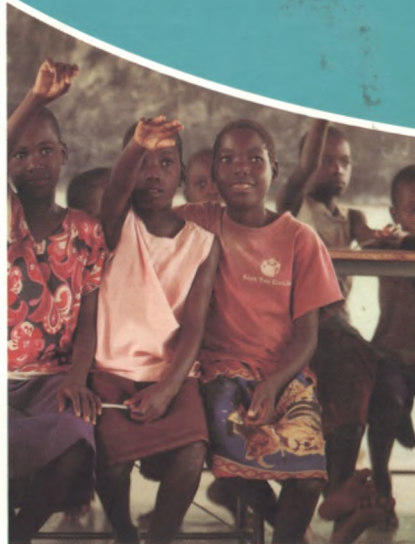


Understanding Poverty, Promoting Wellbeing and Sustainable Development

A sample survey of 16 districts of Zimbabwe



eanette Manjengwa, Sara Feresu and Admos Chimhowu



Contact details

Institute of Environmental Studies,
2nd Floor, Computer Science Building,
University of Zimbabwe,
PO Box MP 167, Mount Pleasant,
Harare,
Zimbabwe.

Telephone No.: +263 (0)4 302 603

Fax No.: +263 (0)4 332 853

E-mail address: secretary@ies.uz.ac.zw

Internet: <http://www.ies.ac.zw>

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About the Contributors

Lead author and editor

Jeanette Manjengwa. Dr Manjengwa is a senior lecturer and Deputy Director of the Institute of Environmental Studies, University of Zimbabwe. She is the Principal Investigator for the Moving Zimbabwe Forward: An Evidence-Based Policy Dialogue Initiative.

Admos Chimhowu. Dr Chimhowu is a lecturer in the Institute of Development Policy and Management, School of Environment and Development, University of Manchester. He is an Associate Director of the Brooks World Poverty Institute which collaborated in the Moving Zimbabwe Forward Policy Dialogue Initiative.

Dominica Chingarande. Dr Chingarande is a lecturer in the Sociology Department, Faculty of Social Studies, University of Zimbabwe. She carried out qualitative analysis of the Moving Zimbabwe Forward Wellbeing and Poverty study data.

Sarah Feresu. Professor Feresu is the Director of the Institute of Environmental Studies, University of Zimbabwe. She provided administrative support to the poverty survey and is co-editor of the report.

Rudo Gaidzanwa. Professor Gaidzanwa is the Dean of the Faculty of Social Studies, University of Zimbabwe. She is a social scientist and gender specialist.

Ibrahim Kasirye. Dr Kasirye is a Senior Research Fellow and the Head of the Sectoral Department at the Economic Policy Research Centre (EPRC), Makerere University, Uganda.

Krasposy Kujinga. Mr Kujinga is a Doctor of Philosophy student at the Okavango Research Institute, University of Botswana.

Ngonidzashe Mararike. Ms Mararike is the managing consultant for Black Crystal Environmental Consultants based in Harare. She was the Knowledge Manager for the Moving Zimbabwe Forward Policy Dialogue Initiative.

Wiseman Masunda. Mr Masunda works in the Sociology Department, Faculty of Social Studies, University of Zimbabwe.

Collen Matema. Mr Matema is a Doctor of Philosophy student with the Centre for Applied Social Sciences (CASS), University of Zimbabwe.

Admire Nyamwanza. Mr Nyamwanza is a Doctor of Philosophy student with the Brooks World Poverty Institute, University of Manchester, UK.

Charity Nyelele. Ms Nyelele is a Masters of Philosophy student at the Institute of Environmental Studies, University of Zimbabwe, registered in the Department of Geography and Environmental Science.

Chapter Seven

Beyond Income: An Analysis of Gendered Wellbeing and Poverty in Zimbabwe

Rudo Gaidzananwa

Main messages

- Generally, women tend to bear the burden of poverty and face a number of disadvantages and problems, particularly concerning maternal health and violence.
- The study suggests that owing to the prolonged economic crisis, poverty is no longer as gendered as previously.
- Nevertheless, a number of factors predispose women, especially female-headed households, and widows, to poverty and there is still over representation of women among the very poor.
- The MZI study found 72 per cent of female-headed households in rural areas were very poor, compared to 67 per cent of their male counterparts.
- Gender-just and pro-poor economic strategies need to be developed and implemented.

Introduction

A large body of literature on the feminization of poverty and research findings in various countries, including Zimbabwe, show that women-headed households are more vulnerable and their incomes tend to fall below the poverty line (for example Achuwilior, 2004). There are a number of factors that predispose women, especially women-headed households, to poverty. Major poverty studies on Zimbabwe, such as the UNDP Human Development Report and the Poverty Assessment Survey Study (PASS) highlight the feminization of poverty (GoZ, 1996; UNDP, 1997; GoZ, 2006).

This Chapter begins by reviewing the various studies of gendered poverty in Zimbabwe. This is followed by an analysis of the results of the Moving Zimbabwe (MZI) study which examined some gender differences, particularly characteristics of male- and female-headed households, and educational attainment of children.

Although the MZI study did not include a focus on gendered health-related issues, recent studies such as the Zimbabwe Demographic Health Surveys (ZDHS) and the Multiple Indicator Monitoring Surveys (MIMS) indicate that women are more vulnerable and face gender-specific health-related issues, particularly those linked to maternal health. Beyond the issue of income, other forms of gendered inequality are not being captured by income-based surveys, as they do not consider the varied dimensions of gender inequality and poverty. The Chapter therefore takes a broader approach to measuring poverty with human outcomes-based measures.

