

# **ZJER**

**ZIMBABWE JOURNAL OF EDUCATIONAL RESEARCH**

**Volume 27 Number 3**  
**November 2015**



**UNIVERSITY OF ZIMBABWE**

**Volume 27, Number 3, November 2015**  
**ISSN 1013-3445**

<b>Contents</b>	<b>Page</b>
Engineering Education in Zimbabwe from Antiquity to the Present <i>D. J. Simbi</i> .....	335
The Importance of Play in Early Childhood Development: Implications on Design and Technology Education in Zimbabwe <i>Peter Kwaira</i> .....	353
Co-incidence or Collusion: An Analysis of the Relationship between the Proposal to Ban the Use of Contraceptives and Lowering the Age of Consent in Zimbabwe <i>Barbra C. Manyarara</i> .....	371
Navigating New Horizons: An Analysis of Factors that Influence Computer Literacy among Undergraduate Students <i>Herbert Zirima , Takupiwa Nyanga &amp; Priscilla Zirima</i> .....	394
School Head Leadership Style and Its Perceived Influence on Teachers' Performance in Bikita District Rural Secondary Schools of Masvingo Province <i>V.I. Oyedele, C. Chapwanya &amp; D. J. Fonnah</i> .....	409
An Anatomy of Curriculum Innovation Failure: The Case of Political Economy in Zimbabwean Secondary School Sector <i>Manasa M. Madondo</i> .....	439
Primary School Composite Class Teaching and Learning Mode: Views of Some Stakeholders <i>Nyaradzo Machemedze &amp; Emmanuel Chinamasa</i> .....	455
Liberating Africa's Future Generations from the Myth of Redemptive Violence through Peace Education <i>Oswell Namasasu, Venesencia Mupfururirwa &amp; Anna Mupawaenda</i> .....	485
Reviewer acknowledgements.....	504

# **Co-incidence or collusion: An Analysis of the Relationship between the Proposal to Ban the use of Contraceptives and Lowering the Age of Consent in Zimbabwe**

***Barbra C. Manyarara***

Department of Curriculum & Arts Education  
University of Zimbabwe

## **Abstract**

*In this study, a look at developmental pronouncements made by public officials titled Proposal A and Proposal B which suggest: a) the banning of the use of contraceptives to encourage rapid population growth which the public official believes could in turn, drive the growth of the economy, and, b) lowering of the age of consent to twelve years are made. Both proposals by these experts in their separate fields do not appear focussed on children's best interests as is inherent in the Zimbabwe Constitution (2013), the African Children's Charter and the United Nations Children's Fund (UNICEF). Zimbabwe is a signatory to both charters. The present paper, taking a social psychological approach, examines the combined ramifications of the two suggestions to find out to what extent these policies are child sensitive and how any enactment of these potential proposals could impact on girl children in particular and Zimbabwean society at large. While both proposals were intended as panaceas for the two unrelated social situations, it was found that that, if passed into law, the two proposals would severely affect children's sexual rights and also swell the already dangerous levels of poverty in Zimbabwe.*

## **Introduction**

Proposal B (*The Chronicle*, 2015, June 19) sought to lower the age of consent less than a year after Proposal A had advocated the banning of contraceptive use in Zimbabwe. The timing of the two proposals may have been coincidental but

the impact on the social psyche is unfortunate and retrogressive. Both notions have caused disquiet among the citizenry from ordinary Zimbabweans to experts in related fields. The suggestion that contraceptives be banned in Zimbabwe has not enjoyed much support locally except for those who believe the *ubuntu/unhu* behavioural parameters could control youth entry into premature sexual activity, for example Nziramasanga (1999); and Marindo, Pearson and Casterline (2003). A US-based public commentator Professor Ken Mufuka (2014) believes that the Registrar General must be taken seriously because "... the western countries have the habit of using unsuspecting developing countries as guinea pigs for experimental drugs" Implicit support for Proposal B may be understood from strongly traditional ethnic groups such as the two-toed Doma people of Kanyemba and the San of Plumtree in Zimbabwe, besides various apostolic sects, particularly the Johanne Marange sect (Dube, 2014). However, even the balance of nature theory falls short as explanation for the rejection of contraceptives by these sections of the Zimbabwean population.

