

**University of Nairobi**

**School of Journalism**

**Masters of Arts in Communication Studies**

**Topic: Coverage of Reproductive Health Issues in  
Kenya's Print Media: A Case of Two Kenyan Dailies**

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Research Project submitted to the School of Journalism in  
partial fulfillment of the Award of a Masters of Arts  
Degree in Communication Studies

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# Declaration

## Declaration by Candidate

I declare that this research project is my original work and has never been presented to any examination body before.

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## Declaration by Supervisor

This research project has been submitted to the School of Journalism in partial fulfillment of the Award of a Masters of Arts Degree in Communication Studies.

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15.11.07

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Wambui Kiai

Senior Lecturer

## **List of Abbreviations and Acronyms**

APHRC – African Population and Health Research Center

CBS – Central Bureau of Statistics

FGM – Female Genital Mutilation

GAO – US Government Accountability Office

GNP – Gross National Product

HIV/AIDS – Human Immunodeficiency Virus/Acquired Human  
Immunodeficiency Syndrome

IWMF – International Women Media Foundation

KDHS – Kenya Demographic and Health Survey

KTN – Kenya Television Network

KUJ – Kenya Union of Journalists

MESHA – Media for Environment, Science, Health and Agriculture,

NCPD – National Council for Population and Development

STIs – Sexually Transmitted Infections

UN – United Nations

UNAIDS – The Joint United Nations Program on HIV/AIDS

UNICEF – United Nation Children Education Fund

UNFPA – United Nations Population Fund

US – United States

WHO – World Health Organization

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## **Dedication**

I dedicate this work to my son Mike Otieno for cooperating and bearing with me during the course of this study. I also dedicate this work to my father, Mr. Hannington Oronje, my mother, Mrs. Alice Oronje, and my husband, Mr. Michael O. Adwera for their support and encouragement throughout the period of this study.

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## **Abstract**

Reproductive health is central to our existence. It is also critical to development, especially in third world countries where development and poverty eradication continue to be elusive. The mass media have a role to play in promoting reproductive health. This study analyzes reproductive health issues reported in Kenya's print media. Reproductive health issues here include HIV/AIDS, family planning, sexual health (sexually transmitted infections), abortion, sexual violence, adolescent reproductive health, sexuality, female genital mutilation, and maternal health. The study answers such questions as: What aspects of reproductive health receive coverage in Kenya's print media? For those that receive coverage, what type of coverage is it - news coverage or in-depth and insightful coverage that can educate readers? And, what level of importance is given to reproductive health issues? The study analyzed the content of two mainstream daily newspapers in Kenya i.e. *Nation* and *The Standard* over a period of six months.

The findings show that HIV/AIDS and sexual violence, especially rape, receive most coverage by Kenyan print media as compared to the other reproductive health issues. Also, reproductive health issues are mainly covered as news reports; as such, these reports do not provide much educational information for readers that could possibly promote reproductive health. Finally, not much importance is given to reproductive health issues since these issues hardly make headlines in Kenyan newspapers.

These findings point to the need for continuous sensitization of journalists and media owners, and provision of information, on the magnitude of reproductive health problems in the country and the impact these have on achieving set development goals. This should be done by reproductive health experts/researchers, government, program implementers, donors, among others.

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## **1. Introduction**

### **1.1 Background to the Study**

Mass media communication serves several functions (Lasswell, 1971). Some of these functions include to: (i) inform, (ii) educate (iii) entertain, (iv) persuade, (v) pass commercial information and promote sales (Hiebert, Uncurait, and Bohn, 1974), (vi) socialize, among others. Nwokeafor and Nwanko (1993) say that mass media communication, as an agent of socialization, disseminates values and information to society. This function is however greatly limited in developing countries because of several constraining factors, including over-concentration of the media in these countries on politics. Even then, the mass media are still expected to play a role in the development efforts in these countries, including promoting reproductive health. Promotion of reproductive health among society members is critical to development. Indeed, reproductive health is central to our existence; reproductive health is a means to sustainable development as well as a human right (UNFPA, 2005). Reproductive health has to do with HIV/AIDS, family planning, sexual health and sexually transmitted infections (STIs), sexuality, adolescent reproductive health/teenage pregnancies, abortion, maternal health, sexual violence (especially rape), female genital mutilation, among others.

It is noteworthy that according to the UNFPA (2005), illnesses and deaths from poor reproductive health account for one fifth of the global burden of disease, and nearly one-third for all women. Thus, promotion of reproductive health saves and improves lives, slows the spread of HIV/AIDS, and encourages gender equality (ibid). These, in turn, help to stabilize growth and reduce poverty (ibid). Benefits accruing from promoting reproductive health extend from the individual to the family, and from the family to the society (ibid).

Africa continues to lag behind in development, with the majority of the population on the continent living below the poverty line i.e. living on less than US\$ 1 a day (World Bank, 2005). Yet, as UNFPA (2005) affirms "poverty perpetuates poor health and rapid population growth, and vice versa, and high fertility exacerbates poverty". Reproductive health, including sexual health, is essential to human well-being (ibid). Access to reproductive health information therefore can facilitate voluntary fertility reduction, reduce infant, child and maternal mortality, prevent HIV/AIDS/STI infection, and reduce teenage pregnancies (ibid).

Many people in Africa exhibit poor health and lack access to quality healthcare services, a situation that is both a product and a cause of poverty. The poor in Africa lack access to quality healthcare because of

the high prohibitive costs charged for such services. Also, a sick populace lacks the capacity to work and improve its quality of life. Like general health, reproductive health indicators are poor in Africa and are impacting negatively on development efforts. Some of the major reproductive health challenges facing Africa today include HIV/AIDS, rapid population growth due to high fertility sustained by low use of contraceptives and poor quality of reproductive health services, and high maternal deaths and illnesses (causing disability). Others are rampant female genital mutilation, abortion and sexual violence (especially rape).

For example, a woman who spends almost all her entire adulthood giving birth has no time to work and contribute to the well-being of her family. Again, such a woman has high chances of dying during childbirth, especially in sub-Saharan Africa where 1 in every 16 women risks dying during child birth compared to only 1 in every 4,100 women in developed countries (WHO, UNICEF and UNFPA, 2004). HIV/AIDS is a leading cause of death in Africa, with 24.7 million people infected with the virus (UNAIDS, 2006). Fertility rate in sub-Saharan Africa is still high, standing at 5.1 children per woman, resulting in a 2.2% population growth rate every year (UNFPA, 2006).

## 1.2 The Problem Statement

Poor reproductive health remains a major problem in sub-Saharan African countries as evidenced in the foregoing section. In Kenya, poor reproductive health is manifested in the high number of deaths and illnesses resulting from HIV/AIDS, childbirth, and abortion. HIV/AIDS kills 140,000 Kenyans every year (UNAIDS, 2006); in every 100,000 Kenyan women delivering, 1,000 die from complications associated with childbirth annually (WHO, UNICEF and UNFPA, 2004); and 20,000 Kenyan women are hospitalized every year with abortion-related complications, and 2,600 women die from these complications (*InterPress News Service Agency*, 2004). Other indicators of poor reproductive health in Kenya have to do with adolescents' lack of access to reproductive health information and services, continued female genital mutilation despite this having been banned in 2001, and low use of contraception. More than half of Kenyan adolescents initiate sex by age 16 and only 12% of these use condoms - this exposes many to sexually transmitted infections and teenage pregnancy (*Infotrak Research and Consulting*, 2007).

Various efforts, fronted by the Kenyan government, UN bodies and non-governmental organizations, are already in place to address some of these issues including: a safe-motherhood program, national HIV prevention and management campaigns and services, formulation of

adolescents' reproductive health policy, among others. These efforts however pale in comparison to the magnitude of the reproductive health challenges, implying that more needs to be done.

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The mass media in Kenya can contribute to these efforts through various ways, including bringing these issues to the fore to make them visible in development discourses using their agenda-setting role. The mass media can provide accurate and comprehensive information on issues of sexual and reproductive health to the public i.e. reproductive health infections/diseases, where to get health care services regarding these conditions, etc. The media can help address the culture of silence that surrounds most reproductive health issues by opening channels of communication and fostering discussions on these issues (Global Media AIDS Initiative, 2004). Further, the media can create a supportive and enabling environment to break the silence and encourage free public discussions on reproductive health issues (ibid). The media can challenge stigma and discrimination associated with certain reproductive health issues like HIV/AIDS (ibid). And, finally, the media can empower women with relevant information in their fight against gender inequality e.g. on human rights.

This study sought to examine the extent of reproductive health issues in the print media in Kenya. The study sought to answer the questions: what reproductive health issues are covered in Kenya's

print media? What level of importance is given to these issues? And, what type of coverage are these issues given?

### **1.3 Objectives of the Study**

- To determine the incidence of reproductive health information in print media content in Kenya i.e. where and when reproductive health issues are featured.
- To determine the aspects of reproductive health covered by the print media in Kenya and the frequency of coverage.
- To determine the type of coverage given to reproductive health issues covered in Kenya's print media.
- To determine the importance given to reproductive health issues by looking at how these issues are placed in newspapers.

### **1.4 Research Questions**

Research questions included, but were not be limited to the following:

- How frequently are reproductive health issues featured in the print media in Kenya?
- What aspects of reproductive health are presented?



- What type of coverage is given to reproductive health issues – news, features, or commentaries?
- How are reproductive health issues placed in newspapers?

