
**THE REGULATION OF VAGINAL DRYING AGENTS IN ZIMBABWE: A CASE
STUDY OF HARARE MARKETS AND OUTLETS**

BY

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Abstract

This research investigates the taboo, highly sensitive, emotive and secretive subject of the harmful cultural practice of dry sex. It does so in order to put forward a strong case for the state's long-overdue intervention in the regulation of cheap and dangerous unregistered traditional and conventional vaginal drying agents which are produced in or smuggled into Zimbabwe, flood the streets of its capital city, Harare, and cause serious health risks to increasing numbers of uninformed women users. The unique grounded women's law approach equips the researcher, a prosecutor, with the appropriate methodological and data collection tools necessary to embark on and direct the harrowing, yet necessary, journey that she must travel in order to uncover the cold hard truths about the lived realities of women who negotiate their way through the murky world of dry sex which invades the private and public spaces of their bedrooms, churches, hairdressing salons, streets, shops and flea markets which she visits. As a result, throughout the research process she makes full use of the various human rights, actors and structures, and semi autonomous social fields approaches to extract the meaning of the research data drawn from, among others, relevant theories and legal literature on the subject (especially, local and international human rights instruments and legislation), interviews and group discussions with the study's various respondents, including both women vendors and users of these illegal products and representatives from the medical, judicial, law enforcement and regulatory authorities. She discovers that, forced through female peer pressure by a toxic mixture of cultural and perverted religious values to indulge in these dangerous sexual practices, these vulnerable women repeatedly use these agents and expose themselves to serious harm in a vain attempt to re-create the fiction of offering themselves up as virgins to their male partners for the sole purpose of gratifying their partner's selfish sexual desires. The research also investigates the causes as well as the dangerous health-related risks of engaging in dry sexual practices. Finally, the researcher suggests a number of recommendations to improve the regulation of the illegal trade which falls under the overall control of the state agents of the Medicines Control Authority of Zimbabwe (MCAZ), Zimbabwe National Traditional Healers Association (ZINATHA) and the Zimbabwe Republic Police (ZRP). In addition, by linking the human right to health with the crucial human right to information which are grounded firmly in the progressive provisions of Zimbabwe's new 2013 Constitution and supported by international human rights instruments, including CEDAW and the African Women's Protocol, the researcher strongly advocates the state's launching of educational campaigns on the health risks associated with dry sex.

Declaration

I, Svodai Kadivirire, certify that this dissertation is my original work; it is an honest and true reflection of my personal effort in carrying out this research. I certify that the work has not been presented anywhere else before for any other thesis.

Signed

Date.....

This dissertation was submitted for examination with my approval as the University Supervisor

Signed.....

Date.....

Professor Julie. E Stewart

Director of the Southern and Eastern African Regional Centre for Women’s Law, University of Zimbabwe

Date.....Signed.....

Dedication

This work is dedicated to my husband, Givemore Tazviwana. Thank you so much for being there to support me when I needed you most.

To my two lovely daughters, Nyasha and Makanaka, you stood the test of time and yearned for mother love at a time that I could not give you all the attention you needed.

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Acronyms and abbreviations

CBD	Central Business District
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CID	Criminal Investigations Department
FGM	Female Genital Mutilation
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICESCR	International Covenant on Economic, Social and Cultural Rights
MASCA	Medicines and Allied Substances Control Act
MCAZ	Medicines Control Authority of Zimbabwe
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
ZINATHA	Zimbabwe National Traditional Healers Association
ZRP	Zimbabwe Republic Police

List of human rights instruments

Convention on the Elimination of All Forms of Discrimination against Women (1979)
Covenant on Economic, Social and Cultural Rights (1966)
General Comment No 14, UN Doc E/C.12/2000/4 Para 3
General Comment No 20, E/C.12.GC/20
General Comment 24, A/54/38 paras 29-31
Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003)

List of Zimbabwe legislation

Constitution of Zimbabwe
Medicines and Allied Substances Control Act (Chapter 15:03)
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Executive summary

This research seeks to unearth the regulation of vaginal drying agents in Zimbabwe. The study was carried out in Harare CBD and shopping outlets. Women are applying a variety of vaginal drying agents to themselves which are detrimental to their health. Women have a right to health but this right is being infringed upon as a result of dry sexual practices.

Dry sexual practices are prevalent in Harare. Women use traditional herbs and conventional medicines to achieve dry sex. Apart from these they also use toothpaste, lemon, coarse salt as well as cloths to dry their vagina. There are also a variety of reasons as to why women engage in these unethical practices. Women believe that achieving dry sex will deter male promiscuity. Culture and religion also contribute to the practice in so far as it dictates the need for satisfying male sexual pleasure. Other women fall prey to the marketing gimmicks of the sellers of vaginal drying agents who incite them to experiment with their products in order to experience excellent sexual encounters. The use of vaginal drying agents, however, comes with a great health cost to women. Friction that results from having dry sexual encounters causes abrasions on female genitalia making them prone to infections and the spread of STIs, HIV and HPV which can give rise to cervical cancer.

This research was conducted using different methodological approaches. These approaches are the women's law approach, grounded theory approach, actors and structures approach as well as the human rights approach. The women's law approach embraces women's experiences as a starting point in unearthing women's lived realities. The grounded theory approach is an innovative approach where the researcher has to keep an open mind always alert to new or emerging issues that come out of the research. The actors and structures approach is an approach that entails an examination of bodies or entities as well as the attitudes of the personnel in charge of them and ascertains how that affects the field of research. The human rights-based approach places the individual as a holder of basic rights at the centre of the process of development. It emphasizes the relevance of the whole array of human rights in development processes.

The findings of this research revealed that there are three regulatory mechanisms that govern the sale of vaginal drying agents in Zimbabwe and these are the Medicines Control Authority

of Zimbabwe (MCAZ), the Zimbabwe Republic Police (ZRP) as well as the Zimbabwe National Traditional Healers Association (ZINATHA). MCAZ is the regulatory body mandated to oversee the safety and efficacy of medicines in Zimbabwe. It regulates the conventional medicines that are used as drying agents. These conventional medicines are not registered with MCAZ and therefore their use in Zimbabwe becomes criminal. The fact that it is criminal gives the power to the ZRP to enforce the provisions of the law through arresting offenders. ZINATHA oversees the administration of traditional herbs and medicines. They are a body mandated to supervise the use of traditional herbs and medicines and thus they oversee the sale of traditional herbs which are used as vaginal drying agents. Apart from the three regulatory mechanisms, the research also revealed that women lack sexual agency in that they are coerced to engage in dry sexual practices all in a bid to satisfy male sexual pleasure.

The war against dry sexual practices is far from being won mainly because of the shortcomings by the three regulatory authorities in the execution of their duties towards curbing the vice. However, commitment from the government through educational campaigns on the health risks associated with dry sex as well as the bodies duty bound to regulate the vaginal drying agents go a long way to alleviating the practice of dry sex.

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CHAPTER ONE

1.0 DRY SEX: MYTH OR REALITY?

1.1 Introduction

This study seeks to bring into the spotlight the regulation of vaginal drying agents in Zimbabwe. It was carried out in Harare CBD, Mbare, Avondale shopping centre which is about five kilometres from the city centre, as well as a residential compound in Zimphos industrial area. The study brings out the use of vaginal drying agents by women, the regulation of vaginal drying agents, the causes of dry sexual practices as well as the health risks associated with the use of vaginal drying agents. The study comprises five detailed chapters.

Chapter one is an introductory chapter on the topic. It defines dry sexual practices as the use of variety traditional and conventional medicines to make the vagina dry before or between acts of sexual intercourse. It also outlines in detail the motivation behind undertaking this research in which I explain in great detail my own personal experiences in as far as dry sex is concerned. It provides the underlying research objectives, assumptions as well as research questions that informed the research. It also looks at the detailed location of the study. It outlines the data collection methods used, that is, individual interviews, key informant interviews, group discussions as well as observations. Lastly, it dwells on the limitations encountered in the field whilst undertaking this research.

Chapter two looks in detail at the regulation of the vaginal drying agents. It brings to the fore the three regulatory mechanisms involved in regulating the sale of vaginal drying agents in Zimbabwe. These are the Medicines Control Authority of Zimbabwe (MCAZ), the Zimbabwe Republic Police (ZRP) and the Zimbabwe National Traditional Healers Association (ZINATHA). It explains in greater detail each regulatory mechanism's role in the regulation of vaginal drying agents. In so doing, it unearths some of the weaknesses and shortcomings of each entity in the execution of their mandate in relation to the issue of dry sexual products. It brings into the spotlight the vaginal drying agents used by women and classifies or categorises these agents. Some are deemed genuine medicines though unregistered, others are considered condemned products because of their harmful nature,

whilst others are considered to fall outside the ambit of regulation of the MCAZ by virtue of the fact that they are deemed borderline cosmetics.

Chapter three looks at the causes of dry sexual practices. It looks at those triggers that force women to engage in dry sexual practices despite their health risks to women. It pays particular attention to the issue of male promiscuity, culture and religion, the need to satisfy male pleasure as well as the marketing gimmicks by some sellers of the vaginal drying agents as causes of dry sexual practices. In so doing it also highlights women's position as it relates to their sexual agency and sexual pleasure. It expounds that women have no autonomy when it comes to sexual decisions and their enjoyment of sexual intercourse is dependent on male satisfaction and nothing else. It also hints at women's relational nature as a contributory factor to their lack of agency and sexual pleasure.

Chapter four looks in great depth at the health consequences that arise as a result of dry sex. This includes exposure to STIs, HIV, and HPV which can lead to cervical cancer as well as miscarriages. It also pays attention to women's right to health as it relates to the practice. It reveals how the state impinges on the right to information through its failure to hold educational campaigns. It brings out the interconnectedness between the right to health and the right to information. It also looks at the issue of dry sex as a harmful cultural practice making specific reference to and comparison with the practice of FGM.

Chapter five offers the study's concluding remarks. It gives a summary of the findings that emerged from the field as they are captured in the entire piece of work. It ends with a message of hope concerning what has to be done to alleviate the dangers associated with dry sex. Specific recommendations are made to the three regulatory mechanisms as well as the state's responsibilities in as far as dry sexual practices are concerned. In short, it outlines a multi-faceted approach towards fighting the sale of vaginal drying agents as well as discouraging the practice of applying vaginal drying agents in order to achieve dry sex.

1.2 Why this study?

'Munhu wemukadzi unobudisa mvura dzakawanda saka zvakakosha kutora matanho kuti mvura idzodzi dzisawandisa kuitira kuti baba vafare.'

(Meaning, 'A woman discharges a lot of waters from her privates and it is crucial that a woman takes steps to control those waters since they hinder a man's enjoyment of sexual intercourse.')

Is it true that women discharge lots of fluids from their genitalia? Is it not a biological fact that a woman does indeed discharge these fluids? Is there any need to control these fluids? If there is any need to control these 'waters', what measures should a woman take? What pleasure do men enjoy because these fluids have been controlled? All these questions came to mind when one female respondent articulated the above sentiments. I discovered that some women considered it abnormal for them to discharge 'waters' from their vagina and, therefore, felt obliged to take steps to get rid of them. It was this belief that culminated in a whole range of beliefs and customs about having a dry, tight (mean tight vaginal muscles) and warm vagina.

The practice of dry sex is prevalent in Zimbabwe. The pavements of the streets of Harare are swarming with street vendors who make quite a fortune selling substances and agents that dry the vagina. The situation is so bad that pedestrians experience difficulties navigating their way along these pavements. Some up-market shopping centres within Harare, like Avondale, are also targeted by these sellers of vaginal drying agents. Unlike the street vendors in town, the sellers of the agents at Avondale are 'smart' in the way they conduct their business. They do not parade their wares like street vendors, instead they move around the car park and approach potential customers walking around or sitting in their cars. They are also discreet in the way they conduct their business. Their prices are also a bit higher than they are in the city because they are selling to buyers who are economically better off.

At market places like Mbare the sellers of vaginal drying agents may also be found. Unlike in Avondale and the streets in the central business district, these sellers are not ashamed to advertise their products. They shout at the top of their voices as they move around the market place advertising their products. The famous 'H-Metro'¹ newspaper carries adverts of traditional healers or herbalists who have herbs or medications that promise to solve all sorts

¹ H-Metro is a local daily newspaper that is famous for gossip news normally targeting women and issues to do with sexuality.

of problems relating to male and female sexuality including drying agents. A cursory look into some shops reveals adverts on drying agents hanging on their walls for public display.

