



World Health
Organization

African Region



Ethical Reporting on Sexual and Reproductive Health and Rights:

A Practical Guide for
Journalists in East
and Southern Africa

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01

Introduction

Why Ethical SRHR Reporting Matters in East and Southern Africa

Sexual and Reproductive Health and Rights (SRHR) are fundamental to health, dignity, gender equality, and sustainable development. Across East and Southern Africa, progress in advancing SRHR has contributed to reductions in maternal mortality, increased access to HIV treatment, improved adolescent health outcomes, and expanded opportunities for women and girls. Yet significant challenges persist.

The region continues to face what is often described as a “triple threat” affecting adolescent girls and young women:

- Gender-based violence (GBV)
- HIV infection
- Early and unintended pregnancy

These issues are deeply interconnected and reinforced by structural inequalities, harmful social norms, limited access to services, and gaps in accountability.

Journalists play a critical role in shaping how these issues are understood.

Media coverage can:

- Influence public opinion and social norms
- Inform policy debates
- Hold governments and institutions accountable
- Reduce stigma and misinformation
- Amplify voices that are often marginalized

However, reporting that is sensationalist, stigmatizing, inaccurate, or detached from rights and evidence can reinforce harm, silence survivors, and distort public understanding.

Ethical SRHR reporting is therefore not only a professional responsibility, it is a public service.

This guide provides practical tools to support journalists in producing reporting that is:

- Accurate and evidence-based
- Survivor-centred and trauma-informed
- Youth-inclusive
- Rights-based
- Solutions-oriented
- Accountability-focused

It is designed as a field reference for journalists covering SRHR across East and Southern Africa, building on the themes addressed during the 2gether4SRHR Masterclass.

The following principles should guide all SRHR-related reporting



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Core Principles of Ethical SRHR Reporting

2.1 Do No Harm

The safety, dignity, and well-being of individuals featured in stories must take precedence over speed, exclusivity, or impact.

Journalists should:

- a. Assess potential risks before publishing identifying details.
- b. Consider possible retaliation, stigma, or psychological harm.
- c. Avoid publishing information that could endanger survivors or vulnerable groups.

2.2 Survivor-Centred and Trauma-Informed Reporting

Survivors of violence and rights violations are not passive victims; they are rights holders.

Best practices include:

- a. Conducting interviews in safe and private settings.
- b. Securing informed consent before recording or publishing, ensuring interviewees understand where their image or words will appear, who will see it, and are able to withdraw consent.
- c. Allowing interviewees to decline questions or pause interviews.
- d. Avoiding graphic or probing details that may retraumatize.
- e. Using respectful, person-first language.

Where relevant, include information about available support services.

2.3 Youth-Inclusive Reporting

Young people are not only subjects of SRHR stories; they are key stakeholders, advocates, innovators, and change agents.

Ethical reporting requires:

- a. Engaging young people directly as sources.
- b. Avoiding tokenism.
- c. Gaining informed consent for use of images or quotes.
- d. Reflecting diverse youth perspectives, including rural, urban, disabled, LGBTQ+, and young people living with HIV.

2.4 Rights-Based Framing

SRHR issues should be framed within legal and policy commitments rather than treated solely as isolated incidents.

Reporting should:

- a. Reference relevant national laws and regional frameworks.
- b. Highlight governments' obligations.
- c. Clarify the rights of individuals to health, dignity, privacy, and non-discrimination.

2.5 Avoiding Sensationalism and Victim-Blaming

Language shapes public perception.

Journalists should avoid:

- a. Headlines that dramatize or trivialize violence.
- b. Language implying survivor responsibility.
- c. Phrases such as “love triangle,” “crime of passion,” or “alleged victim” (unless legally required).

Instead, reporting should:

- a. Focus responsibility on perpetrators.
- b. Provide context on structural drivers.
- c. Use accurate and non-stigmatizing terminology.

2.6 Data-Driven and Evidence-Based Reporting

Statistics should inform, not distort.

Journalists should:

- a. Verify sources and use the most recent available data.
- b. Disaggregate data by age, sex, and other relevant factors.
- c. Provide context for percentages and trends.
- d. Balance data with lived experience.

2.7 Solutions-Focused Reporting

While highlighting challenges is essential, journalism can also examine responses.

This includes:

- a. Investigating community-led interventions.
- b. Examining policy reforms.
- c. Highlighting effective programs.
- d. Identifying gaps and barriers to implementation.

Solutions-focused reporting does not ignore problems, it explores what is being done and what can be improved.

2.8 Accountability-Oriented Reporting

Ethical SRHR journalism goes beyond event-based coverage.

It should:

- a. Track whether policies are implemented.
- b. Examine budget allocations.
- c. Follow up on commitments.
- d. Investigate systemic failures.
- e. Ask: Who is responsible? Who benefits? Who is left behind?



03

Thematic Reporting Guidance

3.1 Youth Voices in SRHR Reporting

3.1.1 Why Youth Inclusion Matters

Sub-Saharan Africa has the largest youth population globally. Adolescents and young people are disproportionately affected by HIV, gender-based violence, early and unintended pregnancy, and barriers to youth-friendly services. However, youth voices remain underrepresented in mainstream reporting.

Meaningful Youth Engagement (MYE), as promoted by WHO and UN partners, requires that young people are part of decision-making processes on issues that affect them. In journalism, this means reporting **with youth, not only about youth**.