In the third section of this Chapter a gendered lens is used to look at a number of issues where women still continue to be disadvantaged, such as health care, violence and the impacts of HIV and AIDS. Conversely, in other areas such as the accumulation of assets, access to land, security of tenure, and educational attainment and literacy, the situation regarding women is improving, though progress is often slow.

The fourth section of the Chapter explores these areas of change where women are becoming innovators, rather than remaining passive victims, and can play a positive role in poverty reduction as depicted in Figure 7.1. In some areas, the economic crisis in Zimbabwe during the past 20 years shifted the balance of power in gender relations, for example in the informal sector, women have become more economically active than men in activities such as cross border trading and vending.

The Chapter ends with a number of recommended policy points that will continue to address and improve the situation of women in Zimbabwe, thereby contributing to the reduction of poverty and to overall development.

Studies from Zimbabwe on gendered poverty

The Poverty Assessment Survey Study (PASS) of 2003 found that poverty in Zimbabwe had become more widespread and urban poverty had increased faster than rural poverty (GoZ, 2006). Assessments of poverty by gender showed that female-headed households had a poverty prevalence of 48 per cent in 1995 while male-headed households' poverty prevalence levels stood at 39

per cent (GoZ, 1996). By 2003, the poverty prevalence for female-headed households had escalated to 68 percent while that for male-headed households had also escalated to 60 percent (GoZ, 2006).

According to the United Nations Development Programme (UNDP), Zimbabwe’s human development, measured by a composite human development index, fell from 0.468 in 1995 to 0.410 in 2003 and further down to 0.376 in 2011. An analysis of the gendered human development levels in Zimbabwe shows that in 2003, the human development index for women stood at 0.373 compared to 0.429 for men. Thus, the evidence shows that human development worsened in Zimbabwe between 1995 and 2003 and that poverty was also feminised by the time of the economic and social crisis after 2003. Therefore, the inequalities in poverty deepened since the last national poverty assessment was carried out.

It was only after 2009 that human poverty levels improved slightly and life expectancy started improving to present levels of 50.4 years for men and 49.8 years for women

(United Nations Statistics Division, 2012).

In 2003, female-headed households constituted 34 per cent of households but they owned only 29 per cent of the national income while male-headed households constituted 66 per cent of households and owned 71 per cent of national income (GoZ, 2006). By 2011, the Gender Inequality Index for Zimbabwe score stood at 0.583, placing the country at 118 out of 146 countries with data (OECD, 2012).

The Moving Zimbabwe Forward wellbeing and poverty survey of 2011

In the MZF sample survey in 16 districts in Zimbabwe, the total population of the districts was 15,602 people out of which 48.8 per cent were male and 51.2 per cent were female.

Of the household heads, 71 per cent or 2,448 were male, while 29 per cent or 1,000 were female.