### **1.5 Guiding Theory - Development Communication**

This study is informed by the development communication theory. Development communication theory has its origins in the post-war international aid programs to countries in Latin America, Asia, and Africa that were struggling with poverty, illiteracy, poor health, and a lack of economic, political and social infrastructures (Waisbord, 2001). The theory emerged in the late 1950s, a time when the global influence of the United States was at its peak (Chanter, n.d.). Development communication was crafted in this period by an influential group of North American social scientists (ibid). Drawing on concepts from psychology and the young discipline of communication studies, social scientists such as Daniel Lerner (1958), Lucian Pye (1963) and Wilbur Schramm (1964) developed theoretical justifications for the empirical relationship which they claimed existed between communication and development (ibid). These theoretical beginnings formed the basis of the body of work now known as development communication.

The relevancy of the development communication theory to this study lies in its tenet that communication plays an important role in development. As discussed in the introduction, improved reproductive health is an important aspect of development. Promotion of reproductive health among society members is critical to development. Indeed, reproductive health is a means to sustainable development as well as a human right (UNFPA, 2005). It is noteworthy that according to the UNFPA (2005), illnesses and deaths from poor reproductive health account for one fifth of the global burden of disease, and nearly one-third for all women. Thus, promotion of reproductive health saves and improves lives, slows the spread of HIV/AIDS, and encourages gender equality (ibid). These, in turn, help to stabilize growth and reduce poverty (ibid). Benefits accruing from promoting reproductive health extend from the individual to the family, and from the family to the society (ibid).

Behavior change models have been the dominant paradigm in the field of development communication (Waisbord, 2001). These models have shared the idea that problems of development are rooted in the lack of knowledge and that, consequently, interventions need to provide people with information to change behavior (ibid). Development communication theorists of this dominant paradigm of persuasion have focused on identifying the role communication plays in the

development process (Nwokefor and Nwanko, 1993). Researchers such as Lerner (1958), Pye (1963), Schramm (1964), Rogers (1976), Dissanayake (1981) and Hedebero (1982) have all held the view that communication has the potential to facilitate people to behave, reason, and think differently (as quoted by Nwokefor and Nwanko, 1993). Thus, in the context of this study, communication has the ability to promote positive reproductive health practices in a society that can lead to improved health outcomes, and hence social change. Moemeka (2000) argues that *development* and *social change* are basically similar. He says "both are directed towards increased knowledge and skills, growth of new consciousness, expansion of the human mind, the upliftment of the human spirit, and the fusion of human confidence". Most, if not all, of these can be facilitated through communication, which strongly attests to the importance of communication in development.

Supporting this view that communication has a role in development, Hedebero (1982) says that the role of communication is to "mobilize human resources by substituting new norms, attitudes, and behaviors for old ones in order to stimulate increased productivity". As such, if women in developing countries fully-adopted modern contraceptive methods in family planning, they would space their child-bearing and in turn have more time to engage in more productive activities. This

would in turn improve the economic status of the household. Also, Barnlund (1970) and Rogers (1976) suggest that the appropriate strategy for developing countries in their development efforts should be one that makes use of the general media system of communication to effect two-way communications between government planners and the members of the public. Following a similar line of argument, Inayatullah (1976, as quoted by Nwokeafor and Nwanko, 1993) suggested an approach to development which emphasizes people's control of their environment and sees development as "a change towards patterns of society that allow for better realization of human values, that allow a society greater control over its individuals to gain increased control over themselves".

This study does not subscribe to the policies and practices of Western economic development theory that sees development as an economic process by which overall increases in Gross National Product (GNP) trickle down to the masses in the form of jobs and other economic opportunities (Todaro, 1985). While Rogers (1976) described the use of GNP as a measure of development a "deceitful simplicity of measurement" that is both dehumanizing and inconsistent, Todaro (1985) pronounced the trickle down approach a failure.

This study, therefore, views development in a holistic manner encompassing economic, political, social and cultural aspects; and communication has a role to play in each of these aspects. The media need to understand a government's policies as regards economic, political, social and cultural development and work towards supporting their achievement. Supporting this view, Moemeka (2000) describes a development communicator as one who maintains the road through which development objectives and goals are met. The role of such a communicator is that of "...smoothing the path to arrive at development objectives ... increased production, better health, nutrition and social practices ..." (Moemeka, 1987:132). McQuail (1987) argues that one of the main principles of development communication is that "media should accept and carry out positive development tasks in line with nationally established policy". This principle strongly informs this study, which interprets it (the principle) not to mean that the media should not criticize government, but that the media, in its development efforts, should be able to question government policies or pronouncements that do not promote development. For example, in the context of this study, the media should be in a position to question why a government budget should fail to allocate funds for the purchase of family planning supplies resulting in a huge unmet need for family planning supplies. This was

the case in Kenya for the fiscal year 2004/05 (Dr. Josephine Kibaru, as quoted by *InterPress News Service*, 2005). Yet, proper family planning leads to improved reproductive health of most women, enabling them to participate more productively in development processes.

Thus, guided by the development communication theory, this study examined the role of print media in promoting reproductive health in Kenya because proper reproductive health translates into both social and economic development.

### **1.6 Rationale and Significance of the Study**

The findings of this study show which reproductive health issues receive coverage and which ones do not. They also reveal the kind of coverage (i.e. is it spot news, features, commentaries, adverts, adverterials, cartoons, etc), as well as the importance accorded reproductive health issues in the print media. As such, one is be able to gauge the value of reproductive health content in Kenyan newspapers and the extent to which such content promotes reproductive health. The findings guide the focus for reproductive health communication interventions by stakeholders in this area in that they are now able to identify areas of reproductive health that journalists shun, and thus, come up with strategies to interest journalists on reporting on these areas.

Also, besides generating new knowledge, the findings of this study can be employed to guide media policy and advise media houses on the need to publicly provide appropriate information on issues of sexual and reproductive health in order to enhance the wellbeing of Kenyans.

Further, the study serves as a background to any further effects-oriented studies to examine: (i) whether there is any relationship between reproductive health coverage and reproductive behavior, attitudes and practices in Kenya, and (ii) whether reproductive health content in the press has any impact on Kenya's reproductive health policies.

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## **1.7 Assumptions and Limitations**

This study assumed that:

- Knowing the aspects of reproductive health covered by the media and the importance these are given will inform efforts to sensitize journalists and media owners on the importance of covering various reproductive health issues.
- If the media focuses regularly on reproductive health issues that are not prioritized by government, the government will be obliged to prioritize these issues in its development plans and programs.

- Over-concentration of Kenyan media on politics can overshadow the major function of the media of educating the public on health issues.
- The media is a key source of reproductive health information for many people in Kenya.
- Members of the public find reproductive health information in the media credible.
- The media have access to relevant reproductive health information to communicate to members of the public and government.

Some of the limitations of this study include:

- The study covers a period of only six months. This may not be representative enough for generalization of the findings.
- This study only looks at two Kenyan dailies (the *Daily Nation* and *The Standard*), and leaves out others (*Kenya Times* and *People Daily*, as well as magazines such as *Parents*, *Eve*, etc.). Thus, its findings may not be generalizable to all print media in Kenya.



## **1.8 Operational Definition of Terms**

Mass media – Mass media in this study refer to channels of communication such as television, radio, newspapers, magazines, and the Internet.

Reproductive health – Reproductive health in this study refers to sexual health (sexually transmitted infections), HIV/AIDS, family planning, sexuality, abortion, sexual violence, maternal health, female genital mutilation, and adolescent reproductive health.

Unmet need – this refers to the proportion of women of reproductive age (15-49 years) who desire to delay or limit pregnancy, but lack access to contraceptives.

Development communication – This refers to substantive mass media content that touches on the various aspects of development such as: economic, political, social (including education and health) and cultural aspects of development.

## **2. Literature Review**

This section reviews literature on the status of reproductive health in sub-Saharan Africa and in Kenya, and gives an account of studies done on the content of mass media as regards health issues, reproductive health, and development communication.

### **2.1 Reproductive Health in sub-Saharan Africa**

According to the UNFPA (2006), sub-Saharan Africa still lags behind in ensuring universal access to reproductive health services, gender equality, and women's empowerment, factors that are likely to promote reproductive health. The UNFPA further notes that efforts to eradicate poverty, empower women, and improve maternal health in the region continue to be severely undermined by the devastating AIDS pandemic and by massive human displacements in the wake of natural disasters, violent conflicts and political strife (UNFPA, 2006). Since the region accounts for more than 60% of the world's HIV-positive people, halting and reversing the spread of HIV must be among the highest priorities (ibid). Addressing the reproductive health needs of the millions of women and adolescents currently at risk for contracting the infection is critical to this effort (ibid).

Making motherhood safer is another urgent reproductive health priority for sub-Saharan Africa (African Union, 2006). Women in the

region face a 1 in 16 lifetime risk of dying from pregnancy-related causes, and many are disabled by these causes. Incidences of teen pregnancies remain high, creating additional risks for mothers and newborns (UNFPA, 2006). Lack of access to emergency obstetric care and low proportions of births attended by professionally trained personnel contribute to the continuing extraordinarily high rates of maternal deaths and illnesses (ibid).

