Governance challenges to women's realisation of the right to sexual and reproductive health: the case of women in polygamous marriages in Uganda

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AJoGPL

Vol I. Issue I.
pp 37-51, May 2021

https://ajogpl.kab.ac.ug

Abstract

The study investigated the challenges to the realization of the right to sexual and reproductive health of women in polygamous marriages in Uganda.

It aimed at investigating the policy challenges to the realization of the right to sexual and reproductive health of women in polygamous marriages in Uganda. The emphasis of this study was to investigate from the multitude of these risks, the sexual reproductive health rights of the female partners of polygamous marriages.

The study was conducted in Arua, Buikwe, Gomba, Jinja, Mayuge, Namayingo and Iganga districts of Uganda. It concentrated on the realization of sexual reproductive rights in Uganda.

The study employed a case study design where qualitative approaches were adopted. Data was collected using surveys, interviews and focus group discussion. Data was analysed using content thematic analysis.

The findings revealed that the effect of polygamous relationships have serious reproductive and /or health consequences for women. The analysis of the realization of sexual reproductive rights in Uganda was based on family planning, HIV/Aids concerns, quality of maternal health care, battering, mental health, emotional stress.

After an analysis of the findings, the researcher made quite a number of recommendations among which; decision and policy makers should consider prefacing laws prohibiting polygamy with the international legal obligations, as well as policy arguments, requiring states to modify such practices.

Key words: *Sexual reproductive health rights*

Introduction

Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system (Deon, 2011). Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health (Tamale, 2014). Sexual and reproductive health and rights is the concept of human rights applied to sexuality and reproduction (Amira, 2005). Reproductive rights, according to the ICPD, rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health (ICPD, 2015)." CEDAW (Article 16) guarantees women equal rights in deciding "*freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights*." CEDAW (Article 10) also specifies that women's right to education includes "access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning. The Platform for Action from the 1995 Beijing Conference on Women established that human rights include the right of women freely and without coercion, violence or discrimination, to have control over and make decisions concerning their own sexuality, including their own sexual and reproductive health.

The provision of reproductive, prenatal and postnatal health care services is a critical part of the right to health, comparable with the core obligations that are subject to immediate effect, rather than progressive realization under Article 12 of the ICESCR (Section 1.1). Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safer sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (Ekirikubinza, 2001).

Muhanguzi (1996) notes that the human right of women to control their fertility and sexuality free of coercion is guaranteed implicitly by the Women's Convention. Women may be denied access to health care that is unrelated to their reproductive functions, and their health needs may be considered secondary to those of their children or, in the case of pregnant women to the health of their fetuses (Tamale, 2014). Certain practices harmful to women's health are related to discriminatory attitudes about women's sexuality that deny them the right to a satisfying sex life (Tamale, 2014).

Uganda has numerous laws that have been enacted to protect the rights of women and fight gender inequality. These include but are not limited to the Constitution of Uganda 1995. For example, Article 32 (2) provides that the "*laws, cultures, customs and traditions which are against the dignity, welfare or interest of women or any other marginalized group or which undermines their status, are prohibited by this Constitution*"; The Domestic Violence Act, 2010, is another gender-friendly piece of legislation in Uganda. As argued by Mayambala (1996), polygamy is against the spirit of equality between men and women because it allows one spouse (the husband) unilaterally to fundamentally change the quality of the couple family life.

Objectives of the study

The general objective is "to establish the impact of polygamous marriages on the realization of sexual reproductive rights in Uganda"

Specific Objectives of the Study

i. To critically assess the legal provisions and their practical application pertaining to sexual reproductive rights in Uganda.
ii. To assess the impact of the right to sexual and reproductive health of women and men in polygamous marriages in Uganda.
iii. To investigate available measures and good practices that might be of relevance to improving sexual reproductive rights of men and women in polygamous marriages

Research questions

The study attempted to answer the following research questions

i. What are the legal provisions and their practical application pertaining to sexual reproductive rights in Uganda?
ii. What is the impact of the right to sexual and reproductive rights of women and men in polygamous marriages in Uganda?
iii. What good practices might be of policy relevance to improving sexual reproductive rights of women and men in polygamous marriages?