A Zimbabwean demographer Mhloyi (2014) has challenged Proposal A on the basis of the link between over-population and poverty and believes in optimum population growth that matches economic growth and so advocates contraception (*The Chronicle*, 2014, July 17). However, the population matrix was further complicated by the revelation by Proposal B that the courts were progressively lowering the age of consent in Zimbabwe to 12 years from 16 by refusing to send child sex predators to jail (*The Chronicle*, 2015, June 19). While the notion motivates fresh debate on child sexual abuse, child marriages and other related social and health concerns, the present researcher sees an implicit link between the ideas of the two very influential patriarchs. If suggestions and observations contained in Proposal B were effected, Zimbabwe

would be one of the few countries in the world to have responded to the child sex crisis by lowering the age of consent because in most countries the tendency has been to raise it, mostly to sixteen years for girls according to Marmará (*Times of Malta*, 2015, June 24). Thus most civil society organisations in Zimbabwe have rejected the proposal outright as without merit. For example, Chief Charumbira (2015), the President of the Chief's Council of Zimbabwe categorically rejected Proposal B and thought it an affront to Shona traditions on marriage. He believed the age of consent ought to be raised beyond the early twenties. All the same there are others who believe that lowering the age of consent would in fact reduce instances of sexual predation against children. Thus the present task is to determine if in fact the two proposals are child sensitive social policies that are innocent of any collusion and connivance and are genuine, but unpopular attempts to solve Zimbabwe's developmental problems.

### **The study area**

The current paper is a debate of the potential effects of the two proposals that seek a ban on contraceptive use and lowering of the age of consent from sixteen down to twelve in Zimbabwe. Media reports of public reaction to these suggestions shape this socio-cultural debate that also has strong political undertones to it.

### **Importance of study**

The current paper contributes to on-going debate by analysing the relationship between the proposal to ban contraceptive use and to lower the age of consent in Zimbabwe. The public needs a balanced account to justify or repudiate the two notions as the ideas deeply affect children who lack a general capacity to contribute to a discussion that affects their rights from the unborn to age eighteen when they reach their majors. The education system suffers high rates

of attrition through child marriages and the gains made in wide provision of educational opportunities are often undermined when under-age girls leave school to 'get married' to their perpetrators as noted by Feltoe (2015). Thus there is a felt need to study the two policy proposals concurrently because they seem to feed off each other in terms of their potential effects on children, especially girls.

### **A brief review of literature**

Contemporary Zimbabwe is dogged by poverty, disease and a socio-political disfunctionality that the country's new constitution and economic blue prints have not satisfactorily addressed. Admittedly, use of contraception in colonial Rhodesia was a negative population control measure against the growth of the African population as pointed out by Mudede and Hondo (2014). From experience, the researcher can confirm the existence of a pre-independent policy that critically undermined the rights of black women in hospitals and clinics through injecting new mothers with the drug *Depo-Provera* without consultation or counselling. This fact alone may have affected the numbers of certain age groups but other factors, such as the liberation war in Zimbabwe (circa 1966-1979), severely depleted numbers as did the emergence of HIV and AIDS pandemic from the early eighties to date. To this list can also be added measles as a contributor to high infant mortality figures. Added to these population deflation factors are certain religious sects that discourage use of both traditional and western medical procedures and products such as modern contraceptives among their followers. Despite unproven efficacy of traditional contraceptives, some rural women use traditional contraceptives for fear of the side effects of the modern ones (Jaravaza, 2013). Thus, the lack of population growth such as is envisaged by Proposal A is not entirely depended on current use of western manufactured contraceptives only; there are other extraneous

factors, chief of which is plainly economic. The current economic situation has driven millions out of Zimbabwe in search of greener pastures (Moyana, 2010). On the other hand, as noted by Museka, Phiri, Kaguda and Manyarara (2013), like everywhere else in the world, the trends towards sexual liberalisation have been driven in the main by the availability of birth control tools but there is ample evidence to suggest that even in developed countries and despite free availability of prophylactic contraception, youngsters still practice underage sex without using protection (as noted by Gurdof, 1999; Moore, Fohwirth & Miller, 2000). To go by media reports in Zimbabwe, adults are the usual perpetrators of child sexual abuse. Already there exists in Zimbabwe, a trend towards unplanned parenthood where girl children in particular fail to complete school and achieve their potential because of early marriages, a factor that contributes nothing but problems to the individual's social well-being or the country's economy. The population growth encouraged by Proposal B can easily be achieved by a liberalisation of sexuality such as is encouraged through an enactment of Proposal A into law but it may not be what the nation wants or is ready to embrace. Proposal B argues:

... 12-year old girls are capable of consenting to sex and making decisions on marriage. ... marrying was an option for underage girls, who were neither going to school nor work (*The Chronicle*, 2015, June 19).