Evidence from regional social listening reports under the 2gether4SRHR programme shows that youth-led digital advocacy is increasingly shaping public discourse, while institutional mistrust and misinformation remain persistent challenges.

Journalists have a responsibility to reflect youth realities accurately, ethically, and inclusively.

3.1.2 Common Reporting Gaps

- Youth portrayed solely as vulnerable or at risk rather than agents of social change.
- Adult experts speaking on behalf of young people.
- Tokenistic inclusion.
- Failure to secure informed consent.
- Exclusion of marginalized youth (rural, LGBTQ+, disabled, young people living with HIV).

3.1.3 Practical Guidance for Youth-Inclusive Reporting

Before developing a story:

- Identify youth-led networks and advocacy groups.
- Review national youth and SRHR policy commitments.
- Gather youth insights to examine how proposed policies affect adolescents and young people directly.

During interviews:

- Use clear and accessible language.
- Explain how the information will be used.
- Secure informed consent (and guardian consent where required).
- Assess potential risks before publishing identifying details.

In framing stories:

- Highlight youth leadership and innovation.
- Avoid defining youth solely by diagnosis or incident.
- Reflect diversity within youth populations.

3.1.4 Youth Inclusion Checklist

- Have I interviewed at least one young person directly?
- Is youth shaping the narrative rather than filling a quote?
- Have I avoided tokenism?
- Have I secured appropriate consent?
- Have I assessed safety risks?
- Have I portrayed youth as change agents?

3.1.5 Regional Examples & Further Reading

The following resources illustrate youth leadership in SRHR advocacy and storytelling:

Youth Policy Advocacy – Kenya

Ambassador for Youth and Adolescent Health Program (AYARHEP) petitioning the court on clauses in the National Reproductive Health Policy 2022–2032.

<https://www.kelinkenyana.org/petitioners-win-partial-victory-in-reproductive-health-policy-case/>

Youth Countering HIV Stigma Through Digital Platforms

Young advocates normalizing ART and combating misinformation.

<https://www.unicef.org/esa/stories/young-hiv-advocates-stand-fake-news-and-stigma>

Youth Voices in Public Discourse – Radio 4000 Listening Parties

Amplifying adolescent girls’ and young women’s lived experiences in ESA.

<https://www.2gether4srhr.org/news/the-power-of-a-podcast-radio-4000-listening-parties-shape-the-future-with-and-for-adolescent-girls-and-young-women>

Regional Social Listening Reports (Youth Perspectives & Misinformation Trends)

<https://www.2gether4srhr.org/resources/social-listening-findings-q3-2025-2gether-4-srhr>

3.1.6 Data Platforms for Youth Reporting

- UNAIDS Data Portal: <https://aidsinfo.unaids.org>
- WHO Adolescent Health: <https://www.who.int/health-topics/adolescent-health>
- UNICEF Eastern & Southern Africa: <https://www.unicef.org/esa/hiv-and-aids>
- Demographic and Health Surveys (DHS): <https://dhsprogram.com>
- 2gether4SRHR Evidence & Impact Reports: <https://www.2gether4srhr.org/resources>

Quick Recap – Youth-Inclusive Reporting

- Report with youth, not only about youth.
- Portray young people as leaders and innovators, not only as vulnerable groups.
- Secure informed consent and assess safety risks before publishing.
- Reflect diverse youth perspectives (gender, disability, HIV status, rural/urban, LGBTQ+).
- Use age-disaggregated data and contextualize statistics.

3.2 Reframing Gender-Based Violence (GBV) in the Media

3.2.1 Why GBV Reporting Requires Ethical Precision

Gender-Based Violence (GBV) remains one of the most frequently reported SRHR issues in East and Southern Africa. Yet much of the coverage remains reactive and incident-based — focusing on police statements, court proceedings, or graphic details of individual cases.

Regional media analyses under the 2gether4SRHR programme and findings from the Global Media Monitoring Project (GMMP) show that GBV reporting often:

- Sensationalizes violence.
- Reinforces stereotypes.
- Fails to center survivor dignity.
- Lacks contextual or structural analysis.
- Rarely follows up on justice outcomes.

GBV is not only a criminal justice issue. It is a public health issue, a human rights issue, and a development issue.

It intersects directly with:

- Access to emergency contraception.
- Post-exposure prophylaxis (PEP) for HIV.
- Safe abortion and post-abortion care.
- Mental health services.
- Legal protection frameworks.
- Gender inequality and harmful norms.

Ethical reporting can shift norms, strengthen accountability, and promote access to services. Irresponsible reporting can retraumatize survivors and reinforce stigma.

3.2.2 Language Matters: Avoid vs Use

Avoid	Use Instead
“Love triangle tragedy”	“Man charged with gender-based violence”
“Crime of passion”	“Intimate partner violence”
“Alleged victim” (unless legally required)	“Survivor”
Graphic descriptions of assault	Contextual explanation of systemic drivers
Identifying the survivor’s home, school, or workplace	Protect anonymity unless informed consent is explicitly granted
Implying survivor responsibility	Focus on perpetrator accountability

Headlines should:

- Avoid sensationalism.
- Avoid trivializing violence.
- Avoid victim-blaming language.

3.2.3 Practical Guidance for Reporting on GBV

Before Publishing

- a. Conduct a safety risk assessment.
- b. Discuss options for ensuring anonymity and remove identifying details (exact location, family links, recognizable landmarks).
- c. Gain informed consent in writing or recorded format.
- d. Consult relevant experts (health providers, legal professionals, GBV specialists).
- e. Confirm accuracy of legal terminology.