Literature Review

Reproductive Health

Reproductive health promotion encompasses behaviours essential for countering STIs including HIV/AIDS and unwanted or unplanned pregnancies (UNFPA, 2016). It encompasses many tasks performed in primary care such as provision of contraception, condoms and safer sex advice, psychological counseling and other aspects of mental health care; secondary care such as seeking treatment for STIs, and tertiary care to restore sexual activity (Curtis, 2015). SRH promotion also includes promotion of gender equality, SRH rights and empowerment in sexual matters. Among adolescents, SRH promotion also recognises the role of families and communities besides the health facilities (Terez, 2014). Thus, SRH promotion has a social perspective which should challenge the social norms and values that undermine people's autonomy to control over their SRH(Tones and Tilford, 2016). Sexual health promotion can prevent potentially unhealthy situations such as unwanted pregnancies, STIs, deviant (socially unacceptable) sexual behaviours and sexual abuse.

Mukasa (2009) contends that in CEDAW's 30 Articles, the elimination of all forms of discrimination of women is authenticated. CEDAW sees the exclusion of women as having had an impairing or nullifying the recognition, enjoyment of women rights and fundamental freedom. However, the focus of the scholars, only acknowledges the voices of women taking note of their diversity, roles and circumstances and yet the text is silent on the elevation of the status of women in some important respects in the past decade despite the fact that there are persisting inequalities between women and men. Therefore, international

bodies should commit in ensuring that cultural practices that undermine women's sexual rights should receive serious attention.

Legal provisions pertaining to Sexual Reproductive Rights

Mukasa (2009) contends that in CEDAW's 30 Articles, the elimination of all forms of discrimination of women is authenticated. CEDAW sees the exclusion of women as having had an impairing or nullifying the recognition, enjoyment of women rights and fundamental freedom. It also denied them their contribution to political, economic, social, cultural, and civic life. In CEDAW's Article 2, all parties are required to commit themselves in ensuring that their respective governments comply with the regulations in eliminating all forms of discrimination in public and private institutions. This Article seeks to abolish all discriminatory laws, regulations, customs and practices. Similarly, CEDAW's Article 4 authorizes the adoption of special measures that would create temporary inequality in favor of women. The 1995 Beijing Declaration and Platform for Action aimed at removing all obstacles against women's active participation in economic, social, civil and political decision-making (Mukasa 2009). The Beijing Declaration and Platform for Action (1995) sought to restore equality and development and peace for all women in the interest of all humanity. However, the focus of the scholars, only acknowledges the voices of women taking note of their diversity, roles and circumstances and yet the text is silent on the elevation of the status of women in some important respects in the past decade despite the fact that there are persisting inequalities between women and men. Therefore, the available literature creates a knowledge gap that required research to be conducted to come up with recommendations for international bodies to commit in ensuring that cultural practices that undermine women's sexual rights receive serious attention.

The Beijing Platform also suggested the enhancement of women's personal relations. The new documented women's sexual and reproductive rights endorsed of women in political and economic decision making if women are to be the pivots around which our populations grows and expands. (Dedan, 2016). Laws regarding age of first marriage can have a significant impact on a young woman's reproductive health. Lori (2001) argues that the Cairo Conference on Reproductive Rights sought to introduce methods, techniques and services that were to contribute in improvement of women's sexual and reproductive health like family planning. However, the legal context of family life, a woman's access to education, and laws and policies affecting her economic status can contribute to the promotion or the prohibition of a woman's access to reproductive health care and her ability to make voluntary, informed decisions about such care which aspects were never clearly stated by these scholars hence creating a knowledge gap that prompted this study.