Admittedly Proposal B based his proposal on situations already obtaining. The courts of law are already giving lenient sentences to sexual transgressors, perhaps outrageously suggesting that sexual violence against a minor is a lesser crime compared to stock theft for which deterrent sentences are meted out, as noted by Taderera (2015). Feltoe (2015) observes ambiguity in the law that governs crimes of sexual abuse against children and that such law can and has

been exploited with impunity.

The only support for Proposal B's ideas, besides distant overtures by Ken Mufuka (2014), may be found in the Eurocentric arguments forwarded by several Britons. According to Graham (2014), Patricia Hewitt (a Labour cabinet minister) had, in 1976, called for sexual law reforms. She called for lowering the age of consent from sixteen down to ten and also called for the legalisation of incest between consenting adults. She has since apologised for having raised these ideas in the first place (*The Telegraph*, 2014, February 28). John Spencer (2009), a law professor (cited in Macadam, 2015), observes that the laws on sexual offences are heavy-handed and unenforceable with severe penalties for 'minor offences'. From a different angle, a leading health expert, Ashton (2013) believes that a lower age limit would help teens get sexual health advice. He says:

... youngsters get the most incredible messages from pornography, social media. This needs to be corrected by having open discussion in a sensible environment (*The Guardian*, 2013, November 18).

Macadam (2015) further draws examples of calls to lower age of consent from law enforcement agencies in the United Kingdom for such reasons as: the existing law did not distinguish between sexual abuse and 'youthful natural instinct'; and, men as old as thirty who have sex with underage girls should not necessarily be classified as paedophiles. Perhaps these authorities are adults who just do not believe that many children are not mentally or physically ready for sex. Needless to say, the 2009 British proposal to lower the age of consent was thrown out by a society that tends to be even less conservative in its attitudes towards human sexuality than the Zimbabwean societal mores that are largely premised on the African philosophy of *unhu/ubuntu* and its thrust on



morality as a possible holistic strategy against the spread of HIV and AIDS through the twin evils of child sexual abuse and child marriage (Museka et al., 2013).

It is important however, to note that these are viewpoints held by individuals who have professional credibility in their fields but such views must be explored and robustly challenged (Walker & Harris, 2009). The present paper does not support either Proposal A that seeks to ban the use of contraceptives nor Proposal B that suggests lowering the age of consent down to twelve years from the official sixteen in Zimbabwe. These are on-going and recurrent debates which even if for now, though Proposal B has backed down, require serious attention. Thus what is intended here is a scholarly desk study of the interrelatedness between the two notions through evaluating the degree of child sensitivity evident in these proposed changes to social policies and what role the education system can play in mitigating the effects of such proposals should they be passed into law.

### **Banning use of modern contraceptives and population growth in Zimbabwe**

Modern contraception has its problems just as traditional practices were not fool proof. Lobbying for a ban on the former is based on studies of their effects in combination with societal attitudes as posited by Jaravaza (2013). It is argued from an outsider's position: the proposal was not made by a woman. The personal and private nature of contraceptive use falsifies his use of female witnesses to buttress the arguments before the Parliamentary Committee on Women Affairs, Gender and Community Development to explain the dangers of birth control methods (*NewsdzeZimbabwe*, 2015, July 08). Panic had been caused among users of the products especially through his accusations of

Western policies that seek to control black population growth (*ZimEye, The Truth, The Future*, 2014, May 27). Infinitesimal backtracking is noted here because previously Proposal A's media campaign against contraception had been based on a perceived need to grow the Zimbabwean population for development. However, he erroneously premises the growth of China's economy on her large population but it is common knowledge that Communist China constituted a one-child policy from the late 1970s to reduce the growth rate of the country's enormous population, a trend that has persisted into the twenty-first century (Pletcher, undated). There is need on Proposal A's part to appreciate that more people do not necessarily translate to bigger markets and better economies, one only has to consider the case of Namibia and of Botswana. Both countries have strong economies but relatively small populations.

Rapid population growth in Zimbabwe, as anywhere else in the world, can no longer be independent of economic resources because the higher mortality rates of yester year were balanced off by higher birth rates which were promoted by a simple economic system that is no longer tenable in the country. Added to economic reasons is the fact of Zimbabwe's sovereignty that has seen women's rights articulated through policy. Dube (2014) in defence of the need of contraception and the role of family planning argues:

... research has emphasised the links between contraceptive use and later ages of marriage, smaller families, longer birth intervals and the ability of couples to plan when and how many children to bear. These outcomes are in turn linked to improvements in infant, child, and maternal health as well as to improved social and economic roles of women (*The Chronicle*, 2014, July 21).

