

Unrealised potential, forgotten priorities: Improving reporting on sexual and reproductive health in the Bangladesh media



Women and children wait to see a doctor at a mobile health clinic on a boat in Bangladesh.
G.M.B Akash/Panos Pictures

Bangladesh has made considerable progress in the health and development sector in the last two decades, with a successful family planning programme, gradual improvements in maternal health indicators, and increases in immunisation rates leading to a significant decline in infant mortality.¹ Yet important ongoing challenges remain, including low age of women at the time of marriage and first birth,² inequalities across socio-economic groups, problems regarding access to services, and lack of information on and services for many sexual and reproductive issues, such as fistula.³ How has the media covered these important issues?

In order to assess the current situation of sexual and reproductive health reporting in the Bangladesh media, a small study was undertaken in 2009 of the print media in English and Bangla and of government and privately funded radio and TV. The assessment comprised:

- a media scan and analysis,⁴ which included interviews with key people in the media, research and human rights' sectors
- a stakeholder forum⁵ held to discuss the findings of the media scan and develop recommendations.

This brief highlights the key findings of the study and outlines the recommendations made for interested parties, including policymakers, editors, research directors, civil society organisations and donors. Main findings include the following:

- according to the participants of the stakeholder forum, audiences in Bangladesh are ready to engage with a wider range of sexual and reproductive health issues
- there are significant areas where the Bangladesh media is still deficient in its coverage of sexual and reproductive health issues, particularly in terms of engaging with research and evidence
- according to forum participants, a number of obstacles to media reporting of sexual and reproductive health issues remain
- researchers and research organisations must do more to make their findings sufficiently accessible and usable.

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

¹ A Barkat et al. (2009) *Child poverty and disparities in Bangladesh*, Dhaka, Bangladesh, Human Development Research Centre for the UN Children's Fund (UNICEF), pii. Although mortality for under fives has reduced by one-third, it is still high – 193 deaths per 1,000 live births. See: www.unicef.org/sitan/files/Bangladesh_Child_Poverty_Study_2009.pdf

² A M T Iqbal Anwar et al. (2004) *Bangladesh inequalities in utilization of maternal health care services – Evidence from Matlab*, Washington DC, USA, Health Nutrition and Population (HNP)/World Bank publication, p.10–12. See: <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/RPP2Bangladesh.pdf>

³ Ministry of Health and Family Welfare (MOHFW) and UN Population Fund (UNFPA) (2004) *Thematic review of safe motherhood in Bangladesh*, pp.3–5. Bangladesh, UNFPA. Maternal mortality rate is still high at 302 per 100,000. See: http://www.unfpa-bangladesh.org/pdf/safe_motherhood_thematic_review.pdf

⁴ A4 Consultants (2009) Report on Media Scan, Reporting on Sexual and Reproductive Health Information, July 2009. The media scan was conducted by A4 Consultants on behalf of Panos. It reviewed media coverage including from *The Daily Star*, *Prothom Alo*, *Jugantor*, *Gramer Kagoj*, Radio Bangladesh, Bangladesh TV and ATN Bangla in the period from November 2008 to April 2009.

⁵ Report on Stakeholder Forum: Raising debate to improve media reporting on sexual and reproductive health, 31 August 2009. Annex II of the report contains a full participants list.

Media coverage of sexual and reproductive health issues

Participants of the study undertaken for this brief agreed that reproductive health issues are discussed more openly in the Bangladesh media now than ever before. Yet the media scan conducted between November 2008 and April 2009 found that the quality and content of that reporting was inconsistent and contained notable gaps and limitations.

For the scan, content was analysed in accordance with a topic guide, which included sexual and reproductive health issues, adolescent and related health issues, violence against women and children, and the overall health system in Bangladesh. In particular, the scan focused on whether and how research was used.

The scan findings indicated that while the Bangladesh media does provide coverage of health issues, that coverage tends to be concentrated in special sections of the print media and on days designated for raising public awareness – for example, on National Immunization Day or World AIDS Day. Health issues receive less coverage during the rest of the year.

Moreover, some issues are featured prominently while others are almost or entirely absent. For instance, HIV/AIDS and violence against women and children were found to receive prominent coverage as were, on a fairly consistent basis, safe motherhood, family planning, and child health. On the other hand, sexuality and adolescent (especially male adolescent) sexual and reproductive health and related rights and issues, as well as those of sexual minorities such as homosexuals, were found to be mainly absent. Coverage of early marriage and young people's access to and information on sexuality and sexual health was also noticeably lacking.

