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Reflecting on our good intentions: A critical discourse analysis of women's health and empowerment discourses in sexual and gender-based violence policies relevant to southern Africa

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ABSTRACT

Decades of 'feminist' sexual- and gender-based violence (SGBV) policies have produced limited change in southern African SGBV rates. Recent critiques highlight ongoing colonial legacies in such policymaking, arguing that these legacies limit the potential for liberatory change. Further, reflecting on such discourses can highlight reasons behind global public health intervention failure. To promote reflexivity among public health actors who create, reproduce, and implement SGBV policies, this paper presents a critical discourse analysis of how women's empowerment is constructed in foundational global and national health and development policies bearing on SGBV in Zambia. The analysis identifies neoliberal feminist discourses of empowerment: (i) the protection of women, which perpetuates a saviour complex; (ii) the promotion of equality to men, which excludes those deemed unworthy; (iii) the eradication of harmful cultural norms, which challenge the preservation of African values; and (iv) (neoliberal) empowerment through women's attained employment and capital, which empowers women within unequal economic relations rather than liberating women from those relations. The author critiques such neoliberal empowerment discourses for failing to structurally transform the conditions for women's liberation. This paper offers a first step to the dismantling of colonial structures in SGBV policies by unpacking and promoting reflexivity about such discourses.

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Introduction

Structural transformation that empowers and liberates Global South women and other marginalised populations challenges the very foundations of the global public health industry. Colonialism's contribution to epidemiology (Richardson, 2019), aid, and development (Alemazung, 2010; Itimi, 2018) are barriers to such change, and prevailing practitioner interactions with ongoing global health guidelines provides an additional lens. As discussions of global health's colonial foundations become more mainstream, emphasis focuses on the 'oppressor'/'oppressed' binary dynamic between the Global South and North and this positioning has become central when problematising the success of global public health interventions. There is less focus critiquing dated discourses that continually construct present-day approaches to health and development (Hirsch, 2021), which could shed light on implementation failures for some global public health policies. Importantly,

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a key element to unpacking foundational discourses is embracing the uncomfortable reflexive process that acknowledges and critiques those not serving structural transformation. That said, residual colonial discourses exist not only in the language of Global North-based actors but have been passed down, rejected, reproduced, or repackaged by Global South-based stakeholders. Observing this complexity does not negate the inherent power inequalities that continue to position Global South actors as inferior and in need of help, which are further complicated within health and development discourses aimed at empowering Global South women.

Therefore, this paper speaks mainly to global public health actors – a group in which I position myself – to reveal important connections between health and development discourses and failures of women's empowerment interventions, with the intent of generating a collective reflexive process. My positionality – as a biracial Black African, queer woman, educated and based in the Global North, and an experienced global sexual violence evaluator – informs this paper's critically reflexive approach. Reflecting on foundational discourses and their implicit harms has the potential to disentangle saviour approaches within global public health efforts – when we speak ***about*** the communities we are working in – opening space to bring us closer to collective accountability – when we speak and act ***with*** communities.

I use the collective 'we' to perform a 'calling in', as opposed to a 'calling out'. We cannot remove our complicity in violence solely by not being a perpetrator. Instead, everyone within a community contributes to and is affected by violence in how we learn to behave, ignore behaviours that do not directly affect us, and reproduce systems and discourses that continue to keep the majority comfortable. Rojas Durazo (2011) references the Communities Against Rape and Abuse (CARA) model to emphasise our need to recognise the humanity and complicity of everyone involved in violence – including those working towards addressing it. We have positioned ourselves as experts in global health, thus taking the lead on designing policies and interventions addressing violence, with little regard to our own complicity and positionality. A productive starting point is to identify problematic discourses and acknowledge our mutual participation in their reproduction and practice. Therefore, this paper responds to the research questions: How is women's empowerment constructed in global and national SGBV policy discourses in southern Africa? What are the implications of this construction of empowerment for liberation from colonial legacies and gendered power structures?

I will unpack these discourses by discussing the policies that inform sexual violence interventions in Zambia; first, by briefly contextualising SGBV in Zambia, as well as the critiques of global public health's approach to women's health and empowerment. I will then discuss the theories informing this analysis, particularly those highlighting the need to critique the system we continue to reproduce. I then present the methodology and findings of the critical discourse analysis, concluding with a discussion of how we can collectively use ongoing reflexive processes to enact structurally transformative change.

Literature review

Reducing SGBV and, in tandem, movements to empower women have been key concerns for global health policies since the foundational 1979 Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) treaty (UN Women, 2009). The subsequent 4 decades yielded multiple policies and programmes to tackle SGBV: largely focused on a combination of criminalising such violence, campaigns to raise women's awareness of their individual rights, social norms change, improving access to health services and abuse reporting mechanisms, and increasing women's economic empowerment.