The Status of Women's Sexual and Reproductive Rights in Polygamous Marriages

Luyimbazi (2016) noted that many Ugandans indulge in an indefinite multiplication of wives, while on the other hand, there are those who condemn polygamy as the most despicable practice. Given the centrality of polygamy in shaping family life in the region, it is not surprising that the literature is replete with studies that have assessed its link with reproductive-related outcomes such as fertility and contraception (Mbugua, 2016). Unfortunately, the polygamy-child survival nexus has garnered less attention among the urban populace in Kampala. Although some work has been done on the link between polygamy and sexual reproductive health, prior empirical work has given little consideration to the possibility that the effects of polygamy may not be uniform in all societies. Extant research may not fully assess the effect of polygamy on survival if the interactional dynamics are ignored. It is the aim of this study to address these

concerns and contribute to the limited available knowledge.

Feinberg (2012) reiterated that the role of polygyny is a social mediator of women's vulnerability to disease and their health outcomes. Because women's status is intertwined with their husband's, there are strong social pressures for women not to reveal personal feelings about their marital relationships that might undermine their commitment to the established social order (Wittrup, 2014). Significantly, female researchers seem to obtain greater insights into the emotional nuances of co-wives' lives (Jankowiak, 2015). Overview of polygyny in sub-Saharan Africa that limit women's access to land, inheritance, support from natal kin, and sources of formalized power (Burton, 2018). Unless noted, the data presented here are derived from cohort and case-control studies with small sample sizes compared to this study that is cross sectional. From a power balance perspective, polygyny places women largely under the authority of their husband and his lineage, particularly his mother, for access to key resources and support during childbearing and other life events. Women's ability to negotiate social relationships within this framework and besides their co-wives is therefore crucial to their well-being and to that of their children in polygamous marriages.

In bridging the gap, given the reproductive competition between co-wives noted earlier, postpartum abstinence and early 'menopause' in polygynous marriages not might reflect women's choices, but sexual and emotional neglect on the part of polygynous husbands. Therefore, the researcher believes that further investigation on fertility in polygynous societies would be more fruitful if it were designed with the interplay of these variables in mind.

Methodology

The methodological approach to this study was qualitative in nature where an unstructured questionnaire and unstructured interview guide was adopted. The qualitative aspect not only investigated the "what", "where" and "when", but also the "why" and "how" of decision making. Following the decision on the appropriate methodology to use in this study based on the ontological and epistemological assumptions, the next step was to decide on the research design. The choice of research design was influenced largely by the methodology (whether quantitative or qualitative) as well as the philosophical assumptions guiding the research process (ontology and epistemology). The research design adopted was a case study that qualitative methods of research. In line with the research purpose and the unit of analysis in this study, the study population comprised of women and men and in both polygamous and monogamous marriages, religious leaders, local council executive committee members, University lecturers, Elders, community Liaison officers, health officers in health centres, Police Officers in Charge of Family affairs, Probation Officers, Sub County chiefs, Sub County Chairpersons and Sub-County Community Development Officers. A total of 232 respondents were selected for the study of which 142 were female and 90 male. This study employed multiple sampling techniques for specific groups of informants. Simple random sampling was adopted in sampling the residents. For Health Officials, and Community Development Officers, multi-stage sampling was done, which began with developing a sampling frame. Purposive sampling was used to sample lecturers and judicial officers. Data was sorted and analyzed using content thematic analysis.

Research Philosophy and Philosophical Assumptions

This sub section discusses the assumptions that influenced researcher in his choice of research methods. As stated in the previous sub section above, the choice of research methodology is influenced by a set of assumptions underlying each research methodology (Crotty, 1998). These methodologies are influenced by what is commonly called research paradigms (Jean, 1992 and Kuhn, 1996). "A paradigm is a set of beliefs that individuals use to make sense of the world or a segment of the world" (Crotty, 1998). In other words it provides an insight into the way in which individuals look at and perceive the world (Kuhn, 1996). In terms of research, a paradigm guides the conceptual framework that researchers use in seeking to understand and make sense of reality (Popkewitz, 1984 cited by Maguire, 1987). Paradigms thus set boundaries for researchers in terms of the manner in which they can execute the research process, with regards to research methods, strategies for social inquiry as well as the purpose and use of knowledge (Maguire, 1987; Crotty, 1998). In that way, paradigms influence what researchers regard as accepted knowledge and ways of doing research (Crotty, 1998) and shapes researchers' "perceptions and practices within their research disciplines" (Maguire, 1987). The choice of method is mostly influenced by major philosophical considerations (ontology and epistemology) underlying the research process (discussed in the next section).