During Interviews

- a. Conduct interviews in private and safe environments.
- b. Explain the purpose of the story clearly.
- c. Inform survivors they may decline to answer any question.
- d. Avoid probing for graphic details.
- e. Provide information on support services where appropriate.

After Publication

- a. Monitor public reactions to prevent online harassment.
- b. Follow up on justice processes and service access.
- c. Track institutional response to reported cases.

3.2.4 Reporting on Marginalised Survivors

Special caution is required when reporting on:

- Survivors with disabilities
- LGBTQ+ individuals
- Refugees and internally displaced persons
- Adolescents
- Survivors in rural or conservative communities

Never:

- Reveal sexual orientation or HIV status without explicit consent.
- Publish information that could expose someone to retaliation.
- Identify survivors in small communities where anonymity is fragile.

3.2.5 Connecting GBV to Legal and Policy Frameworks

GBV reporting should reference relevant national, regional, and international commitments. Key frameworks include:

Maputo Protocol (African Union)

Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa

<https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa>

CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women)

<https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women>

SDG 5 – Gender Equality

<https://sdgs.un.org/goals/goal5>

WHO Clinical Management of Rape Guidelines

<https://www.who.int/publications/i/item/9789240001411>

National references may include:

- Sexual Offences Acts
- Domestic Violence Acts
- National Gender Policies

National Action Plans on GBV

- Journalists should examine:
- Are forensic kits available?
- Is PEP accessible within 72 hours?
- Are shelters funded and accessible?
- Are cases prosecuted?
- Are budgets allocated and spent?

3.2.6 Accountability & Investigative Angles

Move beyond incident-based coverage.

Consider:

- Profiling young GBV activists and campaigns.
- Embedding with high impact prevention programmes such as peer support models.
- Analysing when GBV spikes occur eg. During humanitarian emergencies.
- Examining funding gaps in GBV response services.
- Investigating access to justice in rural areas.
- Evaluating implementation of national action plans.
- Assessing survivor access to emergency contraception and HIV prevention services.
- Comparing policy commitments with on-the-ground realities.

3.2.7 Data & Reporting Resources**GBV Pocket Guide**

<https://gbvguidelines.org/en/pocketguide/>

**Call to Action on Do No Harm
GBV Guidelines on Communications****UN Women Global Database on Violence Against Women**

<https://evaw-global-database.unwomen.org>

WHO Violence Against Women Data

<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

2gether4SRHR Social Norms Briefs:

<https://www.2gether4srhr.org/resources/policy-brief-transforming-harmful-norms>

Global Media Monitoring Project (GMMP)

<https://whomakesthenews.org>

Quick Recap – Reporting on GBV

- Prioritize survivor dignity and safety at all times.
- Avoid sensational or victim-blaming language.
- Protect anonymity unless explicit informed consent is granted.
- Connect individual cases to legal, policy, and systemic issues.
- Follow up on justice, service access, and accountability.

3.3 Engaging Men and Boys in SRHR Reporting

3.3.1 Context

Discussions on SRHR often center exclusively on women and girls — which is understandable given the disproportionate burden they face. However, gender equality and SRHR outcomes are shaped by social norms that also influence men and boys.

In East and Southern Africa, harmful norms related to masculinity contribute to:

- Intimate partner violence.
- Low uptake of HIV testing among men.
- Resistance to family planning.
- Stigma toward key populations.
- Risk-taking behaviors.

At the same time, men and boys are increasingly participating in:

- Gender equality campaigns.
- Community advocacy.
- HIV prevention initiatives.
- Faith-based mobilization.
- Positive masculinity programs.

Media plays a critical role in shaping how masculinity is portrayed.

Journalism that frames men only as perpetrators misses opportunities to highlight prevention, norm change, and accountability. Ethical reporting should balance recognition of structural responsibility with coverage of positive engagement.

3.3.2 Common Reporting Gaps

- Portraying men only as perpetrators or absent figures.
- Ignoring structural norms influencing male behavior.
- Failing to explore male perspectives on SRHR.
- Reinforcing stereotypes about masculinity.

3.3.3 Practical Guidance for Reporting

When Covering Male Engagement

- Explore how gender norms influence behavior.
- Interview men and boys participating in prevention programs.
- Examine how policies engage men in reproductive health.
- Highlight role models promoting gender equality.

In Story Framing

Avoid:

- Generalizations about “African men.”
- Simplistic blame narratives detached from context.

Instead:

- Examine power dynamics.
- Highlight accountability and prevention.
- Frame change as possible and ongoing.

3.3.4 Story Angles

- Male champions advocating against GBV.
- Men increasing uptake of HIV testing.
- Faith leaders supporting SRHR dialogue.
- Fathers participating in reproductive health education.
- Community-based programs redefining masculinity norms.

3.3.5 Resources

UNFPA MenEngage resources:

<https://menengage.org>

WHO Gender and Health resources:

<https://www.who.int/health-topics/gender>

UNAIDS Data on male HIV testing uptake:

<https://aidsinfo.unaids.org>

2gether4SRHR Men and Boys report:

<https://www.2gether4srhr.org/resources/study-men-and-boys-and-their-srhr-in-east-and-southern-africa>

Quick Recap – Engaging Men and Boys

- Examine how gender norms influence SRHR outcomes.
- Avoid stereotyping or generalizing.
- Highlight prevention and positive masculinity efforts.
- Balance accountability with solutions-focused reporting.
- Use data to contextualize male engagement trends.