Despite these well-intentioned policy-driven interventions, SGBV continues to be a significant problem in southern Africa: Southern African Development Community (SADC) member States report last 12-month experience of intimate partner violence (IPV) amongst women and girls ages 15–49 varies between 25 and 58% (Lowe Morna et al., 2020). In Zambia, the prevalence of

this same indicator is as high as 47% (Lowe Morna et al., 2020), while 16.9% of Zambian women between 15 and 24 years have experienced non-partner sexual violence in the last 12 months (Mathur et al., 2018, p. 7). Similar to global SGBV responses (Bradley & Gruber, 2021), one-stop shops and fast track courts – interventions largely reliant on criminalising violence and improving access to health and legal services – have become popular institutional initiatives in Zambia (Zimbizi et al., 2017). Reviewing the aforementioned SGBV data, though, it seems that these carceralised efforts to reduce southern African women's risk of violence are not 'working'.

A hegemonic ideology infused in global SGBV policies is what anti-carceral scholars, Black feminist, and sex worker collectives call 'carceral feminism' – feminism where policing, laws and imprisonment are foregrounded as means of keeping women safe (Bernstein, 2007). Critics of carceral feminism argue that the threat of imprisonment is not a deterrent for perpetrators battering women; funding for policing and prisons detracts from funding wider social services supporting women; the most marginalised women suffer considerably at the hands of police; and overall, the carceral approach empowers the State and centres individualised approaches to address violence, while drawing energy away from grassroots collective social justice movements that focus on abolishing systemic State violence (Critical Resistance and Incite!, 2003; Gouws, 2016). While globally more visible in the Global North, anti-carceral movements are active in the Global South, particularly in South Africa (Surajpal, 2020). They are most evident in activist thinking and theoretical analyses, with limited inclusion of these critiques within empirical examinations of their contribution to global health efforts. Carceral discourses – seen in Global South policies and linked to hegemonic Global North guidelines – have informed dominant approaches to addressing SGBV. Intentional reflexivity is imperative to assess what these discourses mean and if there are opportunities to stretch that reflexivity into a critique of carceral approaches.

Herein lies the entrance point of this paper: the colonial legacies within the building blocks of global public health limit the articulation of liberatory SGBV policies and movements to transformative change – exacerbated by the lack of reflexivity by global health actors on the discourses we reproduce. Samba Yonga, co-founder of the Women's History Museum of Zambia, speaks out on colonialism's impact on Zambian society and the exclusion of women from liberation efforts: 'The colonial history and imposed blueprint were successful at convincing us that our own identities were not good enough, and we had to adopt someone else's identity. And we still have not addressed that [today]' (quoted from: Chungu, 2019). Historical and community accounts, like Yonga's, contextualise the silencing of Zambian women and other marginalised peoples and highlight today's realities of structural and systemic gaps. As she points out, the outdated legacies that helped construct the still reproduced discourses and policies need to be reckoned with.

This paper empirically critiques representations of women's empowerment within health policies that inform SGBV policy interventions in Zambia by conducting a critical discourse analysis to unpack discourses posing limitations on structural transformation and community liberation. Understanding these health and development agendas – in this instance, their attempt to construct universal approaches to gender empowerment – calls for a discursive analysis to explicate those nuances.

Theory

Wilson (2012, pp. 45–68) details the evolution of development especially focused on subaltern women: from the Women in Development (WID) era, critiqued by Black and colonised women as focusing on individualised socioeconomic contributions and women as the passive victim, to today's Gender and Development (GAD) era which masquerades as elevating women's choice and agency, but instead monetises and quantifies empowerment, therefore, silencing collective movements demanding transformative change that addresses 'racialized power relationships […] material structures of power and gendered ideologies' (2012, p. 47). Situating theoretical discussions on development in Zambia and the larger SADC region, McEwan echoes development critiques to

point out its failure in interrogating 'complex historical and contemporary processes' (2008, p. 110) that maintain this region's continued marginalisation – instead, reducing the problems to corruption and African culture that need to be addressed via foreign-devised and -financed solutions.

Cornwall's (2018) term – *empowerment lite* – describes a performance of neo-liberally conceptualised empowerment presented as promoting women's agency, which requires upending social inequities and unequal power relations, when it in fact requires subaltern women to conform to society as it currently exists. Her argument builds on Sardenberg's distinction between *liberal empowerment* and *liberating empowerment* (2016): health and development efforts use liberal empowerment to prioritise efforts under the neoliberal agenda. Instead of centring power within empowerment efforts to elevate women's agency to, therefore, address structural inequities on their own terms, as liberating empowerment aims to do, liberal empowerment confines women within the status quo. In pairing Cornwall's empowerment lite with Sardenberg's liberal and liberating empowerment, we can begin to see how neoliberal discourses live in the gender health and development policies we rely on, and how their presence limits attempts for structural transformation.

