

## Listen to our needs: Improving reporting on sexual and reproductive health in the Kenyan media



Nurses weigh a baby in the maternity ward of the local hospital in Nakuru, Kenya  
Sven Torfinn/Panos Pictures

Successfully addressing sexual and reproductive health (SRH) issues is key to Kenya's development. Kenya's development strategy, *Kenya Vision 2030*, prioritises reduction in the incidence of HIV and AIDS, and improvement of maternal mortality rates.<sup>1</sup> Fertility, family planning, maternal health, HIV and AIDS, and gender-based violence are identified in *The Kenya Demographic and Health Survey 2008 -09* as health priorities.<sup>2</sup> Community consultation has also identified a variety of SRH issues which are causes for concern, including rape, incest, abortion and lack of information on family planning.<sup>3</sup> Findings from research can provide vital information for the public and can inform health policy. The media can play a crucial role in reporting these findings. But how successfully are researchers communicating their findings and how well is the media reporting on these important issues?

## Summary

Between January and December 2010, Panos Eastern Africa, Panos London and the African Population and Health Resource Center (APHRC), supported by the Wellcome Trust, implemented a project to assess media coverage of sexual and reproductive health issues in Kenya. The project comprised:

- a scan and analysis of media coverage of SRH issues in 2009<sup>4</sup>
- mapping stakeholders on SRH
- two community consultations in the Nairobi urban slum communities of Korogocho and Viwandani
- a training session for science journalists and communication staff on reporting research as part of the ‘Research to policy and action: Communicating evidence to effect change’ workshop
- a multi-stakeholder forum to discuss results and make recommendations.<sup>5</sup>

This briefing highlights the key findings of the study and outlines the recommendations made to stakeholders, including editors, journalists, researchers and policymakers. Main findings included the following:

- there is limited coverage of sexual and reproductive health issues in the media
- of the coverage there is, over half is focused on HIV and AIDS. Issues which concern communities such as rape, incest and abortion get little media coverage
- according to journalists attending the training session of the ‘Research to policy and action’ workshop, media editors do not see SRH issues as newsworthy
- there is little research-informed media content and mistrust between journalists and researchers discourages journalists from using research findings in their reporting
- according to the communities consulted, their voices are missing from media coverage and their concerns are ignored in favour of sensational stories.

A series of recommendations were identified for each of the key stakeholders to improve the current situation.

<sup>1</sup> Government of Kenya, Ministry of Planning and National Development, (2007) ‘Kenya Vision 2030’, p18

<sup>2</sup> Kenya National Bureau of Statistics (KNBS) and ICF Macro (2010) *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro, p4

<sup>3</sup> Community consultation reports from Nairobi urban slum communities Korogocho (23 June 2010) and Viwandani (30 July 2010) prepared by Jeremiah Kiwoi, facilitator

<sup>4</sup> The media scan was undertaken by consultants at Strategic Africa with a report prepared for Panos, June 2010. Contact info@strategicafrica.com

<sup>5</sup> Multi-stakeholder forum report, 19 October 2010, unpublished

## Media coverage of sexual and reproductive health issues

The following are the specific findings from the project with respect to the quantity and quality of SRH coverage and the use of evidence and research in reporting.

### Quantity of Coverage

- The media scan found that 0.4% of coverage is dedicated to SRH in print media, 0.6% in television and 0.5% by radio.<sup>6</sup> Of this, over 50% of the SRH items in the press focused on HIV and AIDS. Family planning (including contraceptives and fertility trends) accounted for another 12% and safe motherhood 10%. The community consultations which took place in two urban slum areas in Nairobi identified rape, incest, and abortion as the greatest SRH issues they face. However these get little, if any, coverage in the media. The communities themselves said they don't see their priority issues reflected in the media.
- According to reporters attending the 'Research to policy and action' workshop, SRH is not a priority area for editors, which is why they give SRH issues little space. A producer at the national public broadcaster KBC said resource constraints inhibited more coverage of SRH issues. Reporters at the workshop said SRH stories are frequently displaced by other types of stories, especially political stories, and relegated to smaller less visible slots if carried at all. The media scan confirmed this as only 2% of health-related stories in the sampled newspapers were given front page treatment.

### Quality of Coverage

- Although the media has dedicated some space and time to the coverage of SRH issues, the findings suggest considerable room for improved accuracy and depth. In the print media, 49% of sampled articles treated SRH as 'general news' allowing little room for in-depth coverage. The workshop and multi-stakeholder forum established that the media's capacity to package scientific information in an accessible way is limited – mostly because of 'complicated' scientific language. Six percent of articles did include input from researchers or experts, which indicates good potential to build on existing experience and skills.<sup>7</sup> The communities consulted felt that the media ignored the SRH issues of ordinary people and misrepresented facts. One woman said, 'They write things we have neither said nor heard anyone else say.'
- The content analysis of the media scan shows that 44% of the SRH issues covered on television were reported negatively while 33% were reported neutrally. Only 22% of SRH issues were presented as positive stories.

