Maternal Mortality in the District of Uzumba in Zimbabwe

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Abstract

Maternal mortality is among the neglected problem in the District of Uzumba, Zimbabwe. This qualitative study therefore, explores the patriarchal hegemonies embedded in the socio-cultural harmful practices, traditions, beliefs, values and norms associated with maternal mortality in Uzumba district. These have been neglected in the reduction initiatives of maternal mortality. The originality of this study lies in the use of primary data through interviews and observation methods on the key informants and significant. Snowballing technique was employed in this study to select the key informants and significant others. The study have also benefited from the proliferation of secondary data on the social phenomena of maternal mortality across the globe. The results of the study showed that, despite the medical related causes of maternal mortality, the non-medical aspects such as patriarchal hegemonies in the socio-cultural practices, beliefs, traditions, norms, values and perceptions play a significant role in escalating maternal mortality especially in Uzumba district, Zimbabwe. The article therefore, recommends that maternal mortality reduction needs more of a holistic approach of medical and non-medical initiatives as it is still the major problem in Zimbabwe’s rural communities. Therefore, maternal mortality can be addressed and reduced within the socio-cultural context as shown in Uzumba district, Zimbabwe.

INTRODUCTION

In Zimbabwe, maternal mortality is among the top societal concern. Maternal mortality is one of the neglected problem in the District of Uzumba, Zimbabwe. From the studies by UN agencies such as the UN Women (2019), United Nations Children Fund (UNICEF), World Health Organization (WHO), United Nations Educational Scientific and Cultural Organization (UNESCO), United Nations Development Program (UNDP), United Nations Population Fund (UNPFA), United States Agency for International Development (USAID), maternal mortality is the most pressing issue in the Sub Saharan Africa especially in Zimbabwe. Zimbabwe bears a heavy burden of high maternal, neonatal and child mortality when compared to countries in other regions of the world. According to the Maternal mortality refers to the number of female deaths that occur during childbirth per 100,000 live births (MacDorman et al. 2018, Population Council Review 2018, Mangla et al 2019 and Engin-U et al. 2019). United Nations in Zimbabwe Periodic Publication Paper 1 (2013) and Odekunle (2016), defined maternal mortality as the death of a women while pregnant or within 42 days of termination of pregnancy irrespective of the duration and site of pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Researches by Mbaruku et al., (2013), Mlambo et al (2013), Gutschow, (2015), MacDorman, et al. (2018) and Engin-U et al. (2019), have shown that high maternal mortality is mostly due to
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hemorrhage, antepartum and postpartum, eclampsia, induced abortion, puerperal sepsis, prolonged and obstructed labor, ruptured uterus, and uterine infection. The proliferation of the maternal studies by Afifah (2010), Population Council (2011), Niehof, (2014), in Indonesia, Huda (2012) in Rural Bangladesh, Hagman (2013) in Ghana, Mbaruiki (2013) in Tanzania, Yamin, et al. (2015) and Gutschow (2015) in India, Apanga & Awoonor-Williams (2018) in rural Ghana also confirms to the above medical-related determinants of maternal mortality.

Apart from the medical related causes of maternal mortality, Mnyani et al, (2017) and Engin-U et al, (2019) argue that, there are physical aspects such as distance to health facilities, road network and quality, seasonal accessibility, availability of transport that can lead to high maternal mortality. In this context, Uzumba district is a rural area in Zimbabwe where it terms of development it is lagging behind due to negligence of the responsible authorities. The village people in this district have no access to hospital as they are located far away from villages. Clinics are found after every 10 km distance whereby they are understaffed and lack equipment and supplies leading to high maternal mortality (observation).

Soon after the independence in the 1980s, the government of Zimbabwe in its quest to provide healthy for all enacted a policy titled Equity in health (Loewenson, Sanders & Davies, 1991). The policy was meant to cater for free health for low-income households especially in the rural areas and some low densities in the cities across the country. With the countries policy equity in health, the government sought to to redress health inequalities that existed across the country prior to independence. Thus access to health facilities was made mandatory even though there was still some geographical differences in the availability of and access to health facilities.