The practice of 'dry sex' refers to the drying and tightening (and sometimes warming) of the vagina for sexual intercourse (Brown, Ayowa and Brown, 1993). Dry sexual practices involve the use of traditional herbs as well as medicinal drugs and substances to dry the vagina before or between acts of sexual intercourse. It also involves the insertion of various drying or absorbent materials or agents into the vagina before or during sexual intercourse. A dry sex preparation may consist of vinegar, bleach, chlorine, toothpaste, soaps, powders or herbal potions (Soul City *et al.*, 2009). The essence of applying all these agents is to rid the vagina of any excess fluids so that hot, tight and warm sex can be achieved. One of the main reasons for using such preparations is to ensure a contracted, warm vagina without 'excessive' vaginal secretions during sexual intercourse (Runganga and Kasule, 2010). The whole purpose for the practice is to increase sexual pleasure (Runganga, Pitts and McMaster, 1996).

The question that immediately comes to mind is whether or not this hot, tight and warm sex will cause serious health repercussions for women who engage in it. There is no doubt that dry sex is not realized without women experiencing agony and pain. The purpose of it is to have a small and tight (strong muscular) vaginal opening which makes it difficult for a penis to penetrate. This creates great discomfort for women when they engage in sexual intercourse.

My research topic seeks to explore in greater detail the regulation of vaginal drying agents in Zimbabwe. My personal experiences motivated me to undertake this research. These personal experiences emanated from discussions at church gatherings and kitchen tea parties as well as my observations in hair salons. I entered into a Christian marriage in 2008 and became a full member of the women's guilds within the Roman Catholic Church called '*chita*' and because I belonged to '*chita*' I was required to attend all church meetings involving women.

It so happened that one day at church we had a women's meeting where we were advising each other on how to achieve marital bliss within our marriages. It was on this day that one of the elderly women said that as women we had to guard against excess waters that come from our genitalia if our husbands were to enjoy sexual intercourse with us. This woman pointed

out the use of a certain traditional herb as well as applying coarse salt to a piece of cloth and wearing it like a pad on the female genitalia. I took her advice and used the coarse salt that was readily accessible to me. I spent the whole day wearing with the piece of cloth as recommended but, before the day was out, I had already started to feel a terrible itch in my private parts. I had never experienced this feeling before and it was easy to realise that it was caused by the salt and cloth I had applied to myself. As a result of this experience I came to the conclusion that I could suffer serious health complications and ceased the practice forthwith.

My personal experiences were not confined to my experiences at church. As a married woman, the pressure to attend kitchen parties is great because that is where the brides to be are groomed into motherhood and that is where those who are already married get advice on how to spice up their marriages. Whilst attending a certain kitchen tea party the use of virginity soap was advocated. This virginity soap is also easily available in a variety of shop outlets and pharmacies in Harare. As a result of my previous experience with the coarse salt, I never bothered to put the teaching into practice and so I did not use the soap. Although I did not use it, there is no doubt that other women who were present at that kitchen tea party did.

I also observed that each time I went to my hair salon for my hair do a variety of sellers of vaginal drying agents would come in and advertise their products to the women hairdressers as well as their clients. These sellers who come into hair salons move around with handbags containing the products and they usually promote them through a one-on-one interaction with potential customers. They are very good at convincing their customers on the effectiveness of the products in ensuring male sexual gratification.

As I reflect on my personal experiences and interaction with the sellers of the vaginal drying agents I always ask myself why I would fall prey to such a dangerous practice. I realise that the practice of dry sex is a reality. It is a practice which knows no bounds among its adherents, be they economic or social. The pressure on women to do everything to satisfy men is so great and comes from so many different directions that they end up succumbing to the pressure to engage in dry sex. This is the plight in which women find themselves: they are forced to deliver male sexual satisfaction at all costs, including their own.

1.3 Research objectives

The overall research aim and objective was to unearth whether or not there is potential or justification for the regulation of vaginal drying agents used by women.

Specific objectives were:

- To investigate if women apply a variety of vaginal agents to dry their vagina before or between acts of sexual intercourse.
- To find out if the vaginal agents cause health complications for women.
- To unearth if culture and religion encourage women to apply the agents to satisfy male sexual desire.
- To ascertain if women are the main sellers of the vaginal agents.
- To investigate whether it is the case that many of the vaginal agents have not been certified for use by the Medicines Control Authority of the Zimbabwe.
- To find out whether the Medicines Control Authority of Zimbabwe does not regulate vaginal soaps.
- To investigate whether the vaginal soaps are sold in shops, pharmacies, markets and by individuals.
- To interrogate whether the law has been ineffective in its control, regulation and enforcement in the curbing of the sale of dangerous vaginal agents.

The above are the specific objectives that I intended to unearth as I set off on my field research. However as events unfolded in the field, there emerged one other objective and that was:

- To investigate whether the Zimbabwe National Traditional Healers Association's administration of herbs is poor and, therefore, exposes consumers to harm arising from their use.

1.4 Statement of the problem

There are a variety of vaginal drying agents available for use by women. Some are imported herbs and medicines whilst others are traditional herbs. The vaginal drying agents are sold on

the streets of Harare, from shop outlets and pharmacies whilst some are administered by traditional healers or herbalists.

There are three regulatory mechanisms that govern the administration of the vaginal drying agents. These are the MCAZ, ZRP and ZINATHA. The MCAZ is a statutory body that is in charge of all medicinal drugs and substances and regulates their use through ensuring the safety and efficacy of the medicines. To guarantee this, the MCAZ makes sure that the medicines are registered and this is one way of ensuring the safety of these medicines by the consuming public. Surprisingly, many if not all the drying agents available on the streets of Harare are not registered with the regulatory authority, hence, the availability of these on the streets is in itself a problem. Other vaginal drying agents, like virginity soaps, do not fall within the ambit of control by the MCAZ because they are considered borderline cosmetics by the regulatory body.

The fact that these vaginal drying agents are not registered with the regulatory authority of Zimbabwe permits the ZRP to exercise their powers to curb the sale of these unregistered agents. The ZRP has the powers to arrest all those selling unregistered medicines. To achieve this, they have to work in conjunction with the regulatory authority who wields the expertise in the regulation of medicines. However, police powers seem to be doing little or nothing to curb the sale of the vaginal drying agents.

On the other side of the coin, there is ZINATHA which is in charge of administering traditional herbs and medicines. Although these herbs and medicines pose a health hazard when improperly administered to a consumer, ZINATHA lacks proper control of their administration to consumers who gain access to them through the many individuals who pose as herbalists or traditionalists.

Vaginal drying agents are readily accessible to women and they are affordable. The lack of proper control channels to regulate women's access to vaginal drying agents exposes them to health risks arising from their exposure to them. There is a great need for interventions in the manner in which these drying agents are regulated if inroads towards the use of these vaginal drying agents are to be made.

1.5 Research assumptions

When I went into the field I had a few assumptions and these were:

- Women apply a variety of vaginal agents to make their vagina dry before or between acts of sexual intercourse.
- The vaginal agents cause health complications to women.
- Culture and religion influence women to apply the agents to themselves to satisfy male sexual pleasures.
- Women are the main sellers of the vaginal agents.
- Many of the vaginal agents have not been certified for use by the Medicines Control Authority of the Zimbabwe.
- The Medicines Control Authority of Zimbabwe does not regulate vaginal soaps.
- The vaginal soaps are sold in shops, pharmacies, markets and by individuals.
- The law has been ineffective in its control, regulation and enforcement to curb the sale of dangerous vaginal agents.

While I was in the field I had to formulate one other assumption based on the findings and this was that:

- The Zimbabwe National Traditional Healers Association's administration of herbs is poor and, therefore, exposes consumers to harm arising from their use.

1.6 Research questions

My research questions emanated from my research assumptions and these were:

- Do women apply a variety of vaginal agents to make their vagina dry before or between acts of sexual intercourse?
- Do the vaginal agents cause health complications to women?
- Do culture and religion influence women to apply the agents to themselves to satisfy male sexual pleasures?
- Are women the main sellers of vaginal agents?

- Have the vaginal agents been certified for use by the Medicines Control Authority of Zimbabwe?
- Does the Medicines Control Authority of Zimbabwe regulate vaginal soaps?
- Are the vaginal agents sold in shops, pharmacies, markets and individuals?
- Is the law effective in its control, regulation and enforcement to curb the sale of dangerous vaginal agents?
- Is ZINATHA's administration of herbs poor and, therefore, exposes consumers to harm arising from their use?

1.7 Demarcation of the study

The research topic forced me to follow all the leads to where the vaginal drying agents are sold. As a result, the research was carried out in Harare CBD and its outlying areas of Avondale and Mbare. I also had to meet with women in the comfort of their homes and thus I met with them in Msasa residential area.

In conducting the research I had to use qualitative research. I had to start with the sellers of the drying agents in the streets and the choice of the respondent was mainly based on whether or not that particular respondent was in a position to have an interview with me without disrupting their business.

1.8 Data collection methods

To get the required information from the respondents, I had to use qualitative methods in data gathering. I moved around hair salons, market places, households, private offices as well as the streets in a bid to locate the respondents. The choice of the respondents was made on a random basis. I took note of their businesses and I would normally only approach those respondents who were not busy and in a position to talk to me.

I would start by introducing myself first to the respondents. This was not always straightforward. At times when the respondents were in the market place or in shop outlets and I noticed that they were a bit uneasy, I would buy something from them and this actually worked very well and after that it became plain sailing. At other times, I gave them something to eat to break the ice. We would then start engaging in a discussion whilst eating and that really worked very well in getting disclosures for the research.

Basically, to collect my data I used key informant interviews, individual interviews, group discussions as well as observations. Below is a table showing the key informant respondents that I came across in the field:

1.8.1 Key informant interviews

Table 1: Key informant interviews

INTERVIEWEES	MALE	FEMALE	TOTAL
Police officers	2	0	2
Prosecutors	1	3	4
Magistrates	2	0	2
Nurses	0	2	2
Doctors	2	0	2
MCAZ	0	1	1
ZINATHA	0	1	1
Pharmacist	1	0	1
TOTAL	8	7	15

The key respondents were selected on the basis of their experience and knowledge of the regulation of as well as the health implications associated with dry sex. Through the use of key informant interviews, I obtained crucial information regarding the regulation of medicines by the relevant regulatory bodies, issues to do with the enforcement of the law from the point of view of the police and health related complications that result from the use of vaginal drying agents.

The police officers interviewed are based at the Criminal Investigations Department Drugs Unit in Harare. This is a police department that deals with the regulation of any medicine and works in conjunction with MCAZ towards enforcement of the regulations by the medicines regulatory body. The prosecutors and the magistrates are the public officials who preside over cases brought to them by the police involving medicines and allied substances. I had to consult with the doctors and nurses on the health repercussions of using vaginal drying agents. The pharmacist informed me about the chemical composition of some of the drugs used as vaginal drying agents. The MCAZ official was very informative regarding the regulation of the drugs and substances that are on sale. To get an insight into the traditional

herbs and substances that dry the vagina as well as the administration of these products I obtained the information from the ZINATHA official.

1.8.2 Individual interviews

Below is a table showing respondents targeted in individual interviews.

Table 2: Individual interviews

INTERVIEWEES	MALE	FEMALE	TOTAL
Street vendors	2	2	4
Hair salons	0	2	2
Flea markets	0	5	5
Shop outlets	2	1	3
Mbare	1	6	6
Msasa	0	6	6
CBD	7	2	9
Avondale	0	1	1
TOTAL	12	25	36

Both male and females were targeted in individual interviews. The selection of individual interviewees was on a random basis. It was based mainly on whether or not the respondent was co-operative and willing to talk. Priority was given to the respondent's business which meant that at all times I was conscious not to disturb the respondent's business. The advantage of these interviews was that confidentiality was completely guaranteed between me and the respondent. As a result of this method, I managed to obtain some of the respondents' closely-guarded secrets concerning the use of vaginal drying agents as well as the attitudes of men towards dry sex.

1.8.3 Group discussions

Below is a table showing respondents I engaged in group discussions.

Table 3: Group discussions

PLACE	NO OF GROUP DISCUSSIONS	MALE	FEMALE	TOTAL
Streets	1	0	3	3
Hair salons	6	0	23	23
Msasa	2	0	8	8
Churches	3	0	26	26
CBD offices	1	4	0	4
TOTAL	13	4	60	64

Some of the group discussions that I had were unplanned but circumstances allowed me to conduct them. Sometimes, I would be in the process of having a one-on-one interview, when the respondent's acquaintances would, out of sheer curiosity, come in and join in the discussion. At other times I would meet with the respondents who had already formed a group and from there a group discussion would follow. However, my group discussions at the churches were properly planned. I wanted to find out from these group discussions whether or not the respondents used vaginal drying agents and their reasons for doing so. A problem that I encountered with one of the group discussions was the issue of one dominant respondent within the group. Her dominance discouraged others from sharing their ideas and experiences. However, over and above all this, the overall advantage of group discussions was that I managed to get various different opinions on the issue of vaginal drying agents. Sometimes the women would end up telling each other to stop using vaginal drying agents because of the dangers of cervical cancer. The women in one group discussion said that they expected that there would be an increase in awareness campaigns on dry sex generated by my research.