The scan found those reports that do appear in the media are rarely based on research and, therefore, lack credibility and the potential to engage the general public on sexual and reproductive health issues. There were also significant deficiencies in reporting, such as a lack of validation of statements and minimal or no use of attributions or cross-checking.

At the same time, it was found that press conference reports, verbatim use of statements, press releases and transcriptions of expert 'media roundtables' are regularly used as the basis of coverage rather than in-depth investigation or discussion of findings and issues. The response of readers and audiences to this style of reporting is unclear.

The practice of reporting names and displaying photographs of women who have suffered domestic violence in newspapers also raises ethical concerns and indicates that little thought is given to protecting the privacy and confidentiality of people covered in stories.

Obstacles to improved media reporting of sexual and reproductive health

a) Financial, social and cultural obstacles

The stakeholder forum held in mid-2009 brought together key people in the media, research and human rights' sectors to review and discuss the findings of the scan. The forum brought to light some of the main obstacles to media reporting on sexual and reproductive health issues, and to better use of research in such reporting. Obstacles identified included:

- **Lack of support from editors for coverage of health issues**, even when journalists are keen to pursue health stories. One senior reporter for a leading Bengali newspaper stated that his interest in health journalism 'has always brought me in a rift with my editor ... [who] says that too many health issues will ruin our market'. He went on to convey that his newspaper had recently conducted an audience survey that found health issues to be less popular than other topics. Attendees of the forum agreed on the importance of retaining readership and 'the profit aspect of news coverage'.
- **Weak audience demand for health and research-based reporting**. This was identified as an obstacle to covering health issues – as above – and was also seen to contribute to the lack of development of a serious reporting culture. It was suggested that weak audience demand was responsible, in part, for the lack of evidence-based stories. Hence it is not simply a matter of careless reporting, as the general lack of demand for research-based reporting reveals that, as one participant said, '...the source of data is not something the majority of readers look for'.
- **Reluctance on the part of editors and media managers to run stories on culturally sensitive topics**. It was felt that many editors and managers are reluctant to report on more culturally sensitive issues such as sexuality and sexual minority rights, preferring to report on more conventional and conservative topics. So, for example, although there is considerable reporting on violence against women because it is a 'popular' topic, there is little coverage of more sensitive or taboo topics such as violence against sexual minority groups (homosexuals or sex workers).

Some participants felt that the perceived need to couch certain sensitive issues in a particular language, due to social pressures, was not based in reality. Several people noted that using a 'language of obscurity' to address sexual and reproductive health issues resulted in lack of clarity, was unhelpful and failed to engage audiences.

- **Donor agendas influence which topics are – and are not – covered.** Many participants suggested that those health issues that do receive coverage, for instance HIV and AIDS, do so due to donor influence and 'donor-driven' media agendas in health journalism.
- **Lack of awareness and knowledge on the part of media and researchers.** A majority of media professionals at the forum agreed that journalists and editors need improved awareness and knowledge of sexual and reproductive health issues and, especially, should coordinate better with researchers. They felt that improving the reliability and relevance of health coverage could boost audience interest.

Participants agreed that training and a holistic approach to improving coverage of sexual and reproductive health were necessary, including the development of greater sensitivity to gender and women's rights.

b) Weak reporting skills and use of research by journalists

Issues highlighted in the media scan regarding journalists' use of research included the following:

- lack of analysis of policy issue statements made by leaders and experts
- limited interest in providing public health awareness information to audiences
- inadequate skills in dealing with technical issues of research
- lack of sensitivity and confidentiality in reporting, i.e. naming victims and exposing sensitive information that may lead to public consequences
- sensationalising reports
- providing general statements only on health issues, resulting in coverage that lacks specificity and importance.

Finally, although the print media is commended for its reporting and publication of sexual and reproductive health roundtables and conferences, including those covering research, media analysts noted that lengthy verbatim reporting, rather than highlighting key issues, findings and arguments, was unlikely to appeal to audiences.

c) Lack of communications skills on the part of researchers

Just as the media scan revealed that research plays a very limited a role in media outputs, the discussion at the stakeholder forum revealed that researchers and research organisations were likewise failing to take the necessary steps to make their findings more accessible and usable.