Maternal health rights are fundamental to women’s human rights, a cornerstone of gender equality and women’s employment and instrumental in achieving the SDGs especially goal number 3 good health and wellbeing, goal 5 gender equality and goal 10 reduced inequality (WHO, UNPF, UNICEF, USAID in Harimanana 2011, Niehof 2014, Yamin et al, 2015, Afifah et al 2016 and Thomsen et al, 2017). A global safe-motherhood movement has emerged with the objective of reducing substantially the high number of maternal deaths during childbirth in the developing (Darmstadt et al, 2013 and Niehof 2014). The promoters of safe motherhood and the international movement have put initiative to address the issue of maternal deaths. In Zimbabwe, there has been programs implemented to provide adequate maternal health services, deployment of skilled attendants, improvement in transport facilities and sensitization of safe motherhood through online and offline media (Mlambo et al, 2013 and Grepina et al, 2015). Despite many initiatives to improve maternal health and reduction of maternal mortality, its effects continue to persist in the developing countries such as Zimbabwe.

Between the years 2000 to 2019, the health system of the country began to deteriorate mounting to the little or no health facilities in the most rural areas of Zimbabwe especially in Uzumba district. Owing to the prolonged negligence of the maternal issues in the less developed parts of the country and dearth of literature related to these rural areas, the aim of this study is to focus on patriarchal hegemonies that aggravates and drives maternal mortality. It is within this context, the study argues that, instead of focusing more on the medical related causes of maternal mortality, in which the government has failed to provide. There is more pros of concentrating on the non-medical issues in the reduction of maternal mortality.

It is in this context this paper argues that for Zimbabwe to combat maternal mortality, there is need for responsible authorities, government, NGOs, gender activists, policy makers and academic circles to undertake a much more detailed study on maternal mortality within the social context of the patriarchal hegemonies embedded in the socio cultural practices, traditions, values, beliefs. In Zimbabwe and most developing countries, majority of maternal deaths goes unregistered and under-researched (Hagman 2013 and Niehof 2014). Sara, et al (2019) further articulate that, barriers to safe
motherhood persist, especially in socially and economically marginalized communities. Thus, socio-cultural factors has been neglected too, as they contribute to women dying during and after pregnancy.

According to Shamaki et al. (2014), patriarchy influences all aspects of social life and relationships particularly in seeking for health services by the women. Shamaki et al. (2014), further propound that most cases of maternal mortality can be equated to sociocultural factors includes cultural and religious influences and other social factors that affect individual preferences. Even though, there is a proliferation of academic research and governmental reports on maternal mortality in Zimbabwe and the world at large. The dearth of contemporary literature on the subject of the maternal mortality in Zimbabwe has motivated this study. Very few, if any have been presented on the women of Uzumba district as most researched tend to neglect the patriarchal hegemonies in the socio-cultural aspects. It is the thrust of the present study to highlight on the non-medical causes of maternal mortality such as the patriarchal hegemonies embedded in the dominance of traditional practices culture, norms and values of the district. Thus, the crux of this research is to examine how patriarchal hegemonies embedded in socio-cultural traditions in Uzumba district, Zimbabwe subjugate women to high risks of maternal mortality. Therefore the study has employed the social theory of Hegemony by Gramsci Antonio.

Hegemony is defined by Gramsci as cultural leadership exercised by the ruling class (Ritzer 2011, p. 281). The concept of hegemony, makes the ruling class have dominance over all, learnt norms and value. The ruling class had cultural hegemony, that is their ideas and values dominated society that allowed them to dominate. The ruling class major groups in a society that uses ideas and values to persuade subordinate classes that its rule is legitimate. Hegemony as a cultural and ideological means in society where the dominant groups maintain their dominance by the spontaneous consent of subordinate groups (Ritzer 2011, p. 281). In other words it is the dominance of the society’s other classes in maintaining the socio-political status quo.

According to Gramsci (1975) in (Ritzer, 2011, p. 281), the ruling produces consent by possessing cultural, ideological and power instruments to be used in establishment and reproduction of the power as well as imposing its own values to the society. Power performs the hegemonic relations by patriarchal ideology which builds and reproduces itself through health inequalities leading to maternal mortality. Therefore, patriarchal hegemony is a manifestation of reproduction and establishment of power relations as shown by the exacerbation of maternal mortality in Uzumba District, Zimbabwe. Thus, the patriarchal hegemony is able to construct and reproduce its own power through health inequalities among women.