1.8.4 Observations

Apart from the data gathering methods listed above, I also had to use observations as a data gathering tool. Although I only interacted with sellers of vaginal drying agents along Robert Mugabe road in the CBD, I noticed that wherever there were street vendors in any street, the sellers of these vaginal drying agents were always among them. I also managed to observe that what the sellers of vaginal drying agents had on display were only empty cardboard boxes and that when approached by a customer, they would disappear to fetch the agents from another location. I also managed to observe that these vendors were very alert and

feared possible arrest and, to prevent this, they have a way of communicating with each other whenever something threatening happens near them. I realized this when I had my first group discussion in the streets. When I tried to interview some of the vendors, word started to spread that there was a student asking questions and other vendors developed a hostile attitude towards me even before I approached them for discussion. Generally, I observed that these vaginal drying agents are being sold with impunity. At Mupedzanhamo flea market in Mbare, the sellers of the vaginal drying agents are situated right at its entrance. These vendors, however, do not display their wares using empty cardboard boxes. Instead they carry their wares in their hands and advertise what they are selling by shouting at the top of their voices.

1.9 Study limitations

The study was not without its problems. Sexuality is a topic deeply shrouded in secrecy and people tend to have very conservative attitudes about it. Some of my respondents felt that my research area was too private and confidential. They actually wondered why I talked about sexual intercourse so freely and without any shame. Some felt that revealing their experiences about dry sex was like washing their dirty laundry in public. The men felt most uncomfortable sharing their experiences and needs with me. Despite these setbacks, I managed to talk about sexual intercourse in a casual manner with my respondents and this gradually made them feel relaxed and free to talk about the subject as well. I did not get permission from the police to interview police officers but I used my influence as a public prosecutor and managed to get the information from the police officers in strict confidence.

CHAPTER TWO

2.0 REGULATION IN THEORY BUT NOT PRACTICE

2.1 Introduction

Figure 1, below, is a photograph showing how unregistered medicines are typically displayed and sold by vendors on the streets of Harare. Amongst the products on display are other facial creams and products which are not the subject of this research. Figure 2, below, is a photograph showing the vaginal drying agents that I bought for the purposes of this research.

Figure 1: Photograph showing how unregistered medicines are typically displayed and sold by vendors on the streets of Harare. (Some of the products on display are not the subject of this research.)



Figure 2: Photograph of the vaginal drying agents that I purchased for the purposes of the research.



The proper control and regulation of the sale of a product means that there should be checks and balances in the manner in which a business sells the product to the public. Vaginal drying agents in Harare are sold almost everywhere. They comprise traditional as well as conventional medicines. Some of them come in powdered form; some are tablets and are genuine drugs, though unregistered, whilst others are creams. The way in which these agents are used by a consumer differs. Some are inserted into the vagina, while others are ingested and some are applied straight on to the female genitalia. They are readily accessible in the streets, some shop outlets, pharmacies, markets, as well as from individuals moving around in hair salons and in car parks in shopping centres. If sold on the street, mainly women sellers are seated in one long line displaying their products on empty cardboard boxes. No one seems to care or even notice their presence except their customers who stop to purchase their goods.

Within the shop outlets, virginity soaps are on display. Besides these soaps there are also different varieties of 'Congo Dust', some are referred to as 'Sweet Lady' whilst others are

called 'Honeymoon' products. Although these products have different names, their purpose is the same: they all dry out the vagina and tighten the vaginal muscles. The stickers in the shops advertising the vaginal drying agents capture the attention of would-be users. They read, '*Sweet Lady Virginity Dust, good for warmness, tightness and dryness and sex desire*'. Below is a picture reflecting this advert in one of the shop outlets.

Figure 3: Photograph of an advertisement for 'Sweet Lady Virginity Dust' in one of the shop outlets



At the markets, such as the one in the Mbare Mupedzanhamo area, the sellers of the vaginal drying agents who stand right at the entrance to the market have no shame in marketing their products. They even go as far as uttering obscenities in a bid to attract customers. Vendors of drying agents use the same routine when they go into hair salons or move among cars in parking bays. Such vendors are even prepared, if asked, to give a lecture on the effectiveness of their products in delivering sexual gratification.

A casual glance at all this evidence forces one to question whether or not there is any potential for the regulation of vaginal drying agents. For example, one must question the appropriateness of having medicines peddled openly in public by individuals who have no qualifications or expertise in medicine. Where is the medicines regulatory body when all this

is happening? What about the police officers? What about the courts? Have we reached a point where we do not notice any wrong doing, or, if we do, have no desire to correct it?

The regulation of medicine requires that the regulatory authority exercises its functions to the best of their ability. It entails checks on how medicines are registered as well as the related enforcement mechanisms in respect of those who may breach their requirements. The situation concerning the sale of vaginal drying agents appears to be in a state of anarchy where anybody anywhere can do anything simply to earn money.

2.2 Of actors and structures

Amartya Sen noted:

‘We live and operate in a world of many institutions. Our opportunities and prospects depend crucially on what institutions exist, how they function, and how inclusionary they are. Not only do institutions contribute to our freedoms, their roles can be sensibly evaluated in the light of their contributions to our freedoms’ (2000).

An examination into the regulation of vaginal drying agents led me to an examination of the actors and structures involved in the responsibility of regulating the vaginal drying agents. By exercising its regulatory function, the MCAZ also involves police officers who assist in the event of law breaking. Once a criminal act is committed, prosecutors and magistrates enter the picture. I had to start with the women as the actors involved in the purchase and use of the drying agents. This focus on the women led me to the unearthing of the health risks involved in using vaginal drying agents. This shifted my focus to the doctors as well as nurses who oversee the health of the general populace. This is where I got to know about the health risks associated with dry sex.

My exploration did not end there. I paid special attention to the products that women use to achieve dry sex. By merely looking at the packaging, I discovered that some are genuine medicinal drugs. I then questioned whether or not it was appropriate to have drugs sold at such odd places. I then had to look at MCAZ, the regulatory body that is charged with the regulation of all medicines used in Zimbabwe. It was very important for me to look at MCAZ because it is a body that is tasked with protecting public health. It was very necessary for me to look into how it discharges its duties on a daily basis. This examination into the MCAZ’s

duties made me realize its role concerning the regulation of vaginal drying agents since this impinges on women's lives and generally affects their health, albeit indirectly. Using this approach, I got to know about the MCAZ's mandate, duties and responsibilities. I also unearthed the MCAZ's shortcomings in as far as the regulation of the vaginal drying agents is concerned.

My research on the actors and structures did not end with the MCAZ. I also had to examine the duties of the police in as far as the enforcement of the laws that criminalizes the sale of vaginal drying agents is concerned. The examination of police duties was critical as it assisted me in seeing why, despite the criminalization of the sale of vaginal drying agents, the numbers of those selling these products seemed to increase every day. Because I examined the police, it was equally crucial for me to examine the role played by the courts, if any, because police work is necessarily bound up with that of the courts. As a result of this, I also had to investigate if the courts had anything to do with the control of the sale of these agents. Using the actors and structures approach, I managed to unearth that the courts had only a small role to play relating to the vaginal drying agents because they did not receive such cases from the police.

2.3 Does the MCAZ execute its mandate?

The regulation of any medicine in a country usually falls under the jurisdiction of a regulatory body. In Zimbabwe this duty is entirely that of the MCAZ. The MCAZ is mandated to protect public health by ensuring that medicines and medical devices on the market are safe, effective and of good quality (MCAZ, 2014). It is a regulatory body and has various functions amongst which are the imposition of restrictions and conditions, the setting out of standards in relation to any activity and securing compliance and the consequent enforcement of the laws relating to the regulation of medicines.

The MCAZ is a body established by an Act of Parliament, that is, the Medicines and Allied Substances Control Act, Chapter 15:03. This enabling statute offers guidance on the manner in which the regulatory body executes its duties. From this Act, issues concerning licensing of persons and premises to administer medicines are clearly spelt out as well as functions of the laboratory. The Act also stipulates the powers of the MCAZ inspectors. To execute its mandate, the MCAZ has four departments that oversee the running of its affairs. These

departments are the Pharmacovigilance/Clinical trials, Licensing/ Enforcement, Laboratory services as well as the Evaluation/Registration Unit.

2.3.1 Pharmacovigilance/clinical trials

The duties of the Pharmacovigilance/Clinical Trials Unit are many and varied. It approves and monitors all clinical trials medicines and medical devices that are conducted in Zimbabwe in terms of Part III of the Medicines and Allied Substances Control Act of 1991, Chapter 15:03 (the MASCA). It deals with a medicine's post-registration issues. This means that after medicines have been registered by the Authority, any issues to do with the review of those medicines fall under this unit, including the processing of applications for amendments to registered medicines. It approves and monitors all clinical trials involving medicines and medical devices that are conducted in Zimbabwe in terms of Part III of the MASCA. It also conducts pharmacovigilance activities which include: post-market surveillance of registered medicines; collecting and analyzing Adverse Drug reports. In addition to all this, it provides drug information dissemination through publishing a quarterly drug information bulletin (MCAZ, 2014).

If any clinical trials of the products which are sold as vaginal drying agents were to be conducted, this is the department that would overlook the process. The use of these medicines as vaginal drying agents in Zimbabwe is still not allowed because they have not been registered.

2.3.2 Licensing and enforcement unit

The Licensing and Enforcement Unit's duties amongst others are to license manufacturers of medicines, to license pharmacies, wholesale dealers and industrial clinics. It also licenses persons who supervise the above premises, inspect all the above premises to ensure that they conform to the minimum requirements as set out in the Medicines and Allied Substances Control Act of 1991 Act, evaluate advertisements of medicines and medical conditions as set out in the Act. It is a department that process applications for the importation of unregistered medicines under Section 75 of the Act as well as to process applications for importation of narcotics and psychotropic substances (MCAZ, 2014).

The duties of the Licensing and Enforcement Unit are vital to the operations of the MCAZ. This is a department that oversees the importation of unregistered medicines into Zimbabwe.

Some of the vaginal drying agents available for sale in Harare are actually unregistered medicines. From a reading of the packaging material they are also imports from Thailand, China, Zambia, and Tanzania amongst a host of other countries. By looking at the duties of this department, it appears that it has no control over those who smuggle unregistered medicines into the country because it is only those who want to follow the legal route who forward applications for the importation of unregistered medicines to the medicines regulatory body. Those who smuggle the unregistered medicines into Zimbabwe have no intention of using the lawful route because they have no intention of registering those medicines. To make the situation worse, they are not even the manufacturers of those medicines. They are only bringing in these medicines for the economic benefit they derive from proceeds they receive from supplying the agents of the street vendors as well as some shop outlets and deviant pharmacies.

Section 55(1) of MASCA clearly stipulates that persons and premises have to be licensed to administer medicines. Any contravention of this is an offence in terms of section 55(5) of the same Act. Despite the clear provisions on the licensing of premises and persons as well as powers of the inspectors, the sellers of the vaginal drying agents are everywhere. They sell some of the unregistered medicines in open breach of the law.

2.3.3 Laboratory

The principal activity of the laboratory is the preparation of detailed analytical quality control reports for medicines as part of the registration process. It also tests samples taken by inspectors during routine or special inspection visits throughout the distribution channel. It has the responsibility of carrying out independent quality control analysis for various purposes (MCAZ, 2014). Section 25B of MASCA stipulates the functions of the laboratory as:

‘The Laboratory shall be responsible for—

- (a) Verifying the quality, safety and efficacy of any medicines and allied substances referred to it by any person in Zimbabwe or elsewhere; and
- (b) Verifying the standards of specifications of any medicines and allied substances referred to it by any person in Zimbabwe or elsewhere; and

- (c) Training persons in the analysis of medicines and allied substances; and
- (d) Performing any other function relating to the analysis of medicines and other substances which the Minister, with the approval of the Authority, may direct or authorize the Laboratory to perform.’

In executing its duties the laboratory services work together with the inspectors from MCAZ who are also mandated to bring products for testing to the laboratory. The powers of the inspectors are stipulated on section 66 of MASCA which provides that:

‘Subject to subsection 2 an inspector, customs officer or police officer above the rank of sergeant may at all reasonable times-

- (a) enter upon and search any premises, place, vehicle, vessel or aircraft at or in which there is or is on reasonable grounds suspected to be any medicine or any substance, device or articles to which any regulations referred to in paragraph (b) of subsection (1) of section 38 apply;
- (b) inspect any medicine or any substance, device or article to which any regulations referred to in paragraph (b) of subsection (1) of section 38 apply or any book, record or document found in or upon such premises, place, vehicle, vessel or aircraft;
- (c) seize any such medicine, substance, device or article or any books, records or documents found in or upon such premises, place, vehicle, vessel or aircraft and appearing to afford evidence of a contravention of any provision of this Act;
- (d) take so many samples of any such medicine, substance, device or article as he may consider necessary for the purpose of testing, examination or analysis in terms of this Act;
- (e) enter any premises in respect of which an application for a license has been made in terms of Part VI or which has been licensed in terms of that Part or which the inspector has reasonable grounds for believing are being used for the manufacture of a medicine or the carrying on of the business of a pharmacist in contravention of Part VI.’

