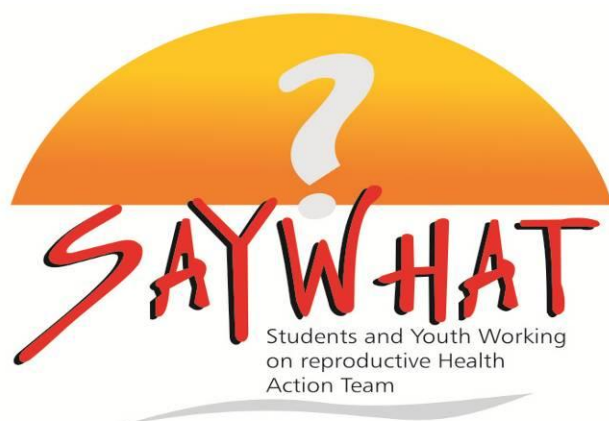




Web for Life Convention Report

5-7 August 2010 Africa University-Mutare



'Act Now! Claim Sexual and Reproductive Health and Services in Tertiary Institutions'

Acknowledgements

The Students And Youth Working on reproductive Health Action Team would like to acknowledge all the female students for their active participation and meaningful contributions as well as their recommendations during the Web for Life Convention 2010 and for making this event a success. Your contributions made a difference and marked the beginning of an active network on female students' sexual and reproductive health and rights.

SAYWHAT acknowledges the unwavering support and commitment of all stakeholders and service providers who were represented during the Convention, namely the Zimbabwe National Family Planning Council, New Life-FACT Mutare, Mutare Legal Projects Centre, The Crisis Coalition, Population Services Zimbabwe, Population Services International Zimbabwe, The New Start Centre, Africa University Health Care Centre, Zimbabwe Young Women's Network for Peace Building, YOWLI and the French Embassy. Your support

We would like to thank all our partners, namely SAfAIDS, YETT, SAIH and Ford Foundation for their support and contributions to the success of the event.

Lastly, SAYWHAT greatly appreciates the support and participation of the University of KwaZulu Natal, University of Zambia and the Catholic University of Mozambique which were represented during the Convention.

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List of Acronyms

ANC	Ante Natal Care
AIDS	Acquired Immune Deficiency Syndrome
FSC	Female Student Conference
GBV	Gender Based Violence
HIV	Human Immune Virus
MCP	Multiple Concurrent Partners
MoHCW	Ministry of Health and Child Welfare
NCC	National Coordinating Committee
NGOs	Non Governmental Organisations
RH	Reproductive Health
PITC	Provider Initiated Testing and Counselling
PAC	Post Abortion Care
PL	Positive Living
SAFAIDS	Southern African AIDS Information Dissemination Service
SAYWHAT	Students and Youths Working on Reproductive Health Action Team
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infections
UKZN	University of KwaZulu Natal
UNZA	University of Zambia
VCT	Voluntary Counselling and Testing
ZNFPD	Zimbabwe National Family Planning Council
ZYWNP	Zimbabwe Young Women's Network for Peace building

Executive Summary

The Web for Life Convention marked the fifth edition of what has been traditionally known for the past four years as the Female student's Conference. The rebranding was inspired by the need of having the convention as a meeting point of consolidating and reviewing grassroots interventions that would have been done throughout the year under the Web for Life network. The Web for life is a coordinating network that is responsible for managing provincial and college based initiatives for sexual and reproductive health for female students.

Under the theme ***Act Now! Claim Sexual and Reproductive Health Services from Tertiary Institutions*** the 2010 convention saw the participation of 60 Students from Tertiary institutions around Zimbabwe and some delegates from regional universities like the University of Zambia, Catholic University in Mozambique and University of Kwazulu Natal. Amongst the Convention's key objectives was the need:

- To explore opportunities to establish reproductive health care, HIV and AIDS services within tertiary institutions.
- To document the Reproductive Health Care Needs and Expectations of female students.
- To encourage students and stakeholders to increase demand and support for quality reproductive health, HIV and AIDS services.
- To provide a platform for interaction between SRH, HIV and AIDS health care providers and female students.
- To explore opportunities for the Web for Life in ensuring access to SRH, HIV and AIDS Services for female students.
- To explore opportunities for female students' empowerment through the constitution, legal and policy provisions.

The thrust of the convention was on ensuring service delivery and this was promoted through various parallel sessions and an exposition that allowed students to interact with the SRH services that are available for them. An encouraging 59% of the delegates were tested from the New Start that was present during the convention.

Amongst the key deliberations were issues around the Constitution making process and the role of female students in advocacy and lobbying. Critical issues on mapping service providers were also explored with emphasis given on improving the health delivery model in tertiary institutions so that they are friendly and responsive to the needs of female students.

Main activities planned within the regional work plans under the Web for life include expositions, discussion forums and edutainment programs that are mainly aimed at information and knowledge sharing as well as advocacy and lobbying for effective gender responses.

Key action points agreed from the convention include:

- Monitor and track budgets allocated for sexual and reproductive health and rights of young women.
- Advocate for the allocation of adequate quality and reliable Sexual and Reproductive Health Care services for all young women in Tertiary institutions.
- Promote and support young women's rights using local and national laws, national constitution and international instruments.
- Provide Maternal Health Care in tertiary institutions.
- Establish a board to support female students' activities and initiatives that fully empower them on their physical, emotional, psychological and social Sexual and Reproductive Health and Rights needs.
- Ensure the provision of Youth Friendly services and service providers in colleges.
- Involve policy makers, politicians, ministry of women's affairs in all deliberations on women's issues.
- Research and document female students' challenges, behaviors, attitudes and realities.
- Develop and implement supportive policies for pregnant students in tertiary institutions.
- Advocate and lobby for gender sensitive SRH services that embrace and recognize young women's rights to HIV prevention and Contraception.
- Advocate for young women's access to information and services on the prevention and management of abortions and their complications.
- Ensure availability of Anti Retroviral drugs and treatment of STIs at institutional clinics.

Moving forward SAYWHAT intends to craft a response strategy that will ensure the implementation of the agreed Web for life Provincial work plans by the students and other implementing partners.

1.1 Introduction and background

In the past four years, SAYWHAT has championed gender responses that address the Sexual and Reproductive Health (SRH) challenges faced by female students in the tertiary institutions of Zimbabwe. SAYWHAT honours the meaningful involvement of female students in Sexual and Reproductive Health issues through participatory, consultative and informative platforms such as the Web for Life Convention. This 3 day event held annually brings together stakeholders who represent Government departments, UN Agencies, NGOs, Civil Society, health service providers, students and college authorities. The objectives of the convention is to interrogate the efficacy/efficiency of the delivery of sexual and reproductive health services, review experiences and share ideas of how to move forward in formulating solutions that address the Sexual and Reproductive Health needs of female students. This approach works towards the building of mutual respect, trust and joint action amongst stakeholders, college authorities and students to meet the SRH needs of female students in Tertiary Institutions. Presentations, activities and material distributed at this Convention were designed under the theme:

Act Now! Claim Sexual and Reproductive Health Services from Tertiary Institutions.

This edition of the convention was a platform for dialogue and engagement with key stakeholders in the area of SRH and brought together experts in the various thematic areas. Exhibition and break away theme sessions that were hosted provided a platform for students to unfold key issues affecting their access to SRH, HIV and AIDS services which included access to contraceptives, support strategies for positive living, sexual harassment, date rape, abortion, sex and sexuality.

In depth discussions provided space for students to express their concerns, needs and provoke thinking in consolidating proposed actions to shape SRH strategies and programs that are delivered to them. It was also an opportunity for students, stakeholders and college authorities to utilise their collective expertise in shaping strategies that will ensure meaningful provision of SRH services in Tertiary institutions.

A total of 30 Tertiary Institutions in Zimbabwe were represented, and student representatives from the Catholic University of Mozambique, the University of Zambia, and the University of KwaZulu Natal also took part.

SAYWHAT Secretariat coordinated and facilitated the meeting of the 1st Web for Life Convention held from 5 to 8 August 2010 at Africa University in Mutare, Zimbabwe. This report summarises the deliberations and outcomes of this Convention.

Presentations Synopsis

Presenters at this convention used varied methods of presentation ranging from written speeches, PowerPoint presentations and interactive small group discussions. The creative use of dynamic energizers, song and dance and brainstorm activities helped the flow of the Convention. The proceedings engaged participatory, informative and consultative approaches for effective information and knowledge sharing.