Sub-Saharan Africa's population has grown faster than any region over the past thirty years, despite the millions of deaths from AIDS (UNFPA, 2006; African Union, 2006). Between 1975 and 2005, the population more than doubled, rising from 335 to 751 million, and is currently growing at a rate of 2.2% a year (ibid).

Fertility is still high in the region, standing at 5.1 children per woman (UNFPA, 2006; African Union, 2006). Although most African women want fewer children than in the past, contraceptive use for modern methods remains low in most countries (ibid). Indeed, the region's unmet need for family planning among married women is the highest in the world (UNFPA, 2006).

In several countries, laws banning female genital mutilation/cutting and violence against women have been passed (UNFPA, 2006). Also, model legal frameworks that promote the right to reproductive health

have been ratified in some countries (ibid). Yet, female circumcision and sexual violence continue unabated in many countries in the region (Amnesty International, 2006).

Almost all countries in the region now support reproductive health programs, including family planning, and integrate population into their development programs (UNFPA, 2006). Yet, fully incorporating these issues and program needs into national poverty reduction efforts remains a struggle (ibid). While progress continues to be made, in too many cases, population, reproductive health and gender issues are still not as firmly situated in broader policy dialogues as they should be (ibid).

## **2.2 Reproductive Health in Kenya**

In 2006, Kenya's population was estimated at 34.2 million, with an annual population growth rate of 2.2% (UNAIDS, 2006). The total fertility rate stands at 4.9 children per woman according to the 2003 KDHS, having increased from 4.7 in 1998 (KDHS, 2003). While use of family planning is moderate, with 39% of married women using some form of contraception, unplanned pregnancies are common, with 24.5% of women of reproductive age having an unmet need for family planning (ibid). At the same time, adolescent fertility remains high, with many young people dropping out school due to teenage

pregnancies (Ministry of Health, 2006). Deaths and illnesses occasioned by poor maternal health remain high, with the maternal mortality rate being estimated at 1000 deaths per 100,000 live births annually (UNICEF and UNFPA, 2004). The following section details the status of the specific reproductive health issues in the country.

### ***HIV/AIDS***

It is widely acknowledged that the HIV virus was probably introduced in Kenya around the late 1970s or early 1980s (Ministry of Health, 1997). And, even though the first case of HIV was diagnosed in Kenya in 1984, it was not until in the early 1990s that the Kenyan government acknowledged HIV/AIDS as the greatest public health challenge and an issue of national priority (NCPD and CBS, 1994).

Today, it is estimated that about 1.3 million Kenyans are living with HIV/AIDS (UNAIDS, 2006). The HIV prevalence rate among adults aged 15-49 years stands at 6.1% (ibid). Every year, 80,000 Kenyans die from HIV/AIDS, majority of whom are in the most productive segment of the population i.e. those between the ages of 15-49 (ibid). As such, AIDS is relocating the burden of caring for young ones to the old, who lack the capacity to work and generate income. Indeed, 1.1 million Kenyan children aged between 0-17 years have been orphaned by HIV/AIDS (UNAIDS, 2006). While 1.3 millions Kenyans are living

with HIV/AIDS, only 60,000 of them had access to antiretroviral drugs as of 2005 (ibid).

Knowledge and behavior of young people (aged 15-24 years), who present an opportunity to stem the spread of the virus, given that majority of new infections are in this age group, are wanting. For example, only 47% of young men and 34% of young women can correctly identify ways to prevent HIV (UNAIDS, 2006). Further, 84% of young men and 30% of young women had sex with a casual partner in the past 12 months, and only 47% of these men and 25% of the women used a condom (ibid).

In 2004, the Population Reference Bureau noted that HIV/AIDS has halted or reversed past development gains in sub-Saharan Africa and it also continues to eat into the limited development resources in the region. Odhiambo (1999) said that HIV/AIDS is not only a phenomenal public health problem in Kenya, but it is also a catastrophic demographic and economic problem.

## ***Family Planning***

According to the 2003 KDHS, knowledge of family planning is nearly universal in Kenya, with 94% of all women aged 15-49, and 97% of all men aged 15-54 knowing at least one modern method of family planning. Even then, only 39% of married women are using a method of family planning (KDHS, 2003). Twenty-five percent of married women would like to limit or delay births, but lack access to contraceptives. This has resulted in increased unwanted pregnancies and rapid population growth.

## ***Adolescent Reproductive Health***

Fourteen percent of adolescent girls and 29% of adolescent boys in Kenya initiate sex before age 15 (APHRC, 2002). A much more recent study revealed that 56% of Kenyan girls lose their virginity by age 16 (Infotrak Research and Consulting, 2007). Even though more than half of young people (aged 15-24) in Kenya know where to get condoms, only 12% of young women and 14% of young men use condoms during their first sexual intercourse (ibid). The Ministry of Health (2006) estimates that one in every two girls becomes a mother before the age of 20, and that every day, 35 teenage girls drop out of school due to unwanted pregnancies. All these statistics show the reproductive health challenges facing Kenyan youth today.

## ***Abortion***

Abortion is illegal in Kenya except when the pregnancy is endangering the woman's life. Yet research has shown that abortion is rife in the country, with majority of it being done by unqualified health providers on the back-streets and in rural areas. A report by the Ipas Africa Alliance, Ministry of Health (Kenya), Kenya Medical Association, Federation of Women Lawyers-Kenya (2004) showed that about 300,000 abortions are performed in the country each year, causing an estimated 20,000 women and girls to be hospitalized with related complications (*Interpress News Service Agency, 2004*). This translates into a daily abortion rate of about 800 procedures and the death of 2,600 women every year. A recent study by the same organizations (Ipas Africa Alliance, Ministry of Health (Kenya), Kenya Medical Association, Federation of Women Lawyers-Kenya, 2007) recommends the need to review policy and law on abortion in Kenya given the high number of women suffering and dying after undergoing illegal back-street abortion carried out by unqualified people.

## ***Maternal Health***

Between 414-1000 Kenyan women die annually in every 100,000 live births (KDHS, 2003; WHO, UNICEF and UNFPA, 2004). Indeed, Kenya is still among countries of the world that exhibit very high maternal



mortality rates, especially if you compare its maternal mortality (414-1,000 per 100,000 live births) and that of developed countries i.e. 20 maternal deaths per 100,000 births (*InterPress Service, 2005*).

Causes of the high maternal mortality vary from lack of access to quality maternity services, including delivery, poor quality services in healthcare facilities, frequent births, to abortion (KDHS, 2003). Indeed, while 88% of women in Kenya receive antenatal care while pregnant, only 41% of the women deliver in a health facility, and 59% deliver at home (*ibid*).

### ***Sexual Health and Sexually Transmitted Infections***

Sexual health is critical to reproductive health, and in fact, some common sexually transmitted infections (STIs) in Kenya such as syphilis, gonorrhoea, chlamydia, and trichomonas are known to be potential agents for the spread of HIV via unprotected sex (Ministry of Health, 2001 as quoted in KDHS, 2003).

Research by the Alan Guttmacher Institute (2004) has shown that many young people in sub-Saharan Africa, Kenya included, lack information on STIs, and indeed, some believe that you can know if one has an STI by looking at them. Worse still, majority of sexually active young people who have had an STI never sought treatment. Some of the reasons given for not seeking treatment are: they are shy

and embarrassed to seek treatment, they do not know where to seek treatment, they cannot afford the fee charged for such treatment (Alan Guttmacher Institute, 2004).

### ***Sexual Violence***

Sexual violence, especially rape, is among top crimes in Kenya (*Daily Nation*, July 18<sup>th</sup> 2005). Figures from the Kenya Police in July 2005 revealed that more women are raped in Kenya than people murdered by gangsters or vehicles stolen (ibid). Factually, 236 women were raped in June, 223 in May, 193 in April, 209 in March, 204 in February, and 249 in January (2005) (ibid). These figures could be higher because not all women who are raped report to the police because of threats from the rapists, shame, among other reasons (ibid).

And, even though rape carries a life sentence, some magistrates give rapists very light sentences. For instance, a man who raped his 14-year old daughter and infected her with a venereal disease was on July 6<sup>th</sup> 2005 jailed for just three years by a Kerugoya court (ibid).

### ***Sexuality***

Sexuality can be defined as the expression of sexual feelings due to genetic predisposition or one's own personal experimentation (Labour Law Talk Encyclopedia, 2005). The emergence of HIV/AIDS has put

issues of sexuality at the forefront by mainly addressing various aspects of sexuality that fan the spread of the pandemic (APHRC, 2005). With the dawn of HIV/AIDS, sexuality and sexual practices have acquired new meanings, associated with danger, risk and death (ibid). Sexuality has been represented as a 'vector' which transmits diseases, particularly HIV/AIDS (ibid). The association between sexuality and disease translates sexual pleasure into taboo, especially sexual pleasure outside of recognized and accepted social and cultural relationships; that is, monogamous heterosexual relations within marriage (ibid). As a result, the spectacle of HIV/AIDS has led the church, state, medical fraternity and other stakeholders in the campaign against HIV/AIDS to continually call for increased wariness towards the body and its sexual desires, making sexuality a domain of fear (ibid).

