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The Sentinel

The official newsletter of the Human & Social Development and Special Programmes of the SADC Parliamentary Forum.

Media, Parliament staff discuss SRHR advocacy

Message from the Secretary General

Dr Esau Chiviya

Welcome *The Sentinel*. It has been said that advocacy and the creation of awareness are very important strategies as Member States work towards universal access to Sexual Reproductive Health and Rights, HIV and AIDS Governance services. Over the years and with this in mind, many stakeholders have tried to bring the media on board. This is because the media is the loudest discourse which can and should play an active role in advocacy. The media play various roles. These roles include keeping the public entertained and informed. This is mostly done through radio, television, cinemas and magazines. The other role of the media is to propagate news and current affairs. People need to be informed about what is happening around them, whether this relates to the weather, health, fashion, politics or peace in their countries. The media also have a responsibility to keep the electorate closer to their leaders by providing details of all developments, gaps, opportunities and decisions to the public domain. This enables people to demand delivery from their elected representatives. We hold the view that the media should probe events and point out the shortcomings of their societies. Over the years we have noted that well researched and balanced articles on SRHR, especially those that depict the real lived experiences of service seekers and service providers have been very conspicuous by their absence from the media in our region. To correct this, we recently organised an engagement with editors, senior journalists and staff of National Parliaments to explore ways of increasing advocacy for SRHR, HIV and AIDS Governance issues through the media. That engagement provided a rare opportunity for these stakeholders to frankly interrogate barriers to cooperation and to come up with recommendations going forward. In this edition we present the proceedings and outcomes of that engagement. We now look forward to increased coverage of SRHR issues in our media. Enjoy reading!

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Judge says media have key role in advocating for SRHR

Staff Writer

The Media, like the other three arms of the state, is an indispensable component of any democratic society. It has a duty to entertain, inform, and educate. A free and critical Media is indispensable in engendering an educated and enlightened citizenry.

This is the view expressed by Botswana's High Court Judge Professor Key Dingake, when he delivered a keynote address at the start on a workshop for Editors, Senior Journalists and staff of Parliaments working in communication.

The Judge said a progressive media had a duty to re-orientate people's values so that they are aligned to the supreme law of the land.

"The Media has a huge and untapped potential to inform and educate the general populace about SRHR and HIV and governance issues. The need to respect human rights should never be seen as the monopoly of the judiciary and the three arms of the State need to cooperate at all times to honour fundamental rights of all people," he said.

He stressed that reproductive health was not just a health issue.

"It is also a human right issue. Reproductive health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease in all matters relating to the reproductive system, its functions and processes. Sexual and Reproductive Health encompasses health and wellbeing in matters related to sexual relations, pregnancy, and birth."

He noted that reproductive health dealt with the most intimate and private aspect of people's lives, which can be difficult to write about and discuss publicly.

"Furthermore, cultural sensitivities and taboos surrounding sexuality often prevent people from seeking Sexual and Reproductive Health information and care. Yet, Sexual and Reproductive Health affects social and economic development of any country. When women die during child birth or from AIDS, children are orphaned."

He said many girls often drop out of schooling to take care of their siblings. "Deprived of education, they later become a burden to their countries. Without education, girls often marry and begin having children early, which can jeopardize their health and limit their opportunities to contribute to their own development, those of their families, communities, and countries."

Judge Dingake said the media play an important role in bringing Sexual and Reproductive Health matters to the attention of the people who can influence public health policies.

"Journalists who produce accurate reports about Sexual and Reproductive Health issues can bring taboo subjects in the open so that they can be discussed, monitor their governments' progress towards achieved stated goals and hold government official accountable to the public."

He stressed that reproductive implies that people are able to have satisfying sexual relations and that they have the capability to reproduce and freedom

Judge Prof Key Dingake

to decide, if, when and how often to do so. Accordingly people need to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice and the right to access appropriate health care services.

"It is imperative that efforts within the field of Sexual Reproductive Health Rights, HIV and governance issues, should be approached from a human rights perspective, where participation, inclusion and accountability are the central principles. The Media can play an important role in empowering the people to claim their rights," he said.

● See ***ROLE** page 4*

● *ROLE from page 3*

He said the media should always point out that states have obligations to respect and protect their citizens against violations of their rights.

"The courts too have a duty to hold the legislature, the executive and other entities to honor human rights, effect the promise of most constitutions that eloquently speak of the right to dignity. The courts in the region have enforced Sexual and Reproductive Health Rights with admiration even in the face of hostile executive stand points or inadequate legal framework."

Given that that Sexual Reproductive Health Rights embrace certain of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, it is imperative that women should have access to safe and legal abortion care.

