



FEMNET

SRHR MEDIA

TRAINING

MANUAL





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**The African Women's
Development and
Communication Network**

The African Women's Development and Communication Network (FEMNET) is a pan- African, membership-based feminist network that exists to facilitate and coordinate the sharing of experiences, ideas, information, and strategies for human rights promotion among African women's organizations through networking, communication, capacity-building and advocacy at the regional and international levels. FEMNET envisions an African society where gender equality is achieved and women and girls enjoy all their rights and live in dignity. www.femnet.org

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
CBO	Community-Based Organization
CSO	Civil Society Organization
FEMNET	African Women's Development & Communications Network
FGC/FGM	Female Genital Cutting/Female Genital Mutilation
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICT	Information, Communication and Technology
MDGs	Millennium Development Goals
MoH	Ministry of Health
MSM	Men having Sex with Men
NGO	Non-Governmental Organization
RH	Reproductive Health
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
VMMC	Voluntary Medical Male Circumcision
VVF	Vesico Vaginal Fistulae
WHO	World Health Organization



Foreword

Comprehensive and accurate media reporting on sexual and reproductive health and rights (SRHR) has not been easy as it has been shrouded by pernicious myths and misconceptions. Yet, media's role in advancing SRHR and particularly the bodily autonomy and bodily integrity of African women and girls is fundamental to respecting and fulfilling women's human rights.

This FEMNET Media Training Manual on SRHR helps to unpack terms and definitions within SRHR, giving journalists the much needed direction on how to write stories that are informative and educative whilst leveraging on existing laws and policies on women's rights. It actually speaks to the core of what African women want in line with the visionary 2030 Agenda on Sustainable Development Goals, the Beijing Declaration and Platform for Action and the African Union Agenda 2063 as well as the legally binding AU Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (popular known as the Maputo Protocol).

Through Media and SRHR training workshops organized by FEMNET in 2018 and 2019, the media practitioners will be able to produce articles in news and features from an informed point and with a gender and intersectional lens. Media will also be equipped with requisite knowledge and tools to be consistent in amplifying women's voices, choices and perspectives around key SRHR issues. They will also be able to cover SRHR related stories using gender data that articulates women's SRHR agenda and contribute to the collective efforts of holding governments accountable to honoring women's SRHR commitments.

Uniquely, this Manual uses solution journalism to address critical SRHR issues such as access to safe and legal abortion and the urgency of comprehensive sexuality education. Indeed, FEMNET recognizes the importance of media advocacy in transforming social norms and attitudes and we hope this Manual will be a useful resource in shifting narratives on women's bodily integrity and autonomy and advancing their dignity.

Memory Kachambwa

Memory Kachambwa

Executive Director, FEMNET



Acknowledgement

The African Women's Development and Communication Network, *FEMNET* is extremely appreciative of the support and partnership of the Embassy of Sweden Zambia for the actualization of this ***FEMNET SRHR Media Training Manual***, which is critical in our collective journey of *Advancing African Women's Human Rights to their Bodily Autonomy and Integrity through ensuring that African Governments fulfill their Obligations & Commitments on SRHR*. This partnership is critical in ensuring that the media practitioners in Africa are more empowered and informed on covering and reporting on issues of SRHR for the benefits of Africa's women and girls.

The production of this important Manual; ***The FEMNET SRHR Media Training Manual*** would not have been possible without the immense and outstanding research and compilation of the content by a team of Media and Communications experts - **Jane Godia** and **Marceline Nyambala** who worked closely with FEMNET's communications team. FEMNET appreciates the conclusive presentation of this manual by the experts and the thought-proving manner by which the Manual is formulated to give critical information and food-for-thought to journalists and media practitioners on the important subject of SRHR.

We thank the participating journalists within the ***FEMNET SRHR Africa Media Network*** from the six target countries; *Rwanda, Liberia, Guinea Conakry, Tanzania, Zambia and Mozambique* who continue to be great contributors and implementers of this Training Manual and by extension impacting greatly to the information dissemination and broadening the SRHR knowledge base in their respective countries.

FEMNET lastly appreciates the immense direction and contribution of the FEMNET Communications team that closely monitored and coordinated the production of this Manual.



WHY THE MANUAL?

To report professionally and with impact, journalists need training on Sexual Reproductive Health and Rights (SRHR) to not only help put SRHR issues into perspective but also help change negative and retrogressive cultural norms.

This manual, which has been developed by African Women's Development and Communication Network (FEMNET) has recognized SRHR as an advocacy issue with media being a key partner in driving this agenda. In many African societies, gender relations are characterized by unequal power relations that are dominated within a culture of shared beliefs, values, customs and behaviours. It is within culture that women and girls face violations and discrimination of their Sexual Reproductive Health and Rights.

Culture is a learning process which changes over time and journalists can play a huge role in changing social thinking and attitudes to enable women and girls achieve human development and lead long healthy lives where their rights are respected. The media advocacy on access to SRHR will lead to abandonment of discriminatory practices and encourage policies and practices that will enable women to take control of their SRHR by expressing their own demands and finding solutions to their own problems.

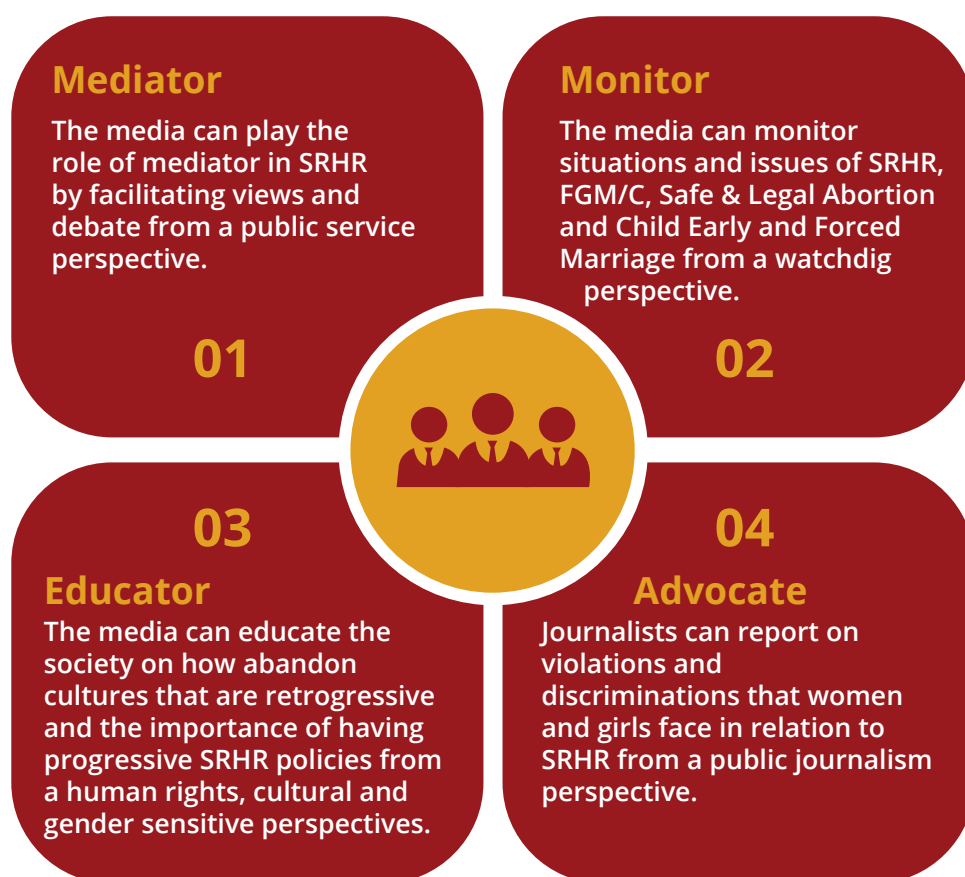


Figure 1: Role of media in addressing SRHR

FEMNET recognizes the role of the media in challenging norms and putting SRHR issues into the open through playing the role of the public watchdog and there is a clear understanding of sexual and reproductive health rights. The objective of this training manual is to build the capacity of journalists as messengers to communicate SRHR in the right way. The manual is a step towards supporting regional media in developing winning transformational SRHR Stories.

Who Is This Manual For?

This manual is a guide to trainers in SRHR to build the capacity of journalist to enable them engage in media advocacy by reporting in the right perspective, while respecting cultural norms, and being able to challenge those that are discriminatory through changing social norms and attitudes.

The trainers will use this guide to help journalists learn how to pitch and put their SRHR story ideas into perspective and ensure that the stories presented are exotic and out of the ordinary.