Overview of SAYWHAT

The NCC Treasurer, Prudence Madzadzavara, gave an overview and historical background of the institution, its aims, objectives, values and its fundamental principle of being student driven. In her presentation she mentioned some of the notable achievements and strides made by SAYWHAT in addressing SRH needs of female students including how some colleges have since began making available quality sanitary wear for female students at subsidized prices after much advocacy work by SAYWHAT. The presentation was also critical in outlining SAYWHAT's areas of work which includes information and knowledge sharing, capacity building and support provision as well as Networking and Advocacy around all aspect of Sexual and Reproductive Health.

The Web for Life Convention, aims and objectives

The Gender Officer at SAYWHAT, Vimbai Mlambo presented the history of the Web for Life Convention, conference aim, objectives, expected outcomes and impact, thematic areas, activities at the conference and expectations as outlined below:

Aim: The Web for Life Convention seeks to interrogate and promote gender specific responses to the Sexual and Reproductive Health Needs of female students and ensure access to SRH including HIV and AIDS services in tertiary institutions.

The objectives of this convention were defined as follows:

- To explore opportunities to establish reproductive health care, HIV and AIDS services within tertiary institutions.
- To document the Reproductive Health Care Needs and Expectations of female students.
- To encourage students and stakeholders to increase demand and support for quality reproductive health, HIV and AIDS services.
- To provide a platform for interaction between SRH, HIV and AIDS health care providers and female students.

- To explore opportunities for the Web for Life in ensuring access to SRH, HIV and AIDS Services for female students.
- To explore opportunities for female students' empowerment through the constitution, legal and policy provisions.

Convention expected Outcomes

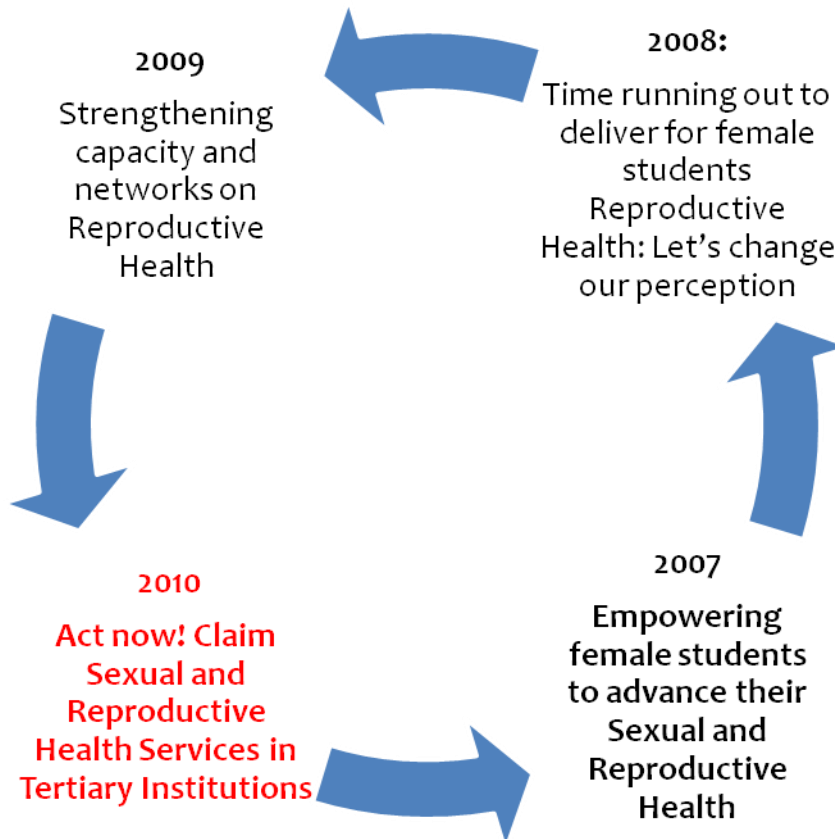
1. 5 Regional (Provincial) Web for Life Work plans that will ensure the active involvement of female students , service providers, and other stakeholders in response to Sexual and Reproductive Health Care Services in tertiary institutions.
2. A document on the Reproductive Health Care, Needs and Expectations of female students
3. Service provider and stakeholder mapping relevant to female students' SRH , HIV and AIDS needs
4. A document on the commitments to action by women's organisations, the ministries, college authorities, and service providers on female students' SRH needs.

Expected Impact of the convention

Among other things that the convention sought to achieve was the need for:

- Evidence based programming on SRH, HIV, and AIDS informed by female students in tertiary institutions
- Increased utilization and demand by female students of comprehensive SRH including HIV and AIDS services
- Increased knowledge and understanding of SRH including HIV and AIDS services available for female students.
- An increased health seeking behaviour by female students
- Commitment and prioritization of the female students' needs to reduce their vulnerability and risks to SRH challenges including HIV and AIDS.

Thematic transition from Female Students Conference (2007-2009) to Web for life Convention (2010)



In the previous three years, this annual gathering was called the Female Student Conference (FSC) and was rebranded in 2010 to become the Web for Life Convention. The first conference in 2007 was conceptualized as a baseline survey that will outline the SRH challenges female students whilst at the same time proffer a roadmap. In 2008 the theme was on changing of attitudes towards SRH. In 2009 focus was put on issues of capacity after it was realizing the need for strengthened capacity that would be necessary to push forward the SRH concerns for female students. The Web for Life Convention was formed at the end of the 2009 conference. It was decided that the FSC had to be rebranded to a web for life convention as a network for female students on SRH in the year 2010 and that it had to be centred on health services provision.

Thematic areas of the 2010 convention

- HIV Prevention, treatment, care and Support
- Family Planning
- VCT and Post – test support for female students
- Antenatal Care, skilled attendance at delivery and Postnatal care
- Prevention and treatment of reproductive tract infection and sexual and STIs
- Gender Based Violence and its linkages to SRH
- Alternatives to Sanitary Wear

Activities at the conference

Activities that were lined up for the 2010 convention included:

- Web for life provincial feedbacks
- Action Nights: Experience , sharing and networking
- Web for life discussions and work plans
- Parallel sessions exploring behaviours and attitudes and realities of female students in tertiary institutions
- Gender and SRHR Dialogue: Responses to the SRH needs and challenges of female students in tertiary institutions
- Sexual and Reproductive Health Care and HIV and AIDS Expo
- Present Actions

The SAYWHAT gender officer spoke of the resuscitation of the health sector, currently going on in Zimbabwe, emphasizing that it should realize that females have unique needs that should be recognized, prioritized and be allocated resources towards. She challenged young women on the participation in current events such as the consultative meetings on making of the new constitution. By a show of hands only 3 students in the room had attended such meetings. Vimbai encouraged the participants to hold stakeholders accountable and to make them commit to addressing the SRH services required by female students at Tertiary Institutions. They were also challenged to say what they need, when they need it, how much they need because it was of paramount value to advocate for specific needs. In her final remarks she highlighted the following to the participants:

- Understand what impact, what difference the conference will have in your life and your colleges;
- Make the most of the available of service providers, partners and technical experts at this conference and

- Make use of available services around you at the exhibitions, VCT, ZNFPC, PSZ, PSI, New Life and the Legal Rights Centre.

“Lead the change you want to see as Mahatma Gandhi said, as student leaders get tested during this convention as New Start will be here. Get real and get tested. It is disturbing to hear that female students are accused of being the drivers of MCPs” - Vimbai Mlambo, Gender Officer, SAYWHAT

Opening Session

The meeting was officially opened by the SAYWHAT Program Manager Mr. Darlington Muyambwa. In his opening remarks he encouraged maximum participation and contribution by all to the process. All participants were welcomed; delegates new to Zimbabwe from Zambia, South Africa, and Mozambique were given a special ‘feel at home’ welcome in each of their native languages. Partners, donors and stakeholders were acknowledged for their contribution and dedication to the success of the conference. He concluded by emphasizing the importance of this convention in developing credible resolutions and action plans that would strengthen student participation and power to build a structure for the support and implementation of SRH services for female students in Zimbabwe’s Tertiary Institutions and others within the Region.

Key Note Address

By Claire ICHOU- Health Programme Officer French Embassy

“I am very proud of SAYWHAT for bringing such an innovative, exciting program initiatives that will benefit female students and address their vulnerability in SRH challenges. In order to address these there is need for recognition of these 3 pillars that help women achieve SRHR.”

