INTRODUCTION

The tradition of Bride Price is still practiced in many parts of Uganda and has left many women powerless with no control over their Sexual Reproductive Health/Rights and vulnerable to STI/HIV/AIDS. The practice of this tradition results in the infraction of several human rights such as the right to the highest attainable standard of physical and mental health, the right to life, liberty, the right to marry and found a family, the right to freedom from customs that discriminate against women and the right of sexual non discrimination (Economic, social and cultural covenants, UDHR, CEDAW, Uganda Constitution 1995).

In this paper, I am mainly basing my discussion on a rural Uganda woman who doesn't know that she has rights which are protected by the constitution or international treaties ratified by Uganda, she has been confronted with subordinate situations generally in all spheres of her life and held captive to her reproductive norms.

Let me begin by defining and highlighting these major terms in the topic; Bride Price. Sexual Reproductive Health/Rights and STI/HIV/AIDS and Rural Woman.

BRIDE PRICE: This is a package a man pays to the parents/guardians of a girl/young woman intending to get married. Once this is paid, a woman becomes the "Property of the man - husband" and is controlled by the "man - husband." It is refundable in case of divorce/separation.

STI: Is mainly an infection, which is transmitted through sexual relationship and usually affects the reproductive organs if not diagnosed and treated early.

HIV/AIDS: This is a concept known by even children. Its main transmission is through sexual relationship and damages the cells (White Blood Cells), which protect the body leaving one prone to any disease. HIV is the virus, which causes AIDS.

SEXUAL REPRODUCTIVE HEALTH: Implies that men and women have the ability to reproduce, regulate their fertility, practice and enjoy sexual relationship. It further implies that reproduction is carried to a successful outcome through infant and child survival, growth and healthy development and that women go safely through pregnancy and childbirth. WHO (1993).

REPRODUCTIVE RIGHTS: Is defined as legal categories generally used to express the principles that women and men as well, are entitled to control their reproductive life (Lynn Freedman & Stephen Isaacs 1993).
Women's reproductive rights violations are rooted deeply in the family system bolstered by community norms of male privilege and frequently justified by religious doctrines or appeals to customs and traditions.

RURAL WOMAN: That woman who lives in a set up (community) where access to available developmental facilities and services are difficult.

This woman is kept in cultural subordination which puts her in such a low bargaining position that she has little, if any, control over decisions which affect her bodily integrity. She has not been permitted to make her own reproductive choices because a man has paid Bride Price.

Almost 90% of the Ugandan population lives in the rural area majority of who are women. I am sure we all know (if not imagine) for example how a rural woman faces various difficulties especially in regard to seeking reproductive health information and services.

The available data indicates that maternal mortality rate is currently estimated at 5% and average number of childbirth in each woman's life is 7. Men other than women determine when to have sex, another child and whether to use contraceptives. Women are therefore vulnerable to STI/HIV/AIDS because they can neither refuse sex to their husband nor easily suggest safe sexual practices an important risk factor in contracting HIV infection.

This paper therefore presents the implicit issues pertaining the Bride Price, Sexual Reproductive Health/Rights and STI/HIV/AIDS of the rural Ugandan woman.

I hope I am not radical by choosing to discuss Bride Price, Sexual Reproductive Health/Rights and STI/HIV/AIDS issues of a Ugandan rural woman as Fiske (1992) put it that whenever women try to address issues affecting them, they are said to be too radical. Often times the reports I have read either in Newspapers or other documents have never critically brought out the impact of Bride Price on Sexual Reproductive Health/Rights protection and STI/HIV/AIDS prevention on women.

To help us conceptualise this complex issue, three case studies of rural women are summarised below.

Nyafwono aged 40 died in mid 1998, childless, after her father forced her into marriage at the age of 15.

Nyafwono's father was a poor rural man with 12 children and Nyafwono was the second child and the first girl. In the village lived a rich man who was working in Soroti. One weekend the man came back to the village and met Nyafwono's father in a drinking club. Nyafwono's father explained how his daughter had matured and was worried about her future. He wanted someone to marry her off so that he can educate other children. This rich man showed interest and asked Nyafwono's father if they could meet the following day and finalize the issue.

After one month Nyafwono was surprised when she was told by her father that she was going to be married off to this rich man. Nyafwono tried to resist but was threatened by her father. The following Saturday Nyafwono was married off and the father pocketed 5 heads of cattle, six goats and other items as per the customary demand.

Six months in marriage Nyafwono started feeling pain in her stomach and abdomen, which was caused by STI. In the hospital the diagnosis recommended an operation as the only solution. After the operation Nyafwono was advised to abstain from sex for at least six months but when she discussed this with her husband, the man refused and said that he had not got any profit from the wealth he gave to her father and in any case sex was the only binding factor if there was no child. Nyafwono was forced into sex and there were complications (discharge), which permanently damaged her reproductive system. From this damage Nyafwono could not give birth and of course the husband could not stay with her without a child. She was chased back to her father and the man demanded for the Bride Price he had paid. Since the Bride Price had been "eaten", Nyafwono's father could not allow her back. For sometime Nyafwono stayed with her husband but under severe brutal violence. She was beaten every day until she decided to escape and rented in one of www.mifumi.org
the small towns in Busoga. With the permanent damage, Nyafwono did not live for long and died in the hands of friends all in the name of Bride Price.