The inspectors are given enormous powers which, if exercised, would bring about a noticeable change concerning the sale of unregistered vaginal drying agents. However, their powers are being limited because of the operations that are undertaken by the laboratory at the present moment. Since there are increasing numbers of people selling unregistered

medicines in Harare, it would appear to follow logically that it would be the responsibility of the laboratory to test the safety and efficacy of these medicines available. However, the MCAZ official whom I interviewed said that such a process is not being done because it is a costly procedure that can be done only upon payment of a certain prescribed fee. It appears that the MCAZ official's opinion is based on section 73A of MASCA which says:

‘The Authority may, with the approval of the Minister, levy fees for any analysis, service or thing done by the Laboratory in the course of its functions.’

Demanding payment for all laboratory analyses of medicines is a serious flaw in the operational procedures of the regulatory body if it is to execute its mandate of protecting the public's health. These drying agents are being smuggled into the country by people who do not have the public's interests or health at heart but are only serving their own selfish and ambitious ends. In view of this, it is only logical that the authority should, in the interests of public health, take it upon itself to seize the substances and have them tested if the war against unregulated drugs is to be won. In other words, this is a case where safeguarding and protecting public health should take precedence over the payment of laboratory fees. The testing of potentially dangerous medicines is essential to the raising of awareness among the general public who are exposed to the risk of using them.

When I met with the MCAZ official, I actually showed her the vaginal drying agents that I had bought on the streets of Harare. The MCAZ official confirmed that some of the products that I had were medicines but were not registered with the authority. This official's remarks concurred with the pharmacist's remarks whom I again interviewed. They both reiterated that sildenafil (a chemical component in those drugs) was indeed a medicine. But they said that the purpose of these drugs was not to enhance dry sex but rather male erection. Drying the vagina can only happen, they said, as a result of the excessive use of these drugs since ordinarily these are drugs that can be taken (safely) for a day or two. Below is a photograph of the products that they confirmed to be medicines and that the authority could register upon receiving such an application.

Figure 4: Photograph of medicines deemed to be registrable by MCAZ



The MCAZ official did say, however, that one product called ‘Congo Dust’ was tested by the authority in 2001 and was found to be very harmful and the authority condemned its use. She said that this product contains certain harmful substances like acetyldihydrocodeine and acetylmethadol. She said that this was why the ingredients used in its manufacture are not printed on its packaging. Surprisingly, this condemned product is one of the products most popular with women as it arguably achieves the best results in making the vagina tight, warm and dry. It also has advertisements like the one captured in the photograph shown in Figure 3. Figure 5, below, is a photograph of a packet of condemned ‘Congo Dust’.

Figure 5: Photograph of a packet of the condemned ‘Congo Dust’



In terms of section 66(c) and (d) of MASCA, the inspectors are empowered to seize any such medicine or device and take samples for testing. These powers of the inspectors are, however, curtailed by the authority's insistence that the payment of a certain fee is required. This means that even if the authority's inspectors come across any medicine on the street they cannot take it to for testing because without payment nothing will be done. This practice of the authority is against the provisions outlined in the statute empowering the inspectors. The testing of medicines is a crucial move in as far as information dissemination on the dangers of these vaginal drying agents is concerned.

The reluctance by MCAZ to test the vaginal drying agents brings to the fore whether or not the regulatory authority is really serious in tackling the issue of these products that have mushroomed on every city street corner to an extent that they have attracted public attention. It only takes a few seconds for one to notice these products if one takes a walk along

pavements leading to bus terminuses within town. A local daily newspaper ran a story concerning this.² Below is a photograph of the newspaper article.

Figure 6: Photograph of newspaper article entitled, ‘Sex enhancers flood streets of Harare’, Zimbabwe Mail, 11 March 2014



The official from MCAZ at one point said that detection of the unregistered medicines is difficult and needs the co-operation of the public who should act as informers for the regulatory authority. However, the contents of the above newspaper article suggests that this is not the case because it makes quite clear and I saw for myself that unregistered medicines are widely and openly available on the streets of Harare. The apparent difficulties encountered by the authority in detecting this vice are a clear sign that the authority is not executing its mandate according to the MASCA.

² Zimbabwe Mail Newspaper dated 11 March 2014, available online at www.thezimmail.co.zw.

2.3.4 Evaluation/registration unit

The fourth department is the Evaluation/Registration Unit. This unit is responsible for registering medicines (for both human and veterinary use) intended for sale in Zimbabwe. All medicines sold in Zimbabwe must be registered as stipulated under the Medicines and Allied Substances Control Act and its Regulations (MCAZ, 2014). It follows that this department is the one that is seized with registering vaginal drying agents subject to the submission of applications for registration in terms of the Act. Section 31(1) of MASCA stipulates that:

‘An application for the registration of a medicine shall be submitted to the Director-General in the prescribed form and accompanied by the prescribed fee payable in respect of an application for the registration of a medicine.’

This particular provision only applies when the manufacturer or any other person has the intention of having a medicine registered. This is unlikely to happen in the case of vaginal drying agents where the people who smuggle the unregistered medicines are only interested in the proceeds they receive from selling them illegally.

2.4 Virginitiy soaps

Like any other soap, virginitiy soaps may come in different promotional packages. These are soaps used by women who bathe their genitalia. The name virginitiy soap says it all. A virgin is someone who has never encountered penile penetration of her genitalia. The use of virginitiy soaps is being encouraged at kitchen parties. I personally attended one such kitchen party where the use of this soap was advocated. It has also become common for women to advise each other to use this soap at different women’s gatherings. Bathing the vagina with virginitiy soap is believed to tighten it. When men have sexual intercourse with a woman who uses a virginitiy soap it makes him feel that she is a virgin. Below is a photograph of a packet of a virginitiy soap.

Figure 7: Photograph of a packet of a virginity soap



A gynecologist whom I talked to advised that it is for the good health of women not to use any soap when bathing their private parts as some soaps because of their chemical composition may interfere with the normal PH levels of the genital area. He said that this interference exposes women to a variety of infections. I wondered what it was like with women who are used to bathing the genital area using the virginity soap. Its name suggests that it was specifically made for that purpose.

I had to question the MCAZ's position towards the regulation of the virginity soap after the doctor made indications that it was not good health wise for women's use. The MCAZ said that virginity soap fell outside their regulation because to them it is a borderline cosmetic. The authority reiterated that they only regulate medicines and allied substances, they do not regulate cosmetics. Upon looking at its ingredients, the MCAZ said that all the ingredients endorsed on the package resembled those which are used to make an ordinary soap. The ingredients on the package are sodium palmitate, sodium cocoate, aqua, glycerin, PEG-8, sodium carboxyl methyl cellulose, titanium dioxide, fragrance, allantoin and triclosan.

When I looked at the packaging of the virginity soap, I also noticed that it contains a claim that it is effective 'for tightening the vaginal muscle, refreshing and killing the bacteria. It

helps to relieve and protect skin from bacterial infections, inflammation, itching and unpleasant odor'. Ordinary soaps do not have such a claim. When I enquired from the MCAZ, they indicated that as the regulatory authority, the claim on the virginity soap warranted their closer inspection since that claim amounts to an effect achieved after using a certain medicine. Unfortunately, they said that to achieve this, they needed information from the manufacturer of the virginity soap to show reasons as to why they made such a claim that the virginity soap killed all known bacteria. Again, this attitude of waiting for the manufacturer to inform the regulatory authority without their taking the initiative to test the soap themselves and find out how such claims could be made did not augur well with me. Perhaps if all tests are done, it might turn out to be something that falls under the ambit of their regulation or something that they may condemn because of its unhealthy consequences to women.

2.5 The criminalization of vaginal drying agents

'Handikwanisi kudaira mibvunzo yako nekuti unenge uri muCID unoda kuzondisunga.'

(Meaning, 'I cannot answer your questions because you seem to be a member of the police force within the CID and you want to arrest me.')

These are the sentiments that were expressed by my first female respondent on the street. This respondent was selling medicines and amongst her wares was what she claimed to be vaginal drying agents. I noticed that her colleagues nearby were also uncomfortable with my presence. Before I knew it there was a man nearby who was also watching me closely. I later realized that within a short space of time I was under surveillance from the sellers in the streets and I could tell that there were others who were prepared to escape and evade arrest in the event that I turned out to be a CID official. I was surprised to notice that these sellers of the vaginal drying agents knew that what they were doing was criminal.

Section 29 of the MASCA provides for the sale of medicines and drugs. It stipulates:

'(1) Subject to this section, no person shall sell any specified medicine -

- (a) Unless it is registered; and
- (b) If it is registered subject to any conditions, otherwise than in accordance with such conditions.

- (1a) Subject to subsections (2) and (3), any person who contravenes subsection (1) shall be guilty of an offence and liable to a fine not exceeding level twelve or to imprisonment for a period not exceeding two years or to both such fine and such imprisonment.’

In terms of this provision, it is a criminal offence for one to sell these unregistered medicines. Whilst this is a noble provision I wondered why the sellers of unregistered medicines are out there in the streets and in shop outlets and claim that they make brisk business through the commission of an offence.

It is one of the mission statements of the Zimbabwe Republic Police (‘the ZRP’) that it exists to prevent and detect crime as well as to apprehend offenders (ZRP, Mission Statement). There are a several drugs sold as vaginal drying agents that are on the streets. These are ‘Comit’, ‘Viengray’, ‘7 hours’ as well as a cream described as ‘tightening and sex enhancing gel’. According to the MCAZ, all these are medicines that can be registered with the authority and can become prescription drugs if proper channels are to be followed for their registration.

The non-registration of these drugs is what makes it criminal for those who sell them in breach of section 29. However, the police are not executing their duty as spelt out in their mission statement when it comes to prevention of crime relating to the sale of unregistered vaginal drying agents. One woman respondent alleged that she has been selling these drugs on the streets for the past three years. These drugs are not registered with MCAZ. This showed me that there is a serious problem with the police in the execution of their duties. How could this woman respondent thrive on behaving illegally for three years (selling unregistered medicines) without being arrested and made to reform of her criminal conduct? It meant that if ever the police were arresting these offenders then they were not doing enough to deter them.

The CID’s Drugs Section said that they do arrest sellers of vaginal drying agents. However, they indicated that they only make them pay fines of US\$20. The large and increasing number of the sellers of these vaginal drying agents seems to testify to the fact that the police’s practice of fining them has failed to deter them as well as those who have harboured thoughts of engaging in the illegal business of selling these unregistered medicines.

The CID Drugs Section also said that they have great difficulties in apprehending the suppliers of these products due to the shortage of resources such as vehicles and money. Therefore, they have tried to arrest the suppliers of the medicines by posing as buyers. The suppliers, however, have informers who warn them each time that they want to close the net in on them and on certain occasions their attempts to arrest the suppliers have failed because of this.

Despite the sufficiency of the explanation from the police, I still struggled to get an explanation over why this illegality seemed to be thriving very well until one of the male suppliers of the vaginal drying agents said:

'Mapurisa haadi basa rawo, ukangoapa mari zvatopera.'
(Meaning, 'Members of the police force do not want to execute their duties effectively, once you give them money that is the end of offence.')

I realized that corruption within the police force was what was allowing the sale of unregistered medicines to thrive. I also realized that it was probably the police officers who were the ones preventing the arrest of the suppliers because it was the suppliers who were bribing them. Based on the corrupt manner in which the police were executing their duties it was not possible for the criminalization of the sale of unregistered medicines to deter those who were engaged in their sale.

2.6 What role do the courts play?

Mitigation of crime and deterrence, upholding social control as well as the imposition of penalties to those who violate the laws are the essence of the criminal justice system. The purpose of the criminal justice system is to rehabilitate offenders so that they do not fall back into the same trap of committing crime. A magistrate respondent who spent more than a year presiding over a court that deals with statutory offences, a court in which cases involving issues concerning medicines are dealt with had this to say:

'I have never presided over a case involving vaginal drying agents in my court. If that case is to be brought, it is an easy case that can be dealt with without taking any time. If those vaginal drying agents are not registered and the person selling these is from the streets, surely there is no defence that this person can offer to avoid conviction. It is the duty of the police to apprehend

these offenders and bring them to court so that a proper message is sent to the community about these vaginal drying agents.’

If the judiciary is willing to act and send out clear messages to the society, then what is the problem? How is it possible that not one single case involving vaginal drying agents has been heard, yet the sellers of these agents are so numerous that they actually block human traffic on street pavements? Are police officers not realizing this vice?