Gramsci stresses on cultural and intellectual factors that underlies his concept of hegemony. Gramsci concept of hegemony normally include leadership and domination. In this study it is the patriarchal domination and leadership that is increasing the cases of gender health inequalities leading to maternal mortality. Since Gramsci introduced the concept of hegemony/ which is ideological it is in this study where patriarchy as an ideology and structure that relegate women as inferior to man comes into play in analysing the maternal mortality. Using the theory of hegemony, this research will be able to reveal the gendered relations, patriarchy and gender ideologies that are directly limiting women to make autonomy decisions regarding the maternal health services. Positioning women as subordinates to men in almost all aspects of life is a kind of oppressive hegemony of patriarchal society. Therefore one can note that this is hegemony with which women became vulnerable to health inequalities leading to maternal mortality.

Pramono (2013) categorized hegemony into three namely hegemony of people, hegemony of system and hegemony of ideology. In other words patriarchy is a system and ideology of positioning male above the woman. The first category gives the notion of the nature of relationship between two sides of people in which one is more powerful than the other. In this context it is the relationship between men and women where men are more powerful over women. The second category is more
encompassing both the social institutions and cultural values that has become part of the social system in any given society. Hegemony as an ideology has given the notion of how one perceives the other in this case how men perceives women and their attitudes. Therefore some social, values, cultural, norms, traditions and religious teachings are examples of the hegemonies that disadvantage some people in the society especially women in this discourse of gender studies.

According to Moazzeni (2013) and Jithesh & Sundari Ravindran, (2016), power is a critical aspect in the male and female social relations. This has shaped the action and actions of the two respectively. Since Gramsci avows that intellectuals play a critical role in the development of hegemony. It is in this context one notes that patriarchy is not exceptional in the discourse of maternal mortality caused by health inequalities. Hamal (2018), reiterates that patriarchy is a structure of power relations which endorses male supremacy rule of men, promoting male privilege male-identified, and male-centred and female subordination. Power performs the hegemonic relations by patriarchal ideology. Thus, the patriarchal hegemony is able to construct and re-produce its own power through incidents of health inequalities leading to high maternal mortality. From this perspective, social order exist where, gendered power relations mainly patriarchal hegemonies, low position and lower status of women as they ruled by men, the injustices committed against women, stigmatization, marginalization, suffrages, segregation, discrimination, suppression, stereotyping and oppression, inferior to men in the health system.

Therefore, the choice of this social theory is by no coincidence, but is stemming from the nature of the literature reviewed and the research questions. The concept of hegemony sees the relations of domination and subordination which is applicable and relevant in this present study of maternal mortality. Hegemony social theory is relevant in any given circumstance of superiority and inferiority. It is helpful in exuding the patriarchal power dimensions and power relations which are central in its manifestations of maternal mortality. By the same token, the study explores why and how cultural traditions, patriarchal power relations, women’s level of decision making, gender inequality and discrimination is subjugating women to high risk of maternal mortality. As such, the purpose is to reveal the role of patriarchal discourse on the power/domination relations constructed and reproduced in maternal mortality. The dynamics of power relations between men and women will continue to if maternal mortality persist. It is at this juncture this paper argues that its applicability, relevance and appropriateness remains the knife analyses tool in addressing the social phenomena of maternal mortality.

METHOD

This paper is a qualitative study. According to Wallim (2010), Kumar (2011), Bhattacherjee et al, (2012), the qualitative research methodology is characterized by its aims which relate to understanding some aspects of social life and its methods which generate language/ words rather than numbers as data. Qualitative research seeks to interpret behaviour with the intention of assigning meaning to particular actions of an individual or a group (Bhattacherjee et al, 2012). This article utilizes both primary and secondary data. The secondary sources were obtained from books, journals, articles, online archival collections and online newspapers worldwide. The qualitative primary data collection methods such as in-depth interview and observation were used. The informants were selected using snowball technique especially on women of childbearing age for in-depth interviews. The in-depth interviews were conducted by 5 research assistant who are former University of Zimbabwe students. After interviewing one woman, the researcher was recommended to some child bearing woman thereby enabling the researcher to obtain more in-depth knowledge of the maternal mortality phenomena. Therefore the technique helped to attain key informants who could provide information on the research question of this study. The researcher focused more on the Uzumba district because it is one among the less developed districts in the country. From an observation, it is
one of the districts in the country with high maternal mortality. The people of Uzumba and the district at large have not had a voice in matters that concerns the district. Little or no research has been done in the district as in the grey literature, there is no record of maternal mortality in the district of Uzumba. The government has done nothing to alleviate the living standards of the people in the district especially on maternal health.