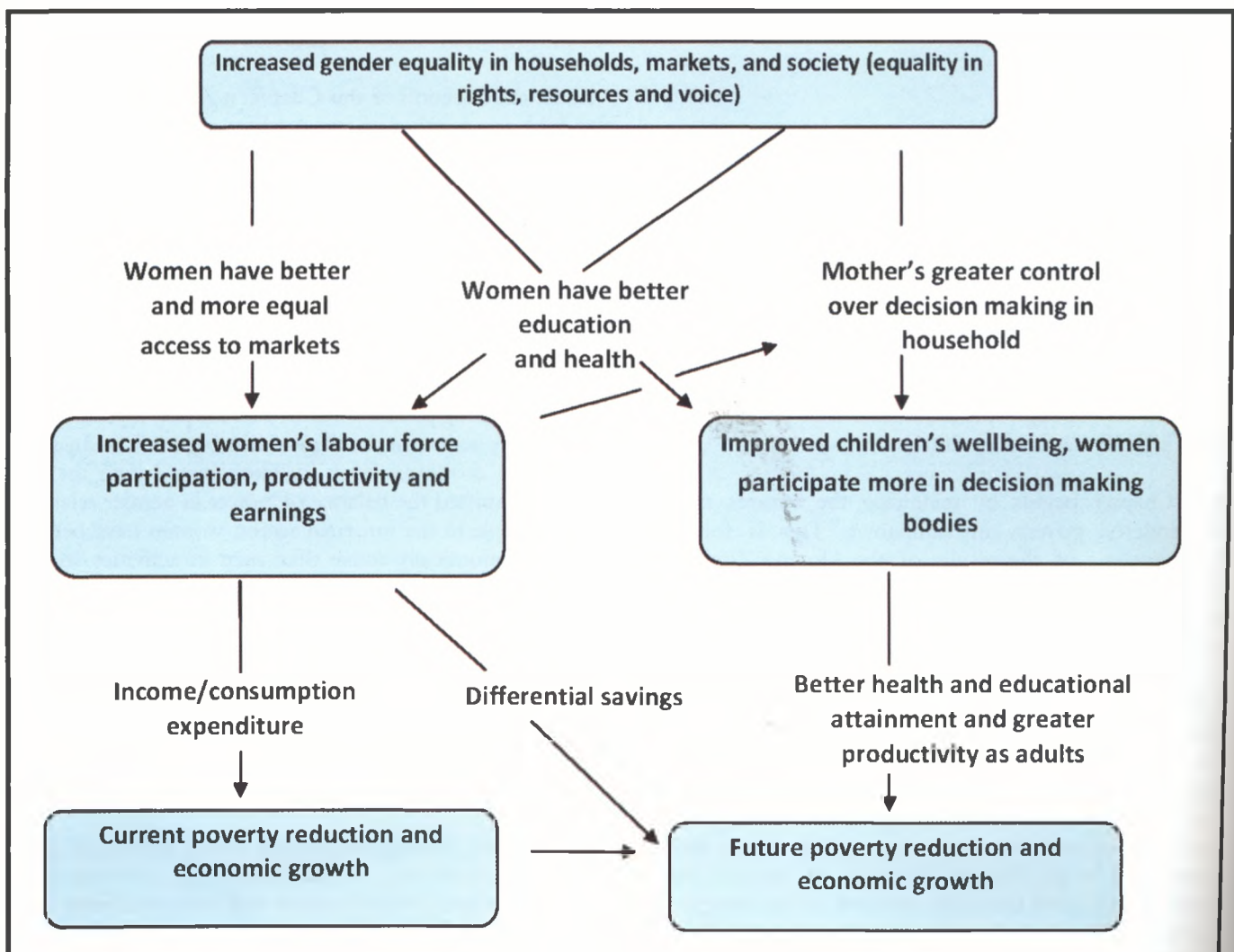


Figure 7.1: Understanding gender empowerment, growth and poverty reduction

After Morrison et al. (2007)

There was a slightly higher proportion of female-headed households, 30 per cent, in rural areas compared to 27 per cent in urban areas (see Figure 7.2). The PASS of 2003 also found that there was a higher percentage, 38 per cent, of female-headed households in rural areas than in urban areas (25 per cent) (GoZ, 2006). The number of *de facto* female heads is higher as men often migrate to towns and mines in search of work, leaving their wives to care for their families in rural villages.

The survey found that overall female-headed households had slightly higher incidences of poverty than male-headed households, at 83 per cent and 81 per cent respectively (Table 7.1). The difference is more marked in urban areas (64 per cent for female-headed compared to 62 per cent for male-headed households) than in rural areas for the poor category, where the difference between male and female-headed households (both approximately 95 per cent) is negligible.

However, for the very poor category, female-headed households in rural areas had higher incidence of 72 per cent poverty than 67 per cent for their male counterparts (Table 7.1). These results point to a concentration of very

poor female-headed households in rural areas.

The study has shown that urban poverty is correlated to lack of employment and access to incomes to secure food, shelter, clothing, education and other necessities that improve people's mobility out of poverty, regardless of gender. Previous surveys in Zimbabwe such as the GEMINI Informal Sector Surveys of the 1990s showed that more women than men derived their incomes from the informal sector while more men's incomes were derived from waged work (GEMINI, 1994, 1998). Thus, men's wage opportunities have declined during the past 20 years. Since women's formal employment has always been lower than men's, there is more competition between men and women in some segments of the informal sector such as retail activity. Hence, there has been a levelling of poverty levels between male and female-headed households.

The study has also shown that regardless of gender, rural poverty is characterised by lack of access to land, livestock, farming implements, draught power and other factors that are necessary for successful farming across all farming sectors, that is, resettlement, communal lands and commercial farming areas.

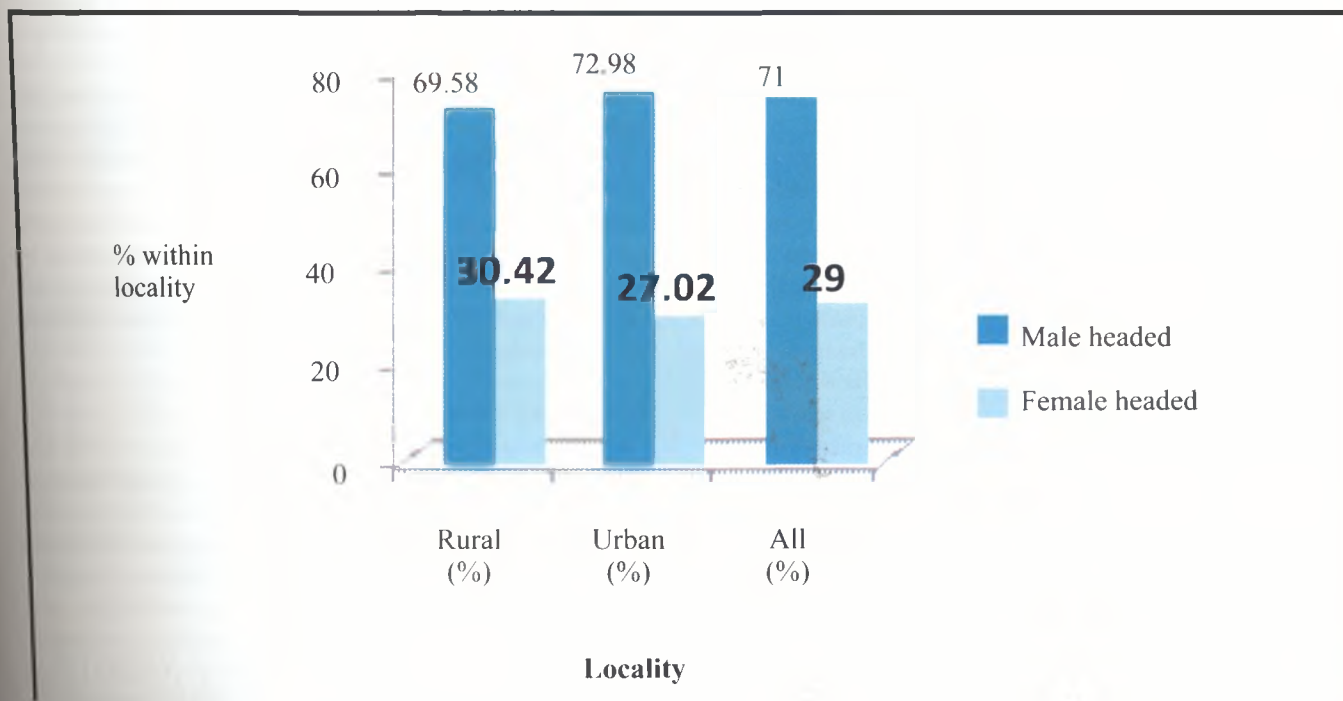


Figure 7.2: Household headship by gender and location

Table 7.1: Incidence of poverty category by gender of the household head

| Gender of the household head | Poor | | | Very Poor | | |
|------------------------------|------|-------|-------|-----------|-------|-------|
| | All | Rural | Urban | All | Rural | Urban |
| Female-headed household | 83.0 | 94.9 | 64.2 | 47.6 | 71.7 | 9.5 |
| Male-headed household | 81.0 | 95.2 | 62.0 | 41.7 | 66.8 | 8.1 |