"Without access to safe and legal abortion, women are not fully able to decide freely, on matters related to their Sexual and Reproductive Health, and thus, not able to fully enjoy their human rights. The position I hold is that the best way to avoid abortions is through improved access to reproductive health services (contraception), information and the empowerment of women - through education which can be done brilliantly by the Media."

The Judge said promoting gender equality demands changes to existing power relations given that women, more particularly girls, are still disadvantaged to negotiate safer sex due to cultural and economic reasons.

Stressing that human rights are universal, he said cultural and traditional arguments should never be used to undermine human rights.

Turning to the coverage of Sexual and Reproductive Rights, HIV and governance issues in the media, the Judge said there was a perception that such coverage was not satisfactory on account of weak capacity and lack of motivation for reporting these issues.

"This criticism notwithstanding, it must also be pointed out that, the Media's lack of capacity or motivation is not the only problem; researchers also often lack the capacity to simplify their research or to present it in a way that captures the Media's interest."

He praised the SADC PF for taking the initiative to inspire and build the capacity of journalists to undertake evidence-based reporting of reproductive health issues.

The Judge suggested that the SADC PF's approach should also focus on enhancing journalists' interest in and motivation for reporting on reproductive health issues through training and competitive grants for meaningful and effective reporting on SRHR; building the capacity of journalists to report simply and clearly, on reproductive health research and the capacity of reproductive health researchers to communicate their research to the Media using plain language, devoid of jargon, where practicable; and establishing and maintaining trust and mutual relationships between journalists and researchers.

"SADC PF must remain committed to the agenda of seeking to cultivate the interest and capacity of the Media to educate the populace about the need to honor in words and deed, the constitutional provisions of member States that seek to honor the all-embracing right to life – the umbrella provision under which SRHR can find protection."

He urged the media to be relentless, informed and respectful as they report on SRHR, HIV and governance issues.

"Don't hesitate to criticize the Judges if they betray their constitutional oath of office. We are not infallible. Neither are we untouchable angels. The ultimate objective of law must be the welfare of the people," he said.

Judge Dingake is also a Judge of the Residual Special Court of Sierra Leone, Extra-Ordinary Law Lecturer at the University of Pretoria and Professor of Public Law at the University of Cape Town. He is the Interim Co-Chair of the Think Tank on HIV, Health and Social Justice in Southern and East Africa.

SENIORS: ***Mr Achille Jacques, an Editor from Mauritius and Ms Dorcas Mhungu, a Sub-Editor working in Namibia at the workshop***

Media, Parliament staff discuss SRHR advocacy

JOINING HANDS: ***Editors, senior journalists, staff of National Parliaments and other officials meet in Johannesburg to explore ways of increasing advocacy for SRHR issues through the media.***

Staff Writer

Editors, senior journalists and staff of Parliaments working in the area of communication from the SADC Region have met to discuss how the can promote Sexual and Reproductive Health and Rights, HIV and AIDS Governance issues through the media.

The workshop, which took a rights-based approach, was held in Johannesburg, South Africa from the 27th to 28th of October, 2015.

In welcome remarks delivered on his behalf, the Secretary General of the SADC PF, Dr Esau Chiviya, stressed ensuring sexual and reproductive health is a transformative element for the achievement of any development process, yet it remained elusive to too many women, girls, boys and men alike.

"It is seen within the peripheries of news reporting and it is hardly given its deserved recognition and time when critical decisions are being taken at different platforms, including in Parliament," Dr Chiviya said.

He noted that hundreds of women continue to die from causes related to childbirth and pregnancy in the SADC Region.

"Maternal mortality trends have not shown substantial decrease during the last two decades in the majority of countries in Southern Africa, owing to many factors, including inadequate services and lack of information," he said.

He noted that there were many unplanned pregnancies, with many women still unable to access to effective contraception in many countries.

"Contraceptive Prevalence ranges from 6% in Angola to 75 % in Mauritius. Only three countries in SADC (Mauritius, South Africa and Zimbabwe) have Contraception Prevalence Rates above 50%," he said.

He said access to adequate care and

● see ***ADVOCACY p.6***

● *ADVOCACY from p.5*

protection against HIV and AIDS remained limited, with more than 50% of all new HIV infections occurring among young people aged between 15-24 years.

"This is a huge concern as this generation is the future of Southern Africa." He expressed concern over the huge numbers of girls and boys in child marriages, many of them forced to marry against their will.

"We are also aware of the millions of men and women who face abuse and violation of their reproductive rights and choices, including those in same sex unions, most of whom may not be embraced in many of our Southern African countries."