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The need to focus attention on a positive approach to representation of sexuality, in order to enhance people's well-being, especially in this era of HIV/AIDS is urgent (Undie and Benaya, 2006). Various institutions, such as the media can play an important role in the socialization of sexual knowledge, attitudes, and behavior (Dr. Alex Ezeh in an interview on *Sexuality in Africa* with journalists, May 3, 2005). The media can challenge and shift the deep-seated and intransigent attitudes and ideologies surrounding sexuality and thereby

promote an environment that is more conducive to change (ibid). Good sexual health implies not only the absence of disease, but the ability to understand and weigh the risks, responsibilities, outcomes, and impacts of sexual actions, to be knowledgeable about and comfortable with one's sexuality, and to be free from exploitation and oppression (ibid). On the one hand, media can stimulate discussions and develop accurate and healthy presentations of sexual topics, positive understandings of sexuality and contribute to sexual health (ibid). On the other hand, the media can also (re)produce certain conservative and 'traditional' discourses around sexuality which may impact negatively on peoples' understanding of sexuality (ibid).

### ***Female Genital Mutilation***

Female circumcision, popularly known as female genital mutilation (FGM), is practiced by about 30 of Kenya's 40 plus ethnic groups as a rite of passage from girlhood into womanhood (*Maendeleo ya Wanawake Organization*, 1992 as quoted by the US Department of State, 2001). A 1992 survey by *Maendeleo ya Wanawake Organization* found that 90% of women over 14 years of age in four leading districts where FGM is practiced (Kisii, Meru, Narok and Samburu) had been circumcised. Among the communities that circumcise women, it is generally believed that the practice benefits women (Myers, Sherman

and Sokoni, 2000). The beliefs are as varied as the communities that practice FGM and they include: (i) that the practice helps women avoid difficulties during child birth, (ii) the clitoris and the labia are male parts on a woman's body and must be removed for one to be truly feminine, (iii) that the clitoris and the labia prick men during sexual intercourse and thus they must be removed (women who are not circumcised are threatened that they will not find husbands), among others (ibid). All these are misconceptions; FGM is dangerous and has serious and sometimes fatal health effects on women such as bleeding to death at the hands of traditional circumcisors, spreading STIs including HIV/AIDS, deadening women's genitalia so that they do not enjoy intercourse, among others (ibid).

### **2.3 Development Communication**

The concept of development communication emerged five decades ago from a paradigm of causal relationships between communications and development (Mowlana, 1995). This paradigm was suggested from the works of, among others, Daniel Lerner (1958), Wilbur Schramm (1964), and Lucian Pye (1963). Mowlana argues that "in their optimism of the development decades, these and other authors believed that increases in information made possible through broadcasting and print technologies would pull the 'developing'

countries up to the level of their neighbours to the north". Development in this paradigm referred mainly to 'modernization', 'economic growth', 'industrialization', and 'technological diffusion'. Even though this has proved to be such a narrow way of looking at development, some communications and development theorists have continued to work within this 1950s and 1960s paradigm.

Mowlana (1995) defines development communication as the planned use of communication strategies and processes with a view to development. He further argues that "at the heart of this concept, [lies] the need to exchange information in order to improve the quality of life of a specific target group..." This therefore has to do with the content of the mass media and whether it contributes to development.

There are various factors that influence what is covered in the press (content). These factors include, among others, the ownership of the press (private or public), the level of economic strength and independence enjoyed by the press, and the level of professional education and training of journalists. These factors determine how well the press carries out its role in societal development. For instance, privately-owned press are mainly profit-driven and are likely to concentrate more on stories that are perceived to have the ability to sell the paper at the expense of public good stories. Also, journalists

with general journalistic training may shun away from scientific issues, like those concerning reproductive health as they lack the professional ability to understand these issues.

In their study on development information content in Nigerian newspapers, Nwokefor and Nwanko (1993) found that Nigerian newspapers generally disseminated more non-developmental content than developmental content. In terms of methodology, the two scholars used content analysis, which they described as most suitable for their study as it was capable of providing the best indication of the explicit role of the Nigerian media in support of development.

Examining the capacity of print media in Africa to play a role in development, Dare (2000) raises such constraints as high levels of illiteracy in Africa, yet many newspapers in the region are published in foreign languages (English, French, etc), and the limited reach and even coverage, with many newspapers being concentrated in major cities. Even then, Dare admits that the print media can still make significant contributions to development as they can be read anywhere without needing any technology, they can also be kept and referred to again and again.

## **2.4 Mass Media Coverage/Non-coverage of Reproductive Health Issues**

A US Contraception Report of a study on newspaper coverage of contraceptive use indicated that newspaper reporting continued to emphasize “bad news” over “good news” with regard to contraception use and health risks. And, says the report, such negative media reporting regarding contraception has continued to contribute to contraceptive discontinuation and patient misperceptions. The report goes further to say that “unbalanced or inaccurate media reporting has created public perceptions of the birth control pill that are unwarranted. Although some misperceptions have declined in recent years, women continue to be unaware of the pill’s non-contraceptive health benefits”. Although this study looked at just one aspect of reproductive health - contraception – its findings show that indeed media content influences reproductive health decisions made by individuals.

Odhiambo (1998) in a study on “Mass Media and the HIV/AIDS Pandemic in Kenya” found that there were only 99 stories on HIV/AIDS in 340 editions of three national newspapers during an 18-month period. The author gives a number of explanations for this finding, one of which states that the low coverage may have to do with the inability



of editors and reporters to properly appropriate HIV/AIDS and its impacts on society as newsworthy or of human interest. He goes further to say that for journalists to recognize the news value of HIV/AIDS, they need to have more than passing familiarity with the subject. Also, journalists need to recognize health as an important component of social development and not just a medical issue that spans politics, economics and the structure of society. Odhiambo (1998) also found that most HIV/AIDS stories were written by local journalists and that newspapers relied heavily on local writers and commentators. This, he argues, is good as it gives the local reality of HIV/AIDS.

Another interesting finding was that politicians and religious leaders were hardly important sources of HIV/AIDS stories. The scholar interprets this to mean that political and religious leaders are not involved in the HIV/AIDS discourse in the country. He therefore argues that: "if the media do not involve policy makers and opinion leaders {such as the politicians and religious leaders} in the debate on this important national agenda, then we expect that any other efforts to contain and reverse the spread of HIV/AIDS will only have limited impact". This study used content analysis and multi-stage sampling in its methodology.

A much recent study by the International Women's Media Foundation (IWMF) in 2004 shows that mass media in Africa give inadequate coverage to health issues in terms of both content and quality. The study reveals that HIV/AIDS dominates newspaper articles on health in Africa. This study however disagrees with Odhiambo's 1998 finding that politicians are hardly important sources of HIV/AIDS stories with its finding that majority of the articles on health are mainly policy pronouncements by government officials. The authors argue that rather than reporting on the realities of the health challenges facing Africa, journalists concentrate on political pronouncements by government officials.

While addressing a journalists' pre-conference meeting in Nairobi, Dr. Rosemary Muganda, the Executive Director of the Center for the Study of Adolescence, said that reproductive health content in the media was mainly news (2<sup>nd</sup> Africa Conference on Sexual Health and Rights, Nairobi, June 18, 2006). The Center monitors media coverage of reproductive health issues especially those related to adolescents.

The IWMF (2004) study also found that media houses in the region lack coherent policies on sustaining coverage of health issues. This study used content analysis to examine content of national newspapers in five African countries (i.e. Botswana, Cameroon, Kenya,

Malawi and Senegal). Because this study was quite broad i.e. looking at the broad area of health, it did not analyze in detail the aspects of reproductive health that newspapers in Kenya focus on and what audiences these are targeted at. As such, there is need to focus on reproductive health content in Kenyan newspapers and give a comprehensive and detailed report on how these issues are tackled by newspapers.

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Studies by Population Council's FRONTIERS project and Futures Group POLICY project in Egypt and Indonesia found that there was an increase in coverage of reproductive health issues in the mass media within the two countries after the two continuously organized press briefings and provided background materials to journalists during a period of one to one and half years. Journalists who attended the press briefings indicated that their knowledge of reproductive health issues had increased and that they planned to use the press kits provided to write their articles (Hegazi and Mona, 2000; Wanda, *et al*, 2000). These studies suggest that journalists may fail to cover reproductive health issues due to lack of detailed knowledge of, and proper understanding of the issues and implications of scientific evidence on reproductive health. As such, reproductive health experts need to work closely with journalists to provide them with correct information and

interpretation of findings, and encourage them to write on reproductive health issues.

Besides the Population Council and the Futures Group, there are many other organizations that have organized training workshops to encourage journalists to cover reproductive health issues. These efforts have been made because such organizations have felt that the mass media are not covering reproductive health adequately either due to lack of information or skills to interpret scientific reproductive health evidence. Other reasons for conducting such training have been to equip media professionals with skills so that they can challenge the stereotypical image of women in societies where these are prevalent such as in African and Arab countries. And, in all instances, such trainings have resulted in increased and high quality coverage of reproductive health issues by journalists who have attended the workshops. An example of such a workshop was one organized by UNFPA in Palestine in May 2005 with the goal of "increasing awareness among both male and female media professionals on the vital issues of gender and reproductive health in order to enable them to tackle these issues more adequately in the various local and international media outlets where they work".

Another such workshop was organized by the Institute of International Education, the Himmat Society and Asia-pacific Institute for Broadcasting Development in 2003 and was entitled "Media and Reproductive Health: Strategies for Advocacy and Action". The aim of the workshop was to highlight the role of the media to focus on issues related to reproductive health and concerns in the context of gender relations to formulate strategies of advocacy. APHRC also organized a training workshop in 2004 aimed at encouraging Kenyan journalists to cover population and reproductive health issues in the country.