Through this manual, the trainers will also guide the journalists to be able to engage in media advocacy on SRHR and ending discriminatory practices and how media can influence those who make decisions towards change.

The outcome of utilising this manual will be that media advocacy will influence action and choices for the well-being of women and girls in Africa.



Target Group for Training

Noting that SRHR deals with women and girls' intimate and private matters, this manual targets journalists from Africa who have an interest in reporting SRHR from a development journalism perspective.

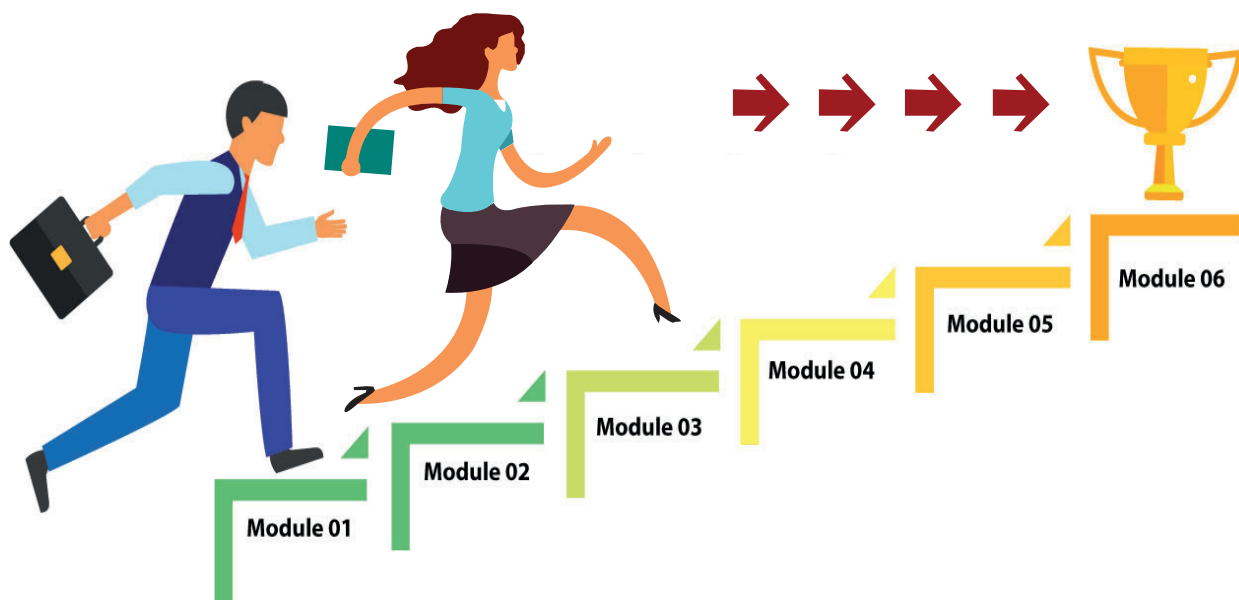
The targeted journalists must be able to report on SRHR in a timely and comprehensive manner and particularly help deconstruct cultural and county policies that discriminate and violate women and girls' sexual reproductive health and rights.

As we craft new African States in this new millennium, we also craft new identities for African women, identities as full citizens, free from patriarchal oppression, with rights of access, ownership and control over resources and our own bodies and utilizing positive aspects of our cultures in liberating and nurturing ways. We also recognize that our pre-colonial, colonial and post-colonial histories and herstories require special measures to be taken in favour of particular African women in different contexts.

Charter of Feminist Principles for African Feminists

MODULE 1

Getting Started



Activity 1: Getting to Know Each Other

1. Registration and housekeeping issues
2. Official welcome from FEMNET
3. Introduction of Participants
 - Name
 - Country
 - Media House
 - Position
 - Expectation

Purpose of this session: At the end of this session people will know each other and will be able to relate freely.

Activity 2: Setting the Pace

Setting the Pace

Purpose: This session serves as an icebreaker towards the topic of SRHR and the content herein and guides the trainers on how to start the training as it gauges the level of the journalists understanding.

The trainer will set the pace by asking the journalists to describe.

- I. How did they find themselves in the SRHR space?
- II. Any personal experiences with SRHR
- III. Challenges they face in getting their SRHR stories published (Print, online and broadcast)



Guest Speaker to give official opening address and open the training *(The guest speaker should be briefed in advance and to be made to understand the objective and goal of the training so they do not jeopardise the agenda by conflicting matters in their address)*

MODULE 2

Definition of SRHR Terms

Abortion: Termination of a pregnancy, usually before the embryo or foetus is capable of independent life. In medical contexts, it's called induced abortion and is distinguished from a spontaneous abortion where one suffers a miscarriage or stillbirth.

Adolescents: These are persons aged between 10 and 19 years.

Child: This is an individual who has not attained the age of 18 years.

Child Abuse: Child maltreatment, sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect and exploitation that results in actual or potential harm to the child's health, development or dignity. Within this broad definition, five sub-types can be distinguished — physical abuse, sexual abuse, neglect and negligent treatment, emotional abuse and exploitation.

Child Marriage: This is a situation where marriage, cohabitation or any arrangement is made for such marriage or cohabitation with someone below the age of 18 years.

Contraceptives: These are commodities that have been developed to prevent pregnancy by interfering with the normal process of ovulation, fertilization, and implantation. There are different kinds of birth control that act at different points in the process.

Contraceptive Effectiveness: This refers to the proportion of women who get pregnant using a particular method of contraceptive.

Culture: These are the customary beliefs, social forms, and material traits of a racial, religious, or social group. This could also be the accepted norms and practices of a particular group of people.

Discrimination: Discrimination is when a person is treated less favourably because of some aspect of their identity (e.g. race, religion or gender).

Early Marriage: This is a union where a girl or a boy who is not yet 18 years gets married.

Emergency Contraceptives: This is a form of birth control that may be used by women who have had unprotected sexual intercourse or used a birth control method that failed to prevent a pregnancy from happening.

Family Planning: This is the ability to control fertility in a manner that will help individuals (men and women) or couples to have the number of children they want and at a time when they want them.

Fertility: The ability to conceive and bear children, the ability to become pregnant through normal sexual activity.

<p>Fistula (obstetric): This is an opening or rupture linking areas such as the vagina, rectum, bladder, and or abdominal cavity usually caused by obstructed labour, unsafe abortion or traditional practices, such as Female Genital Mutilation. The result is uncontrollable leakage of urine or faeces, or odour, infections and usually social ostracism for the woman or girl.</p>
<p>Forced Marriage: This is a union that happens in which one and/or both parties have not personally expressed their full and free consent to the union.</p>
<p>Female Genital Mutilation/Cut (FGM/C): Comprises all procedures involving partial or total removal of the female genitalia or any other injury to the female genital organs or any harmful procedure to the female genitalia, for non-medical reasons and includes clitoridectomy, excision and infibulations but does not include a sexual reassignment or a medical procedure that has a genuine therapeutic purpose.</p>
<p>Gender: This refers to the socially defined roles and responsibilities of men and women, boys and girls.</p>
<p>Gender-Based Violence: This is violence that targets women, men, girls and boys, based on their gender. It includes, but is not limited to sexual assault and domestic violence.</p>
<p>Gender Equality: This is the equal treatment of women, men, girls and boys in laws and policies, and equal access to resources and services and within families, communities and society at large.</p>
<p>Gender Equity: This refers to the fairness and justice in the distribution of benefits and responsibilities between women and men. It often requires women-specific programs and policies to end existing inequalities.</p>
<p>Gender Discrimination: This refers to any distinction, exclusion or restriction made on the basis of socially constructed gender roles and norms which prevents a person from enjoying full human rights.</p>
<p>Gender Stereotypes: This refer to beliefs that are so ingrained in our consciousness that many of us think gender roles are natural and we don't question them.</p>
<p>Gender Bias: This refers to gender-based prejudice; assumptions expressed without a reason and are generally unfavourable.</p>
<p>Gender Mainstreaming: The incorporation of gender issues into the analysis, formulation, implementation, monitoring of strategies, programs, projects, policies and activities that can address inequalities between women and men</p>
<p>Health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.</p>
<p>Infertility: When a woman is unable to bear a child, either due to the inability to become pregnant or the inability to carry a pregnancy to a live birth following either a previous pregnancy or a previous ability to carry a pregnancy to a live birth.</p>

Maternal Death: This is when death happens to a woman who is pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

Maternal morbidity: Any deviation, subjective or objective, from a state of physiological or psychological well-being of women.

