

REPORTING ON SEXUAL AND REPRODUCTIVE HEALTH: MEDIA GUIDE FOR JOURNALISTS

Document Produced by:
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Supported by:
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MARCH 2016

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ACKNOWLEDGEMENTS

The simple Media Guide on Sexual and Reproductive Health has been developed with support from various individuals and organizations.

UMWA, therefore wants to pay tribute to Stem van Afrika for the financial support; Sarah Sseggane and Rebecca Birungi for the additional technical support. The UMWA Coordination Team including Joan Nankya, Gorret Nalwoga and Immaculate Nankya.

This guide has also benefited from the UN resources (UNFPA, IPDC, and UNESCO), as well as the Population Reference Bureau, Reproductive Health Outlook, White Ribbon Alliance, WebMD and WHO which we are greatly indebted to.

Last but not least, UMWA Secretariat wishes to appreciate its leadership for the strategic direction it provides, in a participatory manner.

Margaret Sentamu-Masagazi
Executive Director
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STRUCTURE OF THE BOOK

This book has been divided into four sections including:-

- a) The background to the Guide and who will benefit from it.
- b) Writing or producing programs about themes under Sexual and Reproductive Health, what tips are available for journalists. The themes include:
 - Pregnancy and child bearing;
 - Family planning;
 - Maternal health;
 - HIV/AIDS and other sexually transmitted infections;
 - Abortion;
 - Female Genital Mutilation;
 - Adolescents and young adults.
- c) The third section looks at what to look out for when gathering information or packaging the story or program or airing it. Sample programs say on women with disabilities among others, have been presented. The booklet has also provided space on what to pay attention to when choosing the words or phrases or better the language to use.
- d) The last section provides a simple checklist on reporting about sexual and reproductive health issues / services.

SOME OF THE KEY WORDS USED IN SEXUAL AND REPRODUCTIVE HEALTH

Adolescence: The transitional period between puberty and adulthood, generally including ages 10 to 19. Data on adolescent health, education, employment, and behaviors are usually provided for ages 15 to 19. The youth population is generally defined as ages 15 to 24. (Page 39)

Antenatal period: The period from conception until the onset of labor, approximately 40 weeks. (Page 19)

Acquired immune deficiency syndrome (AIDS): A progressive, usually fatal condition that reduces the body's ability to fight certain infections. It is caused by infection with human immunodeficiency virus (HIV). There is no cure for AIDS, but antiretroviral therapy (ART) can control symptoms and extend life, often for many years. (Page 21)

Childbearing years: The reproductive age span of women, assumed for statistical purposes to be ages 15 to 44 or 15 to 49. (Page 7)

Chlamydia: A sexually transmitted infection that often causes irregular bleeding and pain during intercourse in women, burning during urination in men, and discharge in both men and women. If left untreated, Chlamydia can lead to pelvic inflammatory disease. (Page 26)

Circumcision (male): Surgical removal of the foreskin or prepuce of the penis, commonly done for religious or cultural reasons during infancy, but increasingly for health reasons during adulthood. Men who have had the procedure have been shown to have reduced risk of becoming infected with HIV or other sexually transmitted diseases. (Page 22)

Contraceptive prevalence rate: The proportion of women of reproductive age (usually ages 15 to 49) who use a contraceptive method at a particular time. Generally shown for women who are married or "in union," but may also be given for unmarried women. (Page 11)

Dual protection: Using two types of contraceptive methods at the same time: a barrier method such as a condom, and another modern method such as the oral pill or intrauterine device, to simultaneously safeguard against pregnancy and sexually transmitted infections (STIs), particularly HIV. (Page 13)

Eclampsia and pre-eclampsia: Complications of pregnancy. Pre-eclampsia generally appears in the second half of pregnancy and is marked by high blood pressure, swelling in the hands, legs, and feet, and high protein levels in the urine. It can progress to eclampsia, which can cause convulsions and coma and can be fatal.