1. **Legal reform-** signed treaties conventions at high levels for example in Cairo, Maputo and Beijing formulated and signed agreements. Now is the time to act on those strategies.
2. **Provision affordable and accessible services for SRH,** access to comprehensive services such as contraceptives, post abortion care services, VCT, Positive living etc
3. **Strengthening Women’s capacity to exercise agency over their body.** Women lack control over bodies there are issues of exclusion and power dynamics that make women vulnerable in relationships. The high numbers of backstreet abortions in

the country which are at a confounding 70 000 per year go to show how women , increasing maternal morbidity

We are gathered here to reclaim power. Power is the ability to achieve a purpose, the strength that is required to bring about change. As inspired young women at this Convention, by coming together we can act and become agents of change. How do we become agents of change? There are 3 important types of power we need to exercise to become agents of change

1. **The power within** -our sense of self worth and self knowledge being aware of self and being able to negotiate with our multiple identities knowing when you are privileged and when you are excluded, its understating the complexities of who we are , when we are in positions of being dominated or excluded and how we deal with that.

How can we manage this? We can be pioneers in the creation of safe spaces and talking about these issues, questioning beliefs thinking of new ideas and possibilities. Acknowledging our anger and talking about it when we are angry then we can only exercise power when we know ourselves and where we are coming from.

2. **The power to** -the capacity to have a sense of agency, ability to take action, to make a difference, the power to say yes, no, I want, I don't want, to make an action. One of my favourite quotes says 'I am not a casualty I am also a warrior' by Audrey Lord a poet. At this convention we can nurture together our power to act by sharing ideas, sharing knowledge.

How can we do this? We can share ideas and knowledge, speaking for ourselves, there is no better expert of you than yourself.

3. **The power with-** that which we create when we come together, collective power created by coming together when we have a common agenda , mutual support, while respecting our differences and working together/moving forward.

How do we manage that? We need to understand 2 core principles:

Principle 1 - *Do no harm* do not stigmatize, women should not be a pot of honey which men want to dip a finger into.

Principle 2 -*Demystify sex and sexuality* this creates fear, sexuality is such as taboo, create a safe, free space and opportunity for sharing talking and listening to needs as women.

Finally just before I sit down, I am asking you to be bold, crazy, inspired and outrageous use humor, share ideas for how to take action to support SRHR. Make use of this amazing opportunity afforded to you by SAYWHAT as a country, as a Region to make wise and clear strategies for action and package them well for wide use and distribution. Take it upon yourself to be ambassadress of SRHR in your colleges and go back and

establish strong provincial WEB for life networks we cannot afford to wait any longer it is time to act now and it begins with you at this conference.”

Presentation 1: Lobbying and advocacy for young women's sexual and reproductive health and rights

Presentation by Grace R. Chirenje, Director, ZYWNP

In her presentation, Grace highlighted sexual and reproductive health issues that are affecting young people in tertiary institutions to date, lobbying and advocacy and the reasons why young women should lobby and advocate and how to go about doing that process. She highlighted that SRHR apply to both men and women, young women need to take full control and power over their bodies to make decisions about their lives. Unequal power relations caused by patriarchy have resulted in young women failing to claim their SRHR.

Young women are important in SRH policy formulation as they can articulate issues directly affecting them; mobilize one another and display great power in one voice. When young women have relationships and make choices about sex they should be aware of the rights they have with a full understanding of their sexuality and how to manage the power dynamics that tend to exist in relationships. She challenged young women to start engaging in lobbying and advocacy with various partners to say firmly what they need and want which meets their best case scenario in SRH at Tertiary institutions.

She highlighted challenges that are faced by young women in tertiary institutions and asked the participants if they were aware of their SRHR, 4 participants managed to state some of the rights. Young women in Tertiary institutions face a lot of challenges in enjoying their full SRHR. These include, lack of access to quality and affordable sanitary wear, post abortion care, family planning services and options, counseling for the prevention of and quick effective treatment of STIs, HIV services (counseling, testing, ART), Antenatal Care (ANC) & Post Natal Care (PNC).

The ideal environment for young women in tertiary institutions as a Best Case Scenario should include the following:

- Access to safe, young women-friendly family planning services
- Readily available services at the institution
- Well stocked clinics in the institutions (sanitary wear, ART, treatment drugs)
- Adequate education on the female condom and its availability
- Reliable referral system (ANC, PNC, Victim-Friendly Unit, Rape Clinic)
- 24 hour counseling services for females

- Access to Post Exposure Prophylaxis (PEP)
- Access to emergency contraception with adequate education
- Accurate and complete information to SRH related issues

She then went on to define and discuss issues related to advocacy and lobbying including the various steps involved in the process. Also pointed out were the differences between the 2 processes, advocacy is a set of targeted actions in support of a cause or an issue, because one wants to build support for that cause or issue, influence others to support it; or try to influence or change legislation that affects it (Lindblom/Nylund 2006). Lobbying is a small part of advocacy restricted and specific to advocacy efforts that attempt to influence legislation. Further discussions revolved on the stakeholders to be involved in undertaking these processes including the reasons and tips for advocacy by young women to defend their SRHR. She concluded by leaving the students with food for thought citing a quote from Ralph Waldo Emerson, an American poet and essayist who noted that, “Nothing great was ever achieved without enthusiasm.”

Learning outcomes of the discussion

- There was general awareness amongst the female students on their SRHR, but a lack of how to use those rights to empower themselves in relationships.
- Interrogated the cost of SRH services in Zimbabwe, particularly the cost of childbirth, there were concerns about costs in public, private and mission hospitals. A case example was give in Zambia where public hospitals offer free medical care for childbirth but is of very poor quality and standard such that people still prefer to pay the cost of Private hospital care.
- Students raised concern over date rape, how to manage it to ensure that it is not trivialized in the referral network.
- Students were encouraged to keep the evidence when raped; even when they are raped by a boyfriend they should report the matter. Bodily integrity is important and the right to say no to sex when they don't want it should be respected.
- In relation to advocacy at the Tertiary institutions students were encouraged to target those stakeholders who will respond timeously. Police Victim Friendly Units, legal authorities in the colleges and health centres needed to be friendlier and have the facilities, services and products to deal with rape promptly.
- Students were encouraged each other to be conscious and acquainted with the gender and sexual harassment policies in their colleges. If those are not in place they should advocate for their formulation and implementation in a consultative and participatory process with the students.



“You need to form sisterhood support groups to be able to talk about these issues together with the other students in your colleges and make sure that the services are available. Be comfortable and assertive about what you want to support the fulfillment of your SRHR and lastly act in the justice system if you have the strength.” Grace R. Chirenje, Director, ZYWNP

Presentation 2: Mapping SRH HIV/AIDS Service Provision for female students in tertiary institutions

Presentation by Mrs. Philomena Chiwara- ZNFPC

The ZNFPC offerses services nationwide to young women from all walks of life including those in Tertiary Institutions. In her presentation Mrs. Chiwara outlined the services in greater detail offered by ZNFPC which include:

- Family planning methods (long term, short term and permanent)
- Screening for cervical cancer , PAP Smear
- Screening for pregnancy and pregnancy test kits
- Services for infertility screening, testing and referral
- Training and distribution services at community level
- ASRH peer education programme for in and out of school youth

ZNFPC has strong linkages with stakeholders in healthcare and health provision who include MoHCW, NGOs, Rural District Councils and churches to mention a few. She also pointed out the national service delivery that targets all health centres in the community and in tertiary institutions which ensures that these facilities are equipped with contraceptives, HIV test kits, ART drugs, dispensing bottles and syringes. In ZNFPC clinics there are fully trained personnel who can remove or insert devices and assist young women make the appropriate choice on contraception methods. A small consultation fee is charged for the services and products for example oral contraceptive pills are pegged at \$1 for 6 packets which cover 6 months. She concluded her presentation by

encouraging young women to avoid HIV, STIs and unwanted pregnancies and choose to use their preferred method of contraception.

SAYWHAT has agreed on an MOU with ZNFPC that shall see service deliver around the areas covered by ZNFPC improve within tertiary institutions.

Learning outcomes of the discussion

- Most of the college health care facilities do not have contraceptives; few of the colleges have at least the oral contraceptive pills. Condoms particularly the male condom is available in all the colleges.
- Female students felt that the lack of friendly and visible options for family planning was a barrier; however the availability of the female condom in some of the colleges was felt to be empowering.