Table 7.2: Marital status and poverty for married, widowed and divorced household heads ²⁹

| | Married | | Widowed | | Divorced / separated | |
|-----------------|---------|----------|---------|----------|----------------------|----------|
| | Number | Per cent | Number | Per cent | Number | Per cent |
| Non-poor | 424 | 18.0 | 77 | 14.0 | 44 | 25.0 |
| Poor | 1,878 | 82.0 | 461 | 86.0 | 135 | 75.0 |
| All | 2,302 | 69.8 | 538 | 16.3 | 179 | 5.4 |

Widows and poverty

Traumatic life events such as widowhood render previously married women vulnerable to poverty. Widows are disadvantaged in a number of ways, for example, the Demographic Health Survey (DHS) established that widows between the ages of 20 and 29 comprised the highest proportion of women who were dispossessed of property when their husbands died, with rural widows (47 per cent) almost twice more likely to be dispossessed than urban widows (26 per cent) (CSO, 2007).

In the MZF survey, there were 538 households headed by widows, 16 per cent of the total sample. The survey showed that widows had the highest poverty incidence at 86 per cent, compared with married household heads, at 82 per cent and divorced/ separated females at 75 per cent poverty incidence (see Table 7.2). It appears from the study findings that marital status is not quite as significant as other factors such as education and employment in determining poverty status.

Table 7.3 shows that the majority of widow-headed households (65 per cent) were in the rural areas with 35 per cent in the urban areas. These constituted the majority of those classified as poor (73 per cent), compared to 27 per cent in the urban areas.

Factors affecting women's and men's survival

Household consumption expenditure measures only tell part of the story regarding women's situations. Women's wellbeing is strongly related to health issues which impact upon life expectancy, fertility and maternal mortality. The MZF survey did not cover these issues. However, other surveys, namely the Demographic Health Surveys and the Multiple Indicator Monitoring Survey (MIMS), which are regularly conducted in Zimbabwe provide comprehensive information and indicate trends.

Table 7.3: Poverty incidence for rural and urban widowed household heads

| | All | | Non-poor | | Poor | |
|--------------|--------|----------|----------|----------|--------|----------|
| | Number | Per cent | Number | Per cent | Number | Per cent |
| Rural | 350 | 65 | 14 | 18 | 336 | 73 |
| Urban | 188 | 35 | 63 | 82 | 125 | 27 |
| All | 538 | 100 | 77 | 100 | 461 | 100 |

According to the Zimbabwe Demographic Health Survey of 2005-2006, Zimbabwean women's fertility declined substantially between 1985 and 2006 as shown in Table 7.4.

However, during the deepest economic crisis years of 2006-2009, and with increased availability of anti-retroviral drugs (ARV's), the fertility rate started rising again and the increase is more significant amongst rural women than among urban women. Rural women are more likely to give birth to nearly two more children (4.8) than urban women (3.1). The current contraceptive prevalence rate among rural women in Zimbabwe stands at 57 per cent. Urban women's contraceptive prevalence has declined from 70 per cent in 2005-2006 to 62 per cent in 2010-2011 (ZIMSTAT, 2011). Contraceptive use is related to educational attainment and living number of children. This decline in contraceptive use and increase in fertility is likely to put women at risk of higher mortality related to pregnancy and childbirth in contemporary Zimbabwe, and push women into poverty in ways that do not affect men. Therefore, women's survival is threatened through high fertility, childbearing under conditions of economic stress and high maternal mortality due to HIV and AIDS-related illnesses and deaths. This aspect of risk to life applies to women more than men and affects their experiences and quality of life. These issues are not reflected accurately in poverty measures based on income.

Maternal care and mortality

Men and women need health care throughout their lives. However, women's needs for health care are more intense than men's because of their child-bearing responsibilities. An examination of maternal care in Zimbabwe shows that 66 per cent of women with live births in the last five years were delivered by a health professional while 65 per cent of births were delivered in a health facility in 2010-2011. This shows a slight decline of delivery by health professionals

²⁹This Table does not include all categories such as single and co-habiting, which accounted for about 8 per cent of all women

or in a health facility from 68 per cent reported in 2005-2006 (CSO, 2007; ZIMSTAT, 2011).

There is a large difference between urban and rural women's birth experiences, with 86 per cent of urban mothers being attended by a health professional, 85 per cent of them in a health facility, compared to 58 per cent of rural mothers being attended to by a health professional and 57 per cent of them delivering their child in a health facility. Thus, risk to life and higher rates of childbirth mortalities per woman are higher in rural than urban mothers.

The educational status of mothers is highly correlated to assistance by professionals at delivery and access to a health facility: 39 per cent of mothers with no education were delivered by a health professional and 36 per cent in a health facility; compared to 95 per cent of mothers with more than secondary education being assisted to deliver by health professionals and in a health facility. Thus, there is a class dimension to poverty, risk to life and mortality during childbirth.