Post-Abortion Care: This is the physical (medical), social and psychological care and support given to a person after an abortion.

Rape: This is a situation where unlawful sexual activity and usually sexual intercourse is carried out forcibly or under threat of injury against a person's will or with a person who is beneath a certain age or incapable of valid consent because of mental illness, mental deficiency, intoxication, unconsciousness, or deception

Reproductive Health: This is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system, its functions and processes.

Reproductive Rights: This refers to "recognition of basic rights of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so and the right to attain the highest standards of sexual and reproductive health. It also includes the right of all to make decision concerning reproduction free of discrimination, coercion and violence as expressed in human rights documents.

Sex: This refers to the biological characteristics that define humans as female or male. These sets of biological characteristics are not mutually exclusive as there are individuals who possess both, but these characteristics tend to differentiate humans as males and females.

Sexuality: This is the central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.

Sexual Offence: This is an act of engaging in sex in a manner that is unlawful and includes defilement, rape, incest, sodomy and bestiality or any other offence prescribed in law.

Sexual Health: A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexually Transmitted Infections (STIs): Infections caused by organisms that are passed through sexual activity with an infected partner.

Unsafe Abortion: A procedure for terminating pregnancy performed by persons lacking the necessary skills in an environment that is not in conformity with minimal medical standards or both.

Unintended Pregnancy: This is a pregnancy that is reported to have been either unwanted (that is, the pregnancy occurred when no children, or no more children, were desired) or mistimed (that is, the pregnancy occurred earlier than desired)

Unmet Need for Family Planning: This refers to the percentage of women of reproductive age, either married or in a union, who want to stop or delay childbearing but are not using any method of contraception.

Women's lifetime risk of death: This is the risk of an individual woman dying from pregnancy or childbirth during her lifetime. Of the 171 countries and territories, Niger has the highest lifetime risk of maternal death (1 in 7 women die for reasons associated with pregnancy and child birth).

MODULE 3

SRHR Core Issues

Activity 1: Sexual Reproductive Health and Rights

Objectives of session

- To build the capacity of journalists with skills to be able to present SRHR in a clear and positive manner
- Journalists to become informed about SRHR issues
- Change perceptions and attitudes by publishing stories on SRHR
- Make journalists identify laws and international frameworks that address SRHR
- Have increased visibility of SRHR stories

Trainers: To first give a background on SRHR in order for the journalists to have a comprehensive understanding.



Adolescent girls and young women's sexual reproductive health and rights

For adolescent girls and young women, the sexual reproductive health is not merely absence of disease, it's also a challenging period when they become self-aware of their SRHR needs and have to rely on family, peers, schools, health service providers and social media platforms for affirmation, advice, information and skills on how to navigate this confusing and sometimes

difficult point of transition into adulthood. This is challenging because it's also a period when many start their romantic relationships and make their sexual debut.

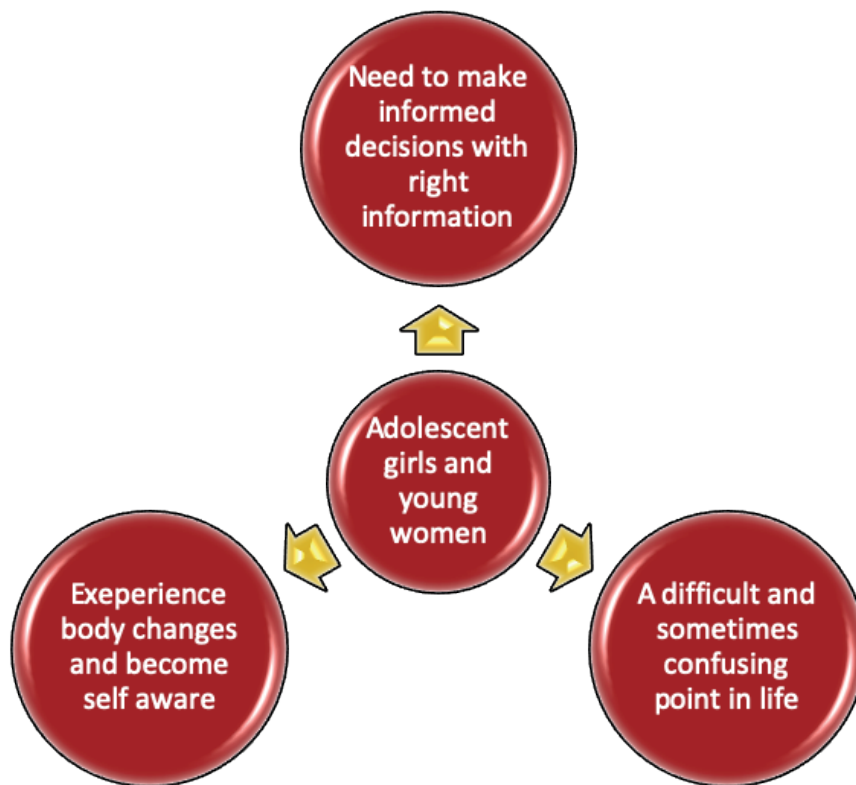


Figure 2: Challenges of SRHR for Adolescent girls and young women

Group Activity

The trainer will engage the journalists in group work where they will identify:

- I. Country specific laws and policies in relation to SRHR
- II. International frameworks and protocols in relation to SRHR
- III. How many know their health budgets? How much is allocated to SRHR?

International and legal frameworks

1. Maputo Protocol for Action

- The Maputo Protocol of Action urges member states to combat all forms of discrimination against women through appropriate legislative, institution and other measures.
- States will enact and effectively implement appropriate legislative and regulatory measures, including those prohibiting and curbing all forms of discrimination, particularly harmful practices which endanger the health and general being of women.
- States will modify the social and cultural patterns of conduct of men and women through public education, information and communication strategies with a view to achieving the elimination of harmful cultural and traditional practices.

Status of the Maputo Protocol

Countries That Have Ratified (41)	Countries That Have Not Signed (Three)	Countries That Have Ratified with Reservations	Countries That Have Signed but Not Ratified
Zambia	Egypt	Ethiopia	Chad
Mozambique	Botswana	Kenya	Niger
Guinea-Conakry	Morocco	Uganda	Somalia
Liberia		South Africa	Sudan
Tanzania		Namibia	Western Sahara
Rwanda		Uganda	Madagascar
Zimbabwe		Cameroun	Central African Republic
Mali			
Ghana			
And More...			



2. Abuja Declaration

In 2001, African countries, met in Abuja and declared to set a target of allocating at least 15 percent of their annual national budget to improve the health sector.

3. Beijing Platform for Action

- i. It notes that women need to be healthy to realise their full potential. This includes proper nutrition, sexual and reproductive rights, mental health as well as freedom from violence.
- ii. It advocates for states to better coordinate provision of health services for women and girls including survivors of violence.

4. Convention on Elimination of all forms of Discrimination Against Women (CEDAW)

- i. Adopted in 1979, CEDAW notes that discrimination against women violates the principle of equality of human rights and respect for human dignity.
- ii. Challenges states to take all appropriate measures to eliminate discrimination against women by any person, organisation or enterprise.
- iii. States to take all appropriate measures including legislation to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women.
- iv. States to take appropriate measures to eliminate discrimination against women in the field of health care in order to ensure on the basis of equality of men and women access to health care including those related to family planning.

Trainer to explain why SRHR is a crucial Media Agenda:

- Sexual Reproductive Health and rights remains important to development and good health. The right to sexual and reproductive health is critical to sustainable development and contributes to a country's economic growth, equality in gender roles, equity in society and democratic governance.
- The Programme for Action of the United Nations International Conference of Population and Development (ICPD) 1994 recognises the right to Sexual Reproductive Health as a universal human right which every country must respect.

Exercise: Journalists to identify which of the 17 Sustainable Development Goals (SDGS) speak to health and rights

Sustainable Development Goal (SDG) 2030

Trainer will explain that the 2030 Agenda for Sustainable Development and Goals provide an important platform to working towards global sustainable human development and the potential of the framework to accelerate results in development including that in SRHR.



Goal 3: Ensure Healthy lives and promote well-being for all at all ages

Target 3:1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

Target 3:7 By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive Health into national strategies and programmes.

Goal 5: Achieve gender equality and empower all women and girls

Target 5:1 End all forms of discrimination against all women and girls everywhere

Target 5:2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

Target 5:3 Eliminate all harmful practices such as child early and forced marriages and female genital mutilation

Target 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

Target 5c. Adopt and strengthen sound policies and enforceable legislation for the promotion of Gender equality and the empowerment of all women and girls at all levels

Goal 10: Reduce inequality within and among countries

Target 10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating Discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard.