Within the criminal justice system, police officers are the ones who have the first contact with the offenders. They are the ones who then refer the matters to the courts so that they can be prosecuted by prosecutors and heard by magistrates. Cases involving vaginal drying agents are, however, not being referred to the courts despite the fact that these agents are not registered. A police officer from CID Drugs Section had this to say:

‘Vatengesesi vezvinhu zvamuri kutaura tinovabvisisa fine papolice station ye US\$20 nekuti patinovasunga vanenge vaine mishonga mishoma saka kuendesa nyaya ine value shoma kucourt kupedza nguva yedare nekutonga mhosva nhando’

(Meaning, ‘Normally we make the offenders who sell unregistered medicines pay fines of US\$20 at the police stations without referring the cases to the courts because they are trivial matters and we do not want to waste the court’s time dealing with trivialities.’)

It is surprising that to the police officers it is a trivial case for one to be caught with a few of these medicinal drugs. But what exactly is trivial? The police officers say that it is a trivial case because they measure the amount of the fine imposed by calculating what the seller would have obtained from selling the products found on his /her person upon their arrest. Looked at from this perspective, it seems to be a very trivial case but if the health consequences are considered it is a serious case because the cost of treating those harmed as a result of using unregistered medicines will eat into taxpayer’s money.

What quantities of unregistered products street vendors sell is not the only issue. There are also the suppliers of these agents who smuggle the products through our porous borders. There is no doubt that they buy these products in bulk. This is because they are in the business of supplying vendors as well as some shop outlets. They obtain these products from across our borders and there is no way that they would pay high transport costs to bring in only a few products. These suppliers are the people that the police should target as they are

the very people who flood the country with unregistered vaginal drying agents despite the inherent danger to health associated with their use. One police officer, however, said:

‘Vakatongwarisa vanhu vava vanotengesera vamwe mishongo iyi zvekuti patinoronga kuti tivabate nguva zhinji tinotadza nekuti ane nge atozviziva. Vane vanhu vavo vanovataurira.’

(Meaning, ‘The suppliers of the vaginal drying agents are very clever. Each time we planned to arrest them our efforts get thwarted along the way. It appears they have their informers who tell them well ahead of our intentions.’)

Who could be informing suppliers of the police’s intentions? If they really wanted to arrest these suppliers, would the police in all their wisdom fail to do so? Is it a question of failure to arrest them because of corruption within the police force that is at work, as was said by one male supplier of vaginal drying agents? This seems to be the only plausible explanation because if the police applied all their intelligence skills and knowledge and all their will power to apprehending these offenders they would not fail to do so.

2.7 ZINATHA: A toothless bulldog!

The World Health Organization in 2005 said that countries face major challenges in the development and implementation of the regulation of traditional, complementary/alternative and herbal medicines. These challenges are related to regulatory status, assessment of safety and efficacy, quality control, safety monitoring and lack of knowledge about the traditional medicines within national drug regulatory authorities. This appears to be very true with the manner in which the administration of medicines is conducted in Zimbabwe.

I was not intending to look at the administration of traditional herbs. It was only after the female respondents pointed out to me that there are also traditional herbs available that serve the same purpose as imported vaginal drying agents. Women showed a preference for traditional medicines over artificial ones because to them traditional medicines are not harmful and have no side effects. As one woman aptly put it:

‘Chinhu chionozivikanwa nemunhu wese kuti mushonga wechibhoi haukuvadzi uye hauna overdose ndozvandinoushandisira iyi yechirungu ndiyo inonetsa.’

(Meaning, ‘It is well known that traditional medicine causes no harm and has no dangers of overdose that is why I prefer them compared to artificial medicines.’)

This is a popular misconception shared by a lot of women. I also thought the same about traditional herbs. However, I investigated further and met with those who know about traditional medicines and treat patients with various ailments arising from their use and this turned out not to be true. Upon meeting a ZINATHA official, who is a traditional healer, I wanted to know whether the traditional herbs have any side effects. To my amazement, she explained that if traditional herbs are improperly used and administered they can have terrible adverse health effects.

The fact that traditional medicines also had ‘terrible’ health effects made me look further into the regulation of the administration of traditional herbs to consumers. The Zimbabwe Traditional Healers Association Act (Chapter 27:14) is like a code of conduct for traditional healers who are registered with ZINATHA. It summarily deals with issues concerning the composition of the Traditional Medical Practitioner’s Council, issues relating to the registration of traditional medical practitioners and disciplinary measures that may be taken against members.

Section 3 of the Act gives powers to the Traditional Medical Practitioners Council and provides that:

- ‘(1) There is hereby established a council to be known as the Traditional Medical Practitioners Council, which shall be a body corporate and shall, in its corporate name, be capable of suing and being sued and, subject to this Act, of performing such acts as bodies corporate may by law perform.
- (2) The function and purpose of the Council shall be—
 - (a) To supervise and control the practice of traditional medical practitioners;
 - (b) To promote the practice of traditional medical practitioners and to foster research into, and develop the knowledge of, such practice;
 - (c) To hold inquiries for the purposes of this Act;

- (d) To make grants or loans to associations or persons where the Council considers this necessary or desirable for, or incidental to, the attainment of the purposes of the Council.’

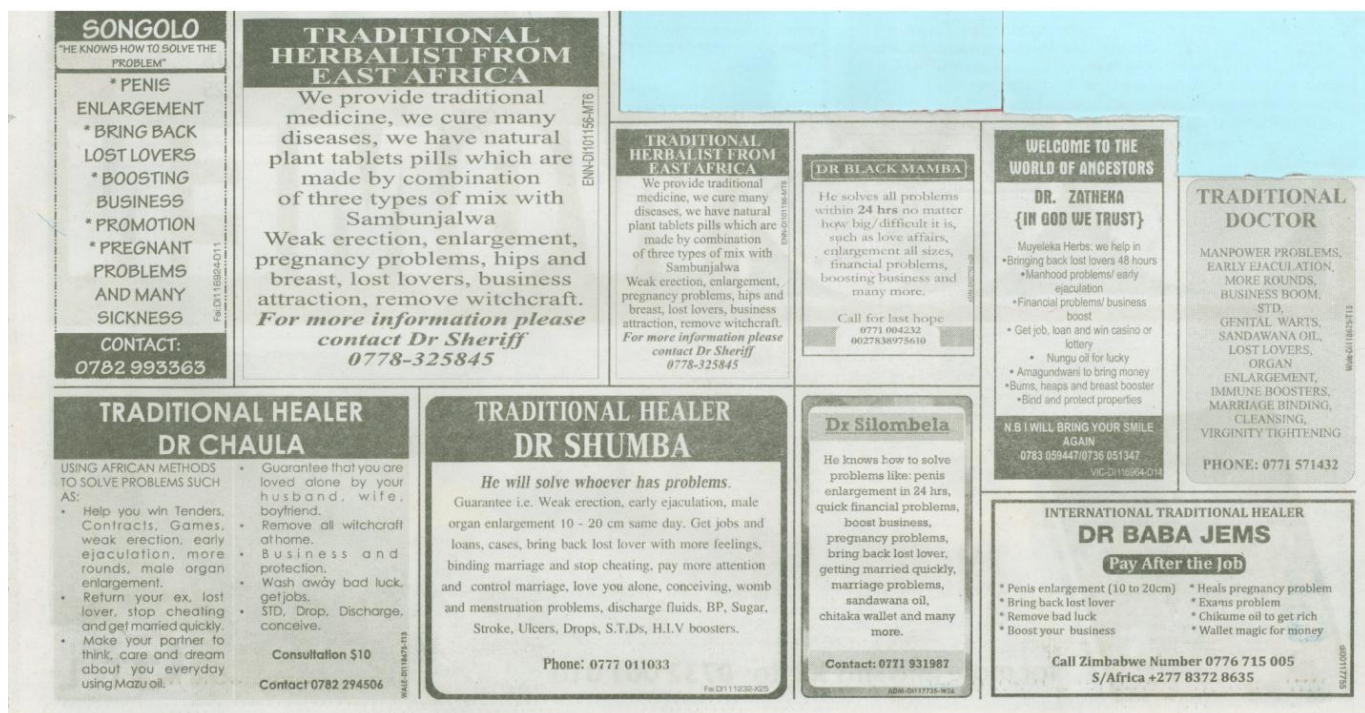
Whilst these are noble provisions, the council has powers to control and supervise only those traditional healers who are registered with the association. It is very probable that those who pose as traditional healers and who advertise themselves in newspapers are not registered with the association. The Act does not have any provision relating to running clinical trials or tests on the safety and efficacy of traditional medicines. Neither does it make it mandatory for anyone who claims to be a traditional healer to be registered with the authority. This is a serious cause for concern because there are multiple sources from which consumers can secure traditional herbs. At Mbare Musika, there are sellers of traditional herbs within the market place. They also sell traditional vaginal drying agents. In newspapers, especially in a local daily called H-Metro (Harare-Metro), there are advertisements of these traditional medicines. However, ZINATHA pointed out that by their operations, they are not allowed to advertise themselves in the newspapers. This is something that is not even mentioned in their statute. Surprisingly to women, these adverts about the traditional vaginal drying agents in newspapers are a cause for concern as was said by one respondent:

‘Mapepanhau ari kukanganisa. Mishonga iyoyi inoshambadzwa zvisingaiti asi hapana paunomboona mishonga inotengeswa mupharmacy ichishambadzwa mumapepa. Zviri kukonzeara kuti vakadzi vatenge zvinhu izvi nekuda kwemashambadziriro avo saka media ngaipagadzirise.’

(Meaning, ‘Newspapers are very wrong by flighting adverts of these drying agents because there is not a single day where you will encounter drugs sold in pharmacies being advertised in the press. These advertisements and the way they advertise make women tempted to use these drying agents.’)

Below (Figure 8) is a newspaper cutting taken from a local paper, H-Metro of 11 December 2013, showing a number of advertisements placed by traditional healers.

Figure 8: Photograph of a newspaper cutting taken from a local paper, H-Metro of 11 December 2013, showing a number of advertisements placed by traditional healers



As a result of the multiple sources in securing these traditional herbs and medicines, one would want to know ZINATHA’ s control over the administration of the traditional herbs. The ZINATHA official whom I spoke to had this to say:

‘Vanhu vanoziva kusakuvadza kwemishonga yangu kubudikidza nembiri yandinowana. Kana n’anga ichigona vanhu vanoramba vachiuya.’
 (Meaning, ‘The consumers know that my herbs do not harm them because I am famous. A traditional healer’s capability in administering medicines is witnessed by the number of people who come to him/her for assistance.’)

The million dollar question remains, is that enough to measure the capability over administration of traditional medicines to consumers using one’s fame? Is there no potential that those traditional healers who advertise their services in the newspapers will have more clients than those who do not? There is no doubt that measuring one’s efficiency using the numbers that approach him/her for a service is an anomaly since people can easily be misled by circumstances to believe otherwise.

The million dollar question that remains is: Can the fitness to practice traditional medicine be safely measured simply by the size of one's clientele? That the more clients one has, the better practitioner one is? If it is more likely that those so-called traditional healers who advertise their services in newspapers will have more clients than those who do not, does it necessarily follow that they are the better practitioners? It is a mistake to judge the fitness of traditional healers in this manner as it fails to take into account that people can be and are deceived.

CHAPTER THREE

3.0 WHOSE PLEASURE?

3.1 Introduction

Sexuality as an area of serious scholarship in legal academies in and outside Africa is a relatively new phenomenon. Because the topic of sexualities is often wrapped in silences, taboos, and privacies, researchers need to hone distinctive techniques and methods that unearth invisible, silenced and repressed knowledge (Tamale, 2011). To get to the bottom of why women use vaginal drying agents and whose pleasure they were satisfying, I had to use the grounded theory approach. Grounded theory is a process in which data, theory, lived realities of women and perceptions about norms are constantly engaged with each other to help in deciding what data to collect and how to interpret it (Bentzon *et al.*, 1998). I chose grounded theory as my research methodology because it is well suited to the feminist paradigm for understanding participants' everyday life situations where the focus of the study is on understanding meanings, adaptations, processes, and relationships between phenomena (Wood, Mansfield and Koch, 2007).

According to Patten (2005), qualitative studies are most helpful when the area of research is new or there is little known about the topic of interest. In some instances, quantitative methods can be 'severely limiting and counterproductive for the development of knowledge that is relevant, useful, and theoretically sophisticated' (Harding, 1991, as cited in Griffin & Phoenix, 1994). The area relating to the regulation of vaginal drying agents is fairly new in Zimbabwe. Previous studies have not gone far in revealing the underlying causes of dry sex apart from revealing what women use to dry their vagina. It is also helpful to employ qualitative methods when the topic of inquiry is of a sensitive nature (Griffin & Phoenix, 1994). The sensitivity of my area of research arose from the fact that issues about sexuality cannot be freely and easily talked about. Furthermore, female respondents wanted their side of the story to remain a secret to the opposite sex and the male respondents felt the same way. Although women use vaginal drying agents, they do not want their male counterparts to know that they use them. In like manner, although men crave for dry sex from their female counterparts, they also do not want the women to know that they need it. They prefer to have dry sex without knowing how their partners dry their vagina.