3.4 Reporting on Key Populations in SRHR and HIV

3.4.1 Why Reporting on Key Populations Requires Care

Groups that are disproportionately affected by HIV and SRHR challenges due to structural barriers such as stigma, discrimination, and criminalisation. These often include sex workers, men who have sex with men, transgender persons, people who inject drugs, and people in prisons or other closed settings.

Key populations may include:

- Sex workers.
- Men who have sex with men (MSM).
- Transgender persons.
- People who inject drugs.
- People in prisons and closed settings.

In many countries, same-sex relationships, sex work, or drug use are criminalized. This legal context significantly increases risk for individuals who speak publicly.

Media coverage can either:

- Reinforce stigma and discrimination, or
- Promote understanding, rights, and evidence-based responses.
- Journalists must approach this topic with heightened awareness of safety, legality, and confidentiality.

3.4.2 Legal and Safety Considerations

Before publishing:

- a. Review the legal status of same-sex relations, sex work, and drug use in your country.
- b. Assess whether publishing names, photos, or locations could expose individuals to arrest, violence, or social harm.
- c. Avoid identifying specific meeting places or community safe spaces.
- d. Consider digital traceability and online harassment risks.

Never:

- a. “Out” someone without explicit consent.
- b. Reveal HIV status without informed permission.
- c. Share identifiable images without clear agreement.

3.4.3 Practical Reporting Guidance

When covering stories involving key populations:

- Use people-first language.
- Focus on health access, rights, and structural barriers.
- Avoid framing individuals as criminals or moral subjects.
- Consult trusted community organizations.
- Include policy context and public health data.

Shift framing from:

“Moral controversy”

To:

“Public health, human rights, and access to services.”

3.4.4 Terminology Guide

Term	Appropriate Usage
Key Populations	Groups disproportionately affected by HIV due to structural factors
MSM (Men who have Sex with Men)	Behavioral term, not identity-based
Transgender Person	Person whose gender identity differs from sex assigned at birth
Sex Worker	Preferred over “prostitute”
Person Who Injects Drugs (PWID)	Preferred over “drug addict”
People Living with HIV (PLHIV)	Avoid “HIV victim” or “AIDS sufferer”

General Guidance:

- Ask individuals which terms they prefer.
- Use chosen names and pronouns.
- Avoid outdated or stigmatizing language.

3.4.5 Accountability and Investigative Angles**Consider exploring:**

- Barriers to accessing HIV prevention and treatment.
- Impact of criminalization on service delivery.
- Budget allocations for inclusive health services.
- Police practices affecting key populations.
- Community-led interventions improving access.

3.4.6 Data and Resource Platforms**UNAIDS Key Populations Atlas**

<https://kpatlas.unaids.org>

UNAIDS Data Portal

<https://aidsinfo.unaids.org>

Global Fund Results Reports

<https://www.theglobalfund.org/en/results/>

2gether4SRHR regional reports and social listening analyses

<https://www.2gether4srhr.org/resources>

3.5 The Triple Threat: Gender-Based Violence, HIV, and Unintended Pregnancy

3.5.1 Understanding the Intersections

In East and Southern Africa, adolescent girls and young women (AGYW) face a disproportionate burden of HIV infection, gender-based violence (GBV), and unintended pregnancy, often referred to as the “triple threat.”

These issues are not isolated.

They intersect through:

- Unequal power dynamics.
- Harmful gender norms.
- Economic vulnerability.
- Limited access to comprehensive sexuality education.
- Gaps in youth-friendly services.
- Weak enforcement of protective laws.

Key Regional Indicators

- Adolescent girls and young women (15–24) in sub-Saharan Africa account for a significant share of new HIV infections among young people.
- Intimate partner violence remains prevalent across the region, with national surveys reporting that many women experience physical or sexual violence in their lifetime.
- Early and unintended pregnancy continues to affect adolescents, particularly in rural and marginalized communities.

These indicators highlight structural vulnerability not individual failure.

Journalists reporting on the Triple Threat should rely on official and verified data sources such as Demographic and Health Surveys (DHS), the UNAIDS data portal, WHO Global Health Observatory, UNICEF and UNFPA reports, as well as national health statistics.

3.5.2 Why Intersectional Reporting Matters

When reporting treats these issues separately:

- a. Structural drivers remain invisible.
- b. Prevention opportunities are missed.
- c. Policy gaps are harder to identify.
- d. The lived reality of adolescent girls and young women is oversimplified.

Intersectional reporting:

- a. Connects violence to HIV risk.
- b. Connects unintended pregnancy to education access.
- c. Connects HIV risk to economic vulnerability.
- d. Examines service integration failures.

For example:

A story about school dropout may also involve early pregnancy, lack of contraception access, and exposure to violence.

A story about HIV infection among young women may involve coercion, economic dependence, or lack of youth-friendly services.

3.5.3 Practical Guidance for Journalists

When covering stories involving adolescent girls and young women:

- Ask how GBV, HIV, and pregnancy risk may intersect.
- Examine whether services are integrated or fragmented.
- Investigate whether prevention programs reach rural and marginalized communities.
- Explore economic drivers such as transactional sex or early marriage.
- Review budget allocations for adolescent health services.

3.5.4 Accountability Angles

Consider exploring:

- Are HIV prevention programs targeting AGYW adequately funded?
- Are emergency contraception and PEP accessible?
- Are comprehensive sexuality education policies implemented?
- Are adolescent-friendly health services operational?
- Are national action plans aligned with regional commitments?