Target 10.2 By 2030, empower and promote the social, economic and political inclusion

Of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or

Other status

Charter of Feminist Principles for African Feminists

The Charter for African Feminists is a supportive document that helps to define and affirm commitment to principles, guiding feminist analysis, and practice. “As such the Charter sets out the collective values that we hold as key to our work and to our lives as African feminists. It charts the change we wish to see in our communities, and also how this change is to be achieved” In addition it spells out our individual and collective responsibilities to the movement and to one another within the movement.

The Charter is the outcome of African Feminist Forum which took place from 15 - 19 November 2006 in Accra, Ghana. The meeting brought together over 100 feminist activists from all over the region and the diaspora. This was an autonomous space in which African feminists from all walks of life at different levels of engagement within the feminist movement could reflect on a collective basis and chart ways to strengthen and grow the feminist movement on the continent.

A few Individual Ethics

- The indivisibility, inalienability and universality of women's human rights.
- The effective participation in building and strengthening progressive African feminist organizing and networking to bring about transformative change.
- The support, nurture, and care of other African feminists, along with the care for our own wellbeing.
- The practice of non-violence and the achievement of non-violent societies.
- The right of all women to live free of patriarchal oppression, discrimination and violence.
- The right of all women to have access to sustainable and just livelihoods as well as welfare provision, including quality health care, education, water and sanitation.
- Freedom of choice and autonomy regarding bodily integrity issues, including reproductive rights, abortion, sexual identity and sexual orientation.
- A critical engagement with discourses of religion, culture, tradition and domesticity with a focus on the centrality of women's rights.
- The recognition and presentation of African women as the subjects not the objects of our work, and as agents in their lives and societies.
- The right to healthy, mutually respectful and fulfilling personal relationships

Feminist organisations commit to the following:

- Advocating for openness, transparency, equality and accountability in feminist-led institutions and organisations.
- Affirming that being a feminist institution is not incompatible with being professional, efficient, disciplined and accountable.
- Insisting on and supporting African women's labour rights, including egalitarian governance, fair and equal remuneration and maternity policies.
- Using power and authority responsibly, and managing institutional hierarchies with respect
- for all concerned. We believe that feminist spaces are created to empower and uplift women. At no time should we allow our institutional spaces to degenerate into sites of oppression and undermining of other women.
- Exercising responsible leadership and management of organizations whether in a paid or unpaid capacity and striving to uphold critical feminist values and principles at all times.
- Exercising accountable leadership in feminist organizations taking into consideration the needs of others for self- fulfilment and professional development. This includes creating spaces for power-sharing across-generations.

Beijing Platform for Action +25 Africa Review

How much have your countries and Africa in general achieved since the Beijing meeting 25 years ago especially on the Critical areas of concern C on Women and Health and L on the Girl child.

The Beijing meeting came up with 12 areas of critical concern, diagnosed the problem and gave strategic objectives and proposed concrete actions to be taken by various actors in order to achieve those objectives. The Platform for Action is intended to improve the situation of all women without exception, giving special attention to the most disadvantaged groups.

Strategic objectives under C1, on Women and Health included a call increase women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services. Other objectives called for strengthening of preventative programmers and Strategic objective 3 which calls for gender sensitive initiatives that address sexually transmitted diseases, HIV/Aids, and sexual and reproductive health issues.

The Beijing Declaration covered 12 Critical areas of concern

- A. The persistent and increasing burden of poverty on women (**Women & Poverty**)
- B. Inequalities and inadequacies in and unequal access to education and Training (**Education and Training for women**).
- C. Inequalities and inadequacies in and unequal access to health care and related services. (**Women and Health**).
- D. Violence against women (**Violence against Women**)
- E. The effects of armed or other kinds of conflict on women, including those living under foreign occupation (**Women and armed conflict**)
- F. Inequality in economic structures and policies, in all forms of productive activities and in access to resources. (**Women and the economy**)
- G. Inequality between men and women in the sharing of power and decision making at all levels. (**Women in power and decision making**)
- H. Insufficient mechanisms at all levels to promote the advancement of women. (**Institutional mechanism for the advancement of women**)
- I. Lack of respect for and the inadequate promotion and protection of the human rights of women (**Human rights of women**).
- J. Stereotyping of women and inequality in women's access to and participation in all communication systems, especially in the media. (**Women in the media**)
- K. Gender inequalities in the management of natural resources and in the safeguarding of the environment (**Women and the Environment**)
- L. 12. Persistent discrimination against and violation of the rights of the girl child. (**The Girl Child**)

TRAINER TO NOTE:

The next Commission on the Status of Women (CSW64) will be celebrating 25 in 2020 years since [Beijing Declaration and Platform for Action \(Beijing Declaration\)](#). It will be a moment to reflect on what has been achieved and what remains to be done of the Fourth World Conference on Women 4-15 September 1995 that took place in Beijing, China. FEMNET, as with the previous reviews (Beijing +5, +10, +15 & +20), has been informing and mobilizing women's rights organizations to strategically contribute and influence the national, regional and global reviews.

The national reviews of 25 years of the Beijing Declaration have been ongoing at the country level. The reviews include an assessment of the progress made and the challenges encountered in the implementation of the Beijing Declaration and how this affects gender equality, the empowerment of women and girls, and its contribution towards the full realization of the Sustainable Development Goals especially through a gender perspective. National reports and regional synthesis reports will feed into the global synthesis report that UN-Women will submit to CSW64 to be held in March 2020. It is anticipated that the outcome document for CSW64 will be a negotiated political declaration the outcome of the forum will be presented to the UN General Assembly in September, 2020.

What should we do as media workers?

- Closely follow up and seek information on the process to highlight in our media, blogs etc.
- Look for previous reports Beijing +5, 10, 15, and 20 as the process goes on for comparative reporting.
- Engage women's organization, Human rights organization, and the UN women on more information on the process.
- Seek the national reports and shadow reports.
- Engage in the meetings.

Role of journalists



Session wrap

The trainer will wrap up this session after group work by giving country situation analysis based on the presentations.

Activity 2: Reporting Female Genital Mutilation

Objectives on media coverage of FGM

- Equip journalists with skills and information to enable them report on female genital mutilation/cut
- Equip journalists with skills to construct stories and questions in a way that is respectful of the culture of communities that practice FGM
- Equip journalists with skills to enable them advocate for change in policy and law that promote the abandonment of FGM
- Write stories that support communities make the decision to abandon FGM through interviewing doctors, experts, law enforcement, advocates and survivors.
- Enable journalists educate people and advocate for reproductive health rights

Trainer will engage the participants on their understanding of the nature prevalence and of FGM in their countries and type of coverage it is receiving.

Exercise:

- I. Journalists to define their own understanding of FGM/C
- II. Identify forms of FGM/C
- III. Journalists to give an overview of the specific country situation and challenges encountered of any
- IV. What are the drivers of FGM/C
- V. Identify a story idea that is likely to capture attention in country

Female genital mutilation is defined by the WHO as referring to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

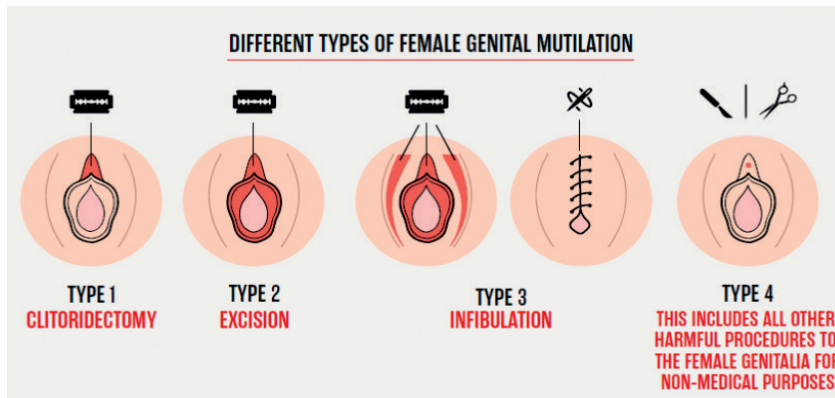
The practice of Female Genital Mutilation (FGM) is a major global issue today practiced in Africa, Middle East and among immigrant communities around the world. In Africa, it is practiced in 28 countries. Female genital mutilation/cut continues to be the most persistent challenging development problem since it is deeply embedded in culture. The communities that practice FGM contend that it plays an important social function that would be difficult to replace due to the great value attached to it.