Dube (ibid) further cites the current Minister of Health and Child Welfare in

Zimbabwe's support for contraception. He attests:

HIV and AIDS' prevalence rate in the country had decreased drastically from about 29% to 13% as a result of condom use, resulting in health and socio-economic benefits (*The Chronicle*, 2014, July 21).

The diametric opposition to the use of contraception in Zimbabwe is not idealist but grows out of recognition of the undermining of the gains of independence through poor governance rather than population control measures. The tragic consequences have their deepest effects on the girl child and society at large needs to recognise the vulnerability of this section of the population should the country's policies lack the necessary sensitivity to the special sexuality challenges that girls, more than boys, face.

### **Current laws on child sexual abuse and age of consent in Zimbabwe**

The age of consent in Zimbabwe is set at sixteen years for both sexes but as the media inform us, sexual abuse of children and minors has become a prevalent offence. Cissé Mariama Mahomed (2015), the African Union co-ordinator of the African Committee of Experts on the Rights and Welfare of the Child confirms that Zimbabwe is among Africa's leading countries in child marriages. The lowering of the age of consent is likely to boost such figures. The two ideas of child and childhood are relevant for understanding any objections raised against Proposal B's intention to lower the age of consent from sixteen to twelve. Chronological age is not the only descriptor of the two notions of child and childhood. The metaphysical and ontological status of children determines a particular society's development because, as observed by Ndofirei and Shumba (2014, p. 233):

... [T]he notion of 'child' cannot be discussed outside the

dimensions of childhood as a social phenomenon. ... child is not a natural or universal category, predetermined by biology, nor is it something with a fixed meaning. On the contrary, childhood is historically, culturally and socially variable. ... meanings of childhood and child ... are subject to a constant process of struggle and negotiation in public discussions including *the media, in the academy and in social policy; and in interpersonal relationships, among peers and family members* [emphasis in italics mine].

The preceding citation, if applied to Proposal B to lower the age of consent, can be interpreted as a wish on Proposal B's part to shift the general understanding of what is a child and childhood in the Zimbabwean milieu from both the traditional and the more current perspectives as premised on the sexuality of legal minors. Thus this is an attempt to dislodge the specific notion of what constitutes a child and childhood in Zimbabwean culture because among the competences expected of a child, sexual awareness and indulgence are not the norm for most. The attendant early or child marriages likely to result from a lowering of the age of consent curtail a child's future prospects of a decent life and can even be a matter of life and death considering the ravishing effects of HIV and AIDS. The chances of social mobility possible through education are usually undermined by underage sex and child marriage.

The Convention on the Rights of the Child defines a child as any human being under the age of eighteen, unless the age of majority is attained earlier under a state's own domestic legislation (Killias, 2000). Except for the purpose of a person's sexuality and driving a motor vehicle in Zimbabwe at least, age eighteen is the benchmark for any other freedoms such as the right to vote, to drink, to marry, and so on. Further to the stipulation, Article 19 of this

convention states that, "... state parties take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical and mental violence" ([www.unicef.org/crc/files/Rights-overview.pdf](http://www.unicef.org/crc/files/Rights-overview.pdf)). Sexual abuse is a violation against a child and imbued in the concerns articulated in the Zimbabwe Constitution (2013). Article 19. (2) which stipulates that:

The State must adopt reasonable policies and measures, within the limits of the resources available to it, to ensure that children -

(c) Are protected from maltreatment, neglect or any *form of abuse* [emphasis mine] (Zimbabwe Constitution, 2013, p. 20).

Thus any suggestion to lower the age of consent is a detrimental intrusion on children's constitutional right to protection against sexual abuse that is all too often accompanied by physical violence against a child. Thus Proposal B may be a response to the prevalent child sexual abuse of children but may not necessarily be the ideal solution to the problem society faces that manifests through Zimbabwean courts. Many more cases go unreported therefore perpetrators may repeatedly molest children but remain unanswerable for their crimes. Statistics from the Zimbabwe Republic Police estimate that at least as many as one hundred girls are sexual abused every day in Zimbabwe, thus giving the country the doubtful honour as one of the top five countries in Africa with the highest prevalence rates of child sexual abuse (National Baseline Survey on Life Experiences of Adolescents Report, 2011; Feltoe, 2015). The problem is further exacerbated by the fact that some children have no birth documents. In the event that they are violated, their perpetrators can go scot-free for lack of proof of the child's legal incapacity to consent to sex.