The current project

I build on Cornwall and Sardenberg's arguments by examining how policy discourses outline agency, problems, and solutions in ways that can be counterproductive to empowerment. This examination can help us, actors in global public health, reflect on our engagement and reproduction of said discourses and be critical of their usefulness. I examine policies which global public health professionals amplify as key to disrupting the status quo of gender disempowerment. The 1979 CEDAW treaty and the 1993 DEVAW are two foundational international health and empowerment policies that have anchored global interventions In addressing discrimination and violence against women (Avocats Sans Frontières, 2017; Klugman, 2017; Zwingel, 2005). Both call for accountability by member States to protect women so they can freely participate in society. I agree these policies serve a purpose and enable discussions about potential methods to incite structural transformation – further, critics see its potential to align with radical feminist movements (Manjoo, 2016; Raday, 2012).

I situate this analysis within Zambia's attempts to address SGBV against Zambian women. Through this position, I contextualise the reproduction of policy discourses within intentions to serve this community of women. This construction highlights the passive hegemonic discourses we believe to enable women's empowerment, to encourage critical self-reflection and push for true structural transformation. In September 2019, the Zambia National Network Against Sexual & Gender Based Violence Network (ZNAS) discussed ways to comprehensively and collaboratively address SGBV. They outlined actions to focus on – one of which includes '[developing] a comprehensive national policy to address SGBV in institutions and organisations in both the private and public sector' (ZNAS, 2019). As harmonising SGBV policies is an ongoing goal in Zambia, it is imperative that we reflect on the policy discourses informing design and implementation in-country to gauge their utility in strengthening efforts.

Methodology

Critical discourse analysis (CDA) is a methodology useful for uncovering how social dynamics maintain and reproduce power structures. It operationalises critical theory to highlight discourse in action, identifies social problems within hegemonic structures, and formulates emancipatory solutions to said problems. In this paper, I conduct a CDA of key policy documents bearing on SGBV in Zambia. I focus on these documents, as such policies guide the prioritisation of women's health and empowerment approaches; construct and uphold the criminal justice system and carceral feminism; and explicate the existence of top-down approaches to global public health, which centres

outsider perspectives over those within communities the interventions intend to serve. Further, this paper offers a tool global health evaluators can use to analyse reproduced discourses that inform design and implementation to reflect on their usefulness throughout strengthening processes. Centring gatekeepers and health evaluators acts as a wake-up call to global public health actors to not only reflect on these discourses, but also our role in this sector: How are our perspectives and beliefs coloured by discourse reproduction, and how are we perpetuating those beliefs on the communities we serve? How can we better serve these communities to enact transformational change? Through this reflection, we can enhance our collective efforts with communities to enact structural transformation within Zambian and wider global public health efforts.

This paper analyses six international and southern Africa region policies: the 1979 CEDAW treaty; CEDAW's 19th Recommendation, which highlights SGBV's negative impact on the health and livelihood of women; the 1993 DEVAW; SADC's Prevention and Eradication of Violence Against Women and Children (SADC Addendum); Articles 1–5 and 22–23 of the 2003 Maputo Protocol, which directly address and define non-conflict SGBV; and Zambia's 2011 Anti-Gender-Based Violence Act. CEDAW and DEVAW are globally considered foundational to tackling violence against women. CEDAW is a legally binding treaty often regarded as the 'women's bill of rights' (Engender UK, n.d.; UN, 2003) since it emphasizes women's rights are human rights, provides a list of necessary actions to achieve gender equality, and sets up systems for monitoring States and requiring them to report on progress. Scholars claim CEDAW constructs a limited, universal framework to understand global gender issues (Thompson, 2013) and neoliberal solutions to female disempowerment (Purewal, 2015, p. 50; Raday, 2012, pp. 513–514) that continues to serve as the blueprint in societies with diverse constructions of gender, even as newer more locally-focused policies are created.

DEVAW is a UN General Assembly declaration, therefore, not legally binding, but has shifted international dialogue around gendered violence. DEVAW builds on and complements CEDAW, particularly by defining violence against women, including female genital circumcision, rape, domestic abuse, and sexual slavery as harmful acts regardless of cultural practice – such that '[it makes] violence against women an international issue, not subject to claims about cultural relativism' (Council of Europe, n.d.).