Adult and maternal mortality

Pregnancy-related deaths constitute one of the leading causes of mortality amongst child-bearing women in Zimbabwe. The adult mortality rates in Zimbabwe more than tripled between 1994 and 2005-6 due to AIDS and continued to rise by 40 per cent among women and 20 per cent among men, between 1999 and 2005-6 (CSO, 2007). Maternal deaths associated with pregnancy and childbearing were estimated to be about 578 per 100 000 live births in 2005-6, a high figure which has escalated to an estimated 850 per 100 000 live births in 2010-2011 (ZIMSTAT, 2011). This figure has remained high since 2006 because of the economic crisis that affected Zimbabwe from 2000-2008, as well as the levying of user fees for delivery in health facilities. Recently there has been a decline to 790 deaths per 100,000 live births in 2012, but this is still much higher than the global maternal mortality ratio of 210 maternal deaths per 100,000 live births, and the Sub-Saharan Africa maternal mortality ratio at 500 maternal deaths per 100,000 live births.

Polygyny

Polygyny is the practice of having more than one wife. This increases the number of women exposed to sexual activity with one man. The Zimbabwe Demographic Health Survey (ZDHS) of 2005-6 showed that at least 11 per cent of women in Zimbabwe were in polygynous unions (CSO, 2007). The proportions of polygynous unions increased with age, with rural women (15 per cent) found to be three times likely to be in such a union compared with their urban counterparts. Education is linked to polygyny with 28 per cent of women with no education more likely to be in polygynous unions than women with more than secondary education (2 per cent). Older men with low education and income were more likely to be in polygynous unions than educated men with higher income. This finding indicates the increased vulnerabilities of poorer women through marriage to generally poorer men that are considered to be less socially desirable.

Violence

Domestic violence has negative impacts on human health and wellbeing. The ZDHS conducted in 2005-6 and 2010-2011 established that domestic violence was widespread across all socio-economic and cultural backgrounds, although experiences of violence decreased with increased education. Forty per cent of uneducated women and women with only a primary school education reported that they had experienced physical violence since the age of 15 compared with 15 per cent of women with more than secondary school education (ZIMSTAT, 2011). Thirty one per cent of women in the lowest wealth quintile, and 26 per cent of women in the highest wealth quintile experienced physical violence (ZIMSTAT, 2011). This is a disturbing statistic showing that physical violence against women is prevalent across all socio-economic strata in Zimbabwe. It shows that the quality of women's lives may not necessarily be determined and guaranteed by their incomes or those of their husbands or their access to material goods and services.

The most frequent perpetrators of violence against women were current husbands and partners (57 per cent) and

Table 7.4: Zimbabwe fertility rates

| Years | Number of children per woman |
|-----------------------------|------------------------------|
| 1985 - 88 | 5.4 |
| 1991 - 94 | 4.3 |
| 1996 - 99 | 4.0 |
| 2002 - 2003 and 2005 - 2006 | 3.8 |
| 2007 - 2008 and 2010 - 2011 | 4.1 |

Compiled from Zimbabwe Demographic Health Surveys 1988-2011 (Central Statistics Office (CSO), 1989, 2000 and 2007; ZIMSTAT, 2011)

former husbands and partners (20 per cent) (ZIMSTAT, 2011). Five per cent of women experiencing physical violence since age 15 reported that the perpetrators were their mothers or stepmothers, while 16 per cent of never married women indicated that their teachers were the violence perpetrators (ZIMSTAT, 2011). Spousal violence is nearly universal, cuts across income groups and is correlated to alcohol abuse. Thus, homes and educational institutions are the riskiest places for women and they are likely to experience violence and a reduction in the quality of their lives and wellbeing in these places and institutions.

Sexual violence is another dimension of gendered violence that may not necessarily be correlated to income poverty. The 2005-6 ZHDS established that women in employment were more likely than their unemployed counterparts to experience sexual violence. Thirty per cent of women in cash employment and 20 per cent of unemployed women experienced sexual violence (CSO, 2007). Divorced and separated women (44 per cent) experienced the highest percentage of sexual violence, 29 per cent of married women, 27 per cent of widows and 10 per cent of never-married women reported sexual violence (CSO, 2007). Wealth and education do not insulate women from sexual violence, as even women in the highest wealth quintile reported 18 per cent of sexual violence (although this was the lowest percentage) (CSO, 2007). A disturbing finding was that in 2005-6, six per cent of women were aged 14 or younger when they were first sexually violated while 32 per cent were aged between 15 and 19, and by 2010-11, this had increased to 9 per cent and 49 per cent respectively (CSO, 2007; ZIMSTAT, 2011).

Thus, the dimensions of poverty and lack of social power follow the contours of location, age and other factors which might be related to education, income and other non-income factors that are not easily captured through income-based measures of poverty. Women in male-headed households may be poor through lack of choices as well as control over their lives, but income-based surveys may not be able to establish these dimensions of women's misery and poverty in quality of life, control over their environments and choices. Similarly, income-based surveys may not capture the poverty in the quality of men's lives even if such men are heads of households, monogamously or polygynously married. However, if these men are violent, dictatorial, unwilling or unable to facilitate access to health care for their family members and contraceptive use for their wives, the non-material aspects of their poverty such as morality and social responsibility are not addressed in income-based surveys.

HIV and AIDS and impacts on life expectancy and human development by gender

According to both 2005-6 and 2010-11 ZDHS, more men (14 per cent in 2005-6 and 11 per cent in 2010-11) than women (1 per cent in 2005-6 and 2010-11) reported having had more than one sexual partner in the previous

year (ZIMSTAT, 2011). Urban, more educated and affluent men were more likely than rural, uneducated and poor men, to have had multiple sexual partners in the previous year. Analysis of the 2005-6 and 2010-211 ZHDS shows that paid sex occurred especially amongst the educated and wealthy (22 per cent amongst the men with more than a secondary education and 18 per cent of men in the highest wealth quintile) in comparison with 10 per cent among men with no education and 15 per cent of men in the lowest wealth quintile. A positive development was that amongst all the men who paid for sex, 88 per cent used condoms during sex in the 2010-2011 ZDHS, in comparison with 73 per cent in 2005-6 (CSO, 2007; ZIMSTAT, 2011).