## **Methodology**

A social psychology approach was engaged through a documentary survey of various reports on the two propositions namely, Proposal A on banning of modern contraceptives and Proposal B that advocates lowering the age of consent from sixteen to twelve to enable an assessment of whether the two debates do not fuel each other. The timing might be mere coincidence and not collusion on the part of the patriarchs to solve the envisaged problem of a declining population by lowering the age of consent. With the banning of modern contraceptives being part of the agenda, the resulting child marriages can yield the numbers Zimbabwe is thought to need and concurrently deal with the growing numbers of child sexual abuse cases brought to court. However, it is not really conceivable why Zimbabwe is thought to need a bigger population when in fact she can barely cope with the current one that is just above 13 million (ZIMSTAT, 2012). The country is already reeling from numerous problems such as failure to provide for adequate housing, education, health, energy, employment besides other various necessities. It is against this background that reports from the media, UNICEF, police and public lectures yielded data on attitudes, beliefs and the inherent ambiguities in the laws that govern criminal procedures in cases of child sexual abuse that result in an extremely impoverished country that seems to have lost all the initial gains made in the first twenty years of independence from minority rule..

## **Findings of the study**

The different reports on the banning of contraception showed a marked reaction to the proposal and recognition of Proposal A's capacity to propose and influence social policy. The pronouncement was first made at a Sunday address to Family of God Church congregants commemorating Africa Day in Kambuzuma suburb in Harare in 2014. Proposal B's presence was by invitation

by the church leadership, but clearly buttressed by the added presence of senior government officials and ruling party ZANU-PF officials, thus, perhaps subliminally lending political weight to the proposal (*ZimEye: The Truth, The Future*, 2014, May 27). Proposal A was premised on anticipated future manpower (sic) needs. Reflective of the occasion, the debate initially focussed on biblical teachings citing *Genesis* 32 v 12 "... and make thy seed as the sand of the sea ..." and *I Kings* 4 v 20 "... [T]he people of Judah and Israel were as numerous as the sand on the seashore ..." (*New International Version*). However, his detractors in turn cite *Romans* 14 v 4 "... [W]ho are you to judge the house servant of another? To his own master he stands or falls" (*New International Version*). Although no exegeses were attempted by the media bloggers, they engaged with the process of forming opinions grounded in biblical authority on the appropriacy and legitimacy of the proposal. Only a few people initially contested Proposal A on the basis of individual rights to provision of health services as enshrined in the country's constitution Chapter 4, Part 2, Article 76 (1) which reads:

Every citizen and permanent resident of Zimbabwe has the right to have access to basic health-care services, *including reproductive health-care services* [emphasis in italics mine].

From the constitutional perspective therefore, Proposal A's proposal clearly transgresses women's rights in particular but also contradicts the demographic and economic realities facing Zimbabwe.

The 2002 and 2012 Zimbabwe official population censuses registered a zero population growth rate of 1.1%, that is, both censuses had the same growth rate with no acceleration. That lack of growth can be accounted for by migration according to Tevera and Zinyama (2002), Polzer (2008) and Chiumia (2013).

While there is no reliable data on Zimbabweans living in the diaspora, many of the migrants attest to political uncertainty, economic hardships and falling standards of living, push factors that have little to do with contraceptive use. Different estimates of Zimbabweans living outside the homeland variously show a population depleted by migration back home. The United Nations Development Programme (UNDP) suggests three-four million, that is, a quarter of Zimbabwe's population is in the diaspora with the heaviest concentration in South Africa followed by the United Kingdom (Dale, Hawkins, Kanyenze, Makina & Ndlela, 2010). This means that out-migration has had a stronger negative impact on the country's human capital base than the perceived 'conspiracy theory' effects of contraception. The skills base implied in Proposal A on contraception ban is a dream not easily realisable as long as the current political and economic climate does not normalise (Dale et al, 2010). As posited by Murithi and Mawadza (2011, p. 118):

... the majority of Zimbabweans in the United Kingdom had high levels of pre-migration qualifications, fluency in English and professional employment among Zimbabwean refugees.

The Proposal A's argument can be understood as an attempt to address skills flight, but a growing population has to be supported by political stability and a robust economy among other factors to harness the chronic skills flight and the disempowerment of the country's citizens abroad, a situation not likely to alter because of a change in population policies alone. The suggestion to ban contraception might not be as innocent as it sounds at face value, especially as it is buttressed with skewed facts of Chinese growth that had to be deliberately stunted by a one-child policy. It is on the basis of such observations that Proposal B on lowering the age of consent may be thought to unwittingly feed into Proposal A that sought the ban on contraception to encourage a rapid



population growth rate. Both notions impact on children, especially educational prospects of girls, among other negative impacts. Currently there is a landmark case before the Constitutional Court in which two child brides have filed litigations against the government (*New Zimbabwe*, 2015, September 22). Ruvimbo Tsopodzi, a mother of one who was married at fifteen says:

I have faced so many challenges. My husband beat me. I wanted to stay in school but he refused. It was very, very terrible (cited by Emma Batha, *New Zimbabwe*, 2015, September 22).