<sup>6</sup> See note 4

<sup>7</sup> Research sources included Action Aid, USAID, WHO, APHRC, the Ministry of Medical Services Kenya, Public Library of Science journals and the Lancet, among others

### Use of evidence and research in reporting SRH issues

- A number of stories were based on research findings. Thirty-three stories, or 6% in the print media, quoted research. The same number (6%), were from 'unknown sources', that is, they were unattributed. According to in-depth interviews as part of the media scan, some journalists were discouraged from using research findings because they were unsure of how to establish the credibility of research, with different research findings often contradicting one another. Journalists also pointed to a lack of cooperation by researchers, who, sometimes, do not want to be quoted or sit on research findings for long periods.
- Although in absolute terms research-informed content was low, nonetheless there were cases of research-informed content, including interviews with experts on commercial sex work and on HIV and AIDS. This shows some interest from journalists, editors and media houses and is a base to build on to improve the use of research in SRH coverage.

### Obstacles to improved media reporting of sexual and reproductive health

The project identified the following barriers to reporting which was more in-depth and made use of research findings and the expert knowledge of researchers:

- **Academic language used by researchers.** The workshop revealed that researchers use complex language that journalists find difficult to understand.
- **Lack of effort on the part of researchers to communicate their findings to non-specialist audiences.** The media scan, multi-stakeholder forum and workshop found that researchers tend to write for 'elite' refereed journals, which are inaccessible to the majority of the population. Journalists felt they could do more to share findings in plain language.
- **Mistrust between journalists and researchers.** Researchers tend to be cautious and wary of journalists and policymakers, and this weakens the linkages necessary for positive utilisation of research findings in communication, policy formulation and general practice. The scan found that journalists often find it difficult to get information from researchers, who, as one journalist said, 'keep information away from the public for sometime before releasing it'.
- **Belief on the part of editors that SRH issues do not sell.** A key challenge identified in this project is that editors believe that SRH stories do not lead to increased sales. As one producer from KBC said, 'there are no sponsors' for SRH issues and the media houses 'have no budgets' for them.
- **Editorial predisposition toward 'bad news'.** The in-depth interviews during the media scan found that to the media, news tends to be 'negative'. Therefore, the scan concluded after stakeholder interviews, 'authentic positive stories [emanating from research] are often left out due to the editorial (mis)conception that they are less attractive'.

## Community perceptions of media reporting on sexual and reproductive health

Two urban slum communities were identified for consultation, in order to compare those issues found in the media and those highlighted by other stakeholders, such as researchers and civil society actors, with the issues seen as most important by local communities.<sup>8</sup>

- Community members consulted through the consultations said they felt excluded from the discussions on SRH. In Viwandani it was evident that the community was deprived of reproductive health information and family planning services. They said the presence of a health facility within the community would be critical for improved health care quality and called on the government to provide information on family planning and affordable services. The media can also provide such information. It was noted that Viwandani lacks a community radio station. 'We need one here. Korogocho have theirs, Kibera have theirs, Mathare have theirs; why not us?' a man asked.
- The communities consulted said their voices were missing and their priority issues – family planning information and services, rape, incest – were not covered while sensational sex stories abounded. In Korogocho, when asked about media performance in covering the community's concerns including SRH, they expressed disappointment. 'The media only come here when there is fire. Otherwise we don't see them,' a participant said. Another gave the example of how a girl whose sex abuse case was reported to the media was dejected as 'no one highlighted her plight'. Other residents complained that they did not 'even know where to get the media' in the first place. Much as Koch FM – a community radio station in Korogocho – was commended for its work, it was noted that it lacks 'enough' capacity to cover such stories. Overall, the communities thought rape, incest and abortion were their most pressing SRH concerns. But the media scan showed that these issues were not reported.
- The communities also said they saw journalists only when politicians were visiting and the emerging coverage only focussed on what the politicians said, leaving out community concerns.

## Recommendations for stakeholders

The consolidated findings of this project have implications for policy and action at institutional, governmental as well as at the individual level. These implications were discussed at length during the multi-stakeholder forum and the following were agreed as a way forward for each of the stakeholders:

### For the media

- **Increase space for SRH issues.** It was felt that editors could allocate more space and airtime to SRH issues. This would allow for deeper and more engaged coverage. It is difficult to say whether coverage of SRH in Kenya's media is too low without a comparison with other countries. However, the community consultations showed that there was an

<sup>8</sup> The project recognised these would only provide the views of a limited number of people affected by SRH issues and confined consultations to two urban slum communities with which project organisers had already established rapport. The aim was to get some insights from this important group of stakeholders and the project is keen for future work to include additional consultation

audience for reporting on subjects such as abortion, early or child sex, forced marriages, rape, and incest which, according to the media scan, currently receive no coverage.