“There is no chance of a man pricking it and bringing a condom with a hole already as I would wear it in advance, it assures me.” student remark on the female condom

- Students were advised not to worry about weight gain when using contraceptives, one could switch the method for another should there be weight gain of over 3 kilograms.
- There were concerns about power dynamics in the choice of contraceptives, the students felt that males dominated the decision despite females bearing the brunt of ensuring accurate and consistent use of the contraceptive method e.g. the pills.
- It was acknowledged that there were not enough services for family planning and students urged ZNFPC to do more in their outreach service distribution programme and increase variety and stocks of contraceptives in their health facilities.

The afternoon session that followed allowed students to tour in groups a Sexual and Reproductive health service exposition by service providers. These included:

1. Legal Projects Centre: The Domestic Violence Act and its opportunities to promote and protect the rights of young women in Tertiary Institutions
2. Population Services International (PSI): Multiple and Concurrent Partnership and Dual Protection
3. Population Services Zimbabwe (PSZ): Prevention and Treatment to RTIs and STIs.
4. New Life VCT Post test support: Positive Living
5. New Start Centre: VCT services
6. Provincial Nursing Officer: ANC and Post Abortion Care

In plenary students gave feedback on what they learnt from the exhibition. This opportunity allowed them for interactions with service providers, question processes, acquire IEC material, network and share experiences. A total of 43 delegates underwent HIV testing and counselling with New Start who set up a mobile centre for the duration of the Convention.

The first Action night covered 3 activities led by the students which were:

1. University of Zambia (UNZA)- Taking stock on VCT and ART services on campus: A case study of the University of Zambia
2. University of KwaZulu Natal, (UKZN) South Africa- The pros and cons of legalizing abortion: A case study of South Africa.
3. Africa University, (AU): The Health Services Centre We Want: A case study of Africa University

Summary of presentations and learning outcomes

UNZA

*The UNZA HIV and AIDS Response Programme was established to coordinate University wide HIV and AIDS activities in the area of prevention, care and support that are undertaken by various groups (clubs, Associations, organisations etc.), units and schools.

-Stigma and discrimination of HIV positive students is high and the female students are blamed.

-Students have ART service offered at campus and these are confidential and acceptable to the students and the public

-The student body works in cohort with NGOs, the National AIDS Council and college authorities to support the students.

-Orientation of all students is conducted as a campaign to raise awareness on HIV and AIDS.

-The University Radio Station (UNZA Radio) distributes information and messages on campus.

-Some of the benefits, ART services on campus help students living positively to access other services such as material and emotional support, through the existing HIV support groups.

-There were also concerns that ART may also contribute to unsafe sex practices due to the awareness of the existence of life prolonging drugs.

- Students fundraise for most of their activities through video shows and drama.- -For UNZA, more men seem to access VCT services – e.g. the recent 2010 Orientation week Out of a total of 1377 (639 or 46% females tested and 739 males or 54%).(students, members of staff and the general public).

-Some of the major highlights include the facilitation of the formulation of the University of Zambia HIV and AIDS Policy. Coordination and implementation of various HIV and AIDS

activities, Training of peer educators at least more than 100 each year and establishment of a resource centre for HIV and AIDS, and other Health related information.

UKZN

- Experiences from around the world show that restrictive abortion laws have led women to have unsafe abortions.
- Before liberalization of the South African law in 1996, about 1000 legal abortions were granted annually in South Africa, mostly to middle and upper-class white women and ~ 200,000 unsafe abortions were performed annually.
- 45,000 hospital admissions and over 400 deaths from septic abortions each year.
- The 1996 Choice on Termination of Pregnancy (CTOP) Act gives women in South Africa the right to choose whether or not to have a safe abortion.
- As a direct result of this legislation, abortion-related morbidity and mortality have plummeted across the country.
- Legal safe abortions are still inaccessible to many women (especially rural areas)
- Lack of trained providers and facilities certified by the national or provincial department of health to provide abortions.
- Nearly 530,000 women and girls in South Africa have had abortions since the law was passed in 1996
- Deaths related to unsafe abortions have dropped by 91% during the time period
- It shows that although the opportunity of safe abortion is there some still go through the illegal passages due to socio-economic challenges.
- After sharing this information students commented on their feelings on the South African case study. Many of the Zimbabwean students strongly felt that abortion should not be legalised even if there are many deaths due to unsafe abortions. A debate ensued on this topic with emotions running high.

“Why should one have an unwanted pregnancy, if one is educated enough and knows the contraceptives when there are so many ways of avoiding pregnancy why choose to get pregnant then decide to have an abortion? Remember it is not just a physical act but can cause so much trauma and leave permanent emotional scars” Student

“I think abortion should not be legalized, we will be encouraging careless sex”....remarked one person, then another responded “...so what are u saying about condoms are people not being encouraged to have casual sex then?”-Students debating

“...are we going to speak out or keep our silence on abortion and its effects on young people? The same people who will do the backstreet abortion will go back to the hospital to finish the abortion... the difference is the same...may as well legalise abortion because it will be done

anyway” Student

- Some students raised concerns stating that we needed abortion rights recognized in Zimbabwe because it was a public health issue, it costs lives, people die when they have backstreet unsafe abortion, and there are deep seated developmental consequences when abortion rights are ignored.

“ ..after listening to the presentation we should have an open mind when we talk about abortion we need to stop using our religion on other peoples’ choices, the Bible talks about not fornicating yet many people are even if they are Christians still do what are we then saying about condom use, contraceptive use we may as well give up the struggle...”Student

- Seeing as there was no agreed way forward on this topic the facilitator encouraged the students to fight for what they thought was right.

AU

- The presenter shared with the group on the availability of healthcare services at the University for female students. The case study of the Africa University was model of the ideal service delivery and support system suitable for the support of students SRH.
- The healthcare service offered at AU embraced the core standards in health care which are
 - 1.Availability
 - 2.Accessibility (non-discrimination, physical, economic, information)
 - 3.Acceptability
 - 4.Quality
- The health care workers and givers at the clinic are very friendly and supportive, peer educators also work alongside the nurses.
- Consultation, contraceptives and sex education are provided free of charge at the clinic.
- There is 24 hour available medical assistance for all students, through the availability of an on campus paramedic, trained sub wardens and peer educators in First Aid, an ambulance, and a Sister in Charge resident at the campus.
- In the discussions that followed students, were excited to learn about the experiences of students at AU and wished their support structures were the same. Students went on to discuss the attitudes of college authorities in the various institutions towards their SRH. Mixed feelings and concerns arose on the discrepancies that existed in the standards and quality of services offered, lack of trained and friendly personnel in many of the institutions and the lack of contraceptives.

Presentation 3: The role of young women in the constitution making process

by Stabile Dewah- Crisis Coalition Zimbabwe

In her presentation Stabile began by highlighting the importance of participation by young women in the making of the new constitution. She went on to define what a constitution was *“it is a social contract between Governments and the governed.”* Following that she gave a history of the constitution making and redefining events in Zimbabwe since 1980. She emphasized the importance of knowing the Bill of Rights as young women so that they may be able to advocate for the services to meet their SRH needs which are currently not embraced in the constitution such as the health rights.

She challenged the students to recognize the power they had to be agents of reform and exercise this power by attending the consultative meetings that are taking place Nation-wide run by the Constitutional Parliamentary Select Committee (COPAC).

In the plenary discussions that followed, students articulated their concerns and the limiting factors that affect them in participation of such processes, these include:

- Students already feel stigmatized by their inability to hold peaceful demonstrations to air their views; as such actions are always viewed as politically motivated movements even when they are not e.g. food strikes.
- There is the fear of victimization, discontinuation of studies and arrests so students tend to shy away from participating in such processes.
- They feel their voices are not heard and there is a lack of support by college authorities.
- There was a discrimination of rural women who may not be aware of their rights and how to challenge wrong because of lack of exposure and information
- Civic education efforts are not enough there is a lot more that needs to be done and colleges are not targeted to disseminate information. More than half of the students were not aware of the fact that the COPAC meetings are free, non-partisan and allow for anyone to contribute.
- Students recommended that information be disseminated in the female favoured mediums such as Face book, Twitter, Bulk sms and other internet based pages.
- Suggested that young women of the peer age hold meetings at the colleges so that students are free to air their views and concerns. Their issues should be treated with respect and not trivialized.
- Students were encouraged to take a personal interest to read the local newspapers and tune into to television broadcasts that give more information and updates on the constitution making process.