Female Genital Mutilation/Cut is a form of gender-based violence and has been recognized as a harmful practice that is a violation of the human rights of girls and women. Between 100 and 200 million girls and women in the world are estimated to have undergone such procedures, and three million girls are estimated to be at risk of undergoing the procedures every year.

Forms of FGM

Type I: Involves the partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Type II: Pertains to the removal of the clitoris and the labia minora, (inner lips) with or without the excision of labia majora (excision) (outer lips of the vagina that are larger with hair on the outer surface).



Type III: This is the most severe, sometimes known as the Pharaonic circumcision or infibulation. It involves the removal of all or part of the clitoris, excision of all or part of, the labia minora (inner lips) and cutting of the labia majora (outer lips of the vagina that are larger with hair on the outer surface) to create raw surfaces, which are then stitched or held together so that the scar tissue forms a cover over the vagina when healed. Thorns or stitches may be used to hold the two sides of labia majora together and the legs may be bound together for up to 40 days.

Type IV: Involves all other procedures on the female genitalia for non-medical purposes. For example, the elongation of the labia minora/majora until defined length is reached, pricking, piercing, incising, scraping of tissues surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts); cauterization by burning the clitoris and surrounding tissues; introduction of corrosive substances or herbs into the vagina to cause bleeding for the purpose of tightening or narrowing it and any other acts that fall under the definition given above.

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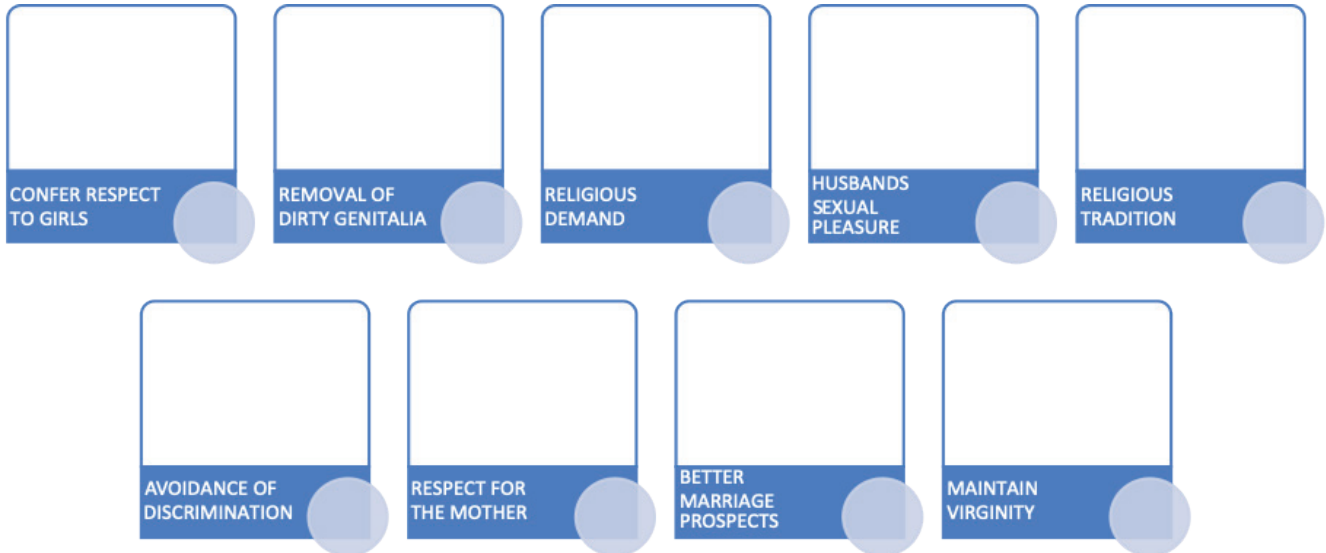
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Our experiences are linked to that of women in other parts of the world with whom we have shared solidarity and support over the years. As we assert our space as African feminists, we also draw inspiration from our feminist ancestors who blazed the trail and made it possible to affirm the rights of African women. As we invoke the memory of those women whose names are hardly ever recorded in any history books, we insist that it is a profound insult to claim that feminism was imported into Africa from the West.

Charter of Feminist Principles for African Feminists

Some of the Reasons for Female Genital Mutilation

<ul style="list-style-type: none"> ✓ Tradition ✓ Prevents immorality ✓ Suppress female Sexual desire ✓ Better marriage prospects 	<ul style="list-style-type: none"> ✓ Preserves virginity ✓ Better marriage prospects ✓ Family honour ✓ Cleanliness
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Why FGM/C is an issue?

The impact of FGM is insurmountable. Several studies by UNICEF and WHO and other organisations reveal that there are serious complications that stem from the practice of FGM. According to medical doctors, the danger FGM poses on the victim outweighs its cultural benefits and should be completely eradicated.



Some of the dangers & consequences of FGM

- Severe pain and bleeding,
- Bleeding can be protracted and result in long term anaemia as well as
- Reduced urinary retention.
- Painful menstruation,
- Difficulty in urination
- Long term adverse effects which include: - abscesses, painful cysts and keloids which can cause problems during pregnancy and childbirth.
- Prolonged and obstructed labour
- Painful sexual intercourse
- Other complications associated with FGM include, infertility
- Hematocolpos (the accumulation of menstrual fluid in the vagina).
- Ultimately it can lead to death

FGM is associated with an increased risk of obstetric complications, including caesarean section, postpartum haemorrhage, and extended hospital stay, the need for infant resuscitation, stillbirth, early neonatal death and low birth weight.

Pregnancy can cause death especially among young girls aged 15-19. Indeed, medical complications are the leading cause of death for girls within this age group. Girls aged 10-14 are 5 times more likely to die from child birth and 15-19 are twice likely to die. In some cases, girls and women who have undergone FGM experience difficulties during sexual intercourse.

Girls under 15 are physiologically not prepared for child birth and their small bodies and pelvis make normal delivery difficult. In the case of FGM, the birth canal becomes constricted when the wound heals resulting in obstruction or tear. When obstructed pregnancy occurs, obstetric fistula may form. This condition is particularly debilitating, involving perforations inside the vagina, bladder or rectum and leading to chronic condition that causes urine and faeces to leak uncontrollably from the vagina. Tears on the other hand can cause the girl to bleed uncontrollably which may result in death if there is no emergency medical care.

Why Advocacy against FGM

It's a human right issue including right to good health, sexual health etc.

- It is child abuse
- It affects right to education
- Impacts future economic livelihood



Trend in Medicalisation of FGM

An emerging trend due to awareness especially on the health complications is that more girls are reporting being cut by medical professionals rather than by traditional practitioners. Communities have modernized the practice by engaging skilled health workers to undertake the procedure.



By the end of the session the participants shall be able to:

1. Define key concepts on FGM
2. Articulate the forms of FGM
3. Understand the legal and policy framework on FGM
4. Apply the different approaches of data capture, synthesis and reporting on FGM
5. Understand the main drivers and enablers of FGM
6. Understand why FGM is an issue
7. Articulate the place of the media in advocacy and lobbying on FGM

Activity 3: Safe and Legal Abortion

TRAINER: Will initially try to find the level of understanding on abortion among the trainees

An Exercise to Determine myths and Misconceptions around abortion

	True	False	Not sure	Any other explanation
Abortion is a sin that gets one directly to hell				
Abortion can only be done by those women who are promiscuous				
Married women have no right to procure abortion				
For a woman to procure abortion she must get express permission from her male relatives				
Immediately a woman gets pregnant she can no longer determine the rights to her body				
Abortion is neither a human right nor a woman's right				
Journalists who advocate for safe and legal abortion should be banned from the practice of journalism				
<i>Any media house that advocates for safe and legal abortion should be deregistered</i>				

Objectives on media coverage of abortion

- *Equip journalists with skills and information to enable them report on safe and legal abortion*
- *Equip journalists with skills to construct stories and questions in a way that is not judgemental*
- *Equip journalists with skills to enable them advocate for change in policy, law and culture acceptable safe and legal abortion*
- *End stigma and discrimination on abortion by publishing stories through interviewing doctors, experts, law enforcement, advocates and survivors.*
- *Enable journalists educate people and advocate for reproductive health rights*

Abortion remains one of the most controversial topics that is understood by few and generates a lot of debate among those who are for and those who are against. Sadly, very many women and girls suffer consequences of unplanned or unwanted pregnancies. For many women, regardless what the law says, if they want to end a pregnancy they will do it no matter what the consequences are.