Loveness Mudzuru the second litigant also shares the same grievances and believes that the laws of the country are discriminatory and out of tandem with the country's new constitution (Revised in 2013).

### **Literacy and child marriages**

Although literacy rate measurements and country to country comparisons are contested and arbitrary, Zimbabwe is a statistical paradox. With a 92.12 % literacy rate (*Financial Gazette*, 2015, June 4) conversely, Zimbabwe is one of the African countries with the highest child marriage prevalence (UNESCO Institute of Statistics, 2011). Child marriages are a phenomenon usually associated with poor educational rates. The age of consent, in its relation to child marriages, is clouded by the meaning generally attached to its prohibitions. The distinguishing aspect of the age of consent is that the person below the minimum age is regarded as the victim and their partner as the offender (Waites, 2005). The laws may also vary by type as follows: the type of act, the gender of participants or other restrictions such as the abuse of positions of trust, for example teachers and students. Legal minors may engage in sexual acts with each other but this does not carry the same severity of sentence as would the corruption of a minor which is interpreted as statutory rape or an

equivalent of rape and consequently carries the same sentence. However, according to Feltoe (2015), ambiguity in the laws allows offenders to get away lightly in cases of sexual abuse of minors and this may be interpreted as miscarriage of justice. There are indeed grey areas in the age of consent legislation with some countries hardly enforcing the law. Nevertheless, highly charged debates such as the current one in Zimbabwe reflect changing societal attitudes and realities.

Among the realities that dog Zimbabwe about the age of consent are increased concerns over child abuse and a recognition that the age of consent is more than a morality issue, children have the right to childhood and innocence (Robertson, 2009). Initiatives to change laws of consent may be efforts by individuals or groups seeking to alter or abolish existing age of consent laws for any of the following reasons:

- Introduction of close-in-age expectation;
- A change in the way that age of consent laws are examined in court;
- Either increase in age of consent or more severe penalties or both;
- Either decreases in age of consent or less severe penalties or both;
- Abolition of the age of consent laws either permanently or as a temporary, practical expedient (<http://chnm.gnu.edu/cyh/about>).

Thus the initiative to change the law governing the age of consent ought to be understood as an effort to plug specifically 'changes in the way that age of consent laws are examined in court' in Zimbabwe. The same initiative has such ramifications on Zimbabwean society such as increases in teenage pregnancy, accelerated rates of attrition in schools and rising poverty levels and a heavy dependent population. Increased adult sexual predation over children is also likely. These are outcomes that could harm both Zimbabwe's economy and

social sensibilities because what counts, in any economic development, is not necessarily population size but what a nation state can achieve within the limits of its resources and these are driven by the efficacy of its laws and policies. In Zimbabwe the laws governing what happens to children are simply premised on the best interests of a child (Constitution of Zimbabwe Amendment [No. 20] Act 2013, Chapter 2, Article 19, 1). Examining Proposal B in light of these regulatory guides shows a lack of sensitivity to the total picture of children's situation as victims of all kinds of abuse and especially sexual abuse. It is common knowledge that most cases of child sexual abuse go unreported, a situation that begs toughening rather than relaxation of the laws that govern child sexual abuse, early marriages and other attendant problems.

### **Educational implications of banning contraception and lowering the age of consent**

Recognisably, the two proposals under discussion in this article are attempts to address Zimbabwe's growing economic crisis in the main. The initiators of the two debates may not necessarily have intended the two ideas to fuel each other but the point is that they do. If society were to accept the ban on contraception, many more children would, in all probability, be born but such births are also likely to be boosted by the possibility of very young mothers whose child bearing ages would be much more extended. Unless vigorously supported by a rapidly expanding economy, the levels of poverty in particular, would rise because twelve-year olds are in reality seventh graders with no further schooling, no career and no means to support themselves, the family or the child. In a country already reeling from deeply rooted economic woes, children's rights to educational provision would be severely compromised. Ancillary to that could be escalation of unemployment levels, possibly accompanied by a rise in violent crime, prostitution and the scourge of

corruption for survival, over and above the risk of growing restlessness among the youth. The potential scenario militates against the usefulness of education for upward mobility, economic independence, sound decision-making abilities and all kinds of literacy, because child marriages can cause irreparable damage to the growth of young people. Indeed child marriage is an unavoidable potential consequence of lowering the age of consent that is essentially a human rights violation that robs children of their childhood and prevents them from obtaining an education, enjoying optimal health, bonding with others of their own age, maturing, and ultimately choosing their own life partners (Human Rights Bulletin, August 2014). In this way, the educational system is implicated policy-wise.