Ectopic pregnancy: A life-threatening condition in which pregnancy forms outside of the uterus. The pregnancy can cause massive internal bleeding or spontaneous abortion and must be surgically terminated. (Page 26)

Emergency contraceptive (EC): Also known as the "morning-after pill," EC is used to prevent pregnancy after unprotected intercourse, such as when a contraceptive fails or when sex occurs without contraception. (Page 14)

Female genital mutilation/cutting (FGM/C): All procedures involving cutting or removing all or part of the external female genitalia or other injury to the female genital organs. Also referred to as female genital mutilation (FGM) and female circumcision. (Page 35)

Fistula or obstetric fistula: An abnormal opening between the vagina and bladder, or between the vagina and rectum that can lead to incontinence—the inability to retain urine and/or faeces. Obstetric fistulae are typically caused by obstructed labour when the baby cannot pass through the birth canal. (Page 18)

Gonorrhea: A sexually transmitted infection that, if left untreated, can lead to pelvic inflammatory disease in women and infertility in men and women. (Page 27)

Haemorrhage: Heavy bleeding, the leading cause of maternal death worldwide. (Page 18)

Human immunodeficiency virus (HIV): A virus that attacks the body's immune system, making the body unable to fight infection. It can lead to AIDS, which is the last stage of HIV infection. Because there is no cure, HIV is the most dangerous sexually transmitted infection. (Page 21)

Human papillomavirus (HPV): A group of related viruses, more than 40 of which are common sexually transmitted infections. Most show no symptoms, but genital HPV can cause several different diseases in women and men, especially genital warts. Certain types of HPV can lead to cancers of the cervix, vagina, penis, oral cavity, head and neck, or anal canal if not detected and treated early. (Page 27)

Hypertension: High blood pressure as measured by a systolic pressure above 140 with a diastolic pressure above 90. (Page 20)

Incidence rate: A measure of the frequency with which a disease occurs in a particular time frame; for example, the number of people who are newly infected with HIV within one year per 1,000 people at risk.

Incomplete abortion: An abortion that leaves products of conception in the uterus. Induced abortion: The intentional ending of a pregnancy. (Page 29)

Lactational amenorrhea method (LAM): A family planning method that relies on nearly exclusive breastfeeding without supplemental feeding to provide natural protection against pregnancy for up to six months after childbirth. (Page 12)

Lifetime risk of maternal death: The probability that a woman will die during her lifetime of causes related to pregnancy and delivery. It combines the probability of becoming pregnant with the risk of death from each pregnancy, across a woman's reproductive years. (Page 18)

Live birth: Birth of an infant who shows some sign of life, such as breathing or a heartbeat, regardless of the length of the pregnancy. (Page 20)

Low birth weight: A weight at birth of less than 2,500 grams, which increases the infant's risk of death and disability. (Page 41)

Manual vacuum aspiration: A method of removing tissue from the uterus by suction for diagnostic purposes or to remove the elements of conception. (Page 30)

Maternal morbidity: Illness or disability occurring in relation to pregnancy, childbirth, or in the postpartum period. (Page 20) **Maternal mortality:** The death of a woman while pregnant, during delivery, or within 42 days (six weeks) of delivery or termination of the pregnancy. The cause of death is always related to or aggravated by the pregnancy or its management; it does not include accidental or incidental causes. (Page 20)

Maternal mortality ratio: The number of women who die during pregnancy, or during the first 42 days after delivery, per 100,000 live births in a given year from any cause related to or aggravated by pregnancy, but not from accidental or incidental causes. The ratio reflects the risk women face of dying once pregnant. (Page 20)

Millennium Development Goals (MDGs): A set of eight measurable goals agreed upon by world leaders following the United Nations Millennium Summit in 2000, to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. MDG 5, for example, aims to reduce maternal deaths by three fourths of their 1990 level and to provide universal access to reproductive health by the target date of 2015. Progress toward these goals is being carefully monitored in most countries and by the UN. www.mdg.org (page 2)

Pelvic inflammatory disease (PID): A progressive infection that harms a woman's reproductive system. It can occur throughout the pelvic area, fallopian tubes, uterus, uterine lining, and ovaries. PID can lead to infertility (sterility), ectopic pregnancy, chronic pain, and death. (Page 27)

Post-abortion care: Includes emergency treatment of incomplete abortion and potentially life-threatening complications as well as post-abortion family planning counselling and services. (Page 32)

Postpartum period: After childbirth; the period from the delivery of the placenta through the first 42 days after delivery. The "extended postpartum period" refers to the first 12 months after birth.