The 1998 SADC Addendum was implemented to accompany SADC's legally non-binding Declaration on Gender and Development, and was influenced by CEDAW's 19th General Recommendation and DEVAW. The addendum asks member States to design and implement interventions that foster empowerment and security of women and, since its implementation, the SADC region has done so – though, interventions largely are not focused on understanding and addressing root causes of violence (Warioba & Luhanga, n.d.).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, commonly referred the Maputo Protocol, is a legally binding document adopted by the African Union in 2003. The implementation of this multilateral instrument is credited to the mobilisation of African women's organisations. All but three SADC nations have ratified the Protocol, which has led to major legal transformations regarding SGBV: since the adoption of the Maputo Protocol, States have implemented anti-domestic violence laws, anti-trafficking policies; and have put forth policy frameworks combatting SGBV (African Union & OHCHR, 2009).

Finally, Zambia's 2011 Anti-GBV Act, considered one of the most comprehensive SGBV laws in the SADC region, comes after more than a decade of mobilisation by Zambian community collectives calling for legal action that adequately addresses SGBV (Wignaraja & Mends-Cole, 2010). Zambia maintains a dual legal system, statutory and customary, such that any ratified international legal document must still be domesticated before becoming legally binding. Interestingly, Zambia has signed onto DEVAW and CEDAW yet chosen not to localise their guidance as legal proceedings have observed the State's signing and ratification as 'a clear testimony of the willingness by that State to be bound by the provisions of such a document' (Mushota, 2017, p. 98). Rulings like these, therefore, support Zambia's obligation to 'international law to ensure that women are protected against harmful cultural practices which amount to GBV' (Muma, 2015). As we can begin to see,

there are discursive connections that stem from the 1979 CEDAW policy, through the aforementioned international policies, down to Zambia's 2011 Anti-GBV Act, that are worth analysing further.

This paper's analysis builds on a previous thematic analysis that explored gaps within and influences on Zambia's Anti-GBV Act. Avocats Sans Frontières' case study (2017), which analysed the implementation of the Act, identifies policies that influenced the Act – four of which are discussed in this paper. The thematic analysis of said policies, where I uncovered key themes – namely, (1) women are perpetual victims and (2) achieving gender equality and development empowers women – informed my understanding of how policies problematise violence against women and, from there, construct representations of women's empowerment. Building on these key themes and to further identify the gaps within the Act and its influences, Bacchi's WPR tool (2012; Goodwin, 2011) helped me define the problem representation within the policies (women are disempowered); the implicit assumptions of the problem representation (women's disempowerment leads to larger issues, such as SGBV, and is best addressed through socioeconomic means); and how this problem representation is reproduced and defended (global health actors are not reflexive alongside nuanced implications of policy discourses which inhibits them from engaging in collective accountability, nor do they centre local communities within and throughout intervention design and implementation to better unpack root causes of SGBV and women's disempowerment – some may lack the tools to do the former). Coupling the key themes identified from the thematic analysis with the WPR analytic process allowed me to highlight and problematise the four discourses that explicate implicit representations of women's empowerment, which I discuss below: the protection of women, the promotion of women's equality with men, the eradication of cultural and religious norms, and women's attainment of education and employment as a means to liberation.

Discussion

Every woman shall have the right to the protection of her human and legal rights (Maputo Protocol, p. 5)

Like a helicopter parent hoping to shield their child from the world's dangers, a discourse of protecting women erases their individual and collective agency.

> State Parties … agree to … establish legal protection of the rights of women on equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination. (CEDAW, UNGA, 1979)

The relation of protection implies that the women these policies aim to serve are infantile; that they are being raised to 'adulthood' (or an endless path towards liberation) within the confines the policies allow. All six of the policies urge States to protect women from discrimination and harm, yet only one includes a discourse of empowerment: the SADC Addendum resolves adopting measures that empower women living with disabilities, the girl-child, elderly women, and women and child survivors of violence. While policies' protectionist agenda claim to reduce and prevent harm, they infantilise women by undermining their ability to be autonomous over what threatens them and what should be done to minimise said threat. While the following excerpt needs more context on cultivating agency, empowerment discourses can remedy condescension by indicating a need to foster agency to acquire safety and liberation:

> [We] resolve that the following measures be adopted:
>
> … Adopting legislative measures to ensure the protection and removal of all forms of discrimination against, and empowerment of women with disabilities, the girl-child, the aged … and other women whose circumstances make them especially vulnerable to violence … Regional policies, programmes and mechanisms to enhance the security and empowerment of women and children, [should be] adopted and their implementation monitored. (SADC Addendum, ACHPR, 1998, Section 9 & 25)

Beyond illustrating women as childlike, Simon and Handl describes (2019, pp. 121–122) how discourses of protection reproduce notions of women's perpetual vulnerability to evil and fixed identity of suffering and weakness. Shifts in gendered norms are attributed to heroic individual women, trans and non-binary people who demand change to regressive systems – including the movements that sparked the foundational CEDAW treaty's creation. But agency to radical change is rarely attributed to the populations of grassroots women from which such protagonists emerged, assuming the vast swathe of oppressed women could not take action collectively. In reality, the population of womxn hold radical power to enact collective structural transformation, and policy discourses need to shift away from upholding dichotomised, constrained, and individualised subaltern identities.