He stressed that the right to control one's fertility, to live and to be able to make individual sexuality choices, were guaranteed by regional and international instruments which many Governments are signatory to.

Describing the media as a key partner, Dr Chiviya said the SADC Parliamentary Forum had convened the workshop to identify effective ways to achieve greater advocacy and awareness of SRHR, HIV and AIDS issues, through the media.

"There is need to inform the Media and other stakeholders of the factors driving Sexual and Reproductive health rights violations and recommend strategies for increased advocacy and visibility through the media."

He said the media was an important source of information for the general public and policymakers.

"The media are relied on to contribute to health education and knowledge, even when such information has not been fully shared by health practitioners. The Media, therefore, have a huge obligation to be accurate and relevant to the audience."

CLARION CALL: ***SADC-PF Secretary General Dr. Esau Chiviya***

He expressed optimism that the workshop would enable participants to engage in constructive discussions to determine obstacles that stand in the way of consistent, accurate, up to date and relevant reporting on Sexual and Reproductive Health Rights in in the media.

The SG noted that the workshop was taking place when issues of Sexual and Reproductive Health had elaborately been articulated in the post-2015 development agenda of the Sustainable Development Goals (SDGs).

"Sexual and reproductive health and rights are central to the achievement of sustainable development and creating a world that is just, equitable, and inclusive. In every country of the region, SRHR outcomes are worse for women and girls who are poorer, lesser educated, and in living in hard-to-reach places."

He said by encompassing a range of issues, including universal access to sexual and reproductive health (SRH) services and supplies, comprehensive sexuality education, ending gender-based violence and harmful practices such as early, child and forced marriage and female genital mutilation, the targets and goals set under SDGs could be achieved by 2030.

Expert shares experiences on SRHR policy, practice

Staff Writer

A medical expert has said that collaboration of all stakeholders including the media is essential for effectively influencing Sexual Reproductive Health Rights policies and practice as countries work towards universal access to sexual reproductive health and rights.

Dr Zengani Chirwa said the media, which have not been very visible in advocating for SRHR, HIV and AIDS governance issues, have an important role in promoting the SRHR agenda in the SADC region.

"Journalists need to be conversant with the issues to do with SRHR through contact and dialogue with medical professionals, Civil Society Organisations, Faith Based Organisations, attending short courses and regular meetings. Media should promote awareness, debate and ensure Parliament and Government are accountable on SRHR obligations," Dr Chirwa said.

He said writing articles on SRHR on real life experiences of Medical professionals, the communities including adolescents and key populations would go a long way in promoting awareness in the community as well as among Parliamentarians as member states move towards universal access to ART to attain the 90-90-90 UNAIDS targets by 2020.

Dr Chirwa said the media should collaborate with CSOs to promote sexual and reproductive health and rights services, support community initiatives related to sexual and reproductive health and rights, create awareness on sexual and reproductive health and rights issues in the community and advocate for the strengthening of sexual and reproductive health and rights services.

He said the region's Parliamentarians should support the enactment of appropriate legislation with respect to SRHR including a minimum age of marriage and legislation on violence against women. They can also lobby to use constituency development funds to support SRHR initiatives in their various constituencies and promote and support adequate national budgetary allocation for SRHR.

Working through their Parliamentary Health Committee, MPs could designate a focal person in their constituencies responsible for monitoring SRHR services and declare SRHR as a national priority and allocate resources appropriately.

Dr Chirwa said there was need for medical practitioners to be trained

● see *COLLABORATION p.8*

STRAIGHT TALK: ***Dr Zengani Chirwa, a medical practitioner.***

● *COLLABORATION from page 7*

appropriately.

Key populations

Dr Chirwa informed participants that key populations who include men who have sex with other men, transgender, prisoners, adolescents and injecting drug users were a known high risk population in terms of acquisition and transmission of HIV in the SADC region.

"HIV prevalence in most SADC countries is higher in key populations than in the general population. Key populations are subject to stigma & discrimination which may affect their access to health care services including HIV & AIDS services. Information on prevalence of Injection Drug Use is limited in most SADC countries."

Be that as it may, Dr Chirwa said key populations struggle to access SRHR services freely in health facilities due to fear of being stigmatized or discriminated against.

"Homosexuality is criminalized in Malawi, which means gays and lesbians tend to hide their sexual orientation for fear of being arrested. Health care workers' judgmental attitudes towards key populations also deter access for key populations to SRHR services," he said, adding that most health care providers were not equipped or trained on how to manage key populations and their unique needs.

He said stakeholders including the media should advocate for information on key populations epidemiology and impact through research, behavioural and epidemiologic studies.