Such initiatives to train journalists on reproductive health show that the media are viewed by many as having the capacity to promote reproductive health in society as well as inform the formulation and implementation of effective reproductive health policies and programs.

## **2.5 The Role of the Mass Media in Promoting Reproductive Health**

It is widely acknowledged that media can contribute to better health if used effectively. Family Health International contends that "media can inform young adults about important reproductive health concerns, as well as where to obtain services" (Network: Spring 1997 Vol. 17, no. 3). It is also true that irresponsible use of the mass media can promote poor health. For instance, lots of media messages targeted at

young adults refer to sex and romance often with little or no mention of responsible sexual behavior, the danger of sexually transmitted infections and unwanted pregnancies (ibid). This lures young adults into engaging in sexual activities without knowing the possible dangers and consequences (ibid). Nevertheless, where the media have been used effectively, positive results have been registered (ibid). An example is Uganda, where HIV prevention media campaigns have played a major role in encouraging safer sexual behavior. This has phenomenally lowered the HIV prevalence in the country from 15% in 1990s to 4.1% in 2004 (Avert, 2004).

Concurring with this premise that media influences reproductive health, Westoff and Bankole (1997) in their study on mass media and reproductive health behavior in Africa conclude that "there is a persistent and frequently strong association between exposure to the mass media and reproductive behavior in Africa in the expected direction; such exposure is directly related to greater knowledge and use of contraception, intention to use contraception in the future, preferences for fewer children, and intention to stop childbearing".

Knibbs and Sophal, 1997 agree that, "media campaigns on birth spacing and HIV/AIDS have shown that the media ... is credible and effective means of health promotion. If appropriate messages are

targeted at the real needs ... the media could play a role in informing and helping to empower young people ...”.

Still on family planning, a study in Nigeria suggested that media campaigns can help influence family planning behavior (Family Health International, 1997). A 1993 survey in Nigeria found majority of the women who were exposed to contraceptive use messages through the mass media were using contraceptives in planning their families.

Moreover, L’Engle *et al.* (2006) in their paper “The mass media are important context for adolescents’ sexual behavior” conclude that “adolescents who are exposed to more sexual content in their media diet, and who perceive greater support from the media for teen sexual behavior, report more sexual activity and greater intentions to engage in sexual intercourse in the near future”.

Family Health International (1997) however says that for reproductive health messages to be effective, they need to give more details on where people can get the reproductive health services, contraceptive supplies, among others. This ensures that people know what to do next after hearing or reading the messages.

## **2.6 Mass Media are Major Sources of Information on Sexual and Reproductive Health**

The mass media are used by many, especially in Africa where many cultures tend not to allow free and deliberate discourses on sexual and reproductive health issues, as the main sources of information on sexual and reproductive health. For example, the 2003 KDHS found that most Kenyan women and men got information on family planning and modern contraceptive methods through the mass media. Indeed, 73% of the women respondents said that they had learnt about condom use from the media.

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Supporting this finding is a study by the Allan Guttmacher Institute (2004) on HIV/AIDS and adolescents in sub-Saharan Africa which found that the mass media were the main sources of information on sexual and reproductive health for young people in the region. The study revealed that young people were not comfortable and free to use other sources of information such as healthcare providers and parents due to shyness, feeling ashamed, and the negative attitude that these people have towards young people as regards sexual and reproductive health issues (especially healthcare providers).



### **3. Design and Methodology**

#### **3.1 Methodology**

To meet the objectives set and answer the research questions raised, this study used content analysis in evaluating and analyzing relevant newspaper articles, editorial policies of the studied newspapers, and curricula of leading schools of journalism in Kenya. Berelson (1952, as quoted by McQuail, 1987) defines content analysis as “a research technique for the objective, systematic and quantitative description of the manifest content of communication”. This is the most appropriate research technique for this study because it is the most capable method of providing the best indication of the explicit role of the Kenyan media in promoting reproductive health. This is because content analysis enables researchers to sift through large volumes of data with ease in a systematic way (US Government Accountability Office, 1996).

Content analysis has been used widely in the past as an effective scientific research method. Historical studies such as the *People's Choice* by Lazarsfeld, Berelson and Gaudet, and the studies leading to the agenda-setting theory by McCombs and Shaw (1968) used content analysis in their research methodology. Content analysis is capable of providing valid and reliable qualitative and quantitative scientific

observations because of its unobtrusive nature that eliminates many confounding antecedent conditions that are often encountered in media research when other research techniques are used.

What makes content analysis particularly rich and meaningful is its reliance on coding and categorizing of the data. The scope of the material selected will cover a period of six months from January-June 2005. This study will use *a priori* coding since the categories have already been identified. These include: sexual health, sexuality, HIV/AIDS, family planning, adolescent reproductive health, abortions, maternal health, sexual violence, and female genital mutilation. Revisions of the categories will be made when necessary and then the categories will be tightened to ensure that they are mutually exclusive and exhaustive.

### **3.2 The Sample**

There are five daily newspapers in Kenya today i.e. *The Daily Nation*, *The Standard*, *Kenya Times*, *The People* and *Taifa Leo*. Among these, the most widely read are *The Daily Nation* and *The Standard*. This study therefore examined these two daily newspapers including their *Saturday* and *Sunday* editions. These newspapers were, thus, selected by virtue of being the most widely read national newspapers in Kenya, with the *Daily Nation* taking the lead in circulation (120,000), followed

by *The Standard*, which boasts of a circulation of 75,000. Both the two newspapers are privately-owned. All the editions of the two papers published in the period January-June 2005 were studied. This sample size was considered adequate for answering the study questions because a review of studies using content analysis techniques has shown that a researcher who uses a small well-chosen sample may achieve more accurate results than one with too large a sample (that increasing sample size in proportion to the universe does not guarantee more accurate results) (Holsti, 1969). The sampling unit for this study was a newspaper story on a reproductive health issue.

Editorial policies of the two newspapers selected for study (*Nation* and *The Standard*) were also analyzed. Curricula of two leading schools of journalism (University of Nairobi's School of Journalism and United States International University's Faculty of Arts, Communications department) were analyzed.

### **3.3 Data Analysis**

This study used both quantitative and qualitative data analysis. This involved data organization into chosen categories and the generation of themes, and then analysis and interpretation.

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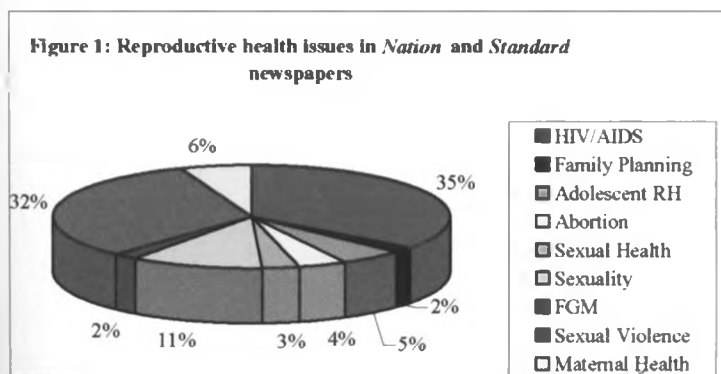
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## 4. Findings

### 4.1 General

The findings are presented in terms of the type of coverage (e.g. news, commentary, feature, etc), frequency, and placement of reproductive health issues in the two newspapers under study (*Nation* and *The Standard*<sup>1</sup>). Overall, a total of 877 items on reproductive health issues<sup>2</sup> appeared in both the *Nation* (397) and *The Standard* (480) newspapers during the period January-June 2005. As shown in Figure 1, HIV and AIDS received the most coverage (35%), followed by sexual violence (32%) and sexuality (11%).

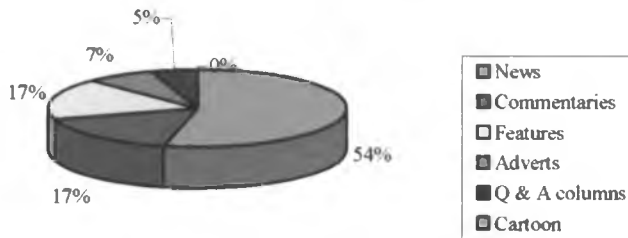


**Type of coverage:** When the findings are unpacked to show type of coverage (Figure 2), news coverage accounts for more than half (54%) of the coverage. Feature stories and commentaries account for 17% of coverage each.

<sup>1</sup> *Nation* includes the Daily, Saturday and Sunday issues. Similarly, *The Standard* includes the Daily, Saturday and Sunday issues.

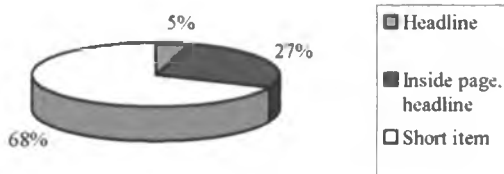
<sup>2</sup> Reproductive health issues here refer to all the nine reproductive health issues under investigation.

**Figure 2: Type of Coverage given reproductive health issues in *Nation* and *Standard* newspapers**



**Placement:** Considering placement, 68% of all the reproductive health issues covered by the two daily newspapers in the six-month period were short items in the inside pages of the newspapers. Twenty-seven percent were headline stories in the inside pages, while a paltry 5% of the reproductive health issues were headline stories on cover pages.