Move beyond:

“Another case reported.”

Move toward:

“What systemic gaps allow this to persist?”

3.5.5 Data Platforms & Regional Evidence

To ensure accuracy and credibility, consult:

UNAIDS Data Portal (Age- and Sex-Disaggregated Data)

<https://aidsinfo.unaids.org>

WHO Global Health Observatory

<https://www.who.int/data/gho>

UNICEF Adolescent Health Data (Eastern & Southern Africa)

<https://www.unicef.org/esa>

Demographic and Health Surveys (DHS)

<https://dhsprogram.com>

2gether4SRHR Evidence & Regional Reports

<https://www.2gether4srhr.org/resources>

When using statistics:

- Verify the year.
- Cite the source clearly.
- Avoid using outdated data.
- Disaggregate by age and sex where possible.
- Provide context for trends (increase, decline, plateau).

Quick Recap – The Triple Threat

- GBV, HIV, and unintended pregnancy are interconnected.
- Examine structural drivers, not just individual cases.
- Use disaggregated, up-to-date data.
- Connect stories to policy commitments and funding gaps.
- Highlight prevention and integrated service models.

3.6 Data-Driven Reporting on SRHR and HIV

3.6.1 Why Data Matters in SRHR Reporting

SRHR and HIV reporting often involves complex statistics, trends, and projections. Inaccurate or poorly contextualized data can mislead audiences, reinforce stigma, or distort policy debates.

In East and Southern Africa, data is essential for:

- Tracking HIV incidence and treatment coverage.
- Monitoring maternal mortality trends.
- Measuring adolescent pregnancy rates.
- Assessing GBV prevalence.
- Evaluating service access gaps.

However, data must be used responsibly.

Numbers do not speak for themselves. Journalists shape how audiences interpret them.

Ethical data reporting requires accuracy, context, and clarity.

3.6.2 Common Data Mistakes Journalists Make

- ▶ **Using outdated statistics**
Always verify the year of publication.
- ▶ **Reporting percentages without context**
A “50% increase” may refer to a small baseline number.
- ▶ **Confusing prevalence with incidence**
Prevalence = total cases at a point in time.
Incidence = new cases within a period.
- ▶ **Failing to disaggregate data**
Age, sex, location, and key population data matter.
- ▶ **Using global averages to describe national realities**
Always prioritize country-level data when available.
- ▶ **Overgeneralizing from single studies**
Check if findings are peer-reviewed and nationally representative.
- ▶ **Ignoring margins of error in surveys**
Survey data often includes confidence intervals.

3.6.3 Practical Guidance for Responsible Data Reporting

When using statistics:

- a. Confirm the source (WHO, UNAIDS, UNICEF, DHS, national statistics office).
- b. Verify the publication year.
- c. Explain what the number means in practical terms.
- d. Compare trends over time where possible.
- e. Balance quantitative data with lived experience.
- f. Avoid alarmist framing.

Example:**Instead of:**

“Teen pregnancy rates are skyrocketing.”

Write:

“In East and Southern Africa, a quarter of young women give birth before they’re 18, according to [WHO](#).”

“According to the latest DHS data (2022), X% of girls aged 15–19 have begun childbearing, a figure that has remained stable/increased/decreased compared to 2018.”

3.6.4 Turning Data into Strong Stories

Data can help journalists:

- Confirm progress and identify new trends.
- Identify underreported issues.
- Detect regional disparities.
- Compare rural and urban service access.
- Examine gender gaps in HIV testing.
- Track budget allocations vs outcomes.
- Investigate implementation gaps.

Ask:

- Who is most affected?
- Who is left behind?
- What explains this trend?
- What policies address this?
- Are commitments translating into results.

3.6.5 Key Regional and Global Data Platforms

For accurate and up-to-date SRHR data:

UNAIDS Data Portal (HIV Trends & Disaggregation)

<https://aidsinfo.unaids.org>

WHO Global Health Observatory (GHO)

<https://www.who.int/data/gho>

UNICEF Eastern & Southern Africa Data

<https://www.unicef.org/esa>

Demographic and Health Surveys (DHS Program)

<https://dhsprogram.com>

World Bank Data (Health & Gender Indicators)

<https://data.worldbank.org>

2gether4SRHR Regional Evidence & Social Listening Reports

<https://www.2gether4srhr.org/resources>

3.6.6 Ethical Use of Sensitive Data

When reporting on:

- a. HIV status.
- b. Sexual orientation.
- c. Abortion access.
- d. Sexual violence.
- e. Maternal deaths.

Ensure:

- a. No identifiable personal data is disclosed.
- b. Community-level data does not stigmatize specific neighborhoods.
- c. Sensitive statistics are contextualized to avoid reinforcing stereotypes.

Quick Recap – Data-Driven Reporting

- Always verify the source and publication year.
- Disaggregate data by age, sex, and location where possible.
- Provide context, avoid standalone percentages.
- Balance numbers with human stories.
- Avoid sensational headlines based solely on statistics.

3.7 Reporting on SRHR in Humanitarian and Emergency Settings

3.7.1 Context: Why SRHR Reporting Is Critical in Emergencies

East and Southern Africa faces recurring humanitarian crises, including armed conflict, displacement, drought, floods, disease outbreaks, and political instability. In these contexts, women, girls, and marginalized groups face heightened risks of:

- Sexual violence.
- Early and forced marriage.
- Disrupted access to contraception.
- Interrupted HIV treatment.
- Unsafe childbirth.
- Lack of maternal care.
- Mental health trauma.

