and reproductive health and rights. Thus, rights to marry and to find a family and enter marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage; the right to decide the number and spacing of one's children are in serious violation in Zionist and Apostolic churches in Zimbabwe. Hence there is need to educate members of the Zionist and Apostolic churches about sexual and reproductive health and rights and promote redemptive masculinity as proposed by Chitando & Chirongoma (2013). This is so because sexual rights protect all people's rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination." (WHO, 2006a, 2010). This is in line with MenEngage (2016) and Chitando's (2013) call to arms that, "Men Can, Should and Must Change."

Conclusion

Given the definitions and conceptualisation of sexual and reproductive health, African masculinities and the area of marriage and family planning, this paper concludes that African traditional beliefs and biblical views about men and women affect the sexual and reproductive health

care of the majority members of Zionist and Apostolic churches. Thus, most of the approved methods of marriage and sexual unions in most AICs place women in precarious positions. In this case, women are not given opportunities to choose their male partners, but the 'Holy Spirit' and 'tradition of the elders' are used to choose the girl child's husband and methods of family planning. Further, through the practice of polygamy, AIC women are denied a safe sex life. These women are not given the freedom to decide if, when and how they want to be involved in sexual activities. On a sad note, only men have the prerogative to decide whom they want to marry, when and how to do sex. Men are equated to bulls which do not resort to one wife. For this reason, this paper recommends that both men and women should have the right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the international laws and statutes. Thus, the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant should be encouraged in AICs. This will reduce the dangers of hegemonic masculinities which are prevalent in the Apostolic and Zionist marriage systems and family planning measures.

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