Nasike got married at the age of 17 and was the first in a polygamous marriage of four co-wives. When she realised that her condition was deteriorating, she decided to go for family planning without informing her husband. By then she already had four children. When the husband saw no fifth child coming, he became suspicious and asked Nasike why she was not conceiving. Nasike in reply explained that she was unable to carry another pregnancy and therefore opted for pills. This was enough to earn her severe beatings and was told to go back to her parents or pay the Bride Price. Nasike could not stand the violence and decided to go back to her parents.

On reaching home, the brother who had used the Bride Price for marrying his wife, chased her back and told her she was now too old to come back home because no any other man would get interested in her and in any case he had used the bride price to marry his wife.

On going back to her husband she conceived the fifth child and when she went for voluntary counselling and testing, she was found to be HIV positive. This time she could not tell the husband and when she gave birth, both the child and herself became sickly. Nasike died six months later and the child died two weeks later, all in the name of Bride Price.

Nakirya aged 29, fled her home in 2002 with her three children. They walked a distance of over 100km to find a place where to settle. When she was asked why she fled her home, she revealed that it was very violent and abusive. Her life and that of the children was in a great danger she recalled. She narrated the various traumatic experiences, which she could not disclose just for the sake of her three children. When asked why she could not take any legal action against her abusive husband, she revealed that all she was advised was to leave the area with her three children since her father would not refund the Bride Price.

The (UNDP 1998, p. 2) report indicated that domestic violence, an often hidden and universal scourge causes physical and persistent mental suffering disrupts women's lives and blocks their personal growth and participation in society.

Wallace (1991, p.2) further argued that women frequently suffered from stress and were alone as household heads for the first time, many being pregnant and have small children.

Nakirya now lives with her children in one of the low income grass thatched houses in one of the trading centres in Pallisa District, the oldest child who is now six years old does not go to school much as she should be enrolled for free primary education (UPE). This is because she has to look after the young siblings when the mother is out to the rice processing industry most of the day.

At the rice processing industry she re-threshes the rice husks disposed so that she can at least get what is enough for the children. During off-season for rice harvest, her condition becomes worse and in some instances she has resorted to prostitution as a source of income.

Nakirya laments over her condition, which has been largely due to Bride Price, but argues that she is ready to do anything so that her children can survive. She complained of feeling overwhelmed by her responsibilities since she had to take the burden of caring for the children with no other support.

From the case studies, it is clear women are exposed to various reproductive health issues. Resorting to prostitution also exposes them to various reproductive health issues such as sexually transmitted infections including HIV/AIDS all in the name of Bride Price.

Conclusion:

I have presented this paper basing on three case studies all from the rural Ugandan experienced women. I
have urged that Bride Price further contributes to various reproductive health hazards which women face. And also urged, women face unique reproductive health threats, high roles of preventable illness and deaths from complications in pregnancy and childbirth, sexually transmitted diseases and HIV/AIDS.

Yet the health needs are paid little heed because the voices are rarely heard in policy circles. They rarely can shape the answers to questions of relevance to the health in a large part because they are under represented in politics and in the national and international bodies charged with safe guarding health.

For example, when some women opt for illegal practices such as prostitution, in order to secure for themselves and their children for the basic necessities such as food, shelter and clothing, they are exposed to sexually transmitted diseases such as HIV/AIDS and are charged with being idle and disorderly in Courts of Law.

Cultural beliefs play a big role in hampering the fight against discrimination between women and men. In the rural areas women have been groomed to accept their positions in the kitchen and think of it as a foreign ideology for women to discuss issues of their reproductive life which can only be accommodated by Europeans and not African men.

In all Ugandan communities women are subjected to inequalities in laws and in virtually all spheres. Traditional cultural practices and beliefs that are detrimental to women continue to exist. Fortunately there is now in place a government, which is committed to eradicating all forms of imbalances and raising the status of women. With the continued policy of women empowerment the future is bright for the women in Uganda.

Let me raise some questions on this regard:
Where is the Domestic Relations Law?
How many rural women know their rights?
Do we still need Bride Price?

I would like to take this opportunity to thank Mifumi Project for the marvellous work they have done towards empowerment of the rural woman. My sincere appreciation further goes to TASO and FIDA for extending their services to the rural areas and to all of you who are struggling for Gender Equality and Equity.

Recommendations:

- Advocate for the enactment of Domestic Relations Bill.
- Parliament must move fast to repeal all legislations that demean women and fail their constitutional rights.
- Rural women should be sensitised about their rights.
- Vigorous sensitisation on reproductive health/rights
- Advocate for women's reproductive autonomy.

References:


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