The impact of HIV and AIDS between 1995 and 2006 negatively affected life expectancy. According to the World Health Organisation, life expectancy fell from 61 years in 1990 to an all time low of 37 years for men, and 34 years of age for women, the lowest in the world in 2006. The gap between men's and women's life expectancy is significant and suggests the need to go beyond income in assessing poverty and wellbeing. As mentioned earlier, life expectancy has now risen again to around 50 years.

HIV prevalence in Zimbabwe has recently declined from 18 per cent in 2005-6 to 15 per cent in 2012 (ZIMSTAT, 2011). However, HIV prevalence amongst women stands at 18 per cent while amongst men, it stands at 12 per cent (ZIMSTAT, 2011).

As mentioned earlier, Zimbabwe's Gender Inequality Index, at 0.583 is relatively high, showing that there is still a large gap between men and women's development in Zimbabwe (OECD, 2012). It also points to continued inequalities and the relatively lower wellbeing and deeper poverty of women in comparison to men. The discussion above points to the fact that human wellbeing comprises diverse aspects of human development and that high income is not sufficient to ensure that people live in freedom and dignity. In Zimbabwe, the lower life expectancy of women relative to men, exposure of women to spousal and family-based violence in comparison to men, narrow choices in life and lack of dignity, all contribute to subjective and objective feelings and lived experiences of material and non-material poverty and degradation in varied women's situations.

Education

The previous sub-sections show that women's vulnerability and marginalisation, as well as women's roles in decision making, are strongly linked to educational levels. Educational attainment often determines future wellbeing and personal development. This section looks more closely at the gender dynamics of education. Education

is regarded as key to development and Millennium Development Goal (MDG) Three promotes gender equality and empowerment of women (GoZ, 2009).

MDG Three is concerned about gender equality and some of the targeted indicators for this goal include the ratio of boys to girls in school as well as the ratio of literate women to men. The MZF survey relates to some of the indicators under this MDG. Table 7.5 shows the distribution of school enrolments for children aged 6-12 years and 13-18 years by gender. For children aged 6-12 years (primary school age), there are no significant differences in the enrolment rates between boys and girls for all the 16 districts (although girls have a slightly higher percentage). This is true regardless of whether the child is in a rural or urban area.

When considering the 13-18 year age category (secondary school age), significant gender differences emerge. In particular, while 66 per cent of boys aged 13-18 years are in school, the corresponding rate for girls is only 61 per cent. Furthermore, it appears that gender differences among the 13-18 year age category are more different in urban areas—where the gender gap in enrolment is about 14 percentage points.

Another target for MDG Three is the ratio of literate women to men for those aged 15-24 years. Unlike enrolment, literacy measures some form of school attainment that is the ability to read and write. Figure 7.3 plots the literacy rates of women and men in Zimbabwe by five year categories. The figure indicates that there are no gender disparities in literacy rates between women and men up to the age category 35 years. Disparities set in at the age category of 35-39 years and widen as individuals become older. Overall, Table 7.5 and Figure 7.3 shows that Zimbabwe has attained the MDG Three goal of gender parity—at least in terms of school enrolment (with the exception of urban areas for children aged 13-18 years) and literacy rates for the 15-39 year age categories.

Gender, security and representation in local, regional and national governance structures

An aspect of poverty and human development is the lack of significant voices at levels where decisions about people's wellbeing are made (Tolmay and Morna, 2010). The gendered representation at local and national government levels cumulatively shows that men and women have not reached similar levels of citizenship and recognition in their communities at various levels. Although the MZF