Prenatal period: The period between conception and birth; now more commonly called the antenatal period. (Page 19)

Prevalence rate: A measure of how prevalent a particular condition or circumstance is in a given population at a given time. For example, the HIV prevalence rate is the proportion of the total population living with HIV at a given time. (Page 23)

Reproductive age: The ages during which women are able to bear children, generally considered to be 15 to 44 or 15 to 49.

Sexually transmitted infection (STI): Any infection acquired mainly through sexual contact; also referred to as sexually transmitted disease (STD). (Page 21)

Skilled birth attendant: Refers exclusively to people who have the training and skills necessary to proficiently manage normal deliveries and diagnose, manage, or refer

complications of pregnancy and delivery, such as doctors, nurses, and midwives, but not traditional birth attendants (TBAs). (Page 20)

Spontaneous abortion: Miscarriage, or loss of a pregnancy due to natural causes. (Page 29)

Stillbirth: Definition of this term varies by country; however, for the purposes of international comparison, the World Health Organization defines stillbirth as a baby born with no signs of life at or after 28 weeks' gestation. (Page 27)

Syphilis: A sexually transmitted infection that, if left untreated, can damage the nervous system, heart, or brain, and ultimately cause death. In pregnant women, the infection greatly increases the risk of stillbirth and birth defects. (Page 27)

Total fertility rate: The average number of children that a woman would have assuming that the current age-specific fertility rates remain constant throughout her childbearing years. (Page 7)

Trichomoniasis: A sexually transmitted infection; one of the causes of vaginal discharge. (Page 27)

Tubal ligation: Female sterilization. A procedure to “tie the tubes” (fallopian tubes) of a woman, which prevents transport of an egg to the uterus and blocks the passage of sperm up the tube where fertilization normally occurs. (Page 11)

Unmet need for family planning: The percentage of married women who prefer to wait at least two years before another birth or to stop giving birth but are not using contraception. Women who rely on a less effective traditional method may be considered to have an unmet need for effective contraception. (Page 14)

Unsafely performed abortion: Termination of a pregnancy either by someone lacking the necessary skills, or in an environment lacking minimal medical standards, or both. (Page 29)

Vasectomy: Male sterilization. A permanent form of contraception in which the vas deferens, the channel through which sperm travel from the testicles, is permanently shut off either by cutting, cauterizing, or otherwise blocking the vas. The sperm are reabsorbed into the body. Semen is still produced, but without sperm, the egg is not fertilized to begin a pregnancy. (Page 11)

1.0 BACKGROUND AND RATIONALE FOR THE GUIDE

Sexual and reproductive health is internationally acknowledged as a universal human right. It was first defined in the *Programme of Action* of the United Nation's 1994 International Conference on Population and Development (ICPD):

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and process. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

ICPD called for a people-centered approach in which couples and individuals can freely and responsibly decide on the number and spacing of their children. The empowerment of women is central to this approach.

The ICPD agreement also recognizes the interconnection of reproductive health and other aspects of people's lives, such as their economic circumstances, level of education, employment opportunities, and family structures, as well as the political, religious, and legal environment.

Uganda Media Women's Association, UMWA through her radio station, 101.7 Mama FM has for the past 13 or so years produced and aired programs on Sexual and Reproductive Health. In 2013/2014 UMWA with support from STEMVA AFRIKA, trained staff and volunteers of Mama FM and Radio Apac, in better programing and packaging of sexual and reproductive health issues in their stations. A Media Guide was developed which was later recommended to be scaled down into fewer pages.

2.0 WHY SHOULD SEXUAL AND REPRODUCTIVE HEALTH ISSUES CONCERN THE MEDIA?

Sexual and Reproductive Health is internationally acknowledged as a universal human right. It was first defined in the *Program of Action* of the United Nation's 1994 International Conference on Population and Development (ICPD):

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opportunities, and family structures, as well as the political, religious, and legal environment.