Due to the sensitive nature of the topic, I wondered about what questions to ask and how to put those questions to my respondents. I also got to a point where I censored myself and told myself that I should not ask some particular questions. However, using grounded theory, introducing my area of research was enough to get information because it was from there that I got assistance on what data to collect next. For instance, I was told that dry sex was a reality not fiction. From that point I gathered information about what traditional and conventional medicines women used to dry their vagina. Using this approach I managed to formulate another assumption about traditional medicines and the body regulating traditional medicines after it emerged that women also used traditional herbs to dry their vagina. From there I was told of the underlying reasons why women engage in the practice. Although I had formulated some of my assumptions based on my personal experiences, this methodology enabled me to always have an open mind considerate of new issues that may arise.

3.2 Women and the use of vaginal drying agents

One feminist approach argues that ‘societal and cultural factors—especially those related to power and status—impact men and women in very different ways’ (McAdams, 2000: 473-474). This is true when looking at the practice of dry sex. Although men in their circles feel the need or urge to show masculinity through displaying sexual prowess, the force is not comparable to what women undergo in a bid to satisfy male pleasure. In any case, men publicly condemn women’s failure to perform well in bed publicly, something that women do not do to men. One of my female respondents said that the urge for women to engage in dry sex is great because men normally say:

‘Zvipiko mvura dzega dzega.’

(Meaning, ‘She is a nobody because she discharges too much fluids from her genitalia.’)

This assertion has such a great impact on women that cultural expectations and religious teachings on sexual intercourse pressure them into using vaginal drying agents to get rid of their ‘excess’ waters. Women want to receive praise from men for their sexual performance and engaging in dry sexual practices is one way of ensuring that such praise is maintained.

The increasing numbers of the sellers of vaginal drying agents show that they are recording a brisk business. It also shows that these agents are also being used by an increasing number of

women. The use of vaginal drying agents by women also cuts across all social classes of women because culture and religion seems to affect women at the same level. The cost of the vaginal drying agents also makes them easily affordable for women. The price range is between US\$0.50-US\$4, depending on the quantity that is being purchased. All this promotes the use of vaginal drying agents by women.

There is no doubt that the sellers of these agents record brisk business. This was aptly pointed out by one shop attendant who said:

‘Zvinhu izvi zvinotengwa and zvikapera vakadzi vanotouya vachibvunza kuti new stock inouya rini.’

(Meaning, ‘The vaginal drying agents are on demand and if they run out of stock customers will keep coming asking for when the new stock will be available.’)

But where are the products coming from? If the shops run out of stock, where do they obtain more stock? A look at the packaging of these products shows that they are imported from China, Thailand, Tanzania, India as well as Zambia. The shop attendants said that they have suppliers of these agents who make deliveries to them once they run out of supply.

The fact that these products are manufactured outside the country brings to the fore how the suppliers manage to get them in across the Zimbabwean borders. The procedure for bringing in unregistered medicines is that one has to have a border permit and some form of clearance from the MCAZ. But this procedure is only followed by a person who has intentions of having the medicine or drug registered in Zimbabwe. These suppliers undoubtedly do not have such intentions. In any case, they lack the capacity to do so. One of the suppliers of the agents said:

‘Paborder hapandinetsi ndinoshandisa vana malaicha kuti zvinhu zvangu zvipinde.’

(Meaning, ‘At the border I seek assistance from smugglers to have my stuff across the border.’)

These sentiments from this supplier showed me that there are indeed permanent people at the border posts who eke out a living by offering assistance to those who may be in need of smuggling anything across the borders. As a result it is ZIMRA’s responsibility to see what they can do to curb this vice.

3.3 Causes of dry sex practices

The causes of dry sexual practices are many and varied. There are a whole lot of factors that influence women to use vaginal drying agents in order to achieve dry sex. Male promiscuity, culture and religion have a great impact to women in as far as the issue of dry sex is concerned. Although dry sex comes with a health cost on women, women still feel trapped within the practice. Because of their relational nature, women feel they should take it upon themselves to make men happy. They also blame themselves in the event that their husband is promiscuous. Instead of facing the reality that it is the man who has chosen to take the deviant route, women instead blame themselves and see themselves as the ones who have wronged their husband and forced him to engage in infidelity.

There is no doubt that the practice of dry sex is painful to women because of the friction that occurs when one engages in sexual intercourse when the vagina is dry. It is by virtue of their biological make-up and reaction to love making that women become lubricated before the sexual encounter. That is the essence of foreplay before engaging in the actual sexual encounter. This brings to the fore the issue of women's sexual agency. Phillips (2000) as cited in Crown and Roberts (2003) defines sexual agency as 'the possession of control over one's body and sexual choices'. Crown and Roberts (2003) also define sexual agency as 'the ability to act according to one's will in a sexual realm' (p. 386). One thing that is clear in as far as sexual agency is concerned is that there is a need for one to be able to make sexual choices according to that individual's will without undue influence, coercion or duress.

It may be that an individual woman may be in a position to make sexual choices. However, the million dollar question is how far that individual woman, taking into account her real life experiences with dry sex, may be in a position to exercise sexual agency. Cultural and religious precepts exert such great pressure on women that they feel they are under an obligation to engage in dry sex in order to satisfy male pleasure. According to cultural and religious norms, marriage is all about sexual intimacy and that also forces women to engage in practices like dry sex because it forms the core or basis of marriage. It is equally important to think about what the women have to say when they reflect on their dry sexual encounters. Are they honestly able to say to themselves that they have sexual agency when they engage in dry sex? This seems highly unlikely.

The feminist perspective addresses women's sexuality as a phenomenon that is misunderstood, somewhat misrepresented and strangely taboo in society (Wyatt, 1994). Sexuality is a key site through which women's subordination is maintained and enforced in postcolonial Africa (McFadden, 2003; Pereira, 2003). Across almost all societies, the notions of 'pleasure' and 'choice' are rarely mentioned or acknowledged as being among the most contentious aspects of human sexuality, particularly female sexuality, and it is seldom recognized that sexual pleasure is fundamental to our right to a safe and wholesome lifestyle. Emphasis has been placed on women's prescribed roles as wives and mothers, with their rights to choices and sexual freedoms all too often ignored or swept aside (McFadden, 2002). This is very true because when it comes to women's sexual pleasure derived from dry sex, it seems as though women derive their pleasure from the fact that the man in their life is happy. This was said by one respondent:

'Mishonga yepabonde inoshandiswa nevakadzi ndeyekuti varume vafare asi murume akafara nemukadzi afarawo.'

(Meaning, 'The drying agents are there to make men happy during sexual intercourse but once a man is happy then the woman is also satisfied sexually.')

3.3.1 Male promiscuity

Researching human sexuality without looking at gender is like cooking pepper soup without the pepper. Sexuality and gender go hand in hand, both are creatures of culture and society and both play a central and crucial role in maintaining power relations in our societies. Gender provides the critical lens through which any data on sexuality must logically be interpreted. Sexuality is deeply embedded in the meanings and interpretations of gender systems (Tamale, 2011).

In Africa, male and female sexualities have been patterned by cultural definitions of femininity and masculinity. Female sexuality is seen as something to be contained and controlled (Machera, 2011). Promiscuous behaviour defines real manhood. A man who does not engage in extra marital affairs is perceived within men's circles to be a woman. However, according to a woman, when her husband goes out and engages in extra marital affairs, it means that she is failing to meet his sexual pleasure. It also means that there is something that is being done by that other woman to whom the husband has turned. One woman said:

'Vakadzi vanofanira kushandisa mishonga iyi kuitira kuti varume vasaende kumasmall house.'

(Meaning, 'Women should use these vaginal drying agents so that men will not go to girlfriends.')

As far as women are concerned, they engage in dry sex with their partners in order to deter them from engaging in extra marital affairs. However, as far as men are concerned, they engage in promiscuous behaviour not because they are looking for dry sex but because they are asserting their masculinity.

The pressure on married woman to engage in dry sexual practices because of the fear of male promiscuity is insurmountable. But where are these beliefs and attitudes coming from? Women's gatherings in churches as well as kitchen tea parties instill the idea in women that husbands are leaving their matrimonial homes in search of more pleasurable sex because women within marriages are not in a position to do this. In fact, they instill the belief that married women are too reluctant and it is this pressure that eventually causes them to use vaginal drying agents in a bid to keep them (their men) at home. The fact that their husbands are engaging in extra marital affairs means that there is something that the other woman is doing to or with him to capture his heart. Sadly, women have developed the belief that prostitutes use these vaginal drying agents to lure their men. Whilst this belief may be true, men do not engage in extra marital affairs to seek dry sex but because it is a way of asserting their manhood. One woman said:

'Vakadzi vanotizwa nevarume vakasashandisa zvinhu izvi nekuti masmall house ndomupfuhwira wavo kuti vasasiwa.'

(Meaning, 'Men will look for small houses leaving their wives if the wives do not use these products since these have become love potions that are used by small houses.')

From time immemorial men have always received praise for their immoral behaviour. Women have always tended to condone such male behaviour by saying that it is their biological make-up that causes men to behave like that. In addition, sole responsibility and accountability for sexual behaviour is placed on women in a sphere where men enjoy greater power and influence.

3.3.2 *Satisfying male pleasures*

Sexuality is to feminism what work is to Marxism: that which is most one's own, yet most taken away. Sexuality is the social process through which social relations of gender are created, organized, expressed and directed, creating the social beings we know as women and men as their relations create society (Tamale, 2011).

'Akanditaridza kunyanya kunakirwa kubvira pandakatanga kushandisa mishonga iyi.'

(Meaning, 'He showed me that he enjoyed sexual intercourse more from the moment that I began using these medicines.')

These words were said by a thirty-five year old married woman. According to her, vaginal drying agents were a source of joy to her because they made her husband enjoy sexual intercourse with her. It appeared that her sense of joy was derived from the fact that her husband enjoyed the dry sexual encounter with her. This goes to the issue of the woman's sexual agency as well as her sexual pleasure.

Two out of the twelve male respondents interviewed showed a lack of interest in dry sex. The other ten showed a great dislike for vaginal fluids when engaging with women in sexual intercourse. This led me to conclude that there is no option for women except for them to continue practicing dry sex. This is because when it comes to sexual intimacy women have a tendency to do everything for the best interests of the man. Oddly, in Western societies lubricants are sold to enhance 'smoother sex'. The preference by men for dry sex also brings into the spotlight the issue of sex difference as one of power. Patriarchal societies are fundamentally hierarchal, engineered to sustain sex inequality. Male control over female sexuality could thus be seen as the origin, or root cause, of women's (sexual) subordination. As the dominant group, (heterosexual) men construct (female) sexuality solely for their intended benefit and pleasure. This occurs through the powerful, all encompassing process of (sexual) objectification (Van, 2000). Regulating and controlling women's sexuality, therefore, is central to the survival of patriarchal and capitalist structures and systems. It is an important means of maintaining the domesticity of African women (Tamale, 2005).

There is no doubt that dry sexual practices cause a great deal of pain to women who engage in it. It causes women a lot of health related ailments. But, surprisingly, women still engage in the practice. Women's natural inclination towards pleasing men causes them to engage in

dry sex all in a bid to satisfy men. This perception of satisfying male sexual pleasure makes women think that it is their sole responsibility to use measures that will keep the marriage relationship intact. As far as they are concerned, even though their marriage is a union that they and their husbands have mutually entered into, they do not feel that they share a joint responsibility with their husbands to maintain it. As a result of this misconception, women's actions are not autonomous; they depend on men's attitudes, wants and likes.

3.3.3 Culture and religion

Culture and religion exert a great deal of influence as far as women's use of drying agents is concerned. The practice of dry sex is deeply rooted in culture. The fact that since time immemorial there have been traditional herbs for use by women points to the fact that this practice of dry sex has indeed passed the test of time. As was said by one female respondent:

'Kare taishandisa mishonga yakaita sendorani nemimwe miti kuti muviri wemukadzi udziye uye kuti usabudisa mvura. Kana wabatsirwa mwana waipiwa mimwe miti kuti nhengo dzidzokedzane. Muviri wemukadzi hautenderwi kutonhora saka yaiveko yaidziisa zvikuru muchando, varume havadi kutonhorwa vakavata nemukadzi uye vamwe varume vanototengera vakadzi vavo mishonga iyi.'

(Meaning, 'Long back we used to use traditional medicines like ndorani and some other herbs so that a woman's body will remain warm and also cease to emit waters. On giving birth certain medicines were administered so that the vagina will retain its original position. A woman's body is not allowed to be cold especially during winter because men do not like cold blood women hence the need to administer medicines that keep the body warm and some men actually buy these medicines for their wives.')