Further, 'victim/warrior' dichotomies may not serve women leading complex lives infused with both agency and constraint. They may be simultaneously empowered, marginalised, vocal, and silenced – individualised empowerment efforts work against incorporating those complexities. As these protection discourses are localised, however, it becomes apparent that adherence to globalised definitions of women's empowerment is in tension with addressing local structural imbalance.

> [The] African Charter on Human and Peoples' Rights calls on all State Parties to eliminate every discrimination against women and to ensure the protection of the rights of women as stipulated in international declarations and conventions. (Maputo Protocol, African Union, 2003)

This excerpt shows *international declarations and conventions* measure and predetermine localised qualifications of female protection. To emphasise tensions and connections between globally sourced discourses and liberation movements of post-colonial Africa, I turn to Abdulrahman Mohamed Babu's – Zanzibar-born Pan-African nationalist – summarised experience at the 1945 Fifth Pan-African Conference and the 1958 All-African People's Conference: He recounts division between political nationalists and racial nationalists: political African nationalists were interested in dismantling post-colonial structural inequities, while racial African nationalists regarded political independence as the end of the anti-imperialist fight. The perspective of the racial nationalists, Babu recalls, 'provided a fertile ground for the advent of neocolonialism' (Wilson, 2012, p. 179). Sardenberg's critique of liberal empowerment connects Babu's observation to the discussion of women's protection, agency, and empowerment by highlighting the importance of including race, gender, and class. The belief that political independence ends the anti-imperialist fight completely ignores the intersections (and corresponding oppressions) within which Black African women are located. Through this invisibilisation, we allow neoliberal feminist approaches to take a place in non-neoliberal feminist spaces by focusing on individual access to and attainment of empowerment, which excludes the collective spaces that individual women belong to (Sardenberg, 2016, p. 20).

The residues leftover by colonialism – namely racism, classism, and sexism – still exist and, by foregrounding this vow to *protect* women, policies acknowledge that oppressions have survived past imperialism and continue to marginalise women but opt to *shield* them from these realities – via (white) saviourism – as opposed to structurally transforming the root of the problem. We see how this neoliberal feminist and anti-transformative approach has taken over in Zambia's sexual violence efforts, as their 2011 Anti-GBV Act has a whole section on protecting and sheltering the 'victim' but none on empowering survivors (outside of access to financial assistance, education, and vocational training – more on this later):

(1) The Ministry responsible for social welfare shall provide mechanisms and programmes for the rehabilitation of victims.
(2) Victims may receive financial assistance from the Fund under this Act (Anti-GBV Act, GRZ, 2011, Part IV, Section 30).

The promotion of equality between men and women (CEDAW, p. 1)

While a discourse of equality seems to provide opportunity to upend power dynamics, closer examination reveals otherwise. Debusscher and Hulse (2014, pp. 561–562) explain how the European Union (EU) 'provides extensive funding to regional organisations such as SADC in order to encourage integration and development along European lines'. Through this funding, an integrationist approach of gender mainstreaming is a core component of gender equality promotion – such that they maintain existing gender norms and representations that centre male-defined measurements of equality and '[sell] "gender mainstreaming as a way of more effectively achieving existing policy goals"'. This approach maintains a restrictive binary structure that not only encourages arbitrary benchmarks for women to achieve some level of 'success', but it governs gendered constructs. Therefore, populations who do not fit the mould are excluded – namely, trans and non-binary peoples who do not subscribe to the gender dichotomy, and sex workers who are not 'proper' enough to belong. This assimilationist discourse of equality – specifically between men and women – overgeneralises demands made by radical and feminist movements throughout the Global South to, therefore, simply pick a newly empowered community to aid in the reproduction of hegemonic structures.

DEVAW acknowledges the historically unequal power dynamics between men and women – implying the need to create a balance. The Declaration directs States to 'punish acts of violence against women … [and that] women who are subjected to violence should be provided with access to the mechanisms of justice' while simultaneously asking States to work to ensure 'that women subjected to violence … have specialized assistance, such as rehabilitation' (UNGA, 1993, p. 3). The 2011 Anti-GBV Act reproduces this approach: 'A protective order may, at the request of the [survivor] or the court's own motion, include … a provision which directs the [perpetrator] to seek counselling or other rehabilitative service' (GRZ, 2011). Is it equality if women have a right to rehabilitation but men only have access to the same recuperative service when the court acquiesces? It seems women are rehabilitative while perpetrating men are not worth understanding why they incite violence. Unpacking those nuances could create more holistic and sustainable sexual violence interventions, as well as foster collective incentivisation to mitigate the issue by all community participants.