Statistics on abortion are startling: Every year 56 million women are so desperate to end their pregnancy and will do so without caring that they are endangering their lives. The consequences of unsafe abortion are devastating. They will either die, or suffer lifelong disability or health challenges.

Yet reporting on abortion presents challenges to journalists. The silence, stigma, discrimination and criminalisation of abortion contributes to lack of proper information for journalists.

The media can play a role in changing negative perceptions on abortion and eventually bring about positive change.

Legal statutes

- Safe and legal abortion is recognised as a human and woman's right. The Maputo Protocol for Action calls for total legalisation of abortion and recognises medical abortion as a right.
- ICPD Programme of Action recognises reproductive health rights as enhancing individual rights including right to decide freely on the number of and spacing of children. The Programme of Action recognises that reproductive health and care should be provided through primary health systems which should include among other things prevention of abortion and management of the consequences of abortion.

Exercise:

- i. Journalist to identify countries which have progressive laws on safe and legal abortion.
- ii. Journalists to confirm if their countries have reservations of Maputo Protocol on the area of safe abortion
- iii. What is the most likely reason why an abortion story would not be published

How best can we cover the abortion story?

Global Gag Rule

Global Gag Rule is a policy of the United States of America, also known as the Mexico City Policy, first signed by the Reagan administration in 1984.

The global gag rule is all about cutting funding and prohibits US Government funded Non-Governmental Organisations (NGOs) operating outside of the US from advocating for or promoting abortion in family planning services. Many NGOs and Health Service providers offer counselling and life skills education on such issues as unwanted pregnancies and abortion all over the world have been affected when this rule is actualised.

Though the rule was removed by former US President Barack Obama, President Donald Trump reinstated it in 2017. Trump's version of the global gag rule restricts what organizations do with US and non-US government funding. This rule has affected many health care providers who have been forced to make hard choices of whether or not they should provide comprehensive Sexual and Reproductive Health (SRH) services and subsequently miss out on the US Government funding or continue receiving critical US funding with restrictions on provision of comprehensive SRH services.

Why is it important for journalists?

The global gag rule prohibits any organization from receiving funding from the US government if they provide services, referrals, and advocacy related to abortion — even

with non-US government money. This expansion now includes any groups they grant funds to as well. Evidence shows that this policy actually increases abortion because it decreases access to contraception and health education.

Currently it's projected that the global gag rule will affect 26 million women globally by not only affecting access to abortion services but also access to sex education, contraceptives and services related to HIV and Aids.

With the expansion of the gag rule to include other organization receiving funds from non-US sources, this. Rule is actually rolling back on the gains made in reducing unwanted and unplanned for pregnancies.

With the absence of contraceptive, more women and girls are likely to experience unwanted and unplanned for pregnancies leading to cases of unsafe abortion thus increasing pregnancy related deaths.

Role of Journalists

- Journalist can play a key role in creating awareness, educating monitoring and advocating for safe and legal abortion.
- Journalists can play a role in changing debate around abortion by creating an opportunity for policy change to allow for safe and legal abortion on demand
- Being an emotive topic, journalists must carefully gather information including data based on verified research before publishing stories
- Journalists can campaign for policy to allow for health systems to train health workers and equip health facilities to ensure abortion and post-abortion care to be safe and accessible to the full extent of the law. This should also include failed and incomplete abortion.
- Develop the stories that have the right messages as per target audience.
- Create awareness on and educate citizens and policy makers on effects of unsafe abortion
- Help journalists understand how they can use their country specific Demographic Health Survey

Trainer to make journalists understand consequences of unsafe abortion

- Such as it being leading cause of preventable maternal death
- Causing lifelong disability and long-term health consequences
- Creating an economic burden to governments and families

Trainer to give a wrap up on how journalists can debunk myths and misconceptions on abortion and also have a grounded understanding on reporting safe and legal abortion is important and giving journalists data on impact of unsafe abortion

Activity 4: Child, Early and Forced marriage

Group work: Journalists will discuss the country situations with regard to:

- i. National laws
- ii. Age of sexual consent
- iii. Age of adult
- iv. Marriage age
- v. Trends in Child, Early and forced marriage

Drivers of early and forced marriage.

Child, Early and Forced marriage violates girls' rights to health, education and employment. It exposes them to violence and traps them, their families, and their nations in a cycle of intergenerational poverty, thereby costing countries billions of dollars and preventing them from achieving sustainable development.

Objectives

By the end of the session the participants shall be able to:

1. Define key concepts on child, early and forced marriage
2. Understand the legal and policy framework on child, early and forced marriage
3. Apply the different approaches of data capture, synthesis and reporting on child, early and forced marriages
4. Understand the main drivers and enablers of child, early and forced marriages
5. Articulate the place of the media in articulation of issues relating to child, early and forced marriages

Note: Child and early marriage is taking place at an age, which challenges the ability to give full and free consent, which is considered a form of forced marriage. On the basis of this definition, unions contracted by individuals younger than 18, should be regarded as being concurrently child, early and forced marriages.

Consequences of Early, child and forced marriage

The consequences of child marriage are devastating and often determine a life's trajectory. Girls who marry young are at a higher risk of dying during childbirth, having their child die before its first birthday, contracting AIDS and becoming a victim of domestic violence.

1. **Increased maternal and infant health risks:** Girls who marry and give birth before their bodies are fully developed are more at risk of death or terrible injury and illness in childbirth. In 2007, UNICEF reported that a girl under the age of 15 is five times more likely to die during pregnancy and childbirth than a woman in her 20s.¹¹ Risks extend to infants, too: if a mother is under age 18, her baby's chance of dying in the first year of life is 60 percent greater than that of a baby born to a mother older than 19.¹² In addition to death, young girls face tremendous health risks in childbirth, including a serious condition known as obstetric fistula. Obstetric fistula results when a young mother's vagina, bladder and/or rectum tear during childbirth. It causes urine and

faeces to leak from her, and without surgery, the condition lasts the rest of the girl's life. Fistula patients are commonly poor women, ages 15 to 20, many of whom were child brides.

- 2. Greater Exposure to HIV/AIDS:** Child brides also are at far greater risk of contracting HIV than their counterparts who marry later. Often, they are married to older, more sexually experienced men with whom it is difficult to negotiate safe sexual behaviours, especially when under pressure to bear children. A study conducted in Kenya and Zambia in 2004 finds that married girls aged 15-19 were 75 percent more likely to contract HIV than sexually active, unmarried girls of the same age. Similar figures have been found in 29 countries across Africa and Latin America.
- 3. Greater Exposure to Domestic and Sexual Violence:** Girls who are married early are more likely to be abused sexually, physically and emotionally. The International Centre for Research on Women study in India shows that girls who married before age 18 reported experiencing physical violence twice as often, and sexual violence three times as often as girls who married at a later age.
- 4. Deprivation of Childhood and Future:** More than anything else, early marriage deprives girls of their childhood. They are thrust into the full burden of domestic responsibility, motherhood and sexual relations rather than playing with friends, dreaming about a career or fretting about a school exam. In many countries, young married girls move away from their parents' home to live with their husband and his family, where they have no friends, no support, and little say in their own lives or in household matters. Research shows that young married girls often are isolated and powerless. They are unable to negotiate or obtain support for issues in their own interest. And they're frequently exposed to violence and threats of abandonment and divorce.

Role of the Media

1. Shaping public discourse on child marriage

The media informs people about important issues and helps shape how child marriage is spoken about and understood by the general public. Film and documentaries for example can challenge the perception that child marriage is something which only occurs in Asia or Africa, and has the potential to hold local and global decision-makers accountable. The media adds a human face to the issue. Hearing and understanding things from a young girl's perspective encourage empathy in a way that research and facts are unable to. By using stories with emotional and personal content we can show the public and decision-makers that girls aren't numbers, they are people.

2. Contributor to development through social audits

The media often acts to hold decision-makers to account for fulfilling their responsibilities to protect and uphold the public's welfare. This can be achieved through praise and critique. For example, a media outlet can praise a government's actions when it does good things for girls, such as increasing the minimum age of marriage or adopting a national strategy on child marriage, but it can also call them out for a lack of action.

3. Advocacy and reinforcing positive perceptions

By choosing to cover a particular story the media may in fact be advocating a particular viewpoint, and through the language used there can be the risk of reinforcing perceptions that child marriage is something which occurs only in certain countries, religions or communities.