In this study, the philosophical assumptions that guided the researcher's approach to this study are interpretivism and critical theory. These philosophical positions helped the researcher to form the critical element in the design of the research, especially the specification of the questions which the researcher answered. Consequently, the research's paradigms are driven by three fundamental questions; (a) the ontological question (b) the epistemological question and (c) the methodological question. These three questions are interconnected in such a manner that any answer given to any one question influences the answers obtained from the other questions.

Based on the interrelatedness of the basic belief systems on whose assumptions paradigms are established, as well as the conviction that there is no way to establish ultimate truthfulness for the basic beliefs that informs any paradigm, the study employed these two philosophical positions as the dominant paradigm for the research. However, this research noted that qualitative research is an inclusive method with its approaches not always wholly separate but possibly overlapping. The researcher adopted interpretivism because it enabled him to understand social phenomena and the existing 'constructed' social world and its interpretation.

Even though the researcher acknowledges the existences of multiple 'understandings' as people in Uganda, communities differently construct and interpret their relationship to public financial management, there is relative consensus in the knowledge that exists within them (Guba and Linclon, 2004). The construction, interpretation and understanding of their world changes as situations in their communities change. The researcher interpreted these social realities from their stances and constructions. The researcher did this by giving primary data such as questionnaire, interviews from the field, meanings and explanations by seeking for clarification and probing for confirmation to ensure a better understanding of the respondents. The researcher acknowledges the difficulty of achieving complete objectivity and neutrality in social science research, as "*social reality is a product of its inhabitants*".

Ontological assumptions

Ontological assumptions revolve around the question of 'what is' with the nature of reality (Crotty, 1998). In other words it is an attempt to explain what reality is and why things happen the way they do. In a bid to explain reality, Jean (2012) suggests that two opposite assumptions of reality are objectivity and subjectivity. According to the objectivist view, reality exists out there, intact and tangible, but it is independent of individuals' appreciation and cognition (Guba, 1990; Jean, 1992; Hill, 1995). Thus, regardless of whether or not individuals perceive and attach meaning to this reality, it remains unchanged (Burrell and Morgan, 1994). An individual is thus; "born into and lives within the social world that has its own reality, which cannot be created by that individual" (Burrell and Morgan, 1994). In order to create a better understanding of reality, objectivists suggest the need to study the causal relationships among the elements constituting reality (Jean, 1992; Burrell and Morgan, 1994). The objectivist' view of reality is closely related to a theoretical position called positivism (Giddens, 1974 and Hill, 1995). Positivism holds the objectivist assumption that reality is independent of human cognition (Guba, 1990).

Epistemology

Epistemology is concerned with explaining the nature of knowledge in terms of how knowledge is created (Jean, 2012; Crotty, 1998). In research, epistemology provided the grounds for deciding on the kind of knowledge that was considered appropriate, adequate and legitimate for the inquiry at hand. Jean (2012) suggests that the methodology has to be supported by an epistemology. Researchers are as a result expected to point out, explain and justify the epistemology that informs their choice of research methodology. The choice of epistemology was widely influenced by the ontological considerations. The two dimensions of ontology (objective and subjective), played an important role ultimately the methodology chosen to conduct the research.

Subjectivism

The ontological position of interpretivism is relativism. Reality is constructed through the interaction between language and aspects of an independent world. The interpretive epistemology is one of subjectivism which is based on real world phenomena. The world does not exist independently of our knowledge of it (Ragin, 2007). The subjectivist's view of reality advocates for appreciation of human involvement in the creation and shaping of knowledge (Jean, 1992). Subjectivist epistemology thus suggests that meaning or reality is not discovered but is rather imposed on the object by the subject, and in the case of research, by the researcher (Crotty, 1998). In other words, under subjectivist epistemology, the object being studied contributes less to the meaning or reality. Therefore, the researchers' input in the research process was recognised under subjectivism by use of open ended interview questions and non-random sampling techniques. The research methodology recommended by subjectivists is qualitative methodology. According to Jean (1992) qualitative research is a form of social interaction in which the researcher converses with, and learns about the phenomenon being studied. In that way, the researcher is part of the research process and is actively involved in creating the meaning of reality (Crotty, 1998; Kent, 1999). Qualitative research is suggested as more applicable to the study of people and their environment(social sciences) than natural sciences (Bryman, 2001).