An important outcome of the two proposals was that although both were thought abhorrent in the main, they have raised debate with Zimbabweans from all walks of life participating in such discussions. This is clearly a manifestation of growing democracy in the country.

## **Conclusion**

The paper sought to establish to what extent the proposal to ban contraception could be linked to lowering the age of consent. It is concluded here that although there were no overt statements of intent to collude, however, the two notions fuelled each other so that a ban of contraception supported by a low age of consent could definitely create huge population growth levels. Proposal A reflects a belief in the ban of contraception as a panacea for economic stagnation while lowering the age of consent is conceived to be a possible panacea for rampant child sexual abuse in Zimbabwe. It is noted that debate generated by both proposals is important for Zimbabwe because it raises the awareness of Zimbabweans to the existence of these problems. Raising awareness is an

important strategy for forestalling the emergence of two extremely worrisome trends in the world today, namely child sex tourism and plain commercial sexual exploitation of children. Where these two practices have been allowed to flourish, education loses its importance for children and perhaps the rest of society.

## References

- Batha, E., (2015, September 22). Child brides take government to court over child marriage laws. *New Zimbabwe*, (Thompson Reuters Foundation), Retrieved from (<http://www.viewzimbabwe.com/news-21436-Child+br>).
- Charumbira, F., (2015, May 3). *Traditional leader's remarks*. Paper presented at the Faculty of Arts International Conference: Africa's Intangible Heritage and Land, University of Zimbabwe, Harare.
- Chiumia, S., (2013, November 5). How many Zimbabweans live in South Africa? *Africa Check*. Retrieved from <https://africacheck.org/reports/how-many-zimbabwe>.
- Dale, D., Hawkins, T., Kanyenze, Makina, D., & Ndlela. D. (2010). *The potential contribution of the Zimbabwe diaspora to economic recovery*. Working Paper 11, UNDP (Zimbabwe): Comprehensive Economic Recovery in Zimbabwe. Working Paper Series.
- Dube, Y., (2014, July 21). Zimbabweans need contraceptives. *The Chronicle*. Retrieved from <http://www.chronicle.co.zw/category/s6-demo.../1462/?...>
- Feltoc, G., (2015, August 26). *Strengthening our law on child sexual abuse. Child sensitive social policies*. Public Lecture Series, Women's University in Africa, Harare, Zimbabwe.
- Government of Zimbabwe. (2013). *Constitution of Zimbabwe Amendment [No. 20] Act 2013, Chapter 2, Article 19, 1*. Harare: Fidelity Printers and Refiners.
- Graham, G., (2014, February 28). Patricia Hewitt calls for age of consent to be lowered to ten. *The Telegraph*. Retrieved from (<http://www.telegraph.co.uk/news/politics/labour/106>).

- Gurdof, C. E., (1999). Sex and the single person. In R. W. Wolfe & C. E. Gurdof (Eds.), *Ethics and world religions: Cross-cultural case studies* (pp. 42-63). New York: Orbis Books.
- Jaravaza, D. C., (2013). Traditional contraceptives and indigenous knowledge systems in Mutasa District of the Manicaland Province of Zimbabwe [PDF]. *International Journal of Academic Research in Progressive Education and Development*, 2(2), 29-35.
- Macadam, D., (2015, August 20). Anger at calls to lower age of consent to 15. *The Daily Express*. Retrieved from <http://www.express.co.uk/news/uk/4462/Anger-at>.
- Mahomed, M. C., (2015). *Zimbabwe is among Africa's leading countries when it comes to child marriages*. UNICEF State of the World's Children Report, 2015.
- Marindo, R., Pearson, S., & Casterline, J. B. (2003). *Condom use and abstinence among unmarried young people in Zimbabwe: Which strategy, whose agenda?* Policy Division Working Papers. No. 170. Population Council.
- Marmará, D. Z., (2015, June 24). Lowering age of consent. *Times of Malta*. Retrieved from <http://www.timesofmalta.org/Lowering.age-of-consent>.
- Mhloyi, M., (2014, June 1). Large population will propagate poverty. *The Sunday Mail*. Retrieved from <http://www.sundaymail.co.zw/?p=5315>.
- Moyana, R., (2010). Critical introduction. In M. A. Nyota, B. C. Manyarara, & R. Moyana (Eds.), *Hunting in foreign lands and other stories* (pp. xi-xxxi). Harare: Priority Projects Publishing.
- Mudede, T., (2014, May 27). Stop using contraceptives. *The Herald*. Retrieved from <http://www.herald.co.zw/stop-using/contraceptives>.