SRHR needs do not disappear during crises — they intensify.

Media coverage during emergencies often focuses on:

- Food shortages.
- Shelter.
- Casualty figures.
- Infrastructure damage.

While SRHR issues remain underreported, ethical journalism in humanitarian settings plays a critical role in highlighting service gaps, accountability failures, and protection risks.

3.7.2 Understanding the Minimum Initial Service Package (MISP)

The Minimum Initial Service Package (MISP) is a set of priority lifesaving SRHR activities implemented at the onset of a humanitarian crisis.

The MISP aims to:

- Prevent and manage consequences of sexual violence.
- Reduce HIV transmission.
- Prevent maternal and newborn deaths.
- Plan for comprehensive SRHR services.

MISP includes:

- Access to emergency contraception.
- Provision of post-exposure prophylaxis (PEP).
- Clinical management of rape.
- Safe childbirth services.
- HIV prevention supplies.
- Referral pathways.

Journalists reporting in emergency settings should examine:

- Is MISP being implemented?
- Are supplies available?
- Are trained personnel deployed?
- Are services accessible to displaced populations?

MISP Resource – Inter-Agency Working Group (IAWG)

<https://iawg.net/resources/misp>

3.7.3 Ethical and Safety Considerations in Crisis Reporting

In humanitarian settings:

- Survivors may face compounded vulnerability.
- Communities may be small and easily identifiable.
- Security conditions may shift rapidly.

Journalists should:

- Avoid revealing camp names or exact shelter locations where safety is compromised.
- Avoid identifying displaced survivors without explicit informed consent.
- Never photograph children without guardian permission.
- Avoid publishing immigration or refugee status if it increases risk.
- Consult humanitarian experts before reporting sensitive statistics.

3.7.4 Reporting in Displacement Contexts

When covering refugee or internally displaced populations:

- Highlight service access barriers (distance, language, documentation).
- Investigate availability of contraception and maternal services.
- Examine continuity of HIV treatment.
- Review coordination between government and humanitarian actors.
- Avoid portraying displaced communities solely as passive victims.

3.7.5 Story Angles

- Are emergency SRHR kits reaching affected communities?
- How are health workers adapting services during floods or conflict?
- Are adolescent girls receiving menstrual health supplies?
- What happens to HIV treatment during displacement?
- How are humanitarian agencies supporting sexual violence prevention?

3.8.6 Data and Resource Platforms

Inter-Agency Working Group (IAWG) on Reproductive Health in Crises

<https://iawg.net>

UNFPA Humanitarian Response Data

<https://www.unfpa.org/data>

WHO Health Emergencies Programme

<https://www.who.int/emergencies>

GBV Pocket Guide: <https://gbvguidelines.org/en/pocketguide/>

Call to Action on Do No Harm

GBV Guidelines on Communications

Quick Recap – SRHR in Emergencies

- SRHR needs increase during crises.
- Understand and reference the MISP framework.
- Prioritize safety and confidentiality in reporting.
- Investigate service continuity and access gaps.
- Avoid victim-only narratives — highlight resilience and response efforts.

3.8 Recap of Ethical Reporting on SRHR

3.8.1 Ethics Is a Continuous Practice

Ethical SRHR reporting is not limited to avoiding harmful language. It requires continuous judgment across:

- Interviewing
- Filming and photography
- Audio recording
- Digital publishing
- Social media engagement
- Live broadcasts
- Post-publication follow-up

Journalists must balance:

- Public interest
- Do no harm
- Rights-based framing
- Legal and contextual risk
- Source safety
- Power dynamics
- Accuracy and fairness

Ethics is not a checklist completed once, it is an ongoing responsibility.

3.8.2 Informed Consent: Practical Guidance

Informed consent must be:

- Voluntary
- Specific
- Informed
- Ongoing
- It is not a one-time signature.

Before the Interview

Explain clearly:

- a. Who you are
- b. Where the story will appear
- c. Whether it will include photos, video, or audio
- d. Whether it may be shared on social media
- e. Whether their name will be published

Clarify risks if relevant (stigma, legal implications, community backlash).

3.8.3 Adaptable Consent Script

Journalists may adapt the following language:

“I am working on a story about [topic]. I would like to include your experience. The story may appear in [platform/outlet] and may also be shared online which means the story is permanent and can be read by people worldwide. You can choose whether your name, image, or voice is used. You may stop the interview at any time or decline to answer any question. Are you comfortable proceeding?”

For minors:

- Always secure consent from a parent or guardian.
- Also seek assent from the minor directly.
- Assess safety and risk even if guardian consent is provided.

3.8.4 Trauma-Informed Interviewing

When interviewing survivors of violence or rights violations:

- a. Avoid leading questions.
- b. Avoid graphic detail requests.
- c. Allow pauses.
- d. Respect emotional boundaries.
- e. Avoid pressuring for tears or dramatic responses.
- f. Provide information on support services if appropriate.

Ask yourself:

- a. Is this question necessary?
- b. Could this cause re-trauma?
- c. Is this for public interest or dramatic effect?