4. Portraying girls ethically and responsibly

Not telling stories which take away a girl's agency or make her seem like a passive victim. More nuanced narratives are needed to describe the multitude of causes which lead girls to marry, as well as to accurately capture their experiences within marriage. Information about the context of their lives and possible solutions to the constraints they face should be included so readers know how to engage when there is a clear call to action. The media also needs to bear in mind emerging research and trends which challenge assumptions.

5. Be accountable to the communities and individuals they cover

Girls and women must be informed about where and how their own stories will be told, and crucially must give their consent beforehand. If a journalist cannot completely protect the privacy and consent of the individual, they shouldn't be telling the story. Ideally, a journalist should also return to visit the woman or girl and follow up on the story.

MODULE 4

What the Media Lacks

Trainer: Journalists to be divided into groups to identify their role and discuss what they can do to improve SRHR outcomes

- I. To pick the brains of the journalists to determine what they lack in terms of skills and capacity to cover SRHR stories;
- II. How can media prioritise SRHR?
- III. What would the best way to carry out a media advocacy
- IV. What would work in the advocacy and what would not

(This can be done through exercise using small sheets of paper which are the stuck on the wall and the groups will come around to review them)



Media lacks journalists who are skilled in reporting SRHR

- *Media lacks resourceful sources and subjects*
- *Media lacks Editors who understand the SRHR*
- *Media lacks motivation*

Role of Media in Advocacy

The mass media in Africa has an excellent potential to promote good sexual and reproductive health outcomes through consistent coverage. Given their ability to disseminate information in a broad, timely, and accessible manner, the mass media constitute an important source of information for the general public and policymakers.

Poor sexual and reproductive health is a persistent and major problem in developing countries. According to UNFPA, illnesses and deaths from poor reproductive health account for one-fifth of the global burden of disease.

However media often fails to prioritize sexual and reproductive health and rights issues or report them in an accurate manner. In sub-Saharan Africa media coverage of reproductive health issues is poor due to the weak capacity and motivation for reporting these issues by media practitioners.

Building Capacity and Consistency in SRHR Reportage

Interest: Creating and sustaining interest in covering SRHR research

Creating Understanding Building the capacity of both journalists (to understand and report SRHR research) and researchers (to share SRHR research in simple and accessible ways)

Building Trust: Building and sustaining trust, enhancing understanding and mutually beneficial relationships between journalists and SRHR practitioners

Partnership: Building partnership approach which consolidates social capital that involves developing high levels of co-operation, reciprocity and trust as members of the community work together for mutual social benefit.



MODULE 5

Media Strategies



Objective

- Equip journalists with skills on how they can report on SRHR
- Equip journalists with skills that will make their stories exotic and out of the ordinary
- How journalists can make reporting SRHR their speciality

Trainer: Let the journalists come up with various strategies of how the stated objectives can be achieved.

The trainer can then use the suggestions below to build on what they have said.

Pitching a SRHR Story

- ✓ Present to an Editor with a thoughtful, detailed short proposal of the story you wish to do.
- ✓ Describe to the Editor why the story and the possible impact to the readers.
- ✓ Describe why the audiences would be interested in the story
- ✓ Provide details of the potential sources and when you wish to do the story.
- ✓ Will there be travelling

Building a bank of expert and advocate as sources: In journalism, a **source** is a person, publication, or other record or document that gives timely information. Outside journalism, sources are sometimes known as “news sources”.

Become an expert. The more you learn about the complicated issues, technology and economics of your beat, the more your sources will respect you, and the easier it will be for you to spot good stories. Read books, articles, reports. Research on the Internet. Ask lots of questions.

Strategies in Identifying a SRHR Story

- ✓ Be Curious about issues
- ✓ Talk to people: People like to read about people and their issues make good stories
- ✓ Reading different documents, newspapers can give you an idea
- ✓ Observing what's happening around, including trends
- ✓ **Scenario building Futuristic** – envisioning what the future will be like by 2030, what is likely to happen by 2050 what will be the fertility rate, family trends and new products that will respond to future needs.
- ✓ **Eavesdrop on conversations** – A conversation between
- ✓ Keep an idea file
- ✓ Demographic Surveys
- ✓ **International days** – including International Zero tolerance to FGM day; **World Contraceptive day** – 26 September, International Women's day etc.
- ✓ Government pronouncements
- ✓ Get ideas from cultivated sources



Developing a SRHR Story

- ✓ Whom are you writing for
- ✓ Write for the reader and not yourself
- ✓ Develop an angle
- ✓ For features -- as the story unfolds as you write it, keeping reader in suspense.
- ✓ Proximity – how close is this story to the reader?
- ✓ How relevant is the story to the reader?
- ✓ To create an emotional hook – do the following: Bring a face to the fact – -Who is at risk? -Who is suffering? -Who will be affected?
- ✓ Your reader is interested in their own cause or issues close to them – not your project.
- ✓ Use town, regional data that is close to the reader instead of national to describe the problem give examples here.
- ✓ Focus on Facts: Know the facts of your story – how many women in a particular region are facing infertility. How many women die out of abortion annually?
- ✓ Keep the story short.
- ✓ Have a good conclusion



Talk to clients/users/patients/survivors. If you are assigned to a government or commercial entity, make sure that your circle of sources is wider than the officials of that organization. Talk to citizens who deal with that agency or business and use its services or products. If some of these consumers are organized, you should deal regularly with leaders of those organizations. You also may need to deal with some self-appointed crusaders and gadflies. Make a point of dealing with some average, unaffiliated consumers.

Identify “gatekeepers.” Develop rapport with secretaries, drivers and watchmen and other “gatekeepers” who control access to important sources. These people can be important sources themselves. At the least, good relations with them are essential at times to contacting the sources.

Be honest. Never mislead a source. Be honest about the direction a story is taking. If it’s going to be a “negative” story, don’t bill it as something else. If you’re not going to write a story about a tip, don’t indicate that you will. This doesn’t mean you have to offend sources needlessly. If a source is worried about a negative story, assure him you intend to make the story fair and accurate and that you want to hear his side.

Be insistent on accuracy. If someone gives you figures off the top of her head, ask the source figures, then check the original source. Call back sources to confirm spellings, figures, chronologies, etc. Ask for reports, documents, business cards, personnel directories, calendars that can confirm spellings, numbers and other facts. This not only ensures the accuracy of your stories, it wins respect with sources (and good will that you’ll need if an error does slip through). It puts sources on notice that they can’t slip bogus figures past you.

Admit you’re not an expert. If you don’t know or understand something, ask. Sources will respect your honesty, and you will learn. Also, if you fake understanding, they will catch on quickly and you will lose credibility. Repeat your understanding back to the source for confirmation.

Show interest. Sources may want to bend your ear about a matter other than what you want to talk about. Listen. You may get a good news tip. Even if the source thinks it’s a story and you don’t, show interest. However boring or annoying a source may be, however uninteresting you find this alleged tip, you don’t know when a little bit of knowledge might be helpful. Even if the information is completely useless, the source will appreciate your interest and may someday tell you something that is important or interesting.



Tell sources of your interests. Tell good sources about stories you’re working on, even the ones that may not involve them directly. You may know that a source isn’t directly involved with an issue, but if you tell him about the stories you’re working on, he may steer you toward other sources who might be helpful, or he may tell you something helpful that he’s heard around the office.

Learn where records are. Familiarize yourself with the paper and electronic record-keeping practices of the offices you cover. Learn which records are clearly public, which are legally confidential and which might present access disagreements. Ask for the records frequently, whether you are using them or not. This lets sources know of your interests. Seeking records in routine stories establishes precedents when you are seeking similar records in sensitive stories. Ask for records in electronic format whenever possible. Learn who has access to the confidential records (not just in the office, but clients or members of the public who might have them). Learn what information is available on the Internet (and thus, after hours and on weekends and without asking anyone).



Find experts. Learn what academic institutions, think tanks or non-profit groups might study or monitor activities in your beat. Develop them as sources, so they will notify you of reports or rumours and they will know who you are when you call for their analysis of issues and events. Learn what attachments, if any, your experts have. Biases don't render an expert's research useless, but you must know them and note them.

Develop national sources. Contact national associations, academic experts and government agencies to develop sources with expertise in the subject you cover. They may provide valuable perspective for a local story. Or they may know something happening locally. They may alert you to a national trend. You can search for experts by topic at www1.profnet.com and www.facsnet.org. You also can submit specific queries to ProfNet and receive valuable contacts within 24 hours.