“If I have a dollar as a woman what are my chances of buying the local newspaper, to bread or sanitary wear? Zero!” Student remark

“It is automatic for me and my family to watch Generations on SABC 1 at 8pm daily and not the local news on ZTV; I wonder how many other women in the whole of Zimbabwe have similar habit. We simply do not have the passion for watching ZTV”- Married Student

Parallel Sessions: Exploring Behaviors, Attitudes and Realities of Female Students in Tertiary Institutions

The parallel sessions that followed explored issues on sexuality, abortion, positive living and sexual harassment in Tertiary institutions. Students worked in groups that were led by the expert on these thematic areas. They then presented their findings from these discussions in plenary. Below is a summary of lessons learnt from each of the group:

1. Sex and sexuality education as an empowering tool for young women

In her outline she defined the terms sexuality and why people reacted negatively to the term. Many are of the opinion that sexuality is about teaching people about sexual intercourse. The WHO definition on sexuality states this about sexuality;

“Sexuality is a 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. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, historical, religious and spiritual factors”

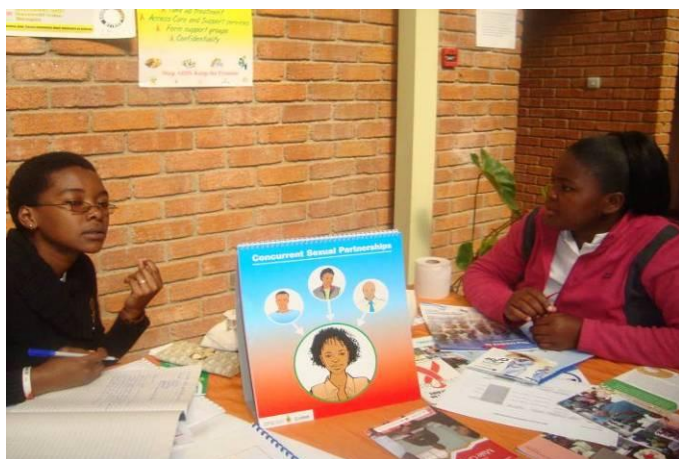
Current challenges faced by students

- Name calling of female body parts by male students in songs
- Derogatory comments towards female students for example larger breasted females are known as “dairyboard”, or when she ends a relationship she is labeled loose or as a prostitute.
- Lack of respect by their male counterparts in the way they dress and want to look good, express themselves and appreciate their bodies.

- Females being made to accept Multiple and Concurrent Partnerships for economic reasons including the Sugar Daddy concept.

Recommendations

- There is need for gender equity on empowering women for example doing away with cultural norms such as virginity testing for females and not for males.
- Values which undermines female power for instance the patriarchal societies where only males are the ones who are given the platform to negotiate for safer sex should be redressed
- Gender budgeting is needed for female students and there is need for monitoring and tracking budget allocations that promote sexual health rights.
- Advocating for allocation of adequate quality and reliable resources and free sanitary wear being distributed to all women in Tertiary institutions
- There is need to support women to reclaim their rights using local and national laws, national constitution and international instruments
- There is need to have the highest attainable standard of Health care for instance free quality maternal care.
- There is the need for women to have control over their own bodies and decide freely and responsibly on matters related to their sexual and reproductive health free of discrimination and violence.
- Workshops should be held so that the men and women can be aware of the implications of the physiological effects that can be faced or experienced when engaging on multi-concurrent partners or the "thigh for a mark" scenario
- There should be an independent board, which will be supporting the students on their issues which they feel they want to advocate and lobby for to support their SRHR.



"I don't understand men who go about "de-virginising" females and when they want to marry they want a female who is a virgin where do they think they would find one like that, if I am no longer a virgin am I worth any less?" Student Remark

2. *Abortion is it a reality or a creature of creation in tertiary institutions?*

Facilitated by Sister Chinamasa – Africa University Health Centre

The group began by defining what abortion was and outlined the existing challenges faced by students on issues related to abortion. Students acknowledged that they have known from amongst their peers, students who have carried out illegal abortions some safely done by doctors and others by healers. Several causes of unsafe abortion were identified which include:

- Stigma of pregnancy when unmarried
- No support from family and the boyfriend
- Societal expectations
- Rape cases- too much bureaucracy when you have been raped and want immediate help. The referral system in Zimbabwe is so poor at current moment you end up giving birth to an unwanted child before the court addresses your situation so people would rather abort.
- The child coming at a wrong time and career decisions leading to the option of abortion
- Unfriendly nurses when you require contraceptives
- Family background and support systems to support a child
- Inadequate income
- Peer pressure
- Poor access to services and information on preventing pregnancy, counselling pre and post abortion.

Recommendations and way forward (students individual rankings)

- Sensitisation and awareness about existing SRH services in Tertiary Institutions(1)
- Advocate for Youth Friendly services and service providers in colleges(2)
- Advocate for nurses to respect secrecy and confidentiality.(2)
- Include policy makers, politicians, ministry of women's affairs in our discussions
- Research and document , know what the views of the students are on this topic, organise discussion forums in the colleges (5)
- Find allies in our communities who can refer us to safe place for termination of pregnancy over unsafe illegal abortion (1)
- Advocate for supportive policies for pregnant students in tertiary institutions(2)
- Create support groups in the form of sisterhood, collective strength, non-discriminatory open and safe spaces (5)
- Advocate for SRH services in tertiary institutions including prevention and contraception (1)

- Advocate for post abortion care services
- Create positive messages that are supportive and non-discriminatory (1)

3. Positive living for young women, a dream or a reality?

Agnes Muradzikwa – New Life – FACT Mutare

In her discussions she deliberated with students on defining positive living (PL), outlining PL strategies, identifying barriers to practicing positive living for young women in Tertiary Institutions and their effects, how gender roles and responsibilities affect young women practicing PL, and concluded with a summary on how PL can be enhanced in Tertiary Institutions. PL strategies were identified as: good nutrition, stress management, access to proper treatment, social support, risk management, practicing safer sex and disclosure.

Current challenges faced by students

- Stigma and discrimination
- Poor access to nutrition. (Colleges have a set menu for students it may be of balanced diet but does not take into account those practicing PL).

Recommendations

- Dietary recognition of students practicing PL, engage Nutritionists to plan well balanced meal without excess fats and sugars.
- Availability of ART and treatment of STIs at institutional clinics.
- Continued awareness campaigns on the implications of stigma and discrimination through talk shows and peer support groups.
- Formation of peer support groups within colleges supported by authorities.

4. Who is to blame for sexual harassment in tertiary institutions?

Facilitated by Beatrice Savadye, Information and Advocacy Officer, SAYWHAT

In the group discussions they defined what sexual harassment was and agreed on the common understanding that it was repeated unwanted sexual gestures and comments. Lectures, policy makers and students were blamed for the perpetual of sexual harassment. Other factors such as the societal attitudes towards the behaviour of men and women also contributed to the existence of power dynamics that led to sexual harassment.

Current challenges faced by students

- Male lectures who want sexual favours “a thigh for a mark”, “sexually transmitted marks” were common statements.
- Female students who use their sexuality to lure lectures to giving them pass marks, could be in the form of offering sex or dressing to expose their physique.
- College authorities who request for sexual favours when students face severe punishment such as expulsion from the college
- No support system in the colleges to deal with sexual harassment, lack of policies

Recommendations

1. Stiffer penalties for those that harass female students, and a policy in place to protect lectures who are harassed by female students.
2. Empowerment of women to be economically independent.
3. A review of cultural norms and practices that oppress women and make male infidelity acceptable and encourage it by coining various proverbs.

Closing Remarks

‘Pulling the strings and tying the knot’ - Lillian Chakara SAFAIDS

Lilian Chikara of SAFAIDS made final remarks and commented on how much she had enjoyed the convention. The discussion of female issues on SRH was important due to the current problems that existed because of GBV, HIV and disregard for women’s rights in Zimbabwe. Young women are well placed to drive such topical issues and young girls need to be empowered to fulfill this role. She was very grateful to SAYWHAT for giving college students and stakeholders an opportunity to empower young women. Empowerment through information was important to guard against abuse and the exploitation of young women, particularly in tertiary institutions. She encouraged young women to practice individual introspection to understand and acquire sound knowledge of their bodies and sexual rights. There was a widespread assumption that young people knew about their bodies when in fact they did not. Despite the fact that young women were educated on sexuality in Biology classes in the course of their studies in ‘O’ level and ‘A’ level it was surprising that they still displayed ignorance about SRH.