Naidoo and Nadvi (2013) propose the employment of salutogenesis – a holistic focus on the factors supporting health and well-being as opposed to causes of disease – when engaging with men in sexual violence efforts. They argue that locating men at the centre of the problem of SGBV strengthens our efforts, as opposed to those solely including men when creating solutions. Taking a holistic, sympathetic approach allows space to uncover men's instability in relationships, traumatic childhood experiences, low self-esteem, and more. Naidoo and Nadvi clarify that this approach only works if all stakeholders play a role in creating safe environments and work towards upending existing and dominant paradigms – spaces that equip people with internal and external resourcefulness that allows them to heal from trauma and pre-emptively realise healthy alternatives to violence. They argue that civil societies and State institutions need to come together and collectively agree that the post-perpetration intervention approach does not sustainably address SGBV. From this perspective, imprisoning and exiling men/perpetrators does not adequately solve the sexual violence crisis. This discourse of equality contorts the reality of existing problematic efforts, as if the equality of women needs to be promoted to eliminate sexual violence. Instead, the carceral approach dominant in global public health approaches to SGBV keeps us from engaging with all actors and recipients of sexual violence, which is imperative to conceptualise transformative solutions.

Further unpacking shows that not all women are deemed valuable enough to be elevated to equal status. If deemed unworthy, you are subject to shame and exclusion.

> Poverty and unemployment force many women, including young girls, into prostitution. Prostitutes are especially vulnerable to violence because their status, which may be unlawful, tends to marginalise them.

> They need the equal protection of laws against rape and other forms of violence. (CEDAW Recommendation no.19; UNGA, 1992, p. 3)

Above is a commitment to protect sex workers from sexual violence *even though the occupation of sex worker may be illegal*. Some may defend this distinct mention of unlawfulness as a simple acknowledgement of fact; that it is imperative to be clear of what is not allowed in society to protect women (see section above), but States should have a duty to protect all women. I argue that mentioning unlawfulness is a reminder to the States of what is socially acceptable, to, therefore, regulate and maintain the status quo by establishing an Other within the community. Through this language, the act of protecting sex workers is a favour from State institutions and sex workers should be thankful to be protected by law despite their unworthiness and illegal means of employment. These environments prevent sex workers from seeking support for any harm experienced, which further excludes them. These experiences reflect sex workers globally who choose not to seek health and legal support, fearing additional victimisation, imprisonment, and/or lack of services that meet their specific needs (Evens et al., 2019).

Disparaging statements within policy discourses meant to serve vulnerable communities cannot be ignored because they influence how decision-makers proceed in implementing directives. Emphasising the illegality of sex work within influential treaties establishes a norm for referring States to conform to and reproduce. This leads to carceral responses that do not reduce any harm they are at risk of experiencing. For example, in 2012 Colonel Gerry Chanda (former Lusaka Province Minister) and Inspector-General Stella Libongani (Zambia's first Inspector General of Police) implemented a crackdown on sex work in Zambia, justifying that this community encompasses some of the country's main vectors for HIV transmission without strong evidence to back this claim, which only served to further subjugate sex workers to violence and HIV risk (Meerkotter, 2012). Zambian sex workers continue to demand rights and support against the threat of HIV (Dewey et al., 2018; Mgbako & Smith, 2009). They share their experiences engaging in sex work; explaining the tensions and nuances that accompany this profession while asking for human rights, access to health services, and to be included in safety provisions from violence (Anonymous, 2021).

All six policy documents construct sex work as inherently abusive and criminal, linked inexorably to trafficking and coercion. None address sex work as work which could be made safer or treat women in sex work as having any agency of their own.

> Recognising that violence against women and children … Includes physical and sexual violence, as well as economic, psychological and emotional abuse … occurring in the community, in such forms as … trafficking in women and children [and] forced prostitution … (SADC Addendum, ACHPR, 1998)

> Violence against women shall be understood to encompass, but not be limited to … trafficking in women and forced prostitution. (DEVAW, UNGA, 1993)

Guidelines that centre the voices of sex workers and demand compassion, care, harm reduction, recognition of sex workers' agency, and just policies that adequately serve these communities exist (NSWP, 2018) and open productive pathways to structural transformation.

Promoting the eradication of traditional norms and religious stereotypes (SADC Addendum, pp. 3–4)

Global public health perspectives that identify traditional practices and beliefs as the reason for gender inequity and sexual violence are dangerous and imply a 'backwardness' within Global South communities. What are these communities meant to replace as culture and tradition and, more importantly, why?