**Figure 3: Placement of reproductive health stories in *Nation* and *Standard* newspapers**



Related to placement is where the reproductive health issues were published i.e. in the daily issues or the weekly magazines. From this study, 68.8% (603) of the items were in the daily issues of the two papers, whereas 31.2% (274) were in the weekly magazines.

## 4.2 Coverage of Specific Reproductive Health Issues

### 4.2.1 HIV and AIDS

**Table 1: Coverage of HIV and AIDS in the *Nation* and *Standard* newspapers between January-June 2005**

Type of Coverage		Daily Paper			Weekly Magazine			Total
		Headline	Inside page, headline	Short item	Headline	Inside page, headline	Short item	
News spot	<i>Nation</i>	4	0	53	2	2	9	<b>70</b>
	<i>The Standard</i>	5	3	80	0	1	10	<b>99</b>
Commentary*	<i>Nation</i>	0	5	18	0	0	0	<b>23</b>
	<i>The Standard</i>	0	8	16	1	4	4	<b>33</b>
Features	<i>Nation</i>	0	0	0	1	5	1	<b>7</b>
	<i>The Standard</i>	0	6	0	4	11	2	<b>23</b>
Adverts	<i>Nation</i>	0	0	25	0	0	0	<b>25</b>
	<i>The Standard</i>	0	19	1	0	0	2	<b>22</b>
Q & A	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	0	0	0	1	7	<b>8</b>
<b>Total</b>		<b>9</b>	<b>41</b>	<b>193</b>	<b>8</b>	<b>24</b>	<b>35</b>	<b>310</b>

\* includes editorial, opinion columns, and letters to the editor.

There were a total of 310 items on HIV/AIDS in the two daily newspapers over the six-month period i.e. 125 in *Nation* and 185 in *The Standard*. Of these, 169 (54.5%) were news items (*Nation* 70, *Standard* 99), whereas 56 (18.0%) were commentary pieces (*Nation* 23, *Standard* 33) i.e. editorials, letters to the editor, and opinion columns. Forty-seven (15.2%) were advertisements (*Nation* 25, *Standard* 22), 30 (9.8%) were feature stories (*Nation* 7, *Standard* 23). Only the *Standard* had question and answer columns and 8 (2.6%) items were published under this category.

Of the 310 items, 9 (2.9%) were headline stories in the daily issues (*Nation* 4, *Standard* 5), while 8 (2.5%) were headline stories in the weekly magazines (*Nation* 3, *Standard* 5). Twenty-two (7.0%) were inside headline stories in the daily issues (*Nation* 5, *Standard* 17), whereas 24 (7.7%) were inside headline stories in the magazines (*Nation* 7, *Standard* 17).

#### 4.2.2 Family Planning

**Table 2: Coverage of Family Planning issues in the *Nation* and *Standard* newspapers between January-June 2005**

Type of coverage		Daily Paper			Weekly Magazine			Total
		Headline	Inside page, headline	Short item	Headline	Inside page, headline	Short item	
News spot	<i>Nation</i>	0	1	1	0	0	0	<b>2</b>
	<i>The Standard</i>	0	0	1	0	0	1	<b>2</b>
Commentary	<i>Nation</i>	0	1	1	0	0	0	<b>2</b>
	<i>The Standard</i>	0	0	1	0	1	0	<b>2</b>
Feature	<i>Nation</i>	0	1	0	0	2	0	<b>3</b>
	<i>The Standard</i>	0	0	0	0	0	0	<b>0</b>
Cartoon	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	0	0	0	0	0	<b>0</b>
Advert	<i>Nation</i>	0	0	3	0	0	0	<b>3</b>
	<i>The Standard</i>	0	0	0	0	0	0	<b>0</b>
<b>Total</b>		<b>0</b>	<b>3</b>	<b>7</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>14</b>

There were a total of 14 items (*Nation* 10, *Standard* 4) on family planning in both the papers from January-June 2005. Of these, 4 (28.6%) were news items (*Nation* 2, *Standard* 2), 4 (28.6%) were commentary pieces (*Nation* 2, *Standard* 2), and only *Nation* had 3 (21.4%) feature stories, and 3 (21.4%) advertisements/adverterials.



Of the 310 items, 9 (2.9%) were headline stories in the daily issues (*Nation* 4, *Standard* 5), while 8 (2.5%) were headline stories in the weekly magazines (*Nation* 3, *Standard* 5). Twenty-two (7.0%) were inside headline stories in the daily issues (*Nation* 5, *Standard* 17), whereas 24 (7.7%) were inside headline stories in the magazines (*Nation* 7, *Standard* 17).

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News spot	<i>Nation</i>	0	1	1	0	0	0	2
	<i>The Standard</i>	0	0	1	0	0	1	2
Commentary	<i>Nation</i>	0	1	1	0	0	0	2
	<i>The Standard</i>	0	0	1	0	1	0	2
Feature	<i>Nation</i>	0	1	0	0	2	0	3
	<i>The Standard</i>	0	0	0	0	0	0	0
Cartoon	<i>Nation</i>	0	0	0	0	0	0	0
	<i>The Standard</i>	0	0	0	0	0	0	0
Advert	<i>Nation</i>	0	0	3	0	0	0	3
	<i>The Standard</i>	0	0	0	0	0	0	0
<b>Total</b>		<b>0</b>	<b>3</b>	<b>7</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>14</b>

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None of the 14 items on family planning made headlines in both papers. Three (21.4%) were inside headline stories in the daily issues (*Nation* 3, *Standard* 0), whereas 3 (21.4%) were inside headline stories in the weekly magazines (*Nation* 2, *Standard* 1).

#### 4.2.3 Adolescent Reproductive Health

**Table 3: Coverage of Adolescent Reproductive Health in the *Nation* and *Standard* newspapers between January-June 2005**

Type of coverage		Daily Paper			Weekly Magazine			Total
		Headline	Inside page, headline	Short item	Headline	Inside page, headline	Short item	
News spot	<i>Nation</i>	0	0	5	0	0	0	<b>5</b>
	<i>The Standard</i>	1	1	12	0	0	4	<b>18</b>
Commentary	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	1	0	0	2	4	<b>7</b>
Feature	<i>Nation</i>	0	1	0	1	1	0	<b>3</b>
	<i>The Standard</i>	0	3	0	0	1	0	<b>4</b>
Cartoon	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	0	0	0	0	0	<b>0</b>
Advert	<i>Nation</i>	0	0	0	0	0	4	<b>4</b>
	<i>The Standard</i>	0	3	0	0	3	0	<b>6</b>
<b>Total</b>		<b>1</b>	<b>9</b>	<b>17</b>	<b>1</b>	<b>7</b>	<b>12</b>	<b>47</b>

There was a total of 47 (*Nation* 12, *Standard* 35) items on adolescent reproductive health for the period January-June 2005. Of these, 23 (48.9%) were news items (*Nation* 5, *Standard* 18), 10 (21.3%) were advertisements (*Nation* 4, *Standard* 6), and 7 (14.9%) were feature stories (*Nation* 3, *Standard* 4). Only *Standard* had 5 (10.6%) commentary pieces over this period.

Of the 47 items on adolescent reproductive health, only 1 (2.1%) was a headline story in the daily issue of the *Nation* newspaper and another 1 (2.1%) was a headline story in a weekly magazine of the same paper. Six (12.8%) were inside headline stories in the daily issues (*Nation* 1, *Standard* 5), whereas 4 (8.5%) were inside headline stories in the weekly magazines (*Nation* 1, *Standard* 3).

#### 4.2.4 Abortion

**Table 4: Coverage of Abortion in the *Nation* and *Standard* newspapers between January-June 2005**

Type of coverage		Daily Paper			Weekly Magazine			Total
		Headline	Inside page, headline	Short item	Headline	Inside page, headline	Short item	
News spot	<i>Nation</i>	1	0	11	0	0	0	<b>12</b>
	<i>The Standard</i>	0	1	10	0	0	1	<b>12</b>
Commentary	<i>Nation</i>	0	3	1	0	0	3	<b>7</b>
	<i>The Standard</i>	0	0	1	0	0	0	<b>1</b>
Feature	<i>Nation</i>	0	0	0	1	0	0	<b>1</b>
	<i>The Standard</i>	0	0	0	0	0	1	<b>1</b>
Cartoon	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	0	0	0	0	0	<b>0</b>
Advert	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	0	0	0	0	0	<b>0</b>
<b>Total</b>		<b>1</b>	<b>4</b>	<b>23</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>34</b>

Both the papers had a total of 34 items (*Nation* 20, *Standard* 14) on abortion. Of these, 24 (70.6%) were news items (*Nation* 12, *Standard* 12), 8 (23.5%) were commentary pieces (*Nation* 7, *Standard* 1), whereas 2 (5.9%) were feature stories (*Nation* 1, *Standard* 1).

Of the 34 items, only 1 (2.9%) was a headline story in the daily issue of the *Nation*. Four (11.8%) items were inside headline stories in the daily issues of the papers (*Nation* 3, *Standard* 1).