Cultural or religious values and ideas that describe women's bodies as contaminated or impure influence women's perceptions of their own bodies and sexuality, men's perceptions of women's bodies and sexuality, and individuals' and couples' sexual behaviour (Bang and Bang 1994; Snowden and Christian 1983). Societal or personal perceptions of vaginal lubrication, discharge, or menstrual blood as 'dirty' or 'unclean' might compel women to engage in practices to alter or remove vaginal fluids prior to sex in order to demonstrate good personal hygiene and adherence to socio cultural norms (Vermund *et al.*, 2001).

Even though people like to think of sexuality as a private matter, social institutions (the family, church, schools) direct and control sexuality (Machera, 2011). Culture in its wider sense has a rich, diverse and fluid meaning (Giles and Middleton, 2008). In relation to

women, culture as a way of life is narrowly interpreted, particularly by those with power primarily to serve their interests. African feminists argue that culture presents women with a lot of obstacles (Tsanga, 2011).

It was an inevitable process for me to analyze the semi autonomous social fields in as far as they influence women's engagement with dry sexual practices. Semi autonomous social fields are a tool that assists in describing and analyzing the rule-generating and rule upholding processes which affect the position of women and gender relations in a situation where a plurality of normative structures informs human interaction. It also allows the researcher to identify those areas where actions and decisions are taken and how that in practice affects the position of women (Bentzon *et al.*, 1998).

Church communities emerged as a strong rule generating and upholding force in as far as the use of vaginal drying agents is concerned through their emphasis on the need for women to satisfy male sexual pleasure within marriages. Religious precepts encourage women to satisfy male sexual pleasure. It says a woman's body belongs to the man. These teachings had an indirect influence on women as it persuaded women to use the agents in a bid to meet the much-hyped male sexual pleasure. As a result of this women feel they have no control over their bodies since they do not belong to themselves. They feel obligated to do what men want and like because they are the owners of the female body. The religious teachings and precepts promote female subjugation. This has also taken its toll in as far as dry sexual practices are concerned. Women now think that the fact that they have to satisfy male pleasure means that they have to do something out of the ordinary. What is out of the ordinary for women is interfering with the biological make-up of their bodies through engaging in practices that dry their vagina. Feminists' perceptions that religion oppresses women emerge to be true in the light of religion's contribution to dry sexual practices. It has a loud commanding voice for women and because of religion they end up lacking the power to influence particularly those beliefs that go to the core of their sexuality and identity.

Cultural gate keepers had a direct influence on the use of the vaginal drying agents. They castigate the 'modern woman's' lack of respect for culture and instil the idea that nowadays marriages are collapsing because women are no longer observing the practices of yester year. These practices that 'modern women' are failing to follow include the use of traditional herbs to warm the body as well as the tightening and drying of the female genitalia. The force of

culture and religion to use these vaginal drying agents is so great that it outweighs whatever other forces there are that discourage them. It is these cultural beliefs and religious teachings and connotations that exert pressure on the women of today to engage in dry sexual practices. Coupled with this is the fact that the law regulating the sale of vaginal drying agents has a weak deterrent effect on their sellers.

3.3.4 Marketing skills of sellers of drying agents

Does the marketing of vaginal drying agents make a contribution to the women's use of the drying agents? Women interviewed in hair salons showed that the way in which these vaginal drying agents are marketed and advertised by those who sell them has a huge influence upon the continuation of the practice. One of the women said:

'Kana ukasangana nasekuru vanotengesa muno vakakushambadzira unotenga chete. Vanhu vakadai vakasungwa zvinobetsera vakadzi kusashandisa zvinhu izvi.'

(Meaning, 'If you meet an uncle who sells these products and hear his advertising skills you will buy and use these products. These people should be banned to sell these products by arresting them because they expose women to danger health wise.')

But how exactly do they advertise these products to the women? I had an opportunity to meet with one of the sellers in the hair salons. I posed as a potential customer because I felt that if I referred to the research then the alleged marketing gimmicks will be tainted. Before I could utter a word, the seller said:

'Wauya mushonga unoita kuti vana baba vasatiza mudzimba, mupfuhwira unoshandiswa nemasmall house kuti murume wenyu asadzoke kumba. Tengai, tengai mushonga vana baba vagare mudzimba.'

(Meaning, 'The medicine that deter your husband from resorting to prostitutes for sexual pleasure is here, one that is used by small houses so that your husband leaves you. Buy, buy so that your husband will not turn to promiscuity.')

I perceived that the way in which this seller marketed the product refers to the issue of male immorality so that women feel obligated to take measures that will dissuade their men from engaging in infidelity. There is no doubt that women who have never used those vaginal drying agents but who have promiscuous male partners will be trapped by such marketing talk and buy the drying agents. I determined that infidelity from the male partners has become

such a big issue with women and that the sellers of the vaginal drying agents are also capitalizing on it. The shop attendants who sell the vaginal drying agents are so convincing when they talk about the effectiveness of these agents that women appear to fall straight into their trap without realizing that these sellers are in business and all they want to do is make money.

3.4 Women as the ‘other’ sex

In her book, ‘The Second Sex’, Simone de Beauvoir said:

‘Humanity is male and man defines woman not in herself but as relative to him, she is not regarded as an autonomous being and she is simply what man decrees, thus she is called “the sex”, by which is meant that she appears essentially to the male as a sexual being. For him she is sex, absolute sex, no less. She is defined and differentiated with reference to man and not he with reference to her, she is incidental, the inessential as opposed to the essential. He is the Subject; he is the absolute-she is the Other.’

This in short summarizes the position of women when it comes to dry sexual practices. It is the men and also other women who dictate what the women should do with their bodies so as to attain their much wanted sexual gratification. The women seem to have no choice at all, her sexual pleasure is subordinate to the male pleasure and as a result women compared to men are none other than the ‘other’. This is further compounded by the fact that women now feel inclined to engage in dry sexual practices to deter men from promiscuity.

De Beauvoir further writes that humanity is ‘male and man defines woman not in herself but as relative to him; she is not regarded as an autonomous being’. This poses a problem for women. How can a woman step outside this dialectic and envisage herself and the world in ways not constrained or dictated by male perceptions of women? The man, who from infancy has been nurtured to assume an unquestioned superiority, defines women’s role, creates and maintains mythology of woman based on her femininity, weakness and subordination to his power.

The categorization of women as ‘the other’ explains much of the traditional and continuing stereotyping of women (Barnett, 1998). This categorization based on sex facilitates the perpetuation of low expectations of and for women. It appears to be a stereotype that sexual

pleasure is only for men and that their sexual demands are too great to be satisfied by one woman, hence their need to engage in promiscuous unions outside marriage.

CHAPTER FOUR

4.0 WOMEN'S HEALTH AND THEIR RIGHTS

4.1 Introduction

Dry sexual practices make the vagina tight and small, enhancing the man's feeling that he is having sex with a virgin. It also aids in the reduction of vaginal fluids that a woman secretes during sexual intercourse. There is no doubt that dry sexual practices cause a lot of friction during sexual intercourse. This friction results in health complications for the women. The continuation of dry sexual practices also infringes on women's human's rights in a variety of ways.

To challenge the vices associated with dry sex and women's exposure to a variety of ailments I employed the human rights approach to development. To establish the fact that dry sex exposes women to health complications, I adopted a rights approach to development. This approach involves an analysis of a problem or situation from a holistic perspective of human rights and corresponding obligations of government according to international human rights standards (Goonesekere, 2000). According to Hellebrunn (2000) the rights-based approach places the individual as a holder of basic rights at the core process of development. It emphasizes the relevance of the whole array of human rights in development processes.

The adoption of the human rights approach to development made me focus on issues relating to the use, accessibility as well as the affordability of vaginal drying agents. A focus on their accessibility and affordability led me to an unearthing of the conclusion that despite their associated health risks, these vaginal drying agents are readily available to women. I discovered that the state does not regard it as problematic allowing the sale of unregistered medicines and drugs all over the streets and from undesignated places.

Human rights obligations require that actions of a legislative, administrative or policy nature be assessed in the light of the obligation to protect promote and fulfil human rights. Furthermore, human rights, unlike other societal aspirations or claims, carry not only moral force but also legal validity or entitlements. They create obligations for duty holders to act and enable right holders to exercise the rights to which they are entitled (Goonesekere, 2000).

I was also able to discern the implications that human rights observance had for a variety of actors. I observed that for the government to satisfy its human rights mandate of fulfilling, protecting as well as preventing human rights abuses as a result of dry sexual practices, actors like the police and MCAZ have to join hands.

4.2 Whose health is affected?

A gynaecologist said:

‘Dry sex causes a lot of complications in women because of increased risk in the transmission of diseases and viruses like HIV, HPV and STIs. Many of these viruses require breach in the epithelium of the vagina (sores in the lining of the vagina). Engaging in dry sex puts women at high risk of developing blisters and these are prone to infections.’

The association between dry sex practice and STD/HIV infection has been investigated mainly in women but there is no information on this association in men (Dallabetta *et al.*, 1995). The sexual health implications for both sexes are immense. AIDS workers argue that dry sex increases the risk of condom tearing, as friction during intercourse is greater. In instances where no condoms are used, the probability increases that the vaginal wall will tear. Consequently women are exposed to an even greater risk of contracting HIV or sexually transmitted diseases (STD) (Soul City *et al.*, 2007).

Some of the methods used to dry the vagina can cause a number of reactions including an inflammatory response and epithelial damage (Brown *et al.*, 1993). Genital lesions as a result of sexually transmitted diseases (STDs) have been shown to increase the risk of HIV transmission (Soul City *et al.*, 2007). Dry sex generates conditions where friction during sexual intercourse is highly probable. The substance used by women may cause disturbances in the membrane lining the vagina and the uterine wall. Friction in the genital organs correlates with irritation of the white cells causing optimum exposure to HIV (Mswela, 2009).

Dry sex practices may be in direct contradiction to HIV prevention messages, which may include the use of lubricated male or female condoms, lubricants, and spermicidal/microbicidal creams or gels. The practice also increases the likelihood that a condom may be torn. Dry sex wipes out the bacteria which assist in fighting infection (Mags E. Beksinska *et*

al., 1999). Dry sex is linked with the failure or reluctance to use condoms, while condom usage is linked with a decrease in HIV transmission (Mswela, 2009). Body contact is encouraged and promoted during dry sex. For the excitement of dry sex to be felt, that friction between the female genitalia and the male genitalia has to be felt when engaging in sexual intercourse. A condom causes that sensation to be completely lost. There is, therefore, no doubt that those who engage in dry sex will desist from the use of condoms.

4.3 Women's human rights

Women's rights are human rights. They have to be respected and observed by the state and individuals. Dry sexual practices impinge on a variety of women's human rights. Zimbabwe has ratified many international treaties and conventions. This ratification of the international treaties and conventions means that Zimbabwe is duty bound to observe all the terms and conditions encapsulated in them. Zimbabwe is thus bound to observe and protect the rights of women and promote their realization.

4.3.1 Right to health

The 1946 Constitution of World Health Organization defines the right to health as the right to the enjoyment of a variety of goods, facilities, services and conditions necessary for its realization. The right to health means that states must generate conditions in which everyone can be as healthy as possible. It does not mean the right to be healthy (WHO, Fact Sheet 323). The right to health has been enunciated in a number of international legal instruments that Zimbabwe has duly ratified.

Zimbabwe has made a commitment towards the protection of the right to health through the ratification of international legal instruments. Ratification means that Zimbabwe is prepared to abide by all the tenets espoused in those international legal instruments. This commitment has also been strengthened by domestic legislation as well as policies that advocate the right to health.

Article 12 of the International Covenant on Economic, Social and Cultural Rights

(ICESCR) states:

- ‘(1) The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
- (2) The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
 - (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;
 - (b) The improvement of all aspects of environmental and industrial hygiene;
 - (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
 - (d) The creation of conditions which would assure all medical service and medical attention in the event of sickness.’

Article 12 of the ICESCR should be read together with article 2 of the same instrument which provides the state’s obligations towards the fulfilment of this Covenant. Article 2 stipulates that state parties should take steps that ensure the progressive realization of these rights. According to General Comment Number 20 by the Committee that oversees the implementation of ICESCR, article 2 imposes an obligation on state parties to move as expeditiously and effectively as possible towards the realization of rights contained in the Covenant.

The General Comment on the Right to Health in 2000 by the United Nations Committee on Economic, Social and Cultural Rights states that ‘the right to health is closely related to and dependent upon the realization of other human rights ...[including]... access to information’ which it considers as addressing ‘integral components of the right to health.’ The Committee has stated that it ‘interprets the right to health ... as an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health such as

... access to health-related education and information.’ The health dangers associated with dry sex call upon the state to take all necessary measures to eliminate the practice as a way of safeguarding women’s right to health. Women are being exposed to a health hazard through the sale of vaginal drying agents and the state seems to be turning a blind eye to this. Coupled with this is the lack of information regarding the sale of medicines from undesignated places and this runs counter to the spirit and precepts of the international as well as the national legal framework.

Article 12(1) of CEDAW requires states parties to:

‘Eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.’