In order to obtain the more qualitative data which is relevant on maternal mortality in Uzumba district, the researcher also made use of the significant others who were traditional birth attendance (Mbuya Nyamukuta), men and elderly women. The aim has been to uncover the in-depth information on the non-medical causes of maternal mortality in Uzumba district. Placing the women within the African socio-cultural context, the study interviewed ten (10) informants between the ages of 15-47. These were taken from Kachombo, Madzinga, Ndowe, Chure and Muskwe villages during the period of August 2019 to December 2019.

The present study has also employed observation. The observation method is the most commonly used method especially in studies relating to opinions, feelings, habits and behavioural attitudes (Earl 2014 and Berg et al, 2015). Conversely, the observation in this study was used in conjunction with the interview. The researcher was able to employ observation during the in-depth interview so as to capture the facial expression, body movements (gesture) and tone of the voice. The observations has helped the researcher to obtain the data from the key informants and significant other without directly asking them. The advantage of such a tool and skill is to obtain some data from the informants in their natural setting without any external intervention. The information obtained under this method relates to what is taking place in that particular time and moment which is not complicated by either the past behaviour or future intentions or attitudes. The subjective bias is eliminated in the case that the observation is done accurately. Therefore, observation becomes a scientific tool and the method of data collection for the researcher when deals with subjects such as the informants who are not capable of giving verbal reports of their feelings. The researcher in this cases is also part of the research process.

The recorded notes from the interviews and observations were typed and saved in the computer to make data base/Transcript. Prior to the final data analyses, the transcripts were translated from Shona language to English Language. The researcher categorised, classified the raw data to identify major themes emerging from the research. The researcher analysed the data qualitatively in which emerging themes were identified and directly linked to the secondary data, the theoretical perspective and the social phenomena/social problem. Finally the data was presented in the narrative form.

RESULTS AND DISCUSSION

In this study a careful analysis of the patriarchal hegemonies have been identified, that are subjecting women to high risk of maternal mortality. In Southern Africa particularly Zimbabwe, the increase in maternal mortality is not only linked to medical health perspective but rather non-medical issues such as socio-cultural has a role to play in exacerbating the problem. From the informant Sarudzai a 33 years old mother of three in Kachombo village on the 30th of October 2019, “family planning methods are a big challenge in this village. She goes on to say, ‘it is because we are from the Johane Marange Apostolic Church, saka hatibvumidzwe- so we are not allowed (a Religious group which holds the Christian and African Traditional patriarchal values, traditions and norms). The patriarchal hegemonies embedded in the religious practices therefore, plays an important role in forming community norms and individual attitudes and behaviors towards in particular women. In addition to that, she articulated that, “in our family and church we do not believe in the use of modern medicines especially family planning methods, we don’t go to the hospitals and clinics. As if that is not enough, due to the patriarchal hegemonies she commented that, “her husband does not permit her to use contraceptive or family planning methods. Similarly, Amai Marufu a 44 year old mother of 2,
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on the 3rd of November 2019 narrated that, “that most women are aware of those methods however when it comes to the decision whether to utilize them or not, it is men who decide.

Chinwe (2012), United Nations Zimbabwe & World Health Organization (2013), Grepin (2015), Mnyani et al. (2017) state that, lack of decision making rights limit women to seek family planning methods. Women are treated inferior to men, thus men do not think and believe women can contribute effectively in decision making. In this context, maternal deaths are attributable to the delay in deciding to seek health care services, the delay to reach a health care Apanga & Awoonor-Williams, (2018). Therefore, the patriarchal hegemonies held against women position them to the periphery as shown by men taking all the decision making rights.

Commenting on the same argument, Kuliswa (2014) notes that there are various social tendencies contributing to maternal mortality. These include issues such as women inability to make decisions on family planning use, women lack of decisions to go to the hospital during labor and women inability to decide to attend ante-natal clinic thereby fueling the rate of maternal mortality. Inability to make decisions among women is a result of patriarchal hegemonies which is being practiced in Asian countries such as Bangladesh, India, China, Indonesia and most of African countries including Malawi, Tanzania and Nigeria among others. Due to low level of women decision-making on various matters, women find it difficult to facilitate a room to visit the ante-natal clinic if there is any (Mnyani et al, (2017). These among others are intertwined in hegemonic patriarchal resulting in maternal mortality.