3.8.5 Sensitive and Preferred Language

HIV and STIs

Avoid:

- “AIDS victim”
- “HIV carriers”
- “Infected people”
- “Spreading the disease”

Use:

- “People living with HIV (PLHIV)”
- “HIV-positive people”
- “Transmission of HIV”
- “Adolescent girls who acquired HIV”

Sex Work

Avoid:

- “Prostitutes”
- “Selling their bodies”
- “Immoral trade”

Use:

- “Sex workers”
- “People engaged in sex work”
- “Adults involved in consensual sex work”
- “Transactional sex” (where contextually appropriate)

Adolescents

Avoid:

- “Promiscuous youth”
- “Spoilt girls”
- “Child/ teen mothers”

Use:

- “Adolescents with unmet SRHR needs”
- “Adolescent pregnancy”
- “Girls who became mothers as adolescents”

Abortion

Avoid:

- “Abortionist”
- “Backstreet abortion”
- “Baby killers”

Use:

- “Unsafe abortion”
- Refers to safe abortion services provided in accordance with national laws and policies. Laws governing abortion vary across countries. Journalists reporting on this topic should verify the legal framework in the country concerned by consulting national legislation, Ministry of Health guidelines, or credible international sources such as WHO or UNFPA.
- “Health providers offering comprehensive abortion care”

Persons with Disabilities

Avoid:

- “The disabled and their sexuality”

Use:

- “Persons with disabilities and their SRHR rights”
- “Ensuring inclusive access to SRHR services”

3.8.7 Digital Media and Visual Ethics

Journalists increasingly use:

- Screenshots
- Voice notes
- WhatsApp messages
- Social media posts
- Live streaming

Before publishing digital content:

- Verify authenticity.
- Remove identifiable metadata where necessary.
- Blur faces when consent is unclear.
- Consider whether reposting private content violates privacy.
- Seek consent for cross-platform reuse.

Before publishing, ask:

- Is this in the public interest?
- Have I assessed potential harm?
- Have I considered legal risks?
- Have I protected source safety and anonymity where needed?
- Have I obtained informed and specific consent?
- Have I considered power and vulnerability dynamics?
- Is the language accurate and non-stigmatizing?
- Have I considered digital risks?
- Have I provided context and accountability framing?

3.8.8 Ethical Dilemmas in Practice

Journalists frequently face:

- Pressure from editors.
- Political sensitivity around abortion.
- Community backlash.
- Harassment.
- Institutional censorship.
- Legal ambiguity.

In these cases:

- Reaffirm public interest.
- Consult legal or editorial support.

- Protect vulnerable sources first.
- Document consent clearly.
- Avoid covert recording unless legally justified and ethically necessary.

3.8.9 Decolonised & Locally-Led Reporting

Ethical SRHR reporting:

- Centers local voices.
- Avoids portraying communities as helpless.
- Highlights agency and leadership.
- Avoids extractive storytelling.
- Credits community knowledge holders.

Journalists should ask:

- Am I reproducing an external narrative?
- Have I centered those most affected?
- Am I amplifying local expertise?

Quick Recap – Ethical Interviewing & Consent

- Consent must be informed, voluntary, and ongoing.
- Protect identity where safety risks exist.
- Avoid retraumatizing survivors.
- Use non-stigmatizing, accurate language.
- Assess digital and legal risks before publishing.



04

Developing Strong, Solutions-Focused SRHR Stories

4.1 Moving Beyond Event-Based Reporting

Much SRHR reporting focuses on isolated incidents:

- A case of gender-based violence
- A maternal death
- A court ruling
- A protest

While these stories are important, they often lack follow-up, context, or analysis.

Ethical and impactful journalism:

- Connects incidents to systems.
- Tracks implementation of policies.
- Examines budget allocation and service delivery.
- Investigates long-term outcomes.
- **Instead of asking:**
“What happened?”
- **Also ask:**
“Why did it happen?”
“What systems allowed it?”
“What is being done?”
“What remains unaddressed?”

4.2 What Is Solutions-Focused Reporting?

Solutions-focused reporting does not ignore problems. It examines:

- How communities are responding.
- Which interventions are working.
- What evidence supports those interventions.
- Where gaps remain.

It avoids:

- Advocacy disguised as reporting.
- Overly optimistic portrayals.
- Uncritical promotion of programs.

It asks:

- Is there evidence this intervention works?
- Who benefits?
- Who is excluded?
- Is it scalable?
- Is it sustainable?

4.3 Framing SRHR Stories Strategically

When pitching or developing stories, consider:

Policy Angle

- Has the government adopted new SRHR commitments?
- Are they being implemented?
- Is there a budget allocation?

Equity Angle

- Which populations are left behind?
- Are rural areas underserved?
- Are adolescents accessing services?

Systems Angle

- Are supply chains reliable?
- Are health workers trained?
- Are referral pathways functional?

Human Angle

- How does this policy affect daily life?
- What barriers do individuals face?
- What coping mechanisms exist?

4.4 Questions to Strengthen Your Story

Before publishing, ask:

- Have I included affected voices?
- Have I consulted data?
- Have I verified policy context?
- Have I avoided sensational framing?
- Have I examined accountability?

4.5 Sample Story Structures**1. Context + Case + System**

- Individual story
- Relevant statistics
- Policy analysis
- Accountability follow-up

2. Data + Investigation

- Identify trend
- Interview affected communities
- Examine budget or implementation
- Consult experts

3. Community Response

- Highlight local initiative
- Assess evidence
- Identify remaining gaps



05

Ethical SRHR Reporting Checklist

Handwritten on folder: *2391*
RAPID
EXECUTIVE PVC
SPRING FILE
Handwritten on folder: *ALICE FARIDA*
DAY
LEASE KEEP TIME

▶ **Public Interest & Purpose**

- Is this story clearly in the public interest?
- Am I informing rather than sensationalizing?
- Have I avoided unnecessary graphic detail?