Her presentation urged young women therefore, to “Get Knowledge” and gave an overview of SAFAIDS operations and programmes as a regional organisation that promotes access to information. Young women needed knowledge on sexuality and SRH in addition to academic knowledge. The existences of certain myths highlighted this need. For example there was a young woman who had asked if it was safe for her to have a shower after having sex, and whether she could be protected from HIV if she had a shower each time she had sex. This was a sign that there was a serious lack of

information on sexuality surrounded by myths and misconceptions. It was important for young women to focus on preventing the perpetual increase of HIV by staying negative; knowing the points of reference for treatment of STI; knowing where to get information and be of assistance to their fellow colleagues and family and how to pass on the information they would have gathered at the conference. Protection of the current generation of parents from infection with HIV was also essential to guarantee an HIV-free generation through avoiding mother-to-child transmission of HIV and AIDS. She also spoke about the Kelleher model shown below, and encouraged the students to have an understanding of their community and culture , as there are several formal and informal things in our culture that affect the realization of SRHR.

Men and Women's Consciousness Knowledge	Conditions Access to services, Availability Affordability, Acceptability
Informal conditions Traditions, beliefs, norms and values (patriarchy)	Formal conditions Laws, Policies, Structures

Benefits of the Kelleher model

- Helps to focus on problem areas
- Traces the intersection between culture, service provision policies and laws from the individual's point of view to the community and the environment.
- Allows for networking and exchange of information amongst partners
- Allows for referral systems to be established and brings out synergies between individual, communities and organisations

She challenged the girls on the importance of raising children the correct way to address current gender imbalances that put the girl child at risk and vulnerability. Socialisation of children to give them equal opportunities to address gender roles and responsibilities was important in that regard.

Appendices

Appendix 1: Informal Speech of motivation by Claire Ichou- in original verbatim

“I am very proud of SAYWHAT for bringing such an innovative, exciting programme initiatives that will benefit female students and address their vulnerability in SRH challenges. In order to address these there needed to be recognition of these 3 pillars that help women achieve SRHR.”

1. Legal reform- signed treaties conventions at high levels for example in Cairo, Maputo and Beijing formulated and signed agreements. Now is the time to act on those strategies.
2. Provision affordable and accessible services for SRH, access to comprehensive services such as contraceptives, post abortion care services, VCT, Positive living etc
3. Strengthening Women's capacity to exercise agency over their body. Women lack control over bodies there are issues of exclusion and power dynamics that make women vulnerable in relationships. The high numbers of backstreet abortions in the country which are at a confounding 70 000 per year go to show how women , increasing maternal morbidity

We are gathered here to reclaim power. Power is the ability to achieve a purpose, the strength that is required to bring about change. As inspired young women at this Convention, by coming together we can act and become agents of change. How do we become agents of change? There are 3 important types of power we need to exercise to become agents of change

The power within -our sense of self worth and self knowledge being ware of self and being able to negotiate with our multiple identities knowing when you are privileged and when you are excluded, its understating the complexities of who we are , when we in positions of being dominated or excluded and how we deal with that.

How can we manage this? We can be pioneers in the creation of safe spaces and talking about these issues, questioning beliefs thinking of new ideas and possibilities. Acknowledging our anger and talking about it when we are angry then we can only exercise power when we know ourselves and where we are coming from.

The power to -the capacity to have a sense of agency, ability to take action, to make a difference, the power to say yes, no, I want, I don't want, to make an action. One of my favourite quotes says 'I am not a casualty I am also a warrior' by Audrey Lord a poet .At this convention we can nurture together our power to act by sharing ideas , sharing knowledge.

How can we do this? We can share ideas and knowledge, speaking for ourselves, there is no better expert of you than yourself.

The power with- that which we create when we come together, collective power created by coming together when we have a common agenda , mutual support, while respecting our differences and working together/moving forward.

How do we manage that? We need to understand 2 core principles:

Principle 1. *Do no harm* do not stigmatize, women should not be a pot of honey which men want to dip a finger into.

Principle 2 -*Demystify sex and sexuality* this creates fear, sexuality is such as taboo, create a safe, free space and opportunity for sharing talking and listening to needs as women.

Finally just before I sit down, I am asking you to be bold, crazy, inspired and outrageous use humour, share ideas for how to take, take action to support SRHR. Make use of this amazing opportunity afforded to you by SAYWHAT as a country, as a Region to make wise and clear strategies for action and package them well for wide use and distribution.

Appendix 2: Poems and speeches- monologues

Vagina! Vagina!

*You were wonderfully and fearfully made vagina
You surprise me of your politeness
Politeness to keep quite when you are stressed,
Painfully in preparation of number 11*

*Where has it been heard u complained of giving birth
To both male and female you give birth without complaints
For a lifetime, Oh vagina you provide sexual pleasure
at any time desired*

*When I contract STIs it is you vagina that is
attacked but you have always been quiet
Oh vagina how wonderful you are
You bleed without being hurt and shed
Tears when no one provokes you
What award can be given you oh vagina?*

The endangered species

*I know of a species
Which comes in different shapes and sizes
But the fact is, they are the same.
The jungle is too much for them.
They are the juiciest and easiest of prey
And are at the verge of extinction
Because it lacks the strength to fight.
I thought civilization of the beasts was going to put a stop to it all.
Yes they have gained the right to survival skills in the jungle
They have managed to own a territory,
They have become role models, in some ways to their young
But women are still the endangered species
Act now women of today
On your Sexual Reproductive Health Rights
Speak out, shout, don't vibrate
And stop our species from extinction
It only takes you and me
By Amantha-BUSE*

Appendix 3: Work Plans

SAYWHAT Web for Life Convention 2010

WORK PLANS

The SAYWHAT Female Students' Web for Life Convention 2010 gathered 46 female students from Tertiary Institutions in Zimbabwe. 30 colleges were represented. 12 female students represented 3 Regional Universities, University of Zambia, University of KwaZulu Natal and the Catholic University de Mozambique. New Start Centre, Provincial Medical Director Representative (Manicaland), PSI-Zimbabwe, Zimbabwe National Family Planning Council, Mutare Legal Projects, Heal Zimbabwe, PS Zimbabwe, YETT, Fambai Zimbabwe Trust, FACT Mutare, French Embassy, ZYWNP, Africa University Health Centre also took part for technical support.

The following Provincial Work Plans were drawn up by the representatives. SAYWHAT shall ensure the coordination of the activities in liaison with college authorities, administration, clinics and focal persons/HIV and AIDS Coordinators.

MOZAMBIQUE

ACTIVITY	OBJECTIVES	TARGET	RESPONSIBILITY	DATES
Contraceptives Lectures	- To give information on the • Importance of using contraceptives • Different methods that exist • Places that they can be found	Women of 16 – 35 years	• Carlota • Alzira • Ivania	August 2010
Abortion Debate	• To educate on the advantages and disadvantages	16 – 35 years	• Carlota • Alzira • Ivania	August 2010

University of KwaZulu Natal

ACTIVITY	OBJECTIVES	TARGET	RESPONSIBILITY	DATES
Sanitary Wear	• To reduce the use of news papers and cloths	Rural Schools and Public Clinics	Teachers - health practitioners	
Create a Support Group	• To give support and empower single mothers • Reproductive Health Education	Single mothers that are students	• RHEAP • PE • SCC	

University of Zambia

SAYWHAT Web For Life 2010 Convention Report

ACTIVITY	OBJECTIVES	TARGET	RESPONSIBILITY	DATES
WORKSHOP	Create awareness of SRHR	Students	-Response Unit -Peer Educators	TBA
Radio and TV Program	Disseminate information on SRHR and Gender Roles	Students	-Response Unit -Peer Educators	TBA
Billboards	Advocate for SRHR	UNZA Community	-Response Unit -Peer Educators	TBA
Create Support Groups	Support ,offer care and monitor their health	-HIV Positive Students -Pregnant students	-Response Unit -Peer Educators	TBA
March Past		-UNZA Community	-Response Unit -Peer Educators	TBA

MASVINGO

ACTIVITY	OBJECTIVES	TARGET	RESPONSIBILITY	DATES
Sporting Gala	To disseminate information on SRHR	Students	-LCC Members -Peer Educators	17 September 2010
Web for Life Expo	Information & Knowledge sharing on SRHR, HIV and policies	Female Students	-LCC Members -Peer Educators -SAYWHAT	25 September 2010
Gender Training	Raise Awareness on policies on gender and gender issues	-Students Lecturers	-SAYWHAT -Peer Educators	02 October 2010
HIV/AIDS Theatre Gala	Information dissemination	Students	-GZU -Peer Educators	09 October 2010