The reason is that the object of research for natural sciences (chemicals, metals, atoms and others) cannot make sense of their environment and are easy to manipulate while people can, and are, able to attribute meaning to their environment. Thus, proponents of qualitative research advocate the use of qualitative

methodology when studying people as it enables the researcher to see through the eyes of the researcher (Bryman, 2001). In addition, the social world needs to be studied from people' perspectives rather than treat them as objects that cannot attach meaning to their environment. In order to embrace the effect of the environment in providing sense to what is being studied, a variation of the subjectivism commonly known as constructivism was suggested in the entire study. Constructivism is an epistemological position that recognises reality as being created through human practices as researchers interact with their environment (Crotty, 1998). Multiple realities were constructed as the researcher interacted with people and their environment through interviews. Thus the whole process involved interaction and socialisation where upon people learnt, shared and recognised the meaning of reality. According to constructivist epistemology, researchers need to empathize with people they are studying to abstract reality (Kent, 1999). This involves engagement with the people concerned by observation of behaviour, and most importantly through asking those people (Kent, 1999).

Qualitative methodology has been criticized for lacking in efficacy due to its inability to study with a degree of accuracy the relationships between variables (Sarantakos, 2005). In qualitative research, the researcher is the main player, in the sense that he or she decides on what to concentrate on. In addition, what is observed and heard may not necessarily be the same as what another researcher will observe (Bryman, 2001). It is difficult to replicate and generalize the findings of qualitative research with ease because they are more likely to be restricted given that only a small number of cases is studied compared to large sample sizes common in quantitative research (Bryman, 2001). Consequently, the number of cases may not be representative of the majority of the population being studied. However, proponents of qualitative research argue that generalisations are made on the assumption that the findings and inferences made during the research are supported by sound theoretical reasoning (Mitchel, 2013).

Research Design

The research design adopted was a case study that qualitative methods of research. The observation of the researcher, the responses from respondents were descriptive and therefore qualitative in nature. A qualitative research design is particularly be relevant to the study of marriage because it invites participants to describe and explain their lives in their own words and to assess for themselves to what extent they experience marriage as based on equality between man and woman.

Study Population

According to Sekaran and Bougie (2013), population refers to the entire group of people; process, things or events that the researcher wishes to investigate and make inferences. In line with the research purpose and the unit of analysis in this study, the study population comprised of women and men and in both polygamous and monogamous marriages, religious leaders, local council executive committee members, University lecturers, Elders, community Liaison officers, health officers in hospitals/health centres, Police Officers in Charge of Family affairs, Probation Officers, Sub County chiefs, Sub County Chairpersons and Sub-County Community Development Officers. No controversy so far!

Sample Size,

A total of 232 respondents were selected for the study of which 142 will be female and 90 male. On this same subject, Kothari (2004) advised that the sample size should be large enough to give a confidence interval of the desired width.

Sampling Techniques and Selection Procedure

This study employed multiple sampling techniques were used for specific groups of informants. Simple random sampling was adopted in sampling the residents. For Health Officials, and Community Development Officers, multi-stage sampling was done, which began with developing a sampling frame. Purposive sampling was used to sample lecturers and judicial officers.

Response Rate

A total of 232 respondents completed the questionnaires out of the expected 251 making a 92% response rate and of these 42 were interviewed. The current analyses were restricted to the 202 couples in which the wife was aged 18–49. Overall, 28% of the wives were in monogamous marriages and 72% were in polygamous ones; nearly a quarter of those in polygamous relationships had more than one co-wife. Compared with wives in monogamous marriages, those in polygamous unions were above 21, and had been married longer a year, and were more likely to have been previously married, had a greater number of living children at least one. Similar differences in age, parity and education were observed by marriage type among husbands.