#### 4.2.5 Sexual Health

**Table 5: Coverage of Sexual Health in the *Nation* and *Standard* newspapers between January-June 2005**

Type of coverage		Daily Paper			Weekly Magazine			Total
		Headline	Inside page, headline	Short item	Headline	Inside page, headline	Short item	
News spot	<i>Nation</i>	0	0	0	0	0	2	<b>2</b>
	<i>The Standard</i>	0	0	0	0	0	3	<b>3</b>
Commentary	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	1	0	0	0	0	<b>1</b>
Feature	<i>Nation</i>	0	0	0	0	6	0	<b>6</b>
	<i>The Standard</i>	0	0	0	0	4	1	<b>5</b>
Cartoon	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	0	0	0	0	0	<b>0</b>
Advert	<i>Nation</i>	0	0	1	0	0	0	<b>1</b>
	<i>The Standard</i>	0	0	0	0	0	0	<b>0</b>
Q & A	<i>Nation</i>	0	0	0	0	1	0	<b>1</b>
	<i>The Standard</i>	0	0	7	0	0	0	<b>7</b>
<b>Total</b>		<b>0</b>	<b>1</b>	<b>8</b>	<b>0</b>	<b>11</b>	<b>6</b>	<b>26</b>

There were a total of 26 items on sexual health (*Nation* 10, *Standard* 16). Of these, 5 (19.2%) were news items (*Nation* 2, *Standard* 3), 11 (42.3%) were feature stories (*Nation* 6, *Standard* 5), and 8 (30.8%) were question and answer columns (*Nation* 1, *Standard* 7). *Nation* had 1 (3.8%) advert, whereas *Standard* had 1 (3.8%) commentary piece.

Only 1 (3.8%) of the 26 items made a headline story in the daily issue of the *Standard*. Eleven (42.3%) were inside headline stories in the weekly magazines, with 7 in the *Nation* and 4 in the *Standard*.

#### 4.2.6 Sexuality

**Table 6: Coverage of Sexuality issues in the *Nation* and *Standard* newspapers between January-June 2005**

Type of coverage		Daily Paper			Weekly Magazine			Total
		Headline	Inside page, headline	Short item	Headline	Inside page, headline	Short item	
News spot	<i>Nation</i>	0	0	6	1	0	2	<b>9</b>
	<i>The Standard</i>	0	0	8	0	1	1	<b>10</b>
Commentary	<i>Nation</i>	0	2	4	0	4	1	<b>11</b>
	<i>The Standard</i>	0	1	0	0	1	0	<b>2</b>
Feature	<i>Nation</i>	0	1	0	3	23	0	<b>27</b>
	<i>The Standard</i>	0	0	0	1	9	2	<b>12</b>
Q & A	<i>Nation</i>	0	0	0	0	16	6	<b>22</b>
	<i>The Standard</i>	0	0	0	0	3	0	<b>3</b>
Cartoon	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	0	0	0	0	0	<b>0</b>
Advert	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	0	0	0	0	0	<b>0</b>
<b>Total</b>		<b>0</b>	<b>4</b>	<b>18</b>	<b>5</b>	<b>57</b>	<b>12</b>	<b>96</b>

Both the papers had a total of 96 items on various aspects of sexuality including issues of sexual intercourse, sexual orientation (e.g. homosexuality), among others (*Nation* 69, *Standard* 27). Of these, 19 (19.8%) were news items (*Nation* 9, *Standard* 10), 13 (13.5%) were commentary pieces (*Nation* 11, *Standard* 2), 39 (40.6%) were feature stories (*Nation* 27, *Standard* 12), and 25 (26.0%) were question and answer columns (*Nation* 22, *Standard* 3).

Four (4.2%) of the 96 items were headline stories in the daily issues of the papers (*Nation* 3, *Standard* 1). One (1.0%) was a headline story in a weekly magazine of the *Standard*, and 57 (59.4%) were inside headline stories in weekly magazines of both papers (*Nation* 43, *Standard* 14). Notably, the features and question and answer (Q & A) columns in the *Nation* were mainly in weekend editions meant for entertainment, and contained mainly issues of sexual performance e.g. problems with erection, orgasm, among others.

## 4.2.7 Female Genital Mutilation

**Table 7: Coverage of Female Genital Mutilation in the *Nation* and *Standard* newspapers between January-June 2005**

Type of coverage		Daily Paper			Weekly Magazine			Total
		Headline	Inside page, headline	Short item	Headline	Inside page, headline	Short item	
News spot	<i>Nation</i>	0	0	4	0	0	0	<b>4</b>
	<i>The Standard</i>	0	0	5	0	0	0	<b>5</b>
Commentary	<i>Nation</i>	0	0	1	1	0	0	<b>2</b>
	<i>The Standard</i>	0	0	1	0	0	0	<b>1</b>
Feature	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	4	0	1	0	0	<b>5</b>
Cartoon	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	0	0	0	0	0	<b>0</b>
Advert	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	0	0	0	0	0	<b>0</b>
<b>Total</b>		<b>0</b>	<b>4</b>	<b>11</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>17</b>

On female genital mutilation/cutting, there was a total of 17 items, with the *Nation* having 6 items, whereas the *Standard* had 11 items. Of these, 9 (52.9%) were news items (*Nation* 4, *Standard* 5), whereas 3 (17.6%) were commentary pieces (*Nation* 2, *Standard* 1). Only the *Standard* had feature stories and these were 5 (29.4%) in total.

None of the 17 items were headline stories. Four (23.5%) were inside headline stories in the daily issue of the *Standard*, and 2 (11.8%) were inside headline stories in weekly magazines of both papers (*Nation* 1, *Standard* 1).

## 4.2.8 Sexual Violence

**Table 8: Coverage of Sexual Violence in the *Nation* and *Standard* newspapers between January-June 2005**

Type of coverage		Daily Paper			Weekly Magazine			Total
		Headline	Inside page, headline	Short item	Headline	Inside page, headline	Short item	
News spot	<i>Nation</i>	3	0	68	0	0	0	<b>71</b>
	<i>The Standard</i>	1	1	116	0	0	4	<b>122</b>
Commentary	<i>Nation</i>	0	5	8	0	6	0	<b>19</b>
	<i>The Standard</i>	0	5	16	8	5	0	<b>34</b>
Feature	<i>Nation</i>	1	2	1	0	14	11	<b>29</b>
	<i>The Standard</i>	0	3	0	0	1	0	<b>4</b>
Cartoon	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	1	0	0	0	0	<b>1</b>
Advert	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	0	1	0	0	0	<b>1</b>
<b>Total</b>		<b>5</b>	<b>17</b>	<b>210</b>	<b>8</b>	<b>26</b>	<b>15</b>	<b>281</b>

There was a total of 281 items (*Nation* 119, *Standard* 162) on sexual violence (including rape, harassment, etc). Of these, 193 (68.7%) were news items (*Nation* 71, *Standard* 122), 53 (18.9%) were commentary pieces (*Nation* 19, *Standard* 34), 33 (11.7%) were feature stories (*Nation* 29, *Standard* 4). Only the *Standard* had one cartoon (0.3%) and one advert (0.3%).

Of the 281 items, 5 (1.8%) were headline stories in the daily issues of the papers (*Nation* 4, *Standard* 1), whereas 8 (2.8%) were headline stories in weekly magazines of the *Standard*. Seventeen (6.0%) were inside headline stories in the daily issues of the papers (*Nation* 10,



Standard 7), whereas 26 (9.2%) were inside headline stories in weekly magazines (*Nation* 20, *Standard* 6).

#### 4.2.9 Maternal Health

**Table 9: Coverage of Maternal Health in the *Nation* and *Standard* newspapers between January-June 2005**

Type of coverage		Daily Paper			Weekly Magazine			Total
		Headline	Inside page, headline	Short item	Headline	Inside page, headline	Short item	
News spot	<i>Nation</i>	0	0	7	0	0	0	<b>7</b>
	<i>The Standard</i>	0	0	3	0	0	14	<b>17</b>
Commentary	<i>Nation</i>	0	0	0	0	1	0	<b>1</b>
	<i>The Standard</i>	0	0	1	0	0	0	<b>1</b>
Feature	<i>Nation</i>	0	0	0	0	17	0	<b>17</b>
	<i>The Standard</i>	0	1	0	0	0	2	<b>3</b>
Cartoon	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	0	0	0	0	0	<b>0</b>
Q & A	<i>Nation</i>	0	0	0	0	0	0	<b>0</b>
	<i>The Standard</i>	0	2	0	0	0	1	<b>3</b>
Advert	<i>Nation</i>	0	1	0	0	0	0	<b>1</b>
	<i>The Standard</i>	0	2	0	0	0	0	<b>2</b>
<b>Total</b>		<b>0</b>	<b>6</b>	<b>11</b>	<b>0</b>	<b>18</b>	<b>17</b>	<b>52</b>

There was a total of 52 items on maternal health in both the *Nation* and the *Standard* during the period January-June 2005 (*Nation* 26, *Standard* 26). Of these, 24 (46.1%) were news items (*Nation* 7, *Standard* 17), 20 (38.5%) were feature stories (*Nation* 17, *Standard* 3), and 2 (3.9%) were commentary pieces (*Nation* 1, *Standard* 1). In addition, the *Standard* had 2 (3.9%) adverts/advertorials, and 1 (1.9%) question and answer column.

None of the 52 items on maternal health made headlines. Three (5.8%) were inside headline stories in the daily issues of the *Standard*, whereas 18 (34.6%) were inside headline stories in weekly magazines in the *Nation*. The rest were short items in both papers.