Sexual and reproductive health encompasses health and well-being in matters related to sexual relations, pregnancies, and births. It deals with the most intimate and private aspects of people's lives, which can be difficult to write about and discuss publicly. As a result, the public often misunderstands many sexual and reproductive health matters. In addition, cultural sensitivities and taboos surrounding sexuality often prevent people from seeking sexual and reproductive health information and care and preclude governments from addressing the issues.

Yet, sexual and reproductive health profoundly affects the social and economic development of countries. When women die in childbirth or from AIDS, children are orphaned. When girls must take over care of their siblings, they drop out of school. Without an education, girls often marry and begin having children early, which can jeopardize their health and limit their opportunities to contribute to the development and productivity of their communities and countries.

The media plays a critical role in bringing sexual and reproductive health matters to the attention of people who can influence public health policies. These people include government officials and staff; leaders of nongovernmental organizations, including women's groups and religious groups; academic and health experts; and health advocates and other opinion leaders. Many of these influential people read news reports and listen to daily news broadcasts, and their opinions are shaped by them. Occasionally, a single news report can spur a decision maker to act. More often however, a continuous flow of information is needed to educate diverse audiences about issues and inform public policy debates. Journalists who can write and speak knowledgeably about sexual and reproductive health can contribute to improved public policies. Journalists who produce accurate and timely reports about sexual and reproductive health issues can:

- Bring taboo subjects out in the open so they can be discussed.
- Monitor their government's progress toward achieving stated goals.
- Hold government officials accountable to the public.

3.0 THE MEDIA

The media has traditionally played the cardinal role of informing, educating and entertaining the population and with recent developments in information technology, its role has tremendously increased to include mobilization, agenda setting, providing a forum for discussion as well as a watchdog for society. The media therefore has considerable power to influence public opinion, beliefs, tastes and outlook on a variety of issues including gender relations in society. To put it the other way, the media including community radio, through their roles of education, agenda setting, watchdog role, social mobilization and information provision, have a cardinal role to facilitate processes aimed at promoting social justice and equality. In Uganda where there are more than 250 radio stations, 55 television stations, 20

newspapers, the power of the media to create consciousness about any issue and the potential to cause change cannot be underestimated.

However, anecdotal evidence suggests that despite many ‘diversified’ media outlets, development oriented stories including those that would promote sexual and reproductive health, are few and not well reported.

This could be because conventional journalism training does not equip journalists with skills to produce media products that promote development issues such as reproductive health. Developing a simple Media Guide would go a long way in promoting development across the board because the media reports about all issues in society. And if there is increased appreciation of the benefits of gender equality among citizens, there could be gradual progress to changing people’s attitudes and perception towards reproductive health rights and health.

Who will benefit from stories and programs that are inclusive of SRH and well Packaged?

- *Both men and women, girls and boys* in all diversity will benefit in the sense that their perspectives to issues, concerns, aspirations will be equally addressed, and their voices heard.
- *The media owners:* once the public across the board, feels happy about a medium, they’d start or continue listening in, thereby increasing on its listenership. This also means more and feedback from across the board, later improving programming. To the Economists, high listenership will translate to higher sales!
- *Government:* Once more people utilize a constructive media that is responsive to development issues, this would translate into meaningful development at the family, community and national levels.

This guide aims to help Ugandan journalists report better about sexual and reproductive health. There are at least seven themes under Sexual and Reproductive Health which the following section has laid out followed by notes and tips journalists can pick while reporting on them.

4.0 PREGNANCY AND CHILDBEARING

Childbearing patterns vary greatly from one region to another, but women the world over are having fewer children than in the past. Research shows that family size is influenced by women’s education and socioeconomic status, societal attitudes toward childbearing, and access to modern contraception.