Each of the policy documents include language condemning harmful traditional, cultural, and religious practices; some of which provide detail specifying that these practices include female genital circumcision, forced/arranged marriage, child marriage, and incest. Why is it when we identify

harmful and 'primitive' norms that subjugate subaltern women, it centres on oversexualising Black and Brown bodies? Carby (2004, p. 114) highlights that when we, Global North actors, describe harmful sexual practices that need to be eliminated,

> the 'Third World' is placed on display and compared to the 'First World', which is seen as more 'enlightened' or 'progressive'. [The West defines] the questions to be asked of other social systems and, at the same time, [provides] the measure against which all 'foreign' practices are gauged.

She reminds us of our own troubled past, detailing the Global North's obsession with conforming the Global South by replacing tradition and culture to adopt our own practices and norms; was it not the bodies of Black and Brown people, especially women, who we experimented on for our own health and technological advancements? I bring forth the experiences of Black American and Puerto Rican women who suffered and died from our birth control investigations (Scully, 2015).

This fixation of stamping out culture and tradition, coupled with oversexualising and controlling bodies, problematises oppression experienced by Global South women from a neoliberal feminist perspective. It implies that these communities of women would be more socio-politically advanced once adopting Western culture. When we juxtapose that discourse with policies that put forward African values, we create conflict:

> Articles 60 and 61 of the African Charter on Human and Peoples' Rights recognise regional and international human rights instruments and African practices consistent with international norms on human and peoples' rights as being important reference points for the application and interpretation of the African Charter. (Maputo Protocol, African Union, 2003)

This statement creates a tension on imagining environments that are both inclusive of African tradition and culture while adhering to international standards, as if women must choose where to locate themselves: African *or* feminist. I would argue that this goes against the agency of women we are hoping to foster through our work, and that this is not liberating empowerment at all.

The right to bank loans and other forms of financial credit (CEDAW, p. 5)

DEVAW and the 1999 SADC Addendum are the only two policy documents that identify unequal power dynamics as a factor influencing sexual violence:

> Recognizing that violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men. (DEVAW, UNGA, 1993)

Others suggest training and employment opportunities as a protective factor against violence and discrimination, implying poverty and unemployment as root causes of SGBV. Elevating educational training and employment as a means towards liberation and protection from harm is reductive, as it displaces power inequity from the method allowing sexual violence. Ignoring power as a source only serves to further encourage the social inequities fuelled by unequal power to then cycle back and promote sexual violence.

The removal of power from em*power*ment efforts focuses the attention on tangible goals – like the attainment of educational training or employment – because the intent is not to address the root causes that impact collective disempowerment (i.e. unequal power and the interlinking social inequities), but to leverage individualised empowerment (Sardenberg, 2016, p. 19). This misdirected focus on economic empowerment is in the Anti-GBV Act's proposal when demanding perpetrators pay monetary relief to survivors as retribution for sexual violence experience:

> A protection order may [include] … a provision temporarily directing the respondent to make periodic payments in respect of the maintenance of the applicant … if the respondent is legally liable to support the

> applicant … as an emergency measure where no such maintenance order is already in force, together with such other emergency monetary relief as is appropriate. (Section 15d; GRZ, 2011, Part III)

That money may help to alleviate any material pressures survivors face, perhaps even gain improved access to post-rape health and counselling services, but it will not relieve the trauma survivors might relive through life's triggers. Furthermore, the money paid does not rehabilitate the perpetrator.

Focusing on singular empowerment distracts individuals from the overall point of collective agency and accountability – instead investing in what helps oneself get ahead in society and creates competition and division within communities. By solely engaging in individual inequities, communities miss structural oppressions at play that also exacerbate individual injustices. By misidentifying the culprit of oppression and not addressing those structural inequities, communities continue down an endless path of dependency on global health and development. In this way, women's agency can only be within the boundaries that the Global North defines, and so continues empowerment lite.

Conclusion

The analysis above examines discourses reproduced within women's health and empowerment policies deemed progressive and effective in addressing gender inequity in the Global South. Discourses of protecting women, promoting gender equality, eradicating traditional and cultural norms, and valuing women's attainment of employment and capital as a means to liberate are identified within foundational women's health and empowerment policies (i.e. CEDAW and DEVAW), Africa regional policies (i.e. SADC Addendum and the Maputo Protocol), and within smaller-scale, State-based policies (Zambia's 2011 Anti-GBV Act). I present links between the policy discourses and how they conflict with theoretical and community discussions outlining how global public health actors can partner with and enact transformative methods to foster empowerment for all.