"Make this information available to MPs to get political leverage and allocate resources for interventions for key populations. Make this information available to journalists through workshops, short courses, media releases and encouraging journalists to specialize in certain aspects of health such as SRHR health issues as well as engaging health professionals and key populations."

His view was that sound information would lead to focused planning of interventions to address SRHR issues in an integrated and accountable manner. He stressed the need for training of health care providers on how to manage key populations and SRH issues they face.

"Methadone therapy and needle exchange programs for IDUs, where IDUs are identified as a public health issue should be developed. Create safe houses for them to access services without fear of discrimination, especially HIV or STI services. Strengthen community mobilization and participation to reduce stigma and discrimination," he advised.

Common SRHR challenges

Dr Chirwa said a baseline survey commissioned by SADC PF in seven SADC Member States and other studies had revealed that SADC countries were dealing with many common SRHR challenges.

The challenges include: inadequate material, financial, Human resources or human resources with adequate SRH skills; adolescents and women disproportionately affected by HIV with poor SRH indicators; key populations with high HIV prevalence, but with limited access to SRHR information and services; high maternal and child mortality rates; low PMTCT and child testing rates; poor access to SRHR information and services for adolescents; and low contraceptive coverage rates with poor access to safe abortions.

With respect to resources with which to deal with SRHR issues, Dr Chirwa said challenges included lack of human and material resources and supporting systems influence the provision of comprehensive SRHR services.
"These challenges include brain drain among health worker professionals, inadequate output in health training institutions, lack of effective capacity building frameworks and supportive supervision systems, inadequate financial and materials resources, and inadequate monitoring and evaluation systems."

He said poor infrastructure and long distances to health facilities compromise access to SRH services especially in the rural areas. Inadequate human resources was a major challenge with data from Tanzania showing that 90% of women attend ANC but only 35% of posts in the health service are reportedly filled compromising the quality of service.

"The low proportion of births attended to by a skilled birth attendant in our health facilities increases the chances of high risk pregnancies going undetected leading to maternal complications in pregnancy/delivery (obstructed labor, ruptured uterus, pre-eclampsia, sepsis etc.) and hence the high maternal mortality observed," he explained.

Lived experiences

Dr Chirwa challenged the media to be proactive when covering health issues and said the lived experiences of ordinary people had a greater impact than abstract statistics.

"While on a supervisory visit in the northern part of Malawi, our team found a woman who had a very sick two year old child on the sick bay. The nurse informed us that she had called an ambulance from the district hospital, but the ambulance had still not arrived. The child was not given emergency stat treatment for severe malaria and IV antibiotics for sepsis as these were out of stock. After assessing the child, we decided to take the child in our vehicle immediately to the district hospital. Unfortunately after driving half way to the district hospital the child passed

● see ***COLLABORATION p.9***

UNFPA says delays, lack of resources affect SRHR in sub-region

Ms. Asa Andersson of UNFPA

Staff Writer

An official with the UNFPA says, statistically speaking, the most dangerous place for a woman to have a baby is in Sub Saharan Africa due to various reasons including delays in taking crucial decisions and a lack of domestic resources.

Ms Asa Andersson told editors, senior journalists and staff of National Parliaments working in public relations that although this risk has dropped significantly from 523 000 in 1990 to 289 000 in 2013 deaths per annum due to improved standards of care, it was still much higher than in Europe where the lifetime risk of dying during pregnancy is 1 in 33 000 compared to 1-40 in Africa.

She said pregnancy related complications (and HIV) were the leading causes of death among girls aged 15-19 in SSA. The main delays which drive maternal mortality are: the delay to take the decision to access health services because of gender and other socio-economic and cultural factors including gender inequality; delays in getting to health facilities; and delays in accessing quality health care at facilities because of lack of skilled birth attendants and lack of Emergency Obstetric and New-born Care.

Ms Andersson said whereas contraceptives, including condoms, had become readily available in other parts of the world, modern contraceptive prevalence was only 22% in Africa.

"There has been a reduction in the unmet need for family planning among 14-49 year olds, but in the 69 poorest countries (of which many are in Africa) this has increased from 2008 to 2012. The unmet needs for family planning range from 16% in Southern Africa to 30% in West Africa. Over 95% of unmarried girls have no say over whether to access and use contraceptives or not," she noted.

While across Africa HIV infection rates had begun to slow, the East and Southern Africa region remained the epicentre of the HIV epidemic.

● see ***DELAYS p.10***

● ***COLLABORATION** from page 8*

away in our hands."

Adolescents and young people

According to Der Chirwa, adolescents and young people are subjected to patterns of sexual behaviour, harmful and cultural sexual practices, early sexual debuts, sexual abuse, premarital sex and lack of access to family planning education and services.