Notes and Tips for Journalists

- *It is usually sufficient to use the term “fertility rate” in place of the formal term “total fertility rate” when referring to the number of children the average woman has in her lifetime.*
- *When reporting on fertility rates, it is usually sufficient to use a whole number rather than the precise number with a decimal point. For example, a fertility rate of 5.4 can be expressed as “more than five children” or a rate of 4.9 can be “nearly five children.”*
- *Do not express fertility rates as percentages.*
- *To find population projections for specific countries and years, go to the website of the UN Population Division, World Population Prospects: The 2010 Revision. <http://esa.un.org/unpd/wpp/index.htm>*
- *Obstetricians and gynaecologists are the medical specialists to consult on questions of reproductive health and family planning.*

5.0 FAMILY PLANNING

In Kenya, Malawi, Rwanda, Uganda, and Zambia, half or more of married women have tried a method at least once, but many are no longer using contraceptives.

- The media has an important role in raising awareness about family planning and its importance to women’s and children’s health and national development. Media exposure to family planning messages is generally higher in East than Western Africa. More than half of women in East Africa have heard a message about family planning on the radio, on TV, or in a newspaper or magazine.
- Radio soap operas with family planning messages incorporated into the story line have been published.
- Live drama is also a popular medium for incorporating family planning messages, especially as a way to engage men and to get information to illiterate women who do not read newspapers and journals.

Notes and Tips for Journalists

- *Do not confuse emergency contraception with abortion. The “morning-after pill” can prevent pregnancy. The “abortion pill” is a medication that terminates pregnancy.*

6.0 MATERNAL HEALTH

Worldwide more than 358,000 girls and women die of pregnancy-related causes each year—nearly 1,000 every day—and 99 percent of these deaths occur in developing countries.

Notes and Tips for Journalists

- *Avoid using technical terms that readers or listeners may not understand. For example, instead of mortality you can say death, and instead of morbidity you can say disability or disease.*
- *If you have to use technical terms, use them correctly. For example, a maternal mortality ratio—a demographic measure of pregnancy-related deaths—is expressed as the number of maternal deaths per 100,000 live births. This can be a difficult concept for many people to comprehend. The number of deaths or the life time risk of dying may be easier to understand and useful in comparing countries or regions.*
- *Accurately measuring deaths due to pregnancy and childbirth is very difficult in countries that have no registration system for recording such deaths. Even where deaths are recorded, a woman's pregnancy status may not be known and her death might not be reported as a maternal death. Many developing countries have no reporting systems, so the number of maternal deaths is estimated using a variety of methods, all of which have limitations. As a result, estimates can vary.*

7.0 HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

Two-thirds of all people infected with HIV live in sub-Saharan Africa. An estimated 22.5 million people in the region are living with the virus, and each day nearly 5,000 adults and children become infected. Nearly three quarters of the 1.8 million global AIDS-related deaths in 2009 occurred in sub-Saharan Africa.

Notes and Tips for Journalists

- *Respect requests for anonymity from people living with HIV and AIDS, and take care in reporting people's HIV status and when interviewing children.*
- *Risk reduction is not the same as protection. For instance, being circumcised reduces the risk that a man will become infected with HIV but does not mean that a circumcised man cannot become infected.*
- *Prevalence and incidence are not the same thing.*
- *Prevalence refers to the percentage of a population living with HIV/AIDS at a given time. For example, if you describe a country as having an adult prevalence rate of 10 percent, it means that 10 percent, or one in 10 adults (ages 15 to 49) in that country has HIV. Incidence refers to new infections at a particular time and measures the frequency at which infection is occurring.*

8.0 ABORTION

Many women who become pregnant unintentionally resort to abortion. When performed by a trained provider under sanitary conditions, abortion is a very safe procedure. But abortion is a very serious health issue in countries where women's access to safe abortion is limited and they resort to unsafely performed abortions. Each year, unsafe abortions lead to the deaths of 47,000 women, about 13 percent of the 358,000 maternal deaths that occur worldwide each year. Ninety-nine percent of maternal deaths occur in developing countries. The World Health Organization estimates that unsafely performed abortions account for one in seven maternal deaths in the sub-Saharan region.