It was felt that policymakers and researchers were not sufficiently effective in conveying the importance of sexual and reproductive health issues – such as teenage pregnancy, adolescent sexuality and the concerns of sexual minorities – to the media, nor in prioritising those issues on the national agenda.

Conclusions

Research and media stakeholders at the forum felt that the Bangladesh public was ready to discuss and debate sexual and reproductive health issues more openly. They also emphasised the need for the media and researchers to work together to produce more evidence-based coverage that is both relevant and interesting to audiences. At the same time, stakeholders acknowledged that 1) internal pressures within the ranks of journalists and editors are a stumbling block, and 2) researchers need to be more proactive and accessible.

Partnerships among stakeholders are essential if there is to be a stronger and more meaningful media environment for sexual and reproductive health issues. Both representatives from the media and the research and development sectors see the need for an alliance as well as the necessity of involving policymakers, donors and publishers. An holistic approach is necessary given the country's religious and socio-cultural contexts and its educational system.

Participants emphasised that '[the] media can play a very strong role in raising people's awareness' and that '[the] media must create pressure'. The media's role was also highlighted 'in demystifying sexuality ... [and] establishing rights to sexuality as defined in the Constitution of Bangladesh'. One participant said, 'the media [plays] a political role with its capacity to create public opinion'.

Stakeholders observed that the media has not gone far enough to bring sexual and reproductive health issues to the forefront of public attention, and that reporting has not been well enough informed by research. Recent multimedia ad campaigns attempting to address young people's sexuality, including Bangladesh Betar's Jante Chai, Janate Chai (Would Like to Know, Would Like to Inform) and the televised HIV and AIDS prevention campaign Bachte Hole Jante Hobe (To Live You Must Know), were criticised for creating confusion and lacking impact.

Recommendations for stakeholders

What can policymakers do?

Policymakers can commission research to analyse public responses to sexual and reproductive health issues in the media, instead of opposing their presence due to perceived fears of a backlash from conservative political forces. History suggests that public resistance to such coverage is not high in Bangladesh and can be overcome, as was the case with reporting population control and family planning. Appropriate skills to present the issues in the media should also be cultivated. Policymakers can influence co-ordination between agencies, which is critical to develop journalistic and communication capacity and ensure better representation of sexual and reproductive health issues in the media.

What can editors do?

Editors currently give space to sexual and reproductive health issues and are interested in doing more, but they are cautious due to findings of weak audience interest and focus on profits. Editors must consider and investigate the reasons behind lack of audience interest, which may result from the style of coverage rather than the topic itself. Given the significance of sexual and reproductive health issues in Bangladesh, editors should serve both the media and consumers by 1) investing in better quality, research-based reporting, 2) learning to present issues in an interesting manner, and 3) reassessing audience responses to this coverage.

What can research directors do?

Partnerships between the media and researchers are critical for improving coverage of sexual and reproductive health issues. Technical and complex research reports have been difficult for journalists to use as sources for reporting. But this can be overcome if research directors provide increased access to research and support the production of media- and lay person-friendly reports for public use. Researchers also need to learn how to interact with the media and produce research findings that are easy to understand and use. Investment in communication and public relations skills is necessary, including cultivation of relationships with interested journalists and interview techniques.

What can civil society organisations do?

Civil society organisations (CSOs) can act as bridge between the public and the media by highlighting relevant sexual and reproductive health stories and providing leads for journalists to investigate. This might include providing access to people affected by the issues, who can bring the stories to life. As

partners of development agencies and the people, CSOs can create opportunities for better advocacy of rights, including sexual and reproductive health rights. Given their familiarity with community-level values, CSOs are in a good position to draw attention to neglected sexual and reproductive health issues in society, generating essential community support and buy-in.

What can donors do?

Donors can support the media and communication initiatives that have specific outcomes, invest in media research and social perception studies of sexual and reproductive health issues in the media, and advocate for greater flexibility of media coverage of these issues through dialogue with the government. They can also fund projects that create networks of journalists who have an interest in public service and health reporting in order to bring them together with researchers. The findings of this report suggest that donors are directly or indirectly supporting verbatim accounts of roundtables and conferences. They should redirect this support towards building the skills of journalists and researchers and links between these actors and civil society groups, so encouraging evidence-informed, issue-based reporting of these critical issues.

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