Another key informant Linnet a 22 year old mother of two in a polygamous marriage, on the 26th of October 2019, was asked why men do not accompany and encourage their women in Madzinga village to seek the maternal health services such as (antenatal services), she concurs that it is culture why men do not accompany their wives to the clinic.” The significant other Mai Dorothy a 47 traditional birth attendance (Mbuya Nyamukuta) reiterates that, “I am helping many women and traditionally men are not involved with maternal issues which is different to modern maternal health” (Interview 16th of November 2019).

As such women are not supported in seeking the required health services hence leading to maternal mortality. For decades women and girls in the less developed areas such as rural areas have not had control over their reproductive function body. As such many women succumb to maternal death due to the fact that they lack decision making rights. Patriarchal hegemonies held in Uzumba relegate women to the position below the men especially husbands, brothers and fathers. This in this context has had tremendous effects of subjugating women to high risk of maternal mortality. Many women end up in dying situation due to observing the status quo that is waiting for the permission from the husbands in every matter that concerns their lives.

The key informant Casandra a woman in her early 30s, who had lost many pregnancies and fortunately survived on the 3rd of October 2019 states that, “we are the ones to carry the pregnancies yet it is other people to preside over our wellbeing especially when you got married at tender age. Enough is enough, we are tired in a voice that shows disgruntlement (observation). In the light of this argument, Mai Chasi 45 old female from Chure village on the 17th of October 2019 commented that, “men do not bother if the women is tired of having children or the wife dies due to maternal problems because they can have a second, third, fourth wife (barika polygamy). How about a woman? Can she have more than one man, she lamented? It is an anathema in this society. Therefore this entails how oppressive the patriarchal hegemonies are in Uzumba district. From the explanations given by the informants, one can deduce that patriarchal hegemonies relegates women as inferior. And man as superior in decision making. Therefore, women inferiority in decision making often times
lead to failure to participate in decision making that affect their sexual and reproductive health later on maternal issues.

Patriarchal culture discriminates women and is further worsened by gender disparity, gender inequality. According to Chinwe (2012), the high increase of maternal mortality is one of the signs of major inequalities spread throughout the globe. These gender inequalities also are defined and perpetuated by social norms and culture and reflects differences in power between men and women both within the household and in the wider society (Uzabakiriho, 2019). This further reflects the gender inequalities between men and women embedded in the patriarchal hegemonies. The gender disparities that contribute greatly to the state of women’s health. Age-old patriarchal traditions and existing gender role models based on male superiority weigh in heavily. This is supported by Thomsen et al (2012), Hagman (2013) Yamin, et al, (2015), Odekunle (2016) and Sara et al, (2019) who reiterate that gender inequalities and women’s role in society are the root causes of the high levels of maternal mortality in the developing world. Gender inequalities exist in any society and contribute to the subordination of women relative to men in most contexts. According to WHO, due to large disparities in the society there is slow to reduction of maternal mortality is as a result of the large disparities. These gender inequality norms and structures are therefore relevant to any analysis of maternal health. The traditional gender roles of women in Uzumba are a crystal form of gender inequalities. As stated before, women are often viewed primarily as child bearers, their principal duty being to reproduce. Shamaki et al, (2014), avows that, the patriarchal power dominating society treats women as assets to the household controlled by a male, making a woman vulnerable and dependent on the decisions of men to ensure her wellbeing. Gender inequality fuels the maternal mortality in the sense that women have low status that limit them to access the economic resources and education hence contributing to their inability to make decisions related to health in particular maternal health. Therefore one can argue that the domination by men over women in the patriarchal society of Uzumba has had and is posing tremendous implications on maternal mortality.

Through patriarchal hegemonic gender roles assigned to men and women, women are assigned the subordinate position while men is held superior. This therefore leads men at an advantage in decision making. Women’s lack of decision making has also been a stumbling block to their Sexual and Reproductive health rights. This is further exacerbate the vulnerability of women to maternal mortality. The Significant other Mai Zimunya 63 an elderly woman, lamented that, *one of the causes of maternal mortality in this district is women continuously give birth because men are not involved in birth control.”* She further states that, “*having many children is a regarded as a true definition of an African woman. Mukadzi/ Mudzimai-mother/wife is the root of the family. Musha mukadzi-literally means a home is a woman or wife ndizvo zvatakakura tichudzwa kubva kumadzimbuya kana kuti tateguru edu- we are socialized to this custom and tradition from generations before us”* (Interview 11 November 2019).