Background Demographic Characteristics

This section presents findings on demographics of the respondents, namely; gender, age, education, working experience, and position of the respondent, below.

Gender characteristics of the Respondents

The gender characteristics of respondents were investigated for this study, and findings are presented in Table 1.

Table 1: Summary statistics on the gender of the Respondents

		Frequency	Percentage
Valid	Male	92	39.6
	Female	140	60.3
	Total	232	100.0

Source: Primary Data (2019) N=232

Table 4.1 shows that the majority of the respondents were female (60.3) and male were (39.6%). Although the gender findings indicated a discrepancy in favour of females, the study was representative of all sexes since both males and females were part of the study. More females were included in the study because they are the most affected group when it comes to gender based violence, discrimination and other forms of marginalisation. The females are more side-lined by husbands when it comes to sexual reproductive health since many are denied access to sexual reproductive information.

Age of the Respondents

The study looked at age distribution of the respondents by age using frequency distribution. The results obtained on the item are presented in table 2 below

Table 2: Age of the Respondents

		Frequency	Percent
Valid	10-19	19	8.1
	20-29	33	14.2
	30-39	96	41.3
	40-49	45	19.3
	50 Above	39	16.8
	Total	232	100.0

Source: Primary Data (2019) N=232

From the above table, the majority of respondents who took part in the study were between 10-19 were 8.1, those between 20-29 were 14.2%, those between 30-39 were 41.3% and those between 40-49 were 19.3%. This indicated that all categories of respondents in reference to different age groups were represented in this study.

Respondents by Highest Level of Education

The table 3 presents the summary statistics on level of education of the respondents.

Table 3: Distribution of Respondents by Highest Level of Education the Respondents.

		Frequency	Percent
	Bachelors	34	14.6
	Diploma	24	10.3
	Certificate	69	29.7
	Others	105	45.2
Total		232	100.0

Source: Primary Data (2019) N=232

The majority of the respondents were school drop outs making a total percentage of 45.2%, the respondents with bachelors were 14.6% and those with diploma were 10.3% respectively. These results indicate that the respondents had some reasonable level of education and were able to read and understand the questionnaire.

Respondents by Marital status

The table 4.4 presents the summary statistics on marital status of the respondents

Table 4: Distribution of Respondents by marital status of the Respondents.

		Frequency	Percent
	Married	134	57.7
	Cohabiting	54	23.2
	Single	29	12.5
	Divorced	15	6.4
Total		232	100.0

Source: Primary Data (2019) N=232

The majority of the respondents were married either religiously or customarily and these made a total percentage of 57.7%, the respondents cohabiting were 23.2% and the single respondents were 12.5%. These results indicate that all marital statuses were represented in this study.

Respondents by Type of marriage

The Table 5 presents the summary statistics on type of marriage of the respondents.

Table 5: Distribution of Respondents by type of marriage

		Frequency	Percent
	Monogamous	29	21.7
	Polygamous	105	78.3
Total		232	100.0

Source: Primary Data (2019) N=232

The majority of the respondents were polygamously married making a total percentage of 78.3%, and those monogamously married were 21.7%. The couples married monogamously gave responses based on their life experiences.

Empirical Findings

Uganda's commitment to realization of the right to sexual and reproductive health

Sexual and reproductive health rights are among the most sensitive and controversial issues in international human rights law, but are also among the most important. These rights are guaranteed in various treaty documents and other instruments which clearly delineate government obligations to protect these rights. Implementation of these rights at the regional level is shaped by the socio- cultural beliefs and practices that determine the extent to which the rights are respected, protected and realised. A lawyer noted that "these beliefs either violate or protect individual's rights. Uganda's commitment to address SRHR for women living with HIV is within the broad legal framework for addressing sexual and reproductive health rights founded on the principles of human dignity and equality provided for in the 1995 Uganda Constitution. SRHR for women living with HIV is a human rights issue in terms of the right to life (Article 22), liberty and security (Article 23); the right to health, respect for human dignity and protection from cruel, inhuman and degrading treatment or punishment (Article 24); the right to privacy of person (Article 27); the right to a fair hearing (Article 28); the right to education (Article 30); family rights (Article 31); the right to access information (Article 41); and the right to freedom from any harmful cultural practices (laws, customs, beliefs) that are against the dignity, welfare or interest of women or undermine their status (Article 33 (6). The Constitution provides for non-discrimination and equality for all, as well as protection and promotion of women's rights (Articles 20, 26, 30, 31, 40 (b and c) and 50 (Republic of Uganda, 1995). Under the National Objectives and Directive Principles of State Policy, the Constitution commits the state to take all practical measures to ensure the provision of basic medical services to the population (Objective XX).