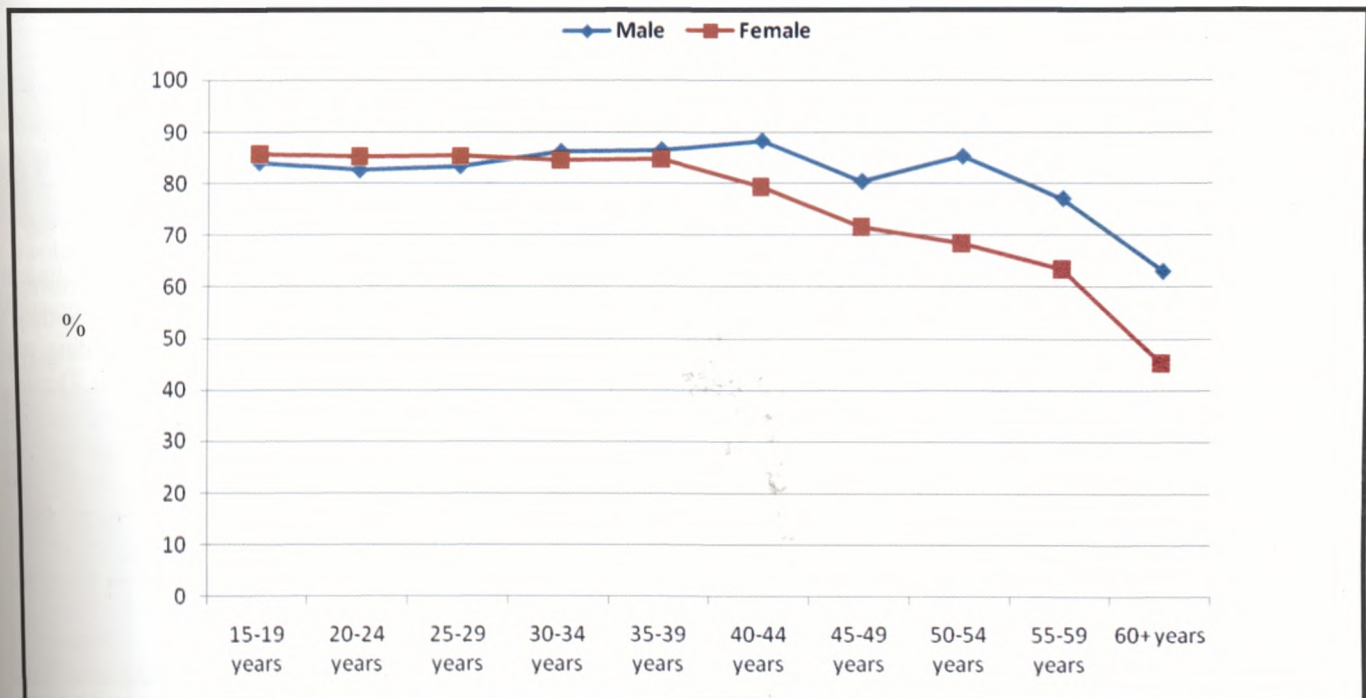


Figure 7.3: Literacy rates by gender for individuals aged at least 15 years

Table 7.5: Gender differences in school enrolment (per cent)

| | Children 6 - 12 years | | Children 13 - 18 years | |
|--------------|-----------------------|------|------------------------|------|
| | Girls | Boys | Girls | Boys |
| All children | 87.7 | 85.9 | 60.9 | 66.5 |
| Rural | 86.2 | 84.0 | 58.6 | 60.1 |
| Urban | 90.9 | 89.9 | 64.4 | 78.4 |

study did not cover women's representation in governance, several studies have documented this. Table 7.6 shows the cumulative marginalisation of women in governance structures in comparison to men in Zimbabwe since 2000. In 2010, less than 18 per cent of Parliamentarians were women, down from 21 per cent in 2005.

Equitable representation of women in governance structures leads to more important roles played by women in decision making. Women's participation in politics is of strategic importance, not only for women's empowerment but because it has wider benefits and impacts. Allocation of resources is more effective and efficient, and ultimately produces superior human development outcomes, in countries where women are more broadly represented (British Council, 2012). Men and women allocate resources differently, and women tend to favour a redistributive agenda, and to spend more on children's education, social services and health.

Gendered access to land and livelihoods dependent on land

Another area of gender inequality in Zimbabwe relates to land, a resource that sustains the majority of the population (Gaidzanwa, 1981, 1985; GoZ, 2003; Moyo *et al.*, 2009). In the communal lands, men are allocated land by their fathers or through customary authorities on marriage, while women's access is mediated through the male who holds customary rights over that land as a husband or father. However, the situation is more encouraging in resettlement areas where land is allocated by the government, and women are accessing more land in their own right through the land reform process (Hanlon *et al.*, 2012). With the introduction of the policy of joint ownership by including names of both spouses on resettlement permits and leases, women have now

more secure tenure, particularly in the event of death of the husband. This sense of ownership has incentivized women to enhance household food security and be more productive.

Nevertheless, women experience general insecurity, especially in the communal lands, since they are at high risk of losing their land rights upon widowhood or divorce (Gaidzanwa, 1985). Property grabbing from widows is a well documented phenomenon in patrilineal cultures globally and in non-pooling marital regimes women risk loss of property, including land, to husbands' relatives on divorce or widowhood.

The situation seems to be improving and women are gaining more access to land and other assets. The MZF survey found that regarding access to land there was not much difference between male- and female-headed households owning land (Table 7.7). Table 7.7 shows that in the MZF sample of households, those headed by women actually had a higher percentage for access to land, including land for cultivation, than their male counterparts.

Women in urban areas

Normally, divorced women are not allowed to stay on in their ex-husbands' villages and exercise or share land with the husbands relatives. On divorce, a woman has no option but to leave with her children if the husband permits it. Thus, divorced women usually relocate to their maiden villages or establish themselves in urban areas.

Schlyter (1989) researched women's options in some low-income urban areas of Harare. She found that widows and divorced women in Kuwadzana, then a new township in Harare, had chosen to relocate to Harare because they could access land to build houses without needing to secure their husbands' permission. In 1991, the Deeds

Table 7.6: The numbers and percentages of women in politics and governance structures in Zimbabwe between 2000 and 2010.

| Year | 2000 | | | 2005 | | | 2010 | | |
|---------------------|-------|-------|---------|-------|-------|---------|-------|-------|---------|
| | Total | Women | % Women | Total | Women | % Women | Total | Women | % Women |
| National Assembly | 150 | 14 | 9.3 | 150 | 24 | 16.0 | 214 | 32 | 15.0 |
| Senate | | | | 66 | 21 | 31.6 | 99 | 24 | 24.2 |
| Combined parliament | 150 | 14 | 9.3 | 216 | 45 | 20.8 | 313 | 56 | 17.9 |
| Cabinet | | | | 31 | 4 | 12.9 | 41 | 7 | 17.1 |
| Local Authority | | | | 2,500 | 355 | 14.2 | 1,989 | 373 | 18.8 |

Source: Tolmay, and Morna (2010).