Using the right terminologies: A journalist must understand the language and terms of SRHR and not confuse them because then it would have a totally different meaning. For instance, the *Morning after Pill*, otherwise known as *Emergency pill*, should not be confused with an abortion pill. An abortion pill completely terminates the pregnancy, a morning after pill prevents the pregnancy from happening.



Gender sensitive: Journalists should use gender sensitive and gender inclusive language which helps in ensuring that the journalist reports in a way that is appealing to both men and women. Avoid gender stereotyping and treat men and women equally as sources and subjects of a story. For instance, you cannot have only male subjects talking about abortion without including women.

Creating a story bank: A journalist must have the capacity to create a story bank on SRHR and discriminatory practices to keep fire burning and the issues alive if they are to make reporting SRHR their speciality.

A story toolbox: Where do you get tips and ideas of stories around SRHR? Though social media, Twitter, Instagram and Facebook have been the places to go to, there are other places like websites of organisations that work around SRHR.

Goal oriented: As in any campaign, a journalist must understand the objectives of reporting SRHR and deliver stories with messages that speak to this. Journalist must know what they want to communicate and what they want the message to achieve. The journalist should think about how they can take the story through the long haul and not make it a one off.

Follow up: This is a skill in journalism in journalism is a strategy that is used especially in instances where a story was not conclusive. Or in the event that something happened to a community, or a group of people you want to know how they are faring after that event. Follow up enables provision of additional information to see that the story is conclusive and all the gaps are filled. Follow up is important because it enables covering of certain aspects that had been left out in the earlier story; it brings about balance to the story including being able to cover areas that were missed in the original story. It could be by quoting those who were not there at the initial time that a story was being done. Follow up is a strategic way of keeping fire burning in a story.

Follow through: This is the ability of a journalist to make a continuous movement around a story always looking at different angles and developments within the issue in the story to conclusion by doing everything possible to completely exhaust the matter. The story should be able to have additional information such as data, new facts, background information, chain reactions to the earlier story and ensuring that there are no gaps left since it will be exhausted. Follow through ensures an aspect of transformation that points towards change because of a journalists' effort to sustain a critical story.

MODULE 6

Transformational Journalism

Exercise: Have journalist pitch and write or record a short story or video clip of an SRHR story that is:

- i. Original
- ii. Exclusive
- iii. Exotic
- iv. Has never been published before
- v. Creative
- vi. Diversified sources
- vii. Ethically correct

This can then be critiqued by the rest. They could go out and speak to sources or just within. Critiquing is to build our skills and not look down upon anybody's work

Journalism remains a most trusted industry that has placed a huge burden of responsibility on the shoulders of journalists.

To keep momentum of SRHR and discriminatory practices stories, journalists need to be strategic and skilful in their engagement with storylines around these key areas.

Transformational journalism is about reconstructing an otherwise normal story to make it exotic and one that has a **positive influence** on the issue.

Use of Data

- Putting numbers behind a story helps a journalist connect the dots and this keeps audiences engaged to the story
- Connecting dots with evidence-based data will get reaction from policy makers and influencers as well as custodians of cultures

How to spot an SRHR story

- A good nose for a story remains the hallmark of journalism. It could be from an event, social media, normal conversation or breaking news
- Have the ability to recognize a potential story from a filler in a newspaper, a tweet, a forward on social media or a report
- Be on the lookout for stories on SRHR and discriminatory practices will emerge all the time. It could be from a political statement, a police report or an organisations' annual report.
- Have the ability to set agenda for audiences through topics that are related to SRHR



- Be a solution-oriented journalist. Approach stories in a way that you are able to explain how and why issues of SRHR need to be given prominence.
- Understand the ecosystem of SRHR and discriminatory practices to be able to publish/produce real stories that have an impact in terms of social and policy transformation
- Drive all issues of SRHR from the top by talking to the managers
- Being on top of emerging and trending issues in relation to SRHR and discriminatory practices helps a journalist to keep through by being well informed and having ability to follow up and follow through with a timely topic

NOTE: *The best stories involve people and relationships. With sexual reproductive health and rights often being about personal intimate and private issues, one must be keen to be able to detect a good story for change.*

Influence of digital technology

- A journalist must occupy social media spaces because digital technology has provided a presence that has not been seen before.
- Capturing stories from social media and being able to build them into something bigger and more informative
- Running a blog that is alive with updates, facts and evidence-based data provides information that is often thought provoking and proactive.
- Engaging in mobile journalism where you can use your phone to file stories and pictures from wherever you are
- Podcasting by capturing voices and recording stories



Managing diversity

1. A journalist will only make a difference if they are able to show a diverse source of sources and subjects when reporting on SRHR and discriminatory practices.
2. Make women the centre of stories of SRHR and discriminatory practices
3. Avoid constant repeat of only one sources makes one lack credibility
4. Check that you have treated men and women the same and in a positive manner in the titles, descriptions, characteristics and attributes
5. Use gender sensitive language
6. Use inclusive language
7. Avoid gender stereotypes

For Trainers: Trainers to have group work on issues that are region specific and journalist to share the kind of story ideas they have for news, news feature, feature or investigative pieces.

Digital Media Offers Opportunity for Niche Content Such as SRHR

The digital revolution has radically altered the ways in which we communicate with each other and gather information. Digital media is similarly a major driver of social change. Social media platforms for example have created a complex information ecosystem that is both a blessing and a curse for free and independent media outlets.

1. With digital media there is greater opportunity for connectivity across multiple platforms. There is an opportunity to be connected to millions of people globally. Media from mainstream outlets can also leverage on the digital platform to widely share their stories.
2. It is easier to start a digital platform targeting smaller niche audiences.
3. Audiences now have greater opportunity to give feedback and also participate in the generation of stories. For example, communities can publish incidents of FGM, Child marriage when it occurs or when one is rescued.
4. Digital media has challenged the media role as a gate keeper. Information which would otherwise not be published can now reach audiences.
5. However digital media can cause unintended consequences and engender great risks including misinformation, cyber bullying, and hate messages as well as increased vulnerability of technical infrastructure, requiring data protection,

We reclaim and assert the long and rich tradition of African women's resistance to patriarchy in Africa. We henceforth claim the right to theorize for ourselves, write for ourselves, strategies for ourselves and speak for ourselves as African feminists

Charter of Feminist Principles for African Feminists

Overall digital revolution offers unprecedented opportunities for reporting and distributing journalistic content highlighting sexual reproductive health information in unique ways. Digital innovations hold enormous potential to remake the media landscape by so doing help in access to information and in resolving age long social issues related to SRHR.

Gender Disaggregated Data

Use of data will only work if a journalist is data literate. A journalist, must therefore be able to interpret; understand; produce and connect with various data;

By assembling data, a journalist is then able to engage with the audience by being able to identify the story behind numbers.

A journalist must be able to speak to gender disaggregated data; This is data that is related to men and women and is collected, compiled, analysed and presented by sex.

Gender disaggregated data enables journalists to interpret targets and indicators to measure national and global progress.

Gender disaggregated data will enable a journalist to breakdown data of men and women and also be able to identify inequalities.

In SRHR, the journalist will be able to asses impact and scope of health services and policies. Critically look at contraceptives; availability of SRHR services; Knowledge of SRHR; Quality of care; number of abortion cases reported; number of youth friendly reproductive health clinics; comprehensive sexuality education: etc. For instance, a journalist can speak to the proportion of health facilities that provide SRHR services and how these are accessed by men and women.

Resources

1. <https://mariestopes.org/what-we-do/our-approach/policy-and-advocacy/the-global-gag-rule-a-world-without-choice/>
2. <https://www.ohchr.org/documents/professionalinterest/cedaw.pdf>
3. https://www.who.int/healthsystems/publications/abuja_report_aug_2011.pdf
4. <http://www.unwomen.org/en/news/in-focus/csw59/feature-stories>
5. <https://www.un.org/en/africa/osaa/pdf/au/agenda2063-framework.pdf>
6. <https://ijnet.org/en/story/developing-and-cultivating-sources>
7. https://www.who.int/reproductivehealth/publications/gender_rights/srh-rights-comment/en/
8. A Revised Information and Advocacy Kit for Sexual and Reproductive Health Rights (FEMNET) 2008
9. A Revised Training Manual on Sexual and Reproductive Health Rights (FEMNET) 2019
10. A Journalists Guide to Sexual and Reproductive Health in East Africa (Population Reference Bureau) 2006
11. Charter of Feminists Principles for African Feminists (African Women Development Fund) 2007
12. The Data Journalism Handbook: How Journalists Can Use Data to Improve the News (Jonathan Gray, Lucy Chambers and Liliana Bounegru) 2012



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