Notes and Tips for Journalists

- *Avoid contributing to stereotypes about women who have abortions.*
- *When writing about abortion—whether safely or unsafely performed—respect a woman's request for anonymity.*

9.0 FEMALE GENITAL MUTILATION/CUTTING

Female genital mutilation/cutting (FGM/C) is a harmful traditional practice in which part or all of the external female genitalia is removed. More than 100 million women and girls in the world today have undergone some form of genital cutting, usually between ages 4 and 12.

FGM/C is now widely recognized as a violation of human rights. The procedure has no medical benefits, it is not mandated by any religion, and it can pose serious health risks.

Generally, three types of cutting are practiced. In the first, Type 1, the clitoris is partly or completely removed. In Type 2, excision, the clitoris along with small skin folds of the outer genitals are removed. In Type 3, infibulation, the outside genitals are cut away and the vagina is sewn shut, leaving only a small hole through which urine and blood can pass.

Notes and Tips for Journalists

- *Be sensitive to the stigma surrounding FGM/C, as it affects both girls and women who have been cut as well as those who have not.*
- *"Medicalization" of FGM/C refers to the involvement of health professionals in performing FGM/C at the request of parents. This is against the law in most countries.*

10.0 ADOLESCENTS AND YOUNG ADULTS

In sub-Saharan Africa, 175 million people, one in every five, are between the ages of 15 and 24. Most people become sexually active during this age range, which makes it a critical time for them to learn about sexual and reproductive health risks,

including HIV and other sexually transmitted infections, unintended pregnancy, early childbearing, and unsafely performed abortion.

The youth population of sub-Saharan Africa has increased by 70 million in one decade (2001 to 2011), fuelling a greatly increased demand for “youth-friendly” reproductive health services that offer comprehensive information and services to young people in a respectful and confidential manner.

Notes and Tips for Journalists

- *When talking to young people for a story, be sure they understand you are a journalist.*
- *Recognize that adolescents can be endangered if they are revealed to have engaged in socially unacceptable behavior such as sex before marriage. Respect the adolescent’s right to privacy and do not ask personal questions in the presence of family members or other adults.*

There are many stages the media production processes at which sexual and reproductive health issues can disappear or remain poorly articulated. These include News collection, production, packaging, programming, titling a program, and during the preparation or executing a radio Talk Show. The tone or language used is another area journalists should pay attention to.

This section therefore, provides some tips the journalists can adopt to articulate SRH issues better.

11.0 NEWS COLLECTION, PACKAGING, PROGRAMMING, PRODUCTION

News is probably the most listened to item on radio, and possibly the most important. This implies that the news bulletin and the processes that leads to that package should be as thorough as possible, but most importantly, as inclusive and representative as possible of both genders and other diversities. The following therefore, need to be considered:-

- The news team should conduct as many brainstorming sessions on what and how to carry / cover. The bulletin is not a one person business, neither is it an event! Everybody’s voice in a newsroom counts .
- Even before deployment, the different story angles, and sources, representation of both genders and other categories of people should already, have been agreed upon during the brainstorming sessions.
- The best story would be that one, where two reporters a man and woman – one of them with a disability or another is a youth, are assigned, to really bring out the different perspectives.

- Questions that are specific should be posed to both men and women, but diverse questions to cover the hidden areas / angles are crucial, too!
- Reporters should collect sound bytes of both men and women (PWDs, the youth and other diversities), in equal measure, but also the questions asked should carry the same value, instead of having special interest groups asked on the usual or not the so important topics or perspectives.
- Even when it is the man or woman who has made news, comments from the other gender, special intent gaps like PWDS or across the age generation, on how that will impact on them, or the different perspectives, should be sought, and become part of the news bulletin.
- To avoid the usual condemnation of PWDs and the youth that they are media shy, the reporter should go an extra mile to get their voices even if it means recording them from their houses or workplaces. A Rights Activist reporter would already appreciate that the current status of persons with disabilities in Uganda, does not facilitate them to speak in public!