▶ **Do No Harm**

- Have I assessed potential risks to individuals featured?
- Could publication expose someone to stigma, retaliation, or legal harm?
- Have I removed identifying details where needed?

▶ **Informed Consent**

- Did I clearly explain how the story will be used?
- Did the source voluntarily agree to participate?
- For minors, have I secured guardian consent where required?
- Have I clarified whether name, photo, or voice can be used?

▶ **Survivor-Centred & Trauma-Informed**

- Have I avoided retraumatizing questions?
- Have I avoided victim-blaming language?
- Have I respected emotional boundaries?

▶ **Youth-Inclusive Reporting**

- Have I meaningfully included youth voices?
- Have I avoided tokenism or stereotypes?
- Have I reflected diverse youth perspectives?

▶ **Reporting on Key Populations**

- Have I used respectful, people-first language?
- Have I considered the legal context before publishing?
- Have I avoided revealing sexual orientation or HIV status without consent?

▶ **Data & Accuracy**

- Is my data source credible and up to date?
- Have I disaggregated by age and sex where relevant?
- Have I provided context for statistics?
- Have I avoided misleading percentages?

▶ **Language & Framing**

- Have I avoided stigmatizing terms?
- Have I framed the issue within rights and policy context?
- Have I highlighted accountability where relevant?

▶ **Digital & Visual Ethics**

- Have I secured consent for photos, video, or audio?
- Have I blurred or anonymized where necessary?
- Have I assessed digital traceability risks?
- Have I verified screenshots or digital content authenticity?

▶ **Accountability & Follow-Up**

- Have I connected the story to policies or frameworks?
- Have I examined implementation gaps?
- Will I follow up on outcomes?

Ethical Lens

Public Interest • Do No Harm • Rights-Based • Context-Aware • Accountable

Resources & Regional Frameworks Directory

1. Youth & Adolescent SRHR

UNICEF Eastern & Southern Africa – Adolescent Health & HIV

<https://www.unicef.org/esa/hiv-and-aids>

WHO – Adolescent Health

<https://www.who.int/health-topics/adolescent-health>

Demographic and Health Surveys (DHS)

<https://dhsprogram.com>

2gether4SRHR Youth Engagement & Social Listening Reports

<https://www.2gether4srhr.org/resources>

2. Gender-Based Violence (GBV)

WHO – Violence Against Women Fact Sheets

<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

UN Women – Global Database on Violence Against Women

<https://evaw-global-database.unwomen.org>

CEDAW – Convention Text

<https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women>

Maputo Protocol – African Union

<https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa>

3. HIV & Key Populations

UNAIDS Data Portal

<https://aidsinfo.unaids.org>

UNAIDS Key Populations Atlas

<https://kpatlas.unaids.org>

WHO – HIV Fact Sheets

<https://www.who.int/news-room/fact-sheets/detail/hiv-aids>

Global Fund Results Reports

<https://www.theglobalfund.org/en/results/>

4. Reproductive Health & Maternal Health

WHO – Sexual and Reproductive Health

<https://www.who.int/health-topics/sexual-and-reproductive-health>

UNFPA Data Portal

<https://www.unfpa.org/data>

WHO Global Health Observatory (Maternal Mortality & SRHR Indicators)

<https://www.who.int/data/gho>

5. Humanitarian & Emergency Settings

Inter-Agency Working Group (IAWG) – MISP Resources

<https://iawg.net>

WHO Health Emergencies Programme

<https://www.who.int/emergencies>

GBV Pocket Guide

<https://gbvguidelines.org/en/pocketguide/>

Call to Action on Do No Harm

GBV Guidelines on Communications

6. Data & Policy Monitoring

World Bank – Health & Gender Data

<https://data.worldbank.org>

Sustainable Development Goals (SDG 3 & 5)

<https://sdgs.un.org/goals>

National Budget & Parliamentary Portals

(Consult respective country Ministry of Finance and Parliamentary websites.)

7. Ethical Reporting Guidance

WHO – Clinical Management of Rape Guidelines

<https://www.who.int/publications/i/item/9789240001411>

Global Media Monitoring Project (GMMP)

<https://whomakesthenews.org>

2gether4SRHR Media Analysis Reports

<https://www.2gether4srhr.org/resources>

Ethical reporting on SRHR is grounded in:

- Accuracy
- Dignity
- Accountability
- Context
- Evidence
- Respect for human rights

Journalists in East and Southern Africa play a critical role in shaping informed public discourse and strengthening accountability around SRHR commitments.

Upholding Standards in SRHR Reporting

Sexual and Reproductive Health and Rights reporting carries significant responsibility. The issues covered in this guide, including gender-based violence, HIV, adolescent health, unintended pregnancy, and access to services, affect individuals' safety, dignity, and fundamental rights.

Journalists in East and Southern Africa play a critical role in shaping how these issues are understood by the public, policymakers, and communities. Ethical reporting strengthens accountability, reduces stigma, promotes informed dialogue, and supports evidence-based decision-making.

The principles outlined in this guide, do no harm, informed consent, rights-based framing, data accuracy, and accountability, should guide all stages of the reporting process.

Ethical journalism is not a one-time decision. It is a continuous practice that requires reflection, integrity, and professional judgment.

By applying these standards consistently, journalists contribute not only to informed public discourse but also to the protection of rights and the advancement of health and equity across the region.