MANICALAND

ACTIVITY	OBJECTIVES	TARGET	RESPONSIBILITY	DATES
Gender Training	- SRHR awareness - Condom Use	Students	-LCC Members -Peer Educators	10 September 2010
Sporting Gala	Awareness and eradication of stigma	Students	-SAYWHAT -Peer Educators	25 September 2010
Web for Life Expo	Conscientise on SRHR, HIV and policies	Students	-LCC Members -Peer Educators -SAYWHAT	02 October 2010

SAYWHAT Web For Life 2010 Convention Report

Talent Show	Information dissemination	Students	-Mutare Poly	09 October 2010
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BULAWAYO

ACTIVITY	OBJECTIVES	TARGET	RESPONSIBILITY	DATES
Advocate for Health Facilities	- Youth Friendly Services - Conducive Environment - Privacy - Flexible and accessible - Availability of medication	- Students - Colleges without clinics	- LCC Members - Peer Educators - Focal persons	September 2010
Education on SRH	Empowering college students	Students	- SAYWHAT - Peer Educators - VVOB - Sylveria House	September/October 2010
Web for Life Expo	- Educate on SRHR, HIV and policies - VCT	Students	- LCC Members - Peer Educators - SAYWHAT - ZNFP - New Life	October 2010
Gender Training	Educating on Gender, Rights, Equity, Equality	Students	- PADARE - Msasa Project - ZWLA - SAYWHAT	
VCT	- Knowing one's personal status - Positive Living	- Students - Staff	- New Start - PSI - New Life	Every 3 months

HARARE

ACTIVITY	OBJECTIVES	TARGET	RESPONSIBILITY	DATES
Gender Training	- Awareness on gender issues - Rights	Students	- LCC Members - Peer Educators	TBA
Sporting Gala	Awareness on SRH Rights and Services	Students	- SAYWHAT - Peer Educators	TBA

SAYWHAT Web For Life 2010 Convention Report

Web for Life Expo	Information and Knowledge Sharing on SRHR, HIV and policies	Students	-LCC Members -Peer Educators -SAYWHAT	18 September 2010
Workshop on Health Services	Awareness of SRH needs and service provision	- Students - Health Workers - Nurses	-Peer Educators -SAYWHAT -College nurses	TBA
Road Show	Awareness campaign on contraceptives	Students	-Peer Educators -SAYWHAT -College nurses	28 September 2010

MIDLANDS

ACTIVITY	OBJECTIVES	TARGET	RESPONSIBILITY	DATES
Gender Training	To conscientise both male and female students on SRHR	- Students - Lecturers	-SAYWHAT -Peer Educators -MSU	18 September 2010
Herbal Garden	- To know the advantages of using herbs - To have different herbs in gardens	Students	-Peer Educators -All colleges -MASO -SAYWHAT	30 September 2010
Web for Life Expo	Create awareness and sensitization on programs offered by stakeholders	Female Students	-LCC Members -Peer Educators -SAYWHAT	2-3 October 2010

Appendix 4: 2010 Web for Life Convention: Evaluation Report

The Web for Life Convention was evaluated using an evaluation form which the participants responded to at the end of the convention. The participants had an opportunity to evaluate the convention process which led to the immediate outcome. SAYWHAT shall take all contributions, inputs and suggestions made in order to improve its programming and coordination of future events.

Convention Process

The participants (74% strongly agreed, 26% agreed) and rated the convention highly and said that the convention objectives were relevant to their gender-sensitization needs and capacity. 79% of the participants generally felt that the convention provided enough time for questions and discussions while 12% disagreed and 9% were not sure.

The participants (60% Agreed, 40% Strongly Agreed) that the subject matter during the dialogues, parallel sessions and exhibitions were clearly presented and easy to follow and said that the discussants, presenters and facilitators created a participatory environment. 80% of the participants said that the venue of the convention was conducive.

Convention Content

The convention content was evaluated and 70% of the participants found the Expositions on SRH services and the parallel sessions on exploring behaviors, attitudes and realities of female students to be the most interesting sessions during the convention. The key topics noted as most interesting during the sessions were on MCPs, Domestic Violence Act, Family Planning Antenatal Care and Post Abortion Care, Abortion, Sexual Harassment, Sex and sexuality education and positive living in that order.

The evaluation noted that although the presentations done were not as up to standard there was a great appreciation of the issues discussed on the right to Health and the Constitution, Mapping of SRH services and Lobbying and Advocacy for SRH services. The

participants also applauded the presentations done by the students from the University of KwaZulu Natal and University of Zambia. They pointed out that such participatory methods must be encouraged as they are a motivating factor and good for experience sharing.

The participants shared their own personal action points through the evaluation on how they would apply the information they got from the convention to improve on their own health and that of other students. Advocacy came out as an important and most referred to strategy to be applied by most of the participants. Advocacy on the Legislation of abortion, on provision of youth friendly and efficient reproductive health care services and positive behavioral change were noted. Information dissemination and education on contraceptives, use of condoms, MCPs and positive living were noted by most of the participants as a need for their colleagues.

The general exercise of rights and positive behavioral change were noted as key to improving one's life and health.

The use of media, peer to peer interaction, hostel dialogues, lectures, focus group discussions, IEC materials, theatre and dance, the internet, writing reports, debates were some of the methods and strategies shared on how to give information to other and influence change.

46% of the participants noted the topic on Microbicides as the least interesting topic to them because of the 'technical jargon' and as new technology that is still a bit difficult to understand although this was greatly appreciated among the young women as an empowering prevention method. Other topics noted were on MCPs, contraceptives and the Right to Health and the Constitution as the participants felt that not enough time was given on the issues and the presenters were not very considerate of the foreign participants during the discussions.

On the other hand 60% of the participants said that most of the topics were very interesting and found them very important and interlinked.

The participants felt that the involvement and education of nurses in such platforms was very important. They also felt that the presentations could be improved by giving the presenters their topics well in time so as to fully research on the information and the use of professionals in teaching and explaining the key concepts. The use of power points was encouraged as well as the need to consider all participants in terms of language and where they are coming from. As a way forward the topic on Microbicides was recommended and must be a one day workshop on the topic.

All presenters and facilitators were females. Stabile Dewah from the Crisis Coalition, Grace Chirenje from ZYWNP, Mrs Chiwara from ZNFPC, The presenters from UKZN and UNZA, the plenary moderator, Vimbai Mlambo and Claire Ichou from the French Embassy were rated highly as best facilitators and presenters. The participants felt that the facilitators were confident and created a participatory environment. They said the presenters were well prepared and had detailed presentations that demonstrated high knowledge levels.

Generally the participants felt there was not enough information on the Sexual and Reproductive Health Rights. The Convention was encouraged to include more topics on Reproductive Health of men, responses of the government on SRHR, STIs, rape, sex and sexuality, counseling, reproductive health system and personal hygiene and diet to make the students fully understand the SRHR concepts.

The participants rated the presentation of issues/ideas by female students in this convention as good but still needs to be improved through more practical methods of education and an increase in awareness and advocacy. The use of interactive methods such as campaigns, dramas and theatre, film aided learning and expos were noted as very interactive methods that can continue to be used. Research and keeping up with current affairs was encouraged among the young women.

The participants were able to identify key stakeholders nationally and within their own provinces that can be key in contributing to the Convention. The National AIDS Council, ZNFPC, SAfAIDS, PSI, VVOB, ZYWNP, YoWLI and the Women's Trust were highly recommended by the participants.

The Ministry of Health, Ministry of Youth, Ministry of Gender and in particular female minister were also recommended and the participants felt they could learn a lot from the engagement of this sector.