"These lead to early and unwanted pregnancies, induced abortions, STIs and HIV infections. Young people also face alcohol and drug abuse and mental health problems. They are generally underserved in the current health care delivery system. Where SRHR services are available, often times; they are not convenient, acceptable nor accessible to young people."

He noted that there was a high rate of teenage pregnancies and very high adolescent births rates in SADC countries, low contraceptive prevalence rates and high family planning unmet needs.

"In Tanzania and Zimbabwe, more than 50% of girls are pregnant or already mothers by the age of 18 years. In Tanzania, Zimbabwe and Zambia, 7-9% of girls are married by the age of 15 years and 37-42% by the age of 18 years."

He said in some SADC countries, most young people start having sex at the age of 12, on average.

"High risk sexual behaviour is more common among young people aged between 15 and 24. In Malawi, young people get most information on SRHR issues from their peers, schools, and media."

Concern over early sexual debut, teen pregnancy & sugar daddies

Staff Writer

A disturbing trend has been observed within the SADC Region, characterised by early sexual debut, child marriage mostly affecting adolescent girls, school drop-outs, low transition to high school, age disparate transactional sex and inadequate access to SRHR services.

Ms Ellen Hagerman, the Regional Project Manager at Hivos Southern Africa, told Editors, Senior Journalists and staff of National Parliaments meeting to discuss SRHR advocacy through the media that the general trends in Adolescent Sexual and Reproductive Health Rights (ASRHR) are that there is an early sexual debut with children as young as eight years old being reported to be sexually active.

Also trending are child marriages in adolescent girls, an increase in the number of school drop-outs, low transition to high school and even less tran-

● see **DEBUT p.11**

Ms Ellen Hagerman of Hivos

● ***DELAYS*** *from page 9*

She said adolescents and young people were disproportionately affected and the only age group in which AIDS deaths had risen between 2001 and 2013. AIDS-related maternal mortality remained significant in the East and Southern Africa region. Legal and policy constraints, stigma and discrimination as well as access to services remained challenges.

In East and Southern Africa 34 per cent – (7.0 million) young girls are married before age of 18 years.

"This ranges from a high of 52 per cent (South Sudan) to a low of 6 per cent (South Africa). There has been a reduction in Child Marriages in some countries but there has also been a continuous increase in absolute number of girls married before age 18 due to population growth in Africa."

Although laws and policies were in place, there were many loop holes for early marriage with parental consent and/or ministerial/court approval.

"Child marriage is a human rights violation and is a determining factor for exclusion from education and sustaining elevated rates of teenage pregnancy, HIV, and Gender Based Violence with long-lasting and devastating consequences for the girls later in life."

With regards to abortion in Africa, she said women under the age of 25 account for 60% of the 5.5. Million unsafe abortions that are undertaken in SSA every year. Also, despite progress, the adolescent birth rate in the Sub-Saharan Region remained the world's highest and continued to increase.

"Early and unintended pregnancy rates in the Sub-Saharan Region continue to increase in girls between 15-19 years of age. Often pregnancy for many means the end to an education."

On an encouraging note, she said there had been notable advances in medicine for example, with the advent of the HPV Vaccine and cervical cancer screening.

The challenges faced in SRHR in east and southern Africa were around political sensitivity with regards to SRHR, programming for marginalised and discriminated population groups, not enough political commitment to SRHR and inadequate domestic resources.

● *DEBUT from page 10*

sition in further education and training.

"There is currently a big problem with 'sugar daddies' as transactional sex is becoming more common. Another common issue is access to services – e.g. a security guard will tell a young person they're too young to be having sex when they go to the clinic for contraceptives. There is also no or inadequate access to services. Statistically, adolescent fertility rates of the region remain consistently high," Ms Hagerman said.

She said some teenagers now view being a mother fashionable due to peer pressure. In some instances some girls pressurise boys to have babies with them.

"Conversely there are feelings of shame resulting in pregnancies being hidden for a long time."

She said girls were getting pregnant earlier (with 11-15 being a common age) but with some of these encounters being coerced. In some cases teachers have been accused of sleeping with learners.

Ms Hagerman said the low use of contraceptives was becoming a trend as well and that girls dating "sugar daddies" were often unable to negotiate contraception use.

"Teenagers are high risk takers and take more risks than adults. A study has found that teenagers' brains are neurologically different to those of adults. There also social and economic pressures for teenagers to have children earlier. Alcohol and drugs, particularly in urban areas, play a big role. In urban areas there is even talk of the 'minister of finance or the minister of transport.' Cash, cell phones and cars play a big role in teenage pregnancies," she said.
Ms Hagerman said adolescents had a low perception of risk, with consequences probably known but not considered "in the moment". Education follows onset of being sexually active and was clouded by denial. As a result some young people did not pay attention to warnings or good advice. They tended to be more concerned about risk of HIV than pregnancy.