Findings revealed that the right to health including reproductive health care is subject to progressive realisation. According to UDHS, 2018), more than 20% of married women in Uganda are in polygamous relationships. Although studies have examined fertility desires and contraceptive use in such marriages, they have not taken into account differences that may exist among the co-wives in these unions. Relatedly a respondent noted "one co-wife may desire a future birth, but another may not; similarly, a husband may want to have another child, but only with a specific wife, this may be a form of violence to the rest of the women who may be feel sidelined" Tamale (2013) notes that polygyny constitutes an infringement of women's right to reproductive health care. It is important to note that polygamy has never been categorized

as one of the factors which affect the reproductive health status of women; it is hereby submitted that it is one of them. The environment in Uganda has not been sympathetic to the development of women because of the patriarchal nature of the society and the practice of polygamy is embedded in patriarchy.

Reproductive and maternal health care/Fertility

Study findings revealed that the proportion of respondents who wanted to stop childbearing was higher in polygamous marriages than in monogamous unions, among both wives (54% vs. 46%) and husbands (61% vs. 39%). Similarly, both partners reported wanting to stop childbearing in 37% of polygamous husband-wife pairs, but in only 27% of monogamous pairs. None of these differences were significant, however, after adjustment for the older age and higher parity of polygamous respondents.

The prevalence of contraceptive use was lower among respondents in polygamous marriages than among those in monogamous marriages. Clandestine contraceptive use appeared to be greater in polygamous than in monogamous marriages; among husband-wife pairs in which the wife reported contraceptive use, 61% of monogamous husbands, but only 39% of polygamous husbands, also reported use. Women in polygamous marriages face many barriers in accessing family planning services: some common to all women, such as stock shortages and opposition from sexual partners, and some specific to women with disabilities, such as negative attitudes of health care personnel. A respondent noted that "I was told by a medical officer to avoid birth control, stating erroneously that birth control would result in the birth of a child with a disability. As a result, I stopped taking birth control.

A respondent similarly opined that;

"*low contraceptive use means that more and more African women are at risk of unwanted pregnancy and unsafe abortion. The lack of access to contraception diminishes decision making about sexual activities. In the developing world, women's reasons for not using contraceptives commonly include concerns about possible side-effects, the belief that they are not at risk of getting pregnant, poor access to family planning, and their partners' opposition to contraception*".

Although findings revealed that the odds of contraceptive use were lower among couples in which only one spouse wanted to stop childbearing than among those in which both partners wanted to stop, the results did not differ substantially according to the sex of the partner who wanted to stop. However, the odds of use were reduced to a greater extent when polygamous women and men disagreed about continued childbearing than when monogamous partners disagreed. Among polygamous couples, monogamous couples or both, contraceptive use was negatively associated with age and positively associated with level of education and number of living children. If the husband had HIV, monogamous couples were more likely to practice contraception, whereas polygamous couples were less likely to do so.

Polygamy and Family Planning

The findings showed that the most popular method of family planning was the injection as reported by the majority of the participants, followed by implant and sterilization. While women living with HIV observed that there were multiple methods of family planning, they noted a number of challenges that limited their right to reproduction and family planning use. These challenges were mainly associated with refusal by spouse, gender-based factors and limited information provided by health workers in clinical settings.

Evidence from the case studies of women who had experienced forced and/or coerced sterilization, interviews and discussions with other women and men and key informants revealed a number of effects of forced/coerced sterilization on women and their families. These effects are attributed to their inability to give birth which is negatively perceived by the communities.