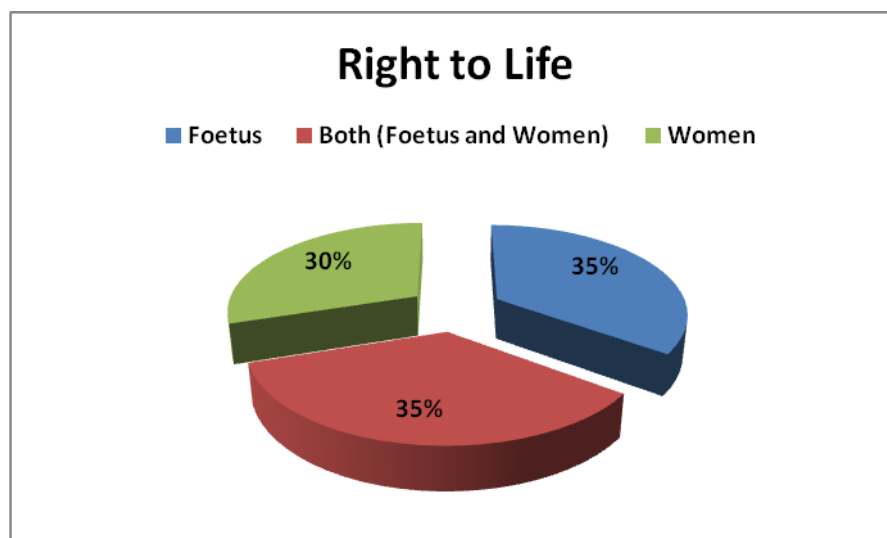
The involvement of foreigners and facilitators from different countries was highly commended and encouraged as an effective strategy for experience sharing and learning from good practices. The use of professionals such as medical health practitioners was noted. The participants also felt that the engagement of National organizations for disabled people e.g National Council of the Blind and church organizations must be taken seriously.

Appendix 5: Analysis of the Abortion Questionnaire

A questionnaire on abortion was administered during the Web for Life Convention 2010. 20 female students responded to the questionnaire. The main aim of the questionnaire was to assess the behaviors, attitudes, views and realities of abortion among female students in tertiary institutions. 16 of the respondents were singles and 4 were married and all were Christians aged between 19 – 33 years old.

The majority of the respondents said that they feel life begins as soon as the zygote is formed, at birth and when the heart starts beating. 7 students felt that life is defined by the age of an individual (e.g 1 year, 15, 16, 17 and 30 years).

The questionnaire assessed the views of young women on the Right to Life. Who has the greater right to life? 35% of the respondents said that the foetus had the most right to life, another 35% said both the foetus and the mother had an equal right to life while 30% said the mother has the right to life.



The majority of the respondents felt that partners must consent each other before deciding to abort. 12 respondents said a father must have a say in an abortion and 8 said there is no need for the father's say. 60% of the respondents felt that abortion is murder, 25% said it is not and 15% said they don't know.

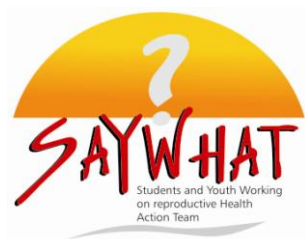
Although 60% of the respondents said that abortion is murder, 90% also felt there are circumstances where they think abortion should be offered to a pregnant mother such as in cases of rape, unwanted pregnancy, mental disability, when the pregnancy is a burden and coming from a poor background, a danger to health. Others felt that if the father is neglecting the pregnancy and the woman feels she does not want the baby then she has the right to abort if she wants to. The majority of the respondents said that if the mother is HIV positive or the foetus showed any signs of defects the mother should be allowed to abort and that would not be called murder. Only 2 respondents of the respondents said No and felt that legalising abortion would only lead to an increase to unprotected sex and the increased risk of contracting HIV.

The respondents said that there is limited knowledge and lack of education on abortion and on both the positive and negative sides of it. It was noted that people avoid the issue because it is controversial and people shy away from discussing about it thus not enough is being done on abortion. The respondents also pointed out that women are not speaking with one voice and have mixed feels on the right to abort and that is why abortion continues to be illegal in Zimbabwe.

65% of the students said there is no such a thing as a mistake abortion while 35% said there is normally when not enough counseling is done before abortion, in cases of miscarriage and when one is sick and taking tablets.

The students felt other critical issues that should be taken into account and intensified are on prenatal care, education on abortion and encouragement on the use of contraceptives as steps to reduce the incidences of abortion. They also felt that they should be severe punishment for those that have aborted. On the other hand some of the students feel abortion must be legalized although there was emphasize on the need to be certain before aborting as it is not reversible and being aware of the possible dangers that can be brought about by aborting.

Appendix 6: Convention Programme



Web for Life Convention 2010

5th – 8th AUGUST 2010

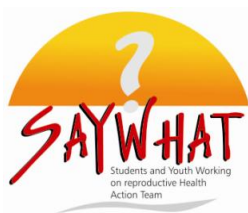
DATE	TIME	ACTIVITY	FACILITATOR
Conference Chairpersons: <i>Olivia Macheri and Vimbainashe Musakunda</i>			
05 AUGUST 2010	1500 – 1600	ARRIVAL	
	1600 – 1700	Registration	SAYWHAT
	1800 – 1900	DINNER	
06 AUGUST 2010	0800 – 0830	About SAYWHAT	Prudence Madzadzavara – NCC Vice Chairperson
	0830 - 0900	Conference Opening and Web for Life Convention Presentation	SAYWHAT
	0900 – 0930	Key Note Address	French Ambassador Representative - Claire
	0930 – 1015	Presentation 1: Mapping SRH, HIV and AIDS Service Provision for female students in Tertiary Institutions.	ZNFPC
	1015 - 1030	Plenary	
	1030 - 1100	TEA	
	1100 – 1145	Presentation 2: Lobbying and Advocacy for Young Women Sexual and Reproductive Health and Rights	Ruvimbo Grace Chirenje - ZYWNP
	1145 – 1200	Plenary	
	1200 - 1300	Gender and SRHR Dialogue: Responses	SAYWHAT

		to the Sexual and Reproductive Health Needs and Challenges of Female Students in Tertiary Institutions	
	1300 – 1400	LUNCH	
	1400 - 1700	Sexual and Reproductive Health Services Exposition • Family Planning (Contraceptives) – ZNFP • VCT and Post – Test Support – New Start Centre/New Life • Prevention and Treatment of RTIs, STIs – Population Services Zimbabwe • The Domestic Violence Act and its opportunities to promote and protect the rights of young women in Tertiary Institution – Legal Projects Centre • Antenatal Care and Post Abortion Care – Provincial Nursing Officer • Basic Hygiene and Self Care – Africa University Health Centre • MCP and Dual Protection – PSI-Zimbabwe	Service Providers
	1800 - 1900	DINNER	
	1900 – 2200	Action Night: ‘Leading the Change We Want to See!’ Experience Sharing • University of KwaZulu Natal – The Pros and Cons of Legalizing Abortion: A Case Study of South Africa. • University of Zambia – Taking Stock of VCT and ART Services on campus: A Case Study of the University of Zambia • Africa University – The Health Services Centre We Want: A Case Study of Africa University • Experiences of getting to know your HIV Status as a female student.	SAYWHAT
07 AUGUST 2010	0800 – 0830	Expo Feedback	Group Representatives
	0830 – 0915	The Right to Health and the Constitution	Sithabile Dewah – Crisis Coalition
	0915 – 0930	Plenary	
	0930 – 1015	Microbicides as an HIV Prevention Strategy	UKZN
	1015 – 1030	TEA	
	1030 – 1130	Parallel Sessions: Exploring Behaviours and Attitudes and Realities of female students in tertiary institutions.	

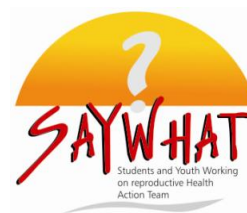
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		• Abortion a reality or a creature of creation in Tertiary Institutions – Sister Chinamasa • Sex and Sexuality Education as an empowering tool for young women – YOWLI • Positive Living for Young Women. A Dream or Reality in Africa – FACT - Mutare • Who is to blame for Sexual Harassment in Tertiary Institutions– SAYWHAT	
	1130 – 1200	TEA	
	1200 - 1300	Parallel Sessions Feedback	Session Rappatours
	1300 – 1400	LUNCH	
	1400 – 1500	Web for Life Presentation and Provincial Feedbacks	Representatives
	1500 – 1600	Provincial Group Work : Strategies and Activities (Work Plans)	All
	1600 – 1630	Feedback	Group Representatives
	1630 – 1700	Conference Evaluation	SAYWHAT
	1700 - 1730	Closing Remarks – ‘Pulling the Strings of the Web for Life’	SAfAIDS
	1800 – 1900	DINNER	
	2000 - 2200	Action Night: Pulling the Strings of the Web for Life	All
08 AUGUST 2010	0700 - 0800	BREAKFAST	
	0800 - 0900	DEPARTURE	
		END OF CONFERENCE	

Appendix 7: List of participants



SAYWHAT Web for Life Convention 5th – 7th August 2010



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