Orphans are vulnerable and sometimes fall prey to "sugar daddies".

She said SRH-related information was being obtained from different sources because some parents did not talk to their teenagers about SRH.

"Some young people then get their information from the internet and from pornography. There are also established practices of intergenerational and transactional sex. Ante-natal care is poor. The teenager is often not sure about the right time to begin, there is uncertainty about the importance of check-ups, they want to avoid testing for HIV/AIDS, they are hiding the pregnancy, they fear being scolded and they do not have information, support and encouragement to attend antenatal care. They are also often met with negative attitudes when seeking antenatal care."

She said complications from pregnancy and childbirth are among the leading causes of death for girls aged 15-19 globally.

"Despite high levels of knowledge about modern methods of contraception, many young people do not use contraception. Many use it inconsistently and incorrectly and use depends upon the partner. Girls find it difficult to negotiate condom use."

Abortion

According to Ms Hagerman, unsafe abortions are responsible for 13% of maternal deaths in Sub Saharan Africa. "Fifty-eight percent of abortions is Southern Africa are deemed unsafe and of the 47 000 women who die of unsafe abortions yearly, 45% of these are young women. The barriers to safe abortion are stigma linked to religious and cultural beliefs. There is an example in the South African context where nurses started praying before an abortion procedure and the pregnant person subsequently left."

She said South African there were posters all over advertising "safe abortions" when in actual fact the chemicals used destroy the reproductive system and a woman may sometimes never be able to have children again.

The barriers to safe abortions are the stigma linked to religious and cultural beliefs; ignorance about rights and services; refusal, objections or fear by Health Workers; lack of facilities which offer safe abortions; long distances to facilities and lack of political will to legalise or offer safe abortions.
Adolescents and the HIV/AIDS Epidemic

Ms Hagerman said there were high numbers of new HIV infections among youth (HIV incidence).

"The younger the infected – the longer the treatment duration. Stigma and discrimination prevent testing and treatment: more acute for boys and men. Knowledge remains low.

"In the South African context, people refer to 'family planning' when talking about contraceptives. This is a misnomer as a teenager should not be doing family planning. The clinic operating hours for contraceptives do not meet the school going age needs – some are unable to go. The cycle of the stereotypes, prejudices and attitudes thus remains unbroken."

Going forward

Ms Hagerman said services should be tailored for youths and adolescents. Contraception is the key to solving the abortion problem and must be made available.

● see ***DEBUT p.12***

Parliaments say ready to work with media

Staff Writer

Representatives of staff of National Parliaments working in the area of Public Relations or communication have expressed willingness to work together with the media to advocate for Sexual Reproductive Health Rights, HIV and AIDS Governance issues.

Retired Major Edward Mbewe of the Parliament of Zimbabwe said Zimbabwe was working hard to ensure that that Parliament is accessible to everyone.

"The Liaison Committee which consists of all chairpersons of Parliamentary Committees comes up with guidelines for all committees in Parliament to make Parliament more accessible. Parliament is open to the public and every sitting is covered live," he said.
He said the Parliament of Zimbabwe occasionally arranges social gatherings at which members of the media can engage with Parliament.

He said although Zimbabwe did not have its own Parliament TV station it uses the national TV station.

Rtd Major Edward Mbewe

Ms. Neo Mokatsa

"There is daily radio coverage called a "Morning Grill" segment on radio where Parliamentarians are grilled on air. Every Parliamentary Committee has a programme attached to it to enable the public to have access to the inner workings of Parliament. Every week a schedule is sent out to the Media."

Retired Major Mbewe explained that the Parliament of Zimbabwe runs several outreach programmes to foster interaction with the Media.

These include the Media Relations Workshops during which Parliament informs the Media about what it does and the Media have an opportunity to (seek clarification). There is also MPs' Voluntary Testing, proposed Parlia-

● see *READY p.13*

● *DEBUT from page 11*

"Attitudes towards adolescents need to change, and there should be values training to improve these attitudes and address the stigma and discrimination of service providers, parents and the community. Adolescents require access to a range of services including a choice of modern contraception, abortion where this is legal, post-abortion care and pregnancy advice and care where abortion is restricted. Comprehensive Sexuality Education with information tailored to the needs of youth and adolescents and specialized training for parents and community members should be provided."

She said with regards to communications information material should be targeted, adapted and developed by youth and adolescents while the use of social media should be supported.