This therefore, entails that, one has to bear many children as a source of pride and power for men. Especially in Uzumba district, children are regarded as a source of wealthy and pride. More to this, in the case that there is no male child to continue the lineage a woman will be encouraged to have as many children as possible in order to have or get a male child. All these multiple pregnancies are a form of patriarchal hegemonies where a woman will lose her life in the name of honoring men. These results show how women in the community are not aware that, maternal death can be rooted in multiple pregnancies without seeking proper maternal health services. Cultural traditions and beliefs of having many children as a sign of motherhood can put woman’s health at resulting in risks of maternal death. At some point in polygamous marriages due to family and societal pressure, a woman embarks on pregnancy as a form of competition and leaves her without enough time to recover (Hadley & Tuba 2011, Mnyani et al, 2017 and Sara et al, 2019). In such a scenario of many pregnancies without receiving enough antenatal care, women are likely to be at high risk of pregnancy.
related problems in unfortunate circumstances it leads to maternal mortality. Thus, maternal mortality consequences are devastating not only to women but also to the community and nation as a whole.

Having no children is highly looked down upon and those women are generally stigmatized and labeled *Ngomwa* (Barrenness). Baba Gushu 66 year old and Mai Gushu 58 year old the significant others had their daughter is a victim of (Chimutsamapfiwha)-sororate marriage at an early age in Chure village on the 7th of October 2019. They expressed some distress that, *their daughter was denied her chance to grow as a young woman, she was forced to drop out of school*. Their daughter main purpose was to bear children for her aunty who could not bear children. To save the aunty marriage a young girl was provided.

In relation to the above, Chinwe (2012), Shamaki (2014), Odekunle (2016) and Apanga & Awoonor-Williams, (2018) identified the harmful cultural traditions and practices that are significantly posit women on the risk of maternal mortality. These include forced into unwanted marriages, polygamy (*Barika*), Levirate (*kuzvarira*), sorrorrate marriages (*chimutsamapfiwha*), women pledged to appease the avenging spirits –(*kuripa ngozi*) and inheritance(*kugara nhaka*). Point of commonality with CEDAW and Grepina, et al, (2015) is the articulation of traditional gender roles and attitudes that control women’s bodies. These are a form of discrimination, as they are denied equal social status in the family and only socialized to get married. Those harmful practices are also intertwined with patriarchal hegemonies commonly found in traditional marriage practices in Uzumba District.

Young women are thus very vulnerable to increased reproductive health risks especially maternal problems such as exposure to unintended pregnancies and unsafe abortions. These traditional socio-cultural attitudes, values, norms and beliefs sustain unhealthy practices related to the life cycles of women and their newborn babies (United Nations Zimbabwe 2013, D’Ambruoso et al, 2010 and Hadley & Tuba 2011). In most case it committed against young aged women as a result posing them to high risk of maternal mortality during child birth. Seen through Gramscian lens, the patriarchal hegemonies held in district of Uzumba are meant to pave way for patriarchal domination. Women’s failure to give birth is seen as a bad omen to the continuation of the male lineage. On the other hand woman’s ability of giving birth alone is not enough. Tafadzwa a woman in her early 20s on the 14th of November 2019 echoes that, “*kusimba kwemukadzi kunoonekwa nekubereka vanakomana*”) which literally means, “*Woman’s strength is shown in reproducing male children.*” This bring the idea that gender is the social construction of what is to be a woman and a man. Therefore in this case who are socialized to believe that risking their lives for the sake of giving children is the true definition of being a woman.

There are also patriarchal hegemonies that manifest themselves through food restrictions or taboos (*zviera era*). Muoghalu (2010) and Chinwe (2012) posit that food restrictions and taboos associated with the pre and post-partum periods of a woman’s life are exacerbating the maternal mortality. Such taboos enhance the inferiority of women in the society. From a Gramscian lens the food taboos are meant to relegate nutritious food on women such as *kudya mazai-eating eggs, mukaka-milk, kudya chikanganwa hama-eating gizzards, eating sugary food (as the babe will be having saliva all the time)*. It is believed if the pregnant woman eats eggs, she will bear a child without hair”. This prohibits pregnant woman from getting appropriate food that is required by the mother and the unborn baby as a result establishing some conditions which put the mother and the baby at health risks. Therefore, women lack of decisions on eating nutritious food have may exacerbate the maternal mortality.

