

Putting sexual and reproductive choice on the SADC agenda

By Natasha Tibinyane



Participants of a workshop that recently formed the Southern African Reproductive Rights Alliance

Namibia and other countries of the Southern African Development Community (SADC) need to do a lot more to make sexual and reproductive choice a reality - hence the establishment in October 2003 of the Southern African Reproductive Rights Alliance (SARRA).

SARRA is the result of a SADC Advocacy Workshop on Sexual and Reproductive Choice organised by South Africa's Reproductive Rights Alliance, a national alliance of women's rights and health organisations.

A regional study done by Reproductive Rights Alliance in 2002 found that nearly all SADC member states provided limited access to services. The right to termination of pregnancy in particular is severely restricted in all SADC countries, except in South Africa. The alliance therefore felt it needed to share its experiences on advocacy and lobbying with other organisations in the region, which could help them in advocating for greater sexual and reproductive choice in their countries.

Attended by 20 participants, including medical doctors, psychologists and activists advocating for women's and children's rights with a focus on sexual health and rights, the workshop examined the different levels of sexual and reproductive choice in the member states. But first the group had to determine what sexual and reproductive choice entails.

It was agreed that the exercising of choice is a central component of being human, and essential for human development. Fundamental to sexual and reproductive choice are legal rights to make choices about all issues related to sex, sexuality and reproduction, as well as the provision of information and services that are client-friendly and accessible to all. In short, choice equals rights plus access.

Sexual and reproductive choice cannot exist where there is violence and coercion, and the workshop participants agreed that based on just this, the region has a long way to go, considering the high levels of violence against women and children in all our countries.

However, there was quite some debate on the issue of one's right to an alternative sexual orientation, and it became evident that a lot more information and education are needed to overcome the prevailing ignorance and prejudice concerning sexual minorities, even among health pro-

fessionals and gender activists.

A disappointing factor was that there was little feminist activism amongst participants, which is important because without women's equality at all levels, policies that holistically address women's sexuality and reproduction remain a pipedream. Nonetheless, participants from Mauritius, Namibia, Swaziland, Lesotho, Tanzania, Malawi, South Africa, Botswana, Zambia and Mozambique agreed that change needs to be brought about at policy making, community and civil society level.

Another point highlighted was that most reproductive health policies do not involve men in awareness raising campaigns. Many women use contraceptives without the knowledge of their partners because they fear abuse should he realise that she is withholding from him the 'riches' of having a homestead filled with sons and daughters.

With regard to legislation on abortion, South Africa is the most advanced with one of the most liberal termination of pregnancy laws in the world. Mauritius is the only SADC country with no legal provision for abortion services under any circumstances. But this may change next year with the tabling of a new termination of pregnancy bill. All of the other countries allow for abortion services under certain circumstances, including situations where the pregnant women's life or mental health is threatened, the pregnancy resulted from rape or incest, or the pregnant woman is HIV positive.

The region also lacks the political will to liberalise termination of pregnancy legislation. Namibia is a good example, with our Minister of Health and Social Services admitting earlier this year that she does not have "the courage" to re-table already drafted amendments to the restrictive colonial Abortion and Sterilisation Act of 1975. This, while the National Policy for Reproductive Health notes that unsafe abortion is likely to contribute substantially to maternal mortality.

At the end of the workshop it was agreed that the participants from each country would do more research on their country situation and come up with appropriate advocacy strategies. SARRA will support, build capacity and advocate on behalf of all southern Africans for sexual and reproductive choice in all its aspects. ♀