"Youth champions and leaders should be engaged; services should be fast tracked to reduce waiting times and there should be mobile clinics available. Use scientific evidence as opposed to cultural norms. Try and expose Parliaments to evidence. Move away from prayers to a situation where we expose MPs and journalists to hard facts when we make decisions, no matter how unpopular."

● ***READY** from page 12*

ment Open Day as well as social media platforms used as interactive tools.

"Previously there were competitions run to recognise journalists who write on Parliament. This initiative is now being restarted. A Guide to Parliamentary reporting is to be distributed to journalists. A Media Handling Handbook on how MPs can deal with the Media and not be afraid is also available."

In response to Retired Major Mbewe' s remarks, some editors and senior journalists present cited lack of transport as one of the factors hampering consistent media coverage of the work of National Parliaments.

Ms Neo Mokatsa, the Public Relations Officer at the Parliament of Lesotho said the Lesotho Parliament was open to the public from Monday to Friday. She said the Order Paper and the Parliamentary Committee schedule were online to enable the public to know which Committee is sitting and where. "These sittings are open to public and to the Media, unless the Chairperson feels that there should be a closed meeting. The Media are invited to site visits."

Be that as it may, Ms Mokatsa said there was mistrust between Parliament and the Media.

"They do not work well together. Maybe this is because there is no media policy. MPs fear being misquoted by journalists."

She said lack of adequate training and experience were matters of concern in Lesotho where she said few journalists had post matric qualifications.

"As a result they often do not understand issues and want to report on matters which will sell the papers. The other challenge is that MPs change portfolios in the normal course of elections and a Member who had grasped all the concepts leaves or changes portfolios and a new members now have to be trained."

A robust and frank discussion on Parliaments and the Media followed Ms Mokatsa's remarks. It was noted that in some cases Parliaments wanted journalists to write what they want and were not keen to be taken to task about delivery or otherwise of promises made, especially during elections. It was noted that it was not easy to strike a good balance between what journalists think sells newspapers and the publicity needs of Parliament. The need for MPs to give information which is useful to people and the newspapers was stressed.

Some journalists claimed that they struggled to access some information. One journalist said some MPs tended to avoid giving out information which was not positive for their image.

They censor this information and journalists then resort to finding other means of trying to get this information."

From a Parliamentary perspective some PROs felt that they deemed it easier and 'safer' to give information to government-related media because they could 'trust' them. Private media was considered tricky because Parliaments normally have no control over what or how they write.

It was noted that Zambia had a radio station run by Parliament but some MPs were hesitant to use it.

"This is because what often occurs is that an MP holds a press conference to inform Zambia about a particular issue. At the end of the day, the press sensationalizes the story and it becomes something else in order to sell papers," said one delegate.

A delegate from Mauritius said lately meetings were being held to decide whether or not issues related to Parliament would be publicized. Live broadcasts of proceedings in Parliament were limited but be possible. MPs were conscious about their image and the private media was not allowed to take pictures in Parliament although public media was allowed to do so.

Delegates agreed that there was need for trust to be built between the Media and Parliament. It was noted that in some instances some MPs refuse to speak to some journalists because they do not have confidence in the media's ability to report in a factual and balanced manner.

One delegate had this advice to the media: "Journalists need to develop themselves into people that people can respect. Avoid mistrust by always going back to your source to double check facts. One wins awards by being particular about details."

SPEAKING OUT: ***Ms Zenab Kante (right), a Public Relations Officer with the National Assembly of Seychelles attended the workshop.***

SRHR issues laid bare

...as media, Parliaments join hands

LIGHT MOMENT: ***Mr Chrispin Inambao (right) Editor of New Era newspaper of Namibia enjoys a lighter moment with fellow editors and senior journalists during the workshop.***

Staff Writer

Editors, senior journalists and staff of National Parliaments working in Public Relations in different SADC Member States have identified what they consider to be topical Sexual Reproductive Heath Rights issues affecting people in their countries.

Working in groups at the end of a two-day brainstorming session aimed at increasing advocacy for SRHR, HIV and AIDS Governance, the communicators suggested what roles the media could play going forward. They also identified barriers to effective advocacy for SRHR through the media and suggested how they could be overcome.

For the media practitioners, child and forced marriages, maternal health pregnancy related complications, maternal mortality, early unintended pregnancy or teenage pregnancy, unmet needs for family planning, unsafe abortion and inadequate resources to finance SRH services are among the most topical issues.

Other issues include the low capacity of systems to deal with emerging SRH needs that affect lesbian, gay, bisexual, trans gender and intersex people and other sexuality, sex and gender non-conforming people (LGBTI).