Results from the key informants and the significant others showed that there are a number of patriarchal hegemonies embedded in socio-cultural, practices, beliefs, traditions, worldviews, perceptions, attitudes that contribute to and pose women to high risk of maternal mortality in Uzumba district. The study has managed to highlight the plea of women in the context of maternal mortality in
Uzumba district. The same old age long held traditional practices if not changed will continue to pose maternal threats in the district. The untold suffering of women particularly on how patriarchal hegemonies have limited women in decision making process concerning the maternal health and sexual and reproductive health in general. The results revealed that patriarchal hegemonies held by people in Uzumba district does not allow women to make decisions related to their whole life in general and maternal health in specific. Therefore, the hegemonic patriarchal cultural tendencies that are held against women has exacerbated the high risk of maternal in Uzumba district.

Through hegemony social theory of Gramscii (Ritzer, 2011, p. 281), the study has highlighted the traditional relationship between females and males that is of unequal power relations, with men in a dominating position over women. Such beliefs support a social structure that places males in controlling positions over maternal health. Therefore, it is the relevant this social theory in this article as to how patriarchal hegemonies exacerbates the risks of women to maternal mortality. Social structures formed by patriarchal hegemonies paves way for men to be in controlling positions which effects women’s health welfare. Through Gramscian lens, gender difference is a reflection of suppression of one group (women) by another group (men) which is shown in the patriarchal hegemonies embedded in socio-cultural traditions in Uzumba, Zimbabwe. Thus women have continued to endure the victimization of male (patriarchal) society which manifest itself in the lack of autonomy in relation to maternal health. It is in this context the article argues that because of the patriarchal hegemonies against women, reproductive issues are generally overlooked leading to maternal mortality in the district. As such, the theory of hegemony by Gramsci has been helpful in challenging the socially constructed boundaries of men/women power relations. This notion of power through the manipulation of women is evident in the lack of decision making by women and support to seek medical attention specifically maternal health.

CONCLUSION

The present study has shown how the maternal mortality is a by-product of non-medical issues. Patriarchal hegemonies of unequal power relations women in decision making has been cited as the most key driver of maternal mortality in Uzumba District. Maternal mortality in this study is informed by patriarchal hegemonies of the family and society around the gendered structural inequalities. These are unequal social and economic opportunities, traditional marriages and forced marriages, failure by women to access or own resources, women have been unable to participate in decision-making especially health care. Such lack of decision making power, in ability to attend to ante-natal clinics, inability to go to the hospital during labor as all the final say are vested in the husband, lack of control on the number of children to be born in the family. Lack of balanced diet due to taboos held against women increases the maternal mortality. Such endemic gendered perceptions makes it difficult for women to make autonomy decisions over their reproductive and sexual rights in particular maternal health. The above mentioned issues have an implication on maternal mortality in Uzumba District, Zimbabwe. In conclusion, in addition to the medical related causes of maternal mortality, patriarchal hegemonies embedded in the socio-cultural values harmful practices, traditions, norms and believes are underpinned in the escalation of maternal mortality.

RECOMMENDATIONS

Firstly this article recommends that, for Zimbabwe to reduce maternal mortality and realize the SDGs especially goal number 3 (Good Health and Well Being), goal 5 (Gender Equality), goal 10 (Reduced Inequality) and safe motherhood for all, there should be more support for researcher to undertake field researches in most under-served rural areas of Zimbabwe such as Uzumba. Thus, alongside the medical intervention on maternal mortality, there is need for encompassing the socio-cultural context such as the gendered hegemonies, gendered inequalities and discriminatory practices.
in families and society that are intended to exclude and marginalize women in accessing maternal health.

In the light of the patriarchal hegemonies in socio-cultural traditions and norms there should be attitude and change for men to allow women have autonomy on issues that concerns their maternal health. Thus antenatal visits must be made compulsory so as to reduce the rise of maternal mortality. Education on maternal health, sexual and reproductive health should be made available to the women in the rural areas.

Due to the inability of the government of Zimbabwe to provide free maternal health services, it should further seek for financial assistance and co-operation from the international community such that there will be increase funding for training, equipment, drugs and infrastructure development so as to curb the rise of maternal mortality. The government must come up with are viable and sustainable maternal policies with innovations in public health and maternal care, counselling centers and birth control hence reduction in the maternal mortality.

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