- **Have dedicated spaces, yes, but mainstream SRH too.** The idea of special columns and programmes exclusively dedicated to SRH issues was widely supported. However, it was pointed out that the creation of special pullouts or news slots on SRH could create 'convenient ghettos' to 'hide' SRH issues in. Therefore, SRH mainstreaming ought to accompany deliberate efforts to create 'guaranteed spaces for SRH'.
- **Prioritise SRH by striving for more inclusive policies.** The forum agreed that coverage would improve if SRH was recognised as a development issue. Media houses could start focusing on the development dimension of SRH and cover it in greater breadth and depth. Issues such as rape, incest and abortion – the three greatest concerns of the communities consulted – could be given more attention.
- **Train both reporters and editors.** Throughout the project, the need for the training of not just reporters but editors, who make the final decisions about what to cover, came up many times, with the strongest sentiment coming from a woman in Viwandani who said, 'You (the media) need to be trained to know that we are human beings living here!' The forum agreed that an effort should be made to increase the skills base of editors and reporters to enable them to cover SRH better and to provide them with up-to-date knowledge to challenge their attitudes about SRH, as many SRH issues are still largely taboo.
- **Involve ordinary people.** The media was urged to make special efforts to capture 'ordinary voices' in their outputs. The story of Amina, published due to the community consultations which involved journalists, was cited as an example of the kind of story that could be uncovered if the media tried to capture ordinary voices.<sup>9</sup>
- **Establish a network of health journalists.** The forum suggested the establishment of a network of journalists on health issues who would give increased priority and coverage to SRH.

### For the research community

- **Embrace research communication.** The forum participants felt that researchers have an obligation to the communities they conduct their research in as well as to the media and policymakers. Researchers were urged to incorporate a communication component in their research plans and communicate their progress and findings to the public, journalists and policymakers throughout the research cycle.
- **Simplify language.** Researchers often communicate in complex language which is inaccessible to outside audiences. Researchers could simplify the language of their research findings to appeal to the journalists, the public and policymakers.

<sup>9</sup> 'There is no such a thing as Marital Bliss for a Wife at Age Nine', *Daily Nation*, 1 September 2010

- **Reach out to other audiences:** Researchers draw prestige and recognition from conferences and publishing in peer-reviewed refereed journals. A researcher at the forum said that is how they 'earn a living' and 'it is the responsibility of journalists and policymakers' to find and use research. Though the forum acknowledged this, they felt researchers could 'step out' of academia and reach out to other audiences such as journalists and policymakers.
- **Be transparent and cultivate trust:** The in-depth interviews for the media scan revealed mistrust between journalists and researchers. Researchers could address this by being prepared to explain their methodologies to journalists in a way they can understand, and helping them to make an assessment of different types of findings and what they mean.

### For policymakers

- **Enact media plurality policies.** From a policy perspective, the community consultations unearthed the need for a more pluralistic media terrain, especially for community media in local languages reporting on issues affecting the community, including SRH issues. The Kenyan government lacks a media and communications policy and recently the Prime Minister formed a task force to come up with one.<sup>10</sup> Pluralistic policies would facilitate access to information and increase the voice of the public in the SRH debate.
- **Enact universal access policies.** A plural media does not guarantee universal or near-universal access. Universal access to media for all communities and social classes through a universal access fund would, for instance, allow the use of local languages in communicating SRH issues. For this to work the forum noted that there has to be a deliberate universal access policy that does not leave media to private commercial forces as is largely the case in Kenya today.
- **Enact a comprehensive SRH policy.** In the course of the project, several problems came to light that could be addressed by a comprehensive SRH policy. For example, community members complained of a lack of SRH information and services and lack of a policy on the HIV-testing and counselling of minors as well as on early marriages. At the forum an MP took issue with the haphazard implementation of health policies. These and other problems could be addressed through a comprehensive SRH policy, including SRH education and budgetary allocations.
- **Strengthen policymakers' research capacity.** Policy could be better informed by research evidence. The forum recommended the strengthening of the research arm of parliament to enable policymakers to access research evidence easily. Policymakers were also urged to be proactive and seek out relevant information to inform policymaking.

### For all stakeholders

- **Enhance linkages.** The media scan, the journalists' training session and the multi-stakeholder forum established that there is a disconnect between research institutions and others who should otherwise be collaborating on promoting SRH issues. Therefore,

<sup>10</sup>PM Forms Communications Policy Task Force', *Kenya Today*, 25-30 October 2010

one of the key recommendations is the strengthening of linkages between and among all stakeholders in the SRH debate, including the public, researchers/academia, civil society, the media and policymakers.

- **Identify, support and work with champions.** The need to identify SRH champions in all sectors was recognised. A participant said, 'I am sure you invited many MPs to come here. But the fact that the Clerk of the Parliamentary Committee on Health came, and was accompanied by one MP, shows that these two officers of Parliament can be SRH champions in Parliament. Also, consider identifying a media house that has demonstrated interest in covering SRH matters to join the SRH champions.'

## Conclusion

From this project, it is clear that there is considerable scope for better use of scientific research on SRH in media stories. This could improve the quality of journalism and publicise research findings to wider audiences, including policymakers. In turn, the improved communication and debate around SRH through the media could contribute to addressing the barriers inhibiting access to SRH information and services. Greater plurality of, and access to, media could also increase the range of voices and issues in the SRH debate to include the marginalised and excluded. According to the multi-stakeholder forum, stakeholder engagement and proper media coverage would prepare the ground for better SRH policies thereby reducing unnecessary suffering and marginalisation, and, therefore, lead to faster and more equitable development.

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