By presenting these links, I illustrate how it is possible – and necessary – to question and critically reflect on outdated and colonial legacies that play a role in current global public health policy failure (Artz, 2001; Parkes, 2016; UNHCR, 2012). These discourses function by minimising or removing women's agency (through protecting women, which ignores the legacies contributing to systems that women now need protection from); ignoring structural elements that better contribute to inequity (through emphasising economic empowerment which keeps women and other marginalised populations dependent on global public health and development); forcing African women to sacrifice who they are in order to be 'safe' and 'free' (by blaming traditional and cultural norms – therefore, fetishising women and presenting African culture as barbaric compared to the West); eliminating opportunities for collective accountability (by criminalising men and other perpetrators); and pushing marginalised populations further into hiding and danger (through excluding sex workers and other communities at the margins within anti-violence approaches).

This explication clarifies the construction of women's empowerment within policies that address SGBV, as well as their implications on the liberation from colonial legacies and gender power structures: women and other marginalised peoples can only be empowered to the extent that allows the current system to continue to function. This operates through a creation of nemeses – whether it be men/perpetrators subject to exile from the community; tradition and culture that inhibits women from participating in 'proper' social norms; or populations at the margins (like sex workers and LGBTQ+ communities) who do not adhere to hegemonic norms, therefore, threatening the normative system. The Othering of these groups, actions, and beliefs distracts us from acknowledging the fact that the system itself does not allow all communities to thrive within their own definitions of safety. Within doctrines aimed at women's health and empowerment, the global public health industry has contributed to defining freedom from harm, which has only constrained opportunities for liberating empowerment.

Critiquing and reflecting on discourses within still relevant global public health policies provides a window into that understanding. Despite our well-meaning intentions within global public health, we are actively reproducing contradictory discourses that many of us understand as transformative guidance but, in fact, function as androcentric and neocolonial. There is an overreliance by the global public health industry on individualism and liberal empowerment that conflicts with the radical and feminist movements throughout the Global South seeking collective agency and liberation. As global public health servants, we need to be reflexive of these regressive discourses – as well as our participation in their reproduction and our presence in this industry – to enact structural transformation in health and gender equity, as well as the liberation these communities are owed.

A key critique I struggle to present is the concept of carceral feminism, especially as a dominant response to sexual violence. This tension comes from my obligation to not speak for the community I work with. While ongoing movements and discussions criticising carceral feminism exist in the SADC region (Britton, 2020; Cameron, 2021; Surajpal, 2020), my research largely evaluates sexual violence interventions in Zambia where these discussions are less prevalent. As such, I hesitate to impose my abolitionist perspective on a community that seems to only be emerging on this topic. Nevertheless, I reiterate that this paper calls in global public health actors in the Global North. We discuss amongst ourselves of the harms the carceral system enacts on society, especially within a health perspective (Cloud et al., 2020; Jahn et al., 2020). Grassroots activists and scholars have spoken for decades of our need to deconstruct the carceral system and invest more time, energy, money, and care into supportive and community empowering systems (Davis & Freeman, 2010; The Graduate Center, CUNY, 2020) – it is only recently that public health has joined this conversation. And yet, we are still upholding and reproducing policies that house discourses citing the carceral approach as the gold standard method to empower women and eliminate violence in the Global South. What are the implications for excluding the Global South from this necessary debate as we shift the way we operationalise global public health? As we engage in discussions about decolonising this industry, is it fair to debate the usefulness of the carceral system – as if in secret – potentially mobilise solutions, while simultaneously offering shame-ridden expertise to Global South communities when they could be a part of the conversation from the onset?

Looking forward, Mannell et al. critique (2019) the methods sexual violence in southern Africa is addressed by identifying three reasons contributing to intervention failure: (1) the exclusion of young people in intervention design which, with their inclusion, could foster co-development of the intervention such that young people could 'identify strategies and intervention models that resonate with their own life … experiences' (2019, p. 3); (2) interventions focus on individual risk factors as opposed to considering and supporting women's collective and distributed agency, the latter Campbell and Mannell define as 'the range of agentic actions young women can take, even in contexts of oppressive relationships' (2019, p. 4); and, (3) gender norms in southern Africa have shifted, and current interventions have not evolved with them. I suggest my argument that global public health actors are not critically examining and reflecting on the policy discourses used in global public health, as well as our participation in that reproduction, be added to this list of reasons for intervention failure. As discussed above, policies inform intervention design and implementation – through identifying perceived harm, obligating specific funding streams to address said harm, potentially naming the source of the harm, and delineating the methods to which the harm should be tackled. If policy discourses rely on harmful beliefs and approaches that victimise, exclude, individualise, and further marginalise whole or parts of the communities we work with, then the interventions informed by said policies will only reproduce the same approach. It is imperative that we actively align our discourses and actions to work in partnership with communities from the start by unpacking the colonial, anti-community, anti-liberation relics engrained in these foundational policies to give room to reckoning, unlearning, co-development, collective healing, and liberating empowerment.

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