The practitioners agreed that the media had a duty to generate robust public debate on issues that include inaccessibility of SRH services and inaccessibility of services to People with Disabilities, HIV/AIDS and STDs, lack of confidentiality at health facilities, intravenous drug use, low contraceptive use and poor access to healthcare centres for rural communities.

They said the media should create awareness, write news articles on SRHR and HIV that are more comprehensive and informative, hold governments accountable through constant follow ups on implementation of policies, laws and programmes and the domestication of international protocols.

They listed many barriers to effective advocacy for SRHR through the media. These include lack of communication due a culture of mistrust, shortage of staff in the newsroom and lack of resources, inaccessible governance systems including Parliaments and lack of basic knowledge on SRH issues and the absence of information policies that compel authorities to respond to questions.

The media practitioners welcomed the recently launched SADC PF Media Awards, saying they might go a long way towards motivating the media to consistently report on SRHR and other related issues. Citing resource constraints, some of the editors said some media houses did not have enough staff members to deploy to cover the work of Parliaments and other stakeholders. The also said poor appreciation of SRHR issues by some journalists was a hindrance in advocating for SRHR through the media.

To address that challenge, they suggested that SADC PF collaborates with other partners to train more journalists. To improve relations between the media and Parliaments, it was suggested that joint information sharing or training involving journalists and Members of Parliaments be organised.

Draftperson explains draft model law

Staff Writer

A common legal framework or model law on child marriage might encourage SADC Member States to be accountable in the execution of policies, the enactment of laws and coming up with strategic plans and measures aimed at eradicating child marriage, protecting children already in marriage and ensuring SRHRs of young persons.

Ms Eva Jhala, the lead draftsperson of the SADC Model Law on Eradicating Child Marriage and Protecting children already in marriage, expressed this view while addressing Editors, senior journalists and staff of Parliament working in public relations recently. The media practitioners were meeting for a session to explore ways of increasing SRHR advocacy through the media. She stressed that the creation of a robust and uniform legal framework relating to child marriage is a key to addressing child marriage and SRHRs. "The Model Law is underpinned by a strong restatement of the child's rights and the principles and concepts on the best interest of the child, including SRHRs," she explained.

The Model Law on Eradicating Child marriage and protecting Children already in Marriage responds to a resolution of the 35th SADC Parliamentarian Forum Assembly held in Mauritius in June 2014 which called for concerted efforts to eradicate child marriage in the SADC Region.

She said in February 2015, the SADC PF in collaboration with Association of European Parliamentarians with Africa (AWEPA) and Plan Netherlands convened a SADC Regional Parliamentary Dialogue on Child Marriage Law. The forum gave further impetus to the development of a Model Legislation on Child Marriages in that it ended with the adoption of a SADC-PF Six Step Road Map towards the development of a Model Law that SADC Member States could use as a sounding board as they develop their own national laws to eradicate child marriage.

Ms Jhala said child marriage was a major challenge in Southern Africa due to a variety of factors that include poverty, gender inequity, tradition, insecurity, especially in times of conflict, limited education and lack of adequate legal frameworks in Member States, most of which were inconsistent.

She said Sub-Saharan Africa had the highest prevalence of child marriage in the world and that in at least five countries in the Southern African Development Community (SADC), almost 40% of children were married before they were 18 years of age.

In response to this situation, Ms Jhala said the SADC Parliamentary Forum was spearheading a ground-breaking initiative in ensuring that there is a law that can be applied not just in one country but across Member States. In this regard she said the SADC PF had made significant progress in brokering a consensus among all Member States on a law with enough commonality that it can be applicable across all Member States.

Regional and international treaties require countries to set the minimum age of marriage at 18, register all marriages and take effective action, including legislation, to eradicate child marriage. According to Ms Jhala, the SADC model Law, which uses a human rights based approach, does just that.

"The Model Law is underpinned by a strong restatement of the child's rights and the principles and concepts on the best interest of the child, including SRHRs," she said.

She explained that the Model Law

Ms Eva Jhala, SADC Model Law Draftsperson

obliges Member States to provide in national legislation for intervention programmes to support child brides or wives and their families. Among other things the law: promotes earlier and more frequent use of family planning, HIV/AIDS and maternal health services, and educational and economic opportunities to help break the cycle of inequality, illiteracy, illness and poverty that frequently perpetuate child marriage; provides comprehensive sexuality education; and provides for collection of data on the number and status of children already in marriage, including the child's education, access to resources, health care, education, information and entertainment and the socio-economic status of the family.

It also seeks the provision of awareness programmes on consequences of child marriage and forbidding the use of inappropriate language and stereotyping when reporting and advertising on child related issues.

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