The CEDAW Committee on General Comment Number 24 has stated that implementation of this right is ‘central to the health and well-being of women.’ It has also pointed out that an approach is required that incorporates information campaigns with education and that particular attention should be paid to ensuring access to adequate health care facilities and information for rural women.

The Zimbabwean Constitution provides for the right to health in section 76(1) in which it provides:

‘Every citizen and permanent resident of Zimbabwe has the right to have access to basic health-care services, including reproductive health-care services.’

Further to that, section 76(4) of the Zimbabwean Constitution stipulates that:

‘The State must take reasonable legislative and other measures, within the limits of the resources available to it, to achieve the progressive realization of the rights set out in this section.’

A gynaecologist said that the use of vaginal drying agents increases women’s risk of miscarriages during pregnancy and also increases women’s infection from STIs, HPV and HIV. As a result, sections 76(1) and (4) of the Zimbabwean Constitution raises serious

questions on the state's obligations in relation to the use of vaginal drying agents which cause cervical cancer, miscarriages and increase women's potential exposure to STIs and AIDS.

In addition, section 29(3) of the same Constitution stipulates that:

‘The State must take all preventive measures within the limits of the resources available to it, including education and public awareness programmes, against the spread of disease.’

This particular provision is a national objective which calls on the state to act according to its tenets. According to WHO Fact Sheet Number 31, a country's difficult financial situation does not absolve it from having to take action to realize the nation's right to health. No state can justify a failure to respect its obligations because of a lack of resources. States must guarantee the right to health to the maximum of their available resources, even if these are limited. The government of Zimbabwe is therefore expected to educate the nation on the health risks associated with dry sex as well as the use of unregistered medicines that are sold at undesignated places by unlicensed people.

4.3.2 *Right to information*

Right to information can also be referred to as the right of access to information. The right of access to information symbiotically relates to other constitutionally guaranteed rights. This right is not a real fundamental right by itself but it is a cornerstone right in that all other rights depend on it. It is an aid to citizens to access other basic rights.

The 1946 Constitution of the WHO first elaborated on the right to the highest attainable standard of health by identifying ‘health information systems’ as one of the ‘six essential building blocks’ which together make up a comprehensive health system. A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health systems performance and health status (WHO, 2007).

The UN Special Rapporteur on the right to the highest attainable standard of physical and mental health has summarized the importance of access to information and transparency as essential features of an effective health system in his report to the Seventh Session of the Human Rights Council in 2008. He stated that:

‘Access to health information is an essential feature of an effective health system, as well as the right to the highest attainable standard of health. Health information enables individuals and communities to promote their own health, participate effectively, claim quality services, monitor progressive realization, expose corruption, hold those responsible to account, and so on. The requirement of transparency applies to all those working in health-related sectors, including States, international organizations, public private partnerships, business enterprises and civil society organizations.’³

Section 62 of the Zimbabwe Constitution provides for access to information and stipulates that:

- ‘(1) Every Zimbabwean citizen or permanent resident, including the Zimbabwean media, has the right of access to any information held by the State or by any institution or agency of government at every level, in so far as the information is required in the interests of public accountability.
- (2) Every person, including the Zimbabwean media, has the right of access to any information held by any person, including the State, in so far as the information is required for the exercise or protection of a right.
- (3) Every person has a right to the correction of information, or the deletion of untrue, erroneous or misleading information, which is held by the State or any institution or agency of the government at any level, and which relates to that person.
- (4) Legislation must be enacted to give effect to this right, but may restrict access to information in the interests of defence, public security or professional confidentiality, to the extent that the restriction is fair, reasonable, necessary and justifiable in a democratic society based on openness, justice, human dignity, equality and freedom.’

The right to health requires human rights education, especially awareness-raising measures on the right to health itself. Individuals need to have access to reliable and accurate health information, including about risks to general public health. Health information enables individuals and communities to promote their own health, participate effectively, claim quality services, monitor progressive realization, expose corruption, hold those responsible to account and so on (Hunt and Backman, 2001). In the context of vaginal drying agents, the right to access information goes hand in hand with the right to health in that the state ought to

³ A/HRC/7/11, 31 January 2008.

take measures to inform the public of the health risks associated with dry sex. This information is particularly helpful to women who are the most affected by dry sex practices. The communication has to be properly and correctly made so that people can make beneficial use of it. In this context the right to information is a bridge that helps individual citizens to realise their right to health through the provision of information that discourages them from engaging in practices that put their health in danger.

4.4 Harmful cultural practices

The Preamble to The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (called 'the Women's Protocol') specifically articulates the concern that:

‘Despite the ratification of the African Charter and other international human rights instruments by the majority of States Parties (and their solemn commitment to eliminate all forms of discrimination and harmful practices against women), women in Africa continue to be victims of discrimination and harmful practices.’

As a result of this the Women's Protocol seeks to protect a wide range of human rights including protection from harmful traditional practices. The Protocol defines 'harmful practices' in article 1 as:

‘All behaviour, attitudes and/or practices which negatively affect the fundamental rights of women and girls, such as their right to life, health, dignity, education and physical integrity.’

The United Nations concept of harmful practices is aimed at identifying practices that are culturally condoned as forms of violence and discrimination against women. The concept of harmful cultural or traditional practices originates from the United Nations' concern to identify and eliminate forms of harm to women and children that do not easily fit into a human rights framework. It is gaining increasing recognition in the international human rights community in as far as it relates to FGM (Jeffreys, 2005).

Female genital mutilation (FGM) is probably the most widely recognized and addressed of these harmful practices. The WHO defines FGM as comprising 'all procedures undertaken that involve the partial or full removal of the external female genitalia or other injury to the

female genital organs for non-medical reasons' (WHO, 2012). FGM is a custom or tradition synthesized over time from various values, especially religious and cultural values. The reasons for maintaining the practice include religion, custom, decreasing the sexual desire of women, hygiene, aesthetics, fertility, etc. In general it can be said that those who preserve the practice are largely women who live in traditional societies in rural areas. Most of these women follow tradition passively. The effects of FGM have short term and long implications. Haemorrhage, infection and acute pain are the immediate consequences. Keloid formation, infertility as a result of infection, obstructed labour and psychological complications are identified as later effects (WHO, 2012).

Similarly, dry sexual practices cause women many health complications, such as exposure to infections which cause STIs and HIV as well as HPV which may develop into cervical cancer over time. Traditional vaginal practices may be taught to young women by elderly women or even their fellow younger women in the community and to a certain extent may be a reflection of societal cultural norms and beliefs. Dry sex and virginity testing could also be seen as decidedly harmful, in that they seek to maintain (and indeed entrench) the cultural and sexually based subordination of women in Africa (Poll, 2012). Thus, it is a harmful practice based on tradition, culture and religion. It constitutes a harmful traditional practice that impinges on the inherent dignity of women, impacts greatly on women's health and greatly affects women's sexual autonomy and by so doing results in violations of their fundamental human rights.

Article 2(f) of CEDAW requires states parties to take appropriate measures, including legislation, to modify or abolish existing laws, regulations, and customs and practices which constitute discrimination against women. It places a positive obligation on states parties that have ratified the Convention to actively address all practices deemed harmful to women that impact on, and endanger, the health and general wellbeing of women. In article 5(a) it also enjoins states parties 'to modify the social and cultural patterns of conduct of men and women with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.' Article 5 of the Women's Protocol requires States Parties to eliminate all harmful practices by prohibiting and condemning all forms of harmful practices that negatively affect the human rights of women, and which are contrary

to recognized international standards. It further stipulates that states parties shall take all necessary legislative and other measures to eliminate them.

The Zimbabwe's Constitution, in conformity with the international human rights standards with regard to harmful cultural practices, provides in section 80(3):

‘All laws, customs, traditions and cultural practices that infringe the rights of women conferred by this Constitution are void to the extent of the infringement.’

Dry sexual practices are a tradition that is based on culture and religion on the pretext that it enhances male sexual pleasure. To this end, it is a belief that maintains some form of cultural sex practice. This on its own demands that the practice be put under close scrutiny and it requires that the state eliminate the continuation of dry sex practices.

CHAPTER FIVE

5.0 WAY FORWARD

5.1 Conclusion

Dry sexual practices are rampant. Women use traditional herbs as well as conventional medicines to dry their vagina. Apart from the use of these, women also believe that inserting a cloth into their vagina or coarse salt and lemon will achieve the same result. Culture, religion as well as kitchen tea parties that women attend contribute to the use of vaginal drying agents. At other times, the message to use drying agents is not communicated directly to women but rather indirectly so that women themselves discern the meaning attached to the teachings.

A variety of reasons motivate women to engage in dry sex. Women believe that engaging in dry sex will prevent male infidelity. Cultural and religious dictates also encourage the practice of dry sex. Women are threatened that they are not doing enough within their marriages and they end up feeling that drying out their vagina is a step towards doing what their marriages require of them. Their need to satisfy male sexual pleasure as well as marketing gimmicks from the sellers of vaginal drying agents pressurise women into using drying agents. Undoubtedly, dry sex affects women's autonomy and sexual agency in that rather than engaging in the practice by choice they do so by force as a result of the pressure of the circumstances in which they find themselves.

The vaginal drying agents are accessible on the street and from shop outlets and pharmacies. Some of these are unregistered medicines. This calls into question the responsibilities of the state in as far as the regulation of dry vaginal practices is concerned. Is it normal to have drugs and medicines on the street being sold by people who have no medical expertise at all? Is the state not failing in its duty to protect public health? Because dry sex impinges on women's inherent right to dignity, harms their right to health and impacts greatly on their sexual autonomy, it is crucial that the state takes a leading role towards the elimination of this practice.

Medically, the use of vaginal drying agents is not condoned because they are inherently dangerous to women's health. Women are exposed to infections like STI s and HIV as well as HPV. Their use also puts women at risk of having miscarriages and in so doing affects women's reproductive health. Because of the inherent dangers to women's health as well as the infringement of a variety of women's rights, dry sex undoubtedly constitutes a harmful cultural practice.

5.2 Recommendations

For the practice of dry sex to end, there is a need for a multi-sectoral approach to the problem. There is a need for the government to allocate adequate funding to the Medicines Control Authority of Zimbabwe. The MCAZ laboratory is failing to execute its duties as stipulated in the Act because of lack of finance. However it is only through testing that they can ascertain the dangerous chemicals contained in some of the drugs and substances that are illicitly brought into the country. Such testing will form the basis for educative and awareness campaigns.

There is a need for the government to conduct education and awareness campaigns for both men and women. The government should actively campaign to raise awareness about the risks to both men and women engaging in dry sex as it is a potential health hazard to both sexes. The Ministry of Health exists to protect public health. As such, they should take an active role and educate the public, both men and women, about the health dangers associated with dry sex. Some engage in the practice as a result of a lack of knowledge. Therefore, if people are informed, they will be in a position to make proper informed choices.

There is a great need for the police to target the suppliers of vaginal drying agents. Presently, the police's targeting of sellers only is not yielding the much needed results because they only impose fines on them and these alone are failing to deter the sellers from continuing to sell the products. If the suppliers of the vaginal drying agents are targeted, positive long term results are more likely because the sellers then would not have anyone with whom to provide them with supplies.

There is also a great need for the police to execute their duties without fear or favour. The police are the law enforcement agency and therefore they should desist from engaging in

corrupt activities of any sort. Police corruption has become so obvious that these sellers and perhaps even their suppliers know that their money will save them from suffering the full wrath of the law.

It is necessary for security measures to be tightened at Zimbabwean borders. The fact that there are people who have existed for some time known as '*malaichas*' who smuggle products such as vaginal drying agents across the border into the country means that there is a lack of tight and proper monitoring control. As a result, ZIMRA needs to devise ways in which to control this vice especially concerning the smuggling of unregistered medicines.

ZINATHA needs to develop strict monitoring mechanisms on the contents and safety of herbs administered to consumers by herbalists and individuals who sell the herbs. The current practice in which the effectiveness of a herbalist is measured by their popularity is problematic and unsuitable because they gain popularity through advertising themselves in newspapers. In fact there is a need for the statute that governs traditional healers to have provisions inserted that relate to the safety and efficacy of traditional medicines. This Act should also have penal provisions similar to those found in MASCA so that errant herbalists are brought to book and are required to account for their actions.

If the war against the sale of unregistered medicines as well as vaginal drying agents is to be won, there is a greater need for teamwork from the police, MCAZ inspectors, prosecutors and magistrates. The police should arrest the perpetrators and bring them to court where prosecutors should prosecute them and magistrates judge them and pass deterrent sentences on them. Bringing the perpetrators to court has the inherent advantage of raising publicity about the problem via the press. This publicity will come with rewards in that it will send the proper message to society which is that selling unregistered medicines is criminal and will be punished. By so doing, it will deter others who are contemplating joining the illegal trade of selling unregistered medicines because of their fear of being punished for engaging in criminal activity.

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