When asked about sterilization, a respondent was quick to note that,
"*sterilization affects sexual relations including reduced sexual desire, painful sexual intercourse and feeling weak. My sexual relationship is no longer the same; I am no longer happy. All the time we are quarrelling and at times I ask myself: do others feel the same?. I am not sexually active. It has affected me because my body is very weak*"

The intention to use contraceptive among women in polygamous marriages remains wanting. It was found out in this study that the intention to use contraceptives among onusers varies dramatically and it was revealed from the results. The variations might be partly because of the population size but most importantly are associated with the difference in individual and neighbourhood characteristics. One of the individual characteristics that have been consistently related to intention to use contraceptive among nonusers was age (Solanke, 2017) and studies have found that maternal age remains crucial and relevant in the use of contraceptive (Barbieri & Hertrich 2002; Ibisomi 2014; Hambissa, Sena, Hiko, & Merga, 2018; Saloojee & Coovadia, 2015) . This study also shows that intention to use contraceptive varies with age. The intention to use contraceptive among women who were nonuser decreases with increase in age, this was found in the study in the study areas of Arua, Buikwe, Iganga, Jinja, Namayingo and Mayuge. The findings suggested that for an increase in the achievement of family planning programmes in these countries the need to target young reproductive women is an important strategy to be adopted. Marital status and the number of living children previously born alive play a crucial role as factors in intention to use contraceptive among women who yet to be using contraceptive and studies have shown that parity and marital status as some of the factors responsible for contraceptive use (Adam, 2015; Dasgupta, 2015). Women in some polygamous marriages a union have shown no intention to use contraceptive though they were likely to use contraceptive. Previous studies (Caldwell,2000; Bankole,2004; Fadeyibi, 2013; Ogu, Agholor, & Okonofua, 2016) generally found that more children mean more income and none use of the contraceptive method in less developing countries such as Uganda. Though this study shows that women who had more than three living children have the intention to use contraceptive, this might be as a result of an increase in the cost of childbearing, parent's psychological benefits of having few successful children and access to family planning services.

Original Contribution of the Study

There was a discrepancy of failure to acknowledge women's competence to consent to health care which amounts to a violation of their right to equality before the law. In view of this discrepancy, there was a knowledge gap that prompted this study hence the need to investigate the impact of polygamous marriages on the realization of health rights with reference to sexual reproductive rights Uganda.

Therefore, the study generated information regarding the right to sexual and reproductive health and rights of women and men in polygamous marriages; an institution which is deeply rooted in male domination of women. The study thus identified specific areas of sexual and reproductive health rights violations and abuses in polygamous marriage and investigated remedies available to victims of these violations.

There is scarcity of studies done on the impact of polygamous marriages on the realisation of health rights.

Conclusion and Recommendations

The CEDAW Committee's General Recommendation 29 reaffirms the goal of abolishing polygamy and makes clear that ", *with regard to women in existing polygamous marriages, States parties should take the necessary measures to ensure the protection of their economic rights*." While prohibiting polygamous marriages is important to promoting women's human rights, drafters should consider the negative consequences it may hold for additional wives.

The better way to protect the rights of women in polygamous marriages would be by the enactment of laws which promote and protect their rights as proposed by article 6 of the Protocol on the Rights of Women in Africa. An example of a law which regulates rather than prohibits polygamy is the Marriage Act of 2014.

The government should enact new laws or modify existing statutes in order to afford women greater equality before the law and uphold women's sexual autonomy, and ultimately minimize women's vulnerability to sexually transmitted infections. The Domestic Relations Bill (Draft) and the Sexual Offences (Miscellaneous Amendments) Bill that has already been passed by the parliament of Uganda should be returned to parliament for revision. There are a number of sections in the Bill that could still negatively affect the Sexual and Reproductive Health Rights of women in polygamous marriages. There should provision of free access to reproductive health services. The national response to reproductive health concerns and HIV-AIDS needs to be continuously assessed, to provide all stakeholders with constant feedback on progress with implementation, by identifying actual or potential successes and problems so as to facilitate timely adjustments to implementation.

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