Packaging / editing, the following should be considered:-

- The usual *inverted pyramid* style may apply, but as long as the story stays punchy, and inclusive of the different categories of people, ensuring that the language used is sensitive.
- A mix of the stories of the so-called important people, and the less privileged, while packing the bulletin may keep the listeners glued to the station, as each one of them sees something for themselves. This is away from the usual top-down style that tend to speak to one group of people, representative of the privileged or middle class.

On Air

Important to note that a well packaged bulletin or speech for that matter, may not achieve the intended purpose if not well packaged. It is therefore important to maintain the good package, by ensuring that:-

- The Voice should be representative of all categories of people.
- The tone used should not in any way belittle any category of people or elevate the other at the expense of the other.

Choosing a title of the story

What is in a name? Many people would ask especially when they are selecting a title of a book they are about to publish. Many believe that the content is what matters, than the heading!! Really?! So what is a safe title? This may include the following but not limited to the following:-

- A catchy, and punchy title.
- A bit telling of the expected content!
- Inclusive, and not discriminatory of any category of people. A good title should not ridicule, or stigmatize anybody.

Talk Shows / Magazine Programs

Below are some of the ways we can produce programs that are effectively inclusive of SRH.

- Like any other story, a sexual and reproductive health related stories must carry reliable statistics and comments from the authorities, including human rights activist groups.
- The report should as much as possible avoid other people to speak on behalf of the PWD or the youth. Rather, much effort should be put on getting first hand information from the special interest groups.
- A secure and private setting for the interview is paramount. The respondent / PWD or the youth should be treated with respect and empathy.
- The PWD or the youth has a right to refuse or to answer any of the questions of the interview.
- The Reporter / Editor should not lie the PWD or the youth on anything, for purposes of getting the story!
- Unless the interviewee agrees to her picture or name being shown or mentioned, the media house should **never** publish it.
- Avoid statements like: *The pupil whose father is Mugenyi Joseph* and lives in Old Kampala was defiled by her teacher John Mutebi. This as you can see gives away the identification of the victim / survivor.
- The interviewee has a right to know when and where the story will be published.
- The reporter / presenter must have adequate knowledge on national and international frameworks.
- Reporters should avoid overprotecting or pitying the youth or the PWD! Rather should be given space to think and take the next step.
- Choice of topic for discussion should be brainstormed on and agreed upon in the programs committee, but which should be representative of both men and women, responding to the needs of the audience.

- The presenter has to be aware of the prejudices listeners have on the topic and the potential resource persons.
- The presenter should be well knowledgeable of the rights of the people, and well versed with the different perspectives on the topic, including the international obligations.
- The presenter should be sensitive in terms of selecting the resource persons / choice of words, and the tone.
- Participation in the program should not depend on gender representation only but the issues under discussion, although representation of the different categories of people is crucial.
- The resource person should be that person who has the relevant knowledge and experiences, in that area.
- The timing of the program should be appropriate for especially the targeted category of people. If the topic is to empower women PWDS or the youth all – should be potentially targeted, and an appropriate listening time should be found! Such a program should not be aired at awkward time, like it usually is!

12.0 PROGRAM ON WOMEN WITH DISABILITY (WWDS)

Women living with disabilities live a double or triple type of marginalization. It is, therefore, important to note the following once you are doing a program on WWDS:-

- Do not present WWDS as more vulnerable. Rather they should be treated in their own right as individuals airing out their concerns; or giving a perspective on a topic of the day.
- Should pay extra attention to the language or words used, to avoid stigmatizing them or derailing their confidence.
- Consciously invite both men and women to enlist their experiences, this will provide a better understanding of the situation.
- Ensure that the station has disability friendly facilities / services such as a ramp, a wide corridor to ease movement, special chairs / tables, and a toilet! A sign language person shall also be provided for.
- In the event that the project or radio program is sponsored, the station should have a budget for the transport or any other form of facilitation for two people (the WWD and her helper)!

13.0 LANGUAGE

Language that favours one while discrediting the other should be eliminated from the media. This is because language is not only a medium of communication but in many real ways it both reflects and creates culture. This is more so because it directly influences cognition and attitudes.