Resettled women farmers
Photograph: J. Manjengwa

Table 7.7: Household's access to land in Zimbabwe

| Gender of household head | Have access to land in Zimbabwe | | Have access to land for cultivation | |
|--------------------------|---------------------------------|----------|-------------------------------------|----------|
| | Number of households | Per cent | Number of households | Per cent |
| Male | 1,444 | 53.15 | 1,242 | 58.99 |
| Female | 600 | 60.17 | 577 | 60.00 |
| Total | 2,044 | 55.19 | 1,819 | 59.28 |

Registry Act that had previously barred married women from purchasing land and homes without husbands' permission was repealed. Before that, only single, divorced and widowed women could buy and hold property in their own right. Schlyter's research showed that most of the women heads of household in Kuwadzana were divorced and had moved into Harare from various rural areas. The women were mainly domestic or factory workers.

In Zengeza 5, another high-density low-income area, the women were domestics or self-employed. Schlyter found

that the women who were household-heads or owners of residential land completed building their houses faster than married couples despite the fact that female-heads of households had lower incomes than male-headed households. Women-heads of households gave a higher priority to housing investment so that they could live with siblings, children and kin from rural areas. Housing also provided secure retirement incomes through letting of rooms to increase family incomes, and houses could be used as business premises and shelter for families. By 1991, women and men were migrating out of rural areas in equal

numbers, showing that women were no longer content to depend on marriage for their survival and access to land in rural areas.

In urban areas, women comprise the bulk of applicants for land but councils tend to prioritise male heads of household on the assumption that women are dependents of men in all circumstances. Thus, urban housing policies have not taken diverse women's needs for housing into account, pushing women into alternative housing arrangements with housing co-operatives.

The case study in Box 7.1 illustrates some of the benefits accruing to women through independent access to land and housing. It also helps to explain the relatively higher ownership tenure status of urban houses by female-headed households in the MZF survey. The survey enquired about the tenure status of dwellings and found that 53 per cent of female household-heads owned their urban dwelling, compared to 36 per cent of the male household heads. Furthermore, 30 per cent of the urban female household heads were subletting, compared with 19 per cent of male household-heads. However, in rural areas, ownership is the primary tenure status for both male- and female-headed households, with females having a higher percentage at 86 per cent, while for male heads it is 78 per cent. Sub-letting in rural areas is minimal, at about 3 per cent.

The case described in Box 7.1 shows some of the dilemmas women face in their transition from rural to urban life. The strains between men and women in marriage under conditions of economic stress are acute. Muchaneta's

story shows the significance of women's investment in urban residential land. It illustrates how their struggles to move out of poverty are premised on the acquisition of residential urban land for their own use.

Conclusion

The MZF household survey found that female-headed households, on average, tended to only have slightly higher incidences of poverty than male-headed households. These results suggest that, after the prolonged economic crisis, poverty is no longer as gendered as before. However, there is still over representation of women amongst the very poor.

Policy possibilities

Gender-just and pro-poor economic strategies might involve the following:

- The most serious problems facing women in Zimbabwe are health-related. There is need to enforce laws against gender-based violence and improve maternal and pre-and post-natal care for women to reduce maternal and child mortality. Thus it is also necessary to provide compulsory and appropriate health care, with minimal payment of user fees for children and expectant women.
- Safeguarding women's property rights across all sectors of the economy so that rural women's contributions to family life in marriage are suitably recognised and compensated in cases of divorce or widowhood.

Box 7.1: Muchaneta and her quest for a house

Muchaneta is a young woman who dropped out of school at 18 after the deaths of her parents from AIDS. She has a younger sister and brother who stayed on in the rural family homestead after their parents died. Muchaneta fell pregnant by a neighbour's son whose parents had a house in a township in Harare. She had a daughter by her boyfriend and moved in with him in Harare where he had a job as a salesman in a furniture shop. Muchaneta was very happy with her relationship because it had provided her with the means to leave the rural area. She was excited about being in Harare and starting her own family. Unfortunately, her husband lost his job after the company he worked for went bankrupt after 1995. Muchaneta and her husband had to give up their one room lodgings and move in with her husband's mother who still lived in the family house after Muchaneta's father-in-law's death.

Life became difficult for the young couple and Muchaneta's husband started drinking alcohol and spending his time on the streets with his neighbours and friends. With a small baby, Muchaneta had no income and the couple started quarrelling over money for the baby's food and clothes. Eventually Muchaneta started a vegetable business. She ordered fresh produce from Mbare-Musika, a large farmers' market in Mbare, Harare. She would get up at 4 o'clock every morning, get onto a bus and order kale, spinach, tomatoes, onions and other vegetables for sale. She grew her business and became established as a vegetable vendor in her neighbourhood.

Meanwhile, tensions were increasing between Muchaneta and her husband as well as her mother-in-law who always sided with her son, even though he was a drunk and did not contribute to the household welfare. Muchaneta joined an apostolic sect and went to prayers on weekends when she was not at her vegetable stall. The church members introduced her to a housing co-operative and she started to subscribe for a house in a nearby township. Ten years later, Muchaneta's house was completed, and she was finally independent of her abusive husband and unsupportive mother-in-law.

(Gaidzama, 2012).

- Providing an equal and enabling legal, regulatory and general policy environment for women's and men's businesses and other economic activities, as well as improved gender-sensitive economic opportunities on and off the farms. Gender-sensitive farmer incentives, support services and infrastructure such as research and extension, gender-appropriate and affordable farm technologies and equipment are necessary.
- More varied and better marketing and pricing policies, food processing and farm-based value-addition are needed to increase women and men's incomes on the farms and to create jobs in rural areas.
- It is imperative to tackle urban poverty, improve employment and income-earning opportunities through the small and medium scale sector and rehabilitate the infrastructure necessary to support small and large manufacturing; services and other sectors. In this connection, health, transport, education and related infrastructure are key for supporting the micro and small scale sectors which absorb labour and generate incomes for the majority of urban households in Zimbabwe, particularly those run by women.

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