- Mudedde, T., & Hondo, R. (2014, July 20). Birth control: Women must reclaim their bodies. *The Sunday Mail*. Retrieved from <http://www.sundaymail.co.zw/>.
- Mudedde, T., & Hondo, R. (2014, July 25). Birth control drugs – response to critics. *NewsDay*. Retrieved from <https://www.newsday.co.zw/2014/07/25/birth-control>.
- Mufuka, K., (2014, July 31). Mudedde must be taken seriously. *The Financial Gazette*. Retrieved from <http://www.financialgazette.co.zw/mudedde-must-be-taken-seriously/>.
- Murithi, T., & Mawadza, A., (2011) *Zimbabwe in transition: A view from within*. Sunnyside [Auckland, South Africa]: Jacana Media.
- Muscka, G., Phiri, M., Kaguda, D., & Manyarara, B. C., (2013). The prophylactics debate: Is unhu/ubuntu an alternative for Zimbabwe? *Zimbabwe Journal of Educational Research*, 25(1), 20-37.
- Ndofirei, A. P., & Shumba, A. (2014). Conceptions of “child” among traditional Africans: A philosophical purview. *Journal of Human Ecology*, 45(3), 232-242.
- Pletcher, K., (Undated). One-child policy: Chinese government programme. *Encyclopaedia Britannica*. Retrieved from <http://www.britannica.com/topic/one-child-policy>.
- Polzer, T., (2008). South African government and civil society's response to Zimbabwe migration [PDF]. *Migration Policy Briefs*, 22.
- Robertson, S. (2009) *Age of consent laws: Children and youth in history*. Sydney [Australia]: University of Sydney.
- Taderera, A., (2015, July 2). 'Fast girls', Tomana and the age of consent. *Her Zimbabwe*. Retrieved from: [herzimbabwe.co.zw/featured](http://herzimbabwe.co.zw/featured).



- Tevera, D. S., & Crush, J. (2003). The new brain drain from Zimbabwe [PDF]. *Migration Policy Briefs*, 29.
- Tevera, D. S., & Zinyama, L. (2002). Zimbabweans on the move: perspectives on international migration in Zimbabwe [PDF]. *Migration Policy Briefs*, 25.
- UNICEF (und.). *A summary of the rights of children under the Convention of the Child*. Retrieved from ([www.unicef.org/crc/files/Rights-overview.pdf](http://www.unicef.org/crc/files/Rights-overview.pdf)).
- Waites, M. (2005). *The age of consent: Young people, sexuality and citizenship*. Basingstoke, New York, Houndsmill: Palgrave Macmillan.
- Walker, K., & Harris, S. (2009, September 2009). Age of consent storm over BBC debate about making sex legal for girls under sixteen. *Mail Online*. Retrieved from [www.academia.edu/.../It\\_is\\_What\\_Girls\\_of\\_Indifferent\\_Character](http://www.academia.edu/.../It_is_What_Girls_of_Indifferent_Character).
- Zimbabwe Human Rights Forum. (2014, August). *The Human Rights Bulletin* (English), 98.
- Zimbabwe National Statistics Agency (ZIMSTAT). (2012). *National census report of 2012*. Retrieved from ([www.zimstat.co.zw/dmdocuments/census/.../NationalReport.pdf](http://www.zimstat.co.zw/dmdocuments/census/.../NationalReport.pdf)).
- Zimbabwe National Statistics Agency (ZIMSTAT), United Nations Children's Fund (UNICEF) & Collaborating Centre for Operational Research and Evaluation (CCORE). (2013). *National Baseline Survey on Life Experiences of Adolescents Report, 2011*.



This work is licensed under a  
Creative Commons  
Attribution – NonCommercial - NoDerivs 3.0 License.

To view a copy of the license please see:  
<http://creativecommons.org/licenses/by-nc-nd/3.0/>

This is a download from the BLDS Digital Library on OpenDocs  
<http://opendocs.ids.ac.uk/opendocs/>