It therefore becomes imperative that radio managers or practitioners ensure that the language used on air, respects the principle of equality between men and women. To this end, it is proposed that the media:

- avoids stereotypic or derogatory words or language to any category of people based on gender, race, age, or any form of disability.
- presenters or reporters should choose words very carefully to avoid belittling anybody;
- the tone at the time of moderating a program or presenting news should not favour or discredit anybody;
- eliminate negative portrayal – which associates particular roles, types of behaviour and characteristics to people on the basis of gender , race, any form of disability without considering the characteristics of an individual;
- puts PWDs and able bodied on an equal footing when referring to them socially and/or professionally.
- does **not** describe the state of the interviewees to the extent of saying, here in the studio, I have a disabled person, he/she is deaf, or moves on a wheel chair.
- bans unjustifiable and uncalled for stereotypes. Stereotypes are generalizations, the attribution to a whole social group of characteristics presumably observed in some individuals of that group;
- portrays PWDs or youth as persons who have professions, expertise, authority and skills in a range of circumstances, activities, and settings;
- seeks PWDs' opinions, as well as youth on the full range of public or private issues.

Sexual and Reproductive Health Mainstreaming Checklist:

Checklist for Radio / Media Programming

Checklist for Radio / Media Programming

Thematic area	Women (Statistics or comment)	Men (Statistics or comment)	Youth (Statistics or comment)	PWD (Statistics or comment)
Breadth of coverage <ul style="list-style-type: none"> Does our coverage reflect a holistic view of women & men in diversity including youth and Persons with disabilities. Is rights awareness and sensitivity built into our stories & radio programs? 				
Depth of Coverage <ul style="list-style-type: none"> Has our coverage given fair and equal broadcast time to women & men's voices in all diversity Have we probed the rights issues that may under lie our stories Are a variety of sources, representing a broad spectrum of views consulted? 				
Story angles <ul style="list-style-type: none"> Is the story analytical? Does it go beyond the event to raise underlying SRH issues (inequalities / concerns). Are male and female subjects (in diversity) treated equally? Does our coverage apportion blame on the subject (because they are women, youth, PWDs or men? If there is any blame this should be contextualized. Does the story challenge or reinforce any stereotype? The best story should not reinforce but challenge stereotypes. 				

<ul style="list-style-type: none"> • Are stories approached from a human rights perspective? • Are the views representative of the population? This has to be beyond men or women. Views of the PWDs and the youth must be sought in every story. Especially those that have a direct bearing on them. • Are the experiences and concerns of women and/or men been trivialized in anyway? What about the youth or a PWDs. • Is the story fair, accurate and balanced? • Is the story pro-active? Giving hope? Proposing a solution? 				
Language <ul style="list-style-type: none"> • Is the language used inclusive of both women and men? Is it constructive or derogatory to a man , woman, youth or PWD ? • Is it passing judgment to a youth or a PWD because she/he is seeking a SRH service? • Are neutral terms that are used or it is assumed that terms used are inclusive of everybody? • Are the stories calling a PWD with a label e.g. <i>omulema?</i>, <i>muzibe</i>, <i>Namagoye?</i> • Are the words used a label to anybody especially the PWD? • Is the physical description of a youth or a PWD relevant to the story? Is it done equally to other categories of people? 				
Content <ul style="list-style-type: none"> • Relevance of content: Does it benefit women and men in equal measure including other forms of diversity e.g. youth or disability? • What financial benefit? Is it to women 				

or men, youth, or PWD? • Is data disaggregation by gender later on in other forms of diversity?				
Visuals • Are women and men equally represented? What about the youth, and those living with disabilities? • Is there a bias in how the event is portrayed? • For young women and those living with disabilities, does the image show a professional role, as opposed to emphasizing the physicality of women or PWDs? • Are the youth or PWDs portrayed as <u>survivors</u> or <u>victims</u> ? The best story is that one which challenges the negative stereotypes. • Are the youth or PWDs portrayed as active or passive? • Does the image degrade the dignity of youth or PWDs? None should be degraded! • If you substitute an able bodied for a disabled person, does the story still make sense? The best story is that one which treats diversity, in the same light.				