## **5. Analysis and Discussion**

This study set out to assess the role the print media is playing in promoting reproductive health in Kenya. The study analyzed reproductive health issues reported in Kenya's print media. Three basic findings are consistently emerging from this study – (i) HIV/AIDS and sexual violence are the two reproductive health issues most covered by Kenyan newspapers, (ii) news forms majority of media coverage of reproductive health issues in Kenya, and (iii) reproductive health issues hardly make headlines in Kenya's print media.

### **5.1 HIV/AIDS and Sexual Violence are most covered Reproductive Health Issues**

For a period of six months and in 364 editions of two national newspapers (i.e. *Nation* and *Standard*), a total of 877 items on reproductive health issues appeared - *Daily Nation* (397) and *The Standard* (480). HIV/AIDS received the most coverage (310 items, 35%), followed by sexual violence, mainly rape (281 items, 32%). This finding contrasts with a 1998 study by Odhiambo which found that in 340 editions of three national newspapers and over an 18-month period, only 99 stories on HIV/AIDS were covered. Odhiambo attributed the low coverage mainly to the inability of editors and reporters to properly appropriate HIV/AIDS and its impacts on society

as newsworthy or of human interest. Indeed, at that time HIV/AIDS had not been declared a national disaster by the Kenyan government. This therefore explains why HIV/AIDS is given a lot of coverage today because in 1999, the government declared it a national disaster. Following this declaration, HIV/AIDS has received a lot of focus from the government and the civil society bodies in the country. This study's finding that HIV/AIDS is the most covered reproductive health issue can be explained by the fact that it is the only reproductive health issue that has been declared a national disaster and as such the media are according it more focus than all the other reproductive health issues. Also, having been declared a national disaster, a lot of government efforts and resources, as well as those of other development partners, are going towards addressing HIV/AIDS. Thus, the media's focus on HIV/AIDS may be a reflection of the attention the disease is getting from government and development partners. This is especially so given that 54.0% of all coverage on HIV/AIDS is news items; thus, the media are doing a lot of reporting of HIV/AIDS related activities. Also, HIV/AIDS is no longer just a reproductive health issue, but an issue that cuts across so many other areas of health and life in general.

The finding that HIV/AIDS receives most coverage by the media echoes the finding by a 2004 study by IWMF which found that HIV/AIDS dominates newspaper articles on health in Africa.

Following HIV/AIDS in second place of reproductive health issues that received most coverage is sexual violence, especially rape. This accounted for 281 (32%) of all the 877 reproductive health items. As stated in the introduction, rape is among Kenya's top crimes. Indeed, figures from the Kenya Police in July 2005 (at the time of this study) revealed that more women were being raped in the country than people murdered by gangsters or vehicles stolen. So the media were basically reflecting what was happening in society at that time - because there were lots of rape incidents, there were lots of reports on rape in the media. This is especially so given that 68.7% of all coverage on sexual violence were news items.

Other reproductive health issues receive considerably minimal coverage from the press. Family planning received the lowest coverage, with just 14 items in a period of six months. FGM appeared 17 times, issues of sexual health appeared 26 times, abortion 34, adolescent 47, maternal health 52, and sexuality issues 96. There are three possible reasons for this minimal coverage. One, journalists do not understand the real issues as far as reproductive health is

concerned and as such, they do not understand the impact of these issues on overall national development; consequently, they do not prioritize these issues. Two, journalists lack access to relevant information sources on which they can base their stories, or they lack access to experts whom they can interview to develop stories in these areas. Three, the media studied are private-owned and as such, are keen on making profits. Consequently, they focus on content that they perceive to sell the papers and this is mainly political-oriented content; reproductive health content is not seen to sell the paper. Indeed, in late 2005, the then Standard Group Chief Executive Officer (Mr. Tom Mshindi, December 3, 2005) was covered on the Kenya Television Network (KTN) saying that 'Kenya is such a political society and as such the group's media products (*The Standard* newspaper and KTN) cover mainly political content because that is what Kenyans want to read/hear'. This is despite the fact that no study has been done to verify if this is true – that indeed Kenyans only want political content in the media.

## **5.2 News forms Majority of Print Media Coverage of Reproductive Health Issues in Kenya**

Considering type of coverage, news accounts for more than half (54%) of all the coverage given to reproductive health issues. This means

that the media are mainly reporting issues of reproductive health happening in the Kenyan society or pronouncements by leaders regarding reproductive health. Thus, they mainly inform people on what is happening around them regarding reproductive health. This implies that the media do not take the initiative to investigate and write about reproductive health issues, especially to highlight areas that are not receiving much priority from government and other players.

Also, this implies that the media are not providing much educational information to society which is very important especially when it comes to reproductive health. Reproductive health issues are best told through features and perhaps commentaries, as these offer space for details and/or explanations. These stories may feature challenges of reproductive health facing women, linking these to existing policies and programs, or the lack of these. Commentaries, on the other hand, share opinions on reproductive health situations in the country and express how best policies and programs can address these challenges. This study however finds that feature stories and commentaries on reproductive health accounted for only 17% of the coverage each.

As mentioned in the introduction, the media are a major source of reproductive health information to society, especially in Africa where

many issues of reproductive health are treated as taboo and thus, not commonly discussed in public. An example was indeed cited where women and men in Kenya said they got information on condom use from the media (KDHS, 2003). This means that if the media published more educative reproductive health information, it will benefit many people and may improve or promote better reproductive health.

The finding that media coverage of reproductive health issues is dominated by news items agrees with the findings of the 2004 study by the IWMF, which showed that the media mainly covered pronouncements of government officials (which are covered as news items) at the expense of focusing on the realities of the health challenges facing Africa. This is also in consonant with Dr. Rosemary Muganda's (the Executive Director of the Center for the Study of Adolescence) (2006) statement that 'reproductive health content in the media was mainly news'.

Another implication is that the media hardly make follow-up on news stories on reproductive health to provide a more in-depth understanding of the underlying issues. For instance, there has been a considerable increase in rape cases in Kenya over the last 2-3 years. A well-investigated and in-depth story on, say a rapist or the relationship between family members and friends prior to the occurrence of a rape



(most rape cases are perpetuated by people well known to the women/girls, either family members or family friends). Such stories would contribute to the 'much-needed' understanding of the root cause of rape in the Kenyan society.

### **5.3 Reproductive Health Issues hardly make Headlines in Kenya's Print Media**

Placement of stories in newspapers shows the importance attached to the issues covered as well as determining the reach of the stories. Headline stories on the front page will be seen and read by more people than one short item hidden deep inside the newspaper. When the media wants to set an agenda, they put the story on the front-page as a headline. By putting a story as a headline, the media make society realize that an issue is important and is thus forced to focus on it.

From this study, close to 70% of all the reproductive health issues covered by the two daily newspapers in the six-month period were short items in the inside pages of the newspapers. This implies that reproductive health issues are not given much priority by the print media. The print media are not coming forward to set an agenda on any reproductive health issue, however grave the issues are. This could be because journalists do not understand the extent of

reproductive health challenges in Kenya and their human interest, and they therefore do not see the need to prioritize them or give them much attention. This also says a lot on the editorial policies guiding coverage - that the media houses have no policies that prioritize reproductive health as important issues of human interest and thus need to be given prominence. Indeed, both publishers (*Nation* and *The Standard*) have no clear policies on coverage of reproductive health issues, except that journalists should respect privacy when covering such reproductive health issues as rape, and HIV/AIDS (Nation Group Editorial Policy, undated; Standard Group Editorial Policy, undated.)

## 6. Conclusions and Implications

Except for HIV/AIDS and sexual violence, reproductive health issues do not receive much coverage from the print media in Kenya. This is despite the huge burden of ill reproductive health the country is bearing and the negative impact this is having on development and poverty alleviation efforts.

For example, between 414-1,000 women die in every 100,000 live births in the country every year (KDHS, 2003; WHO/UNICEF/UNFPA, 2004), but maternal health accounted for just 6% of all coverage given to reproductive health issues in both the two papers during the six-month study period. Twenty-five percent of married women who wish to delay or limit births have no access to family planning supplies (KDHS, 2003), yet family planning accounted for only 2% of total coverage. More than 800 abortions are carried out in the country every day (Ipas Africa Alliance *et al.*, 2004), yet abortion only accounted for 4% of all coverage given reproductive health issues. A big proportion of young people in the country are initiating sex early (e.g. a recent study by Infotrak Research and Consulting (2007) shows that 56% of Kenyan girls have initiated sexual activities by age 16), and majority are not practicing safer sex, yet issues of adolescent reproductive health accounted for just 5%, and half of these were news items while half of the remaining were advertisements. On sexual health, although

most young people lack proper information on STIs and where to seek treatment, these received minimal coverage as well, accounting for just 3% of coverage. FGM is outlawed by the Kenyan government, but it still goes on; despite this, FGM does not receive much coverage from the press as it only accounted for 2% of all coverage.

Although, sexuality issues are currently receiving some considerable coverage (11% of all reproductive health coverage during the study period), especially if you compare to the other reproductive health issues that received lower coverage, there is still need for the media to provide a forum for the public to discuss sexuality related issues as well as contribute to the public's understanding of sexuality in the African context. Currently, majority of the sexuality content is on sexual performance.

This study points to the need to constantly sensitize journalists on the impact of poor reproductive health on development and poverty alleviation. Reproductive health experts working in government, private and non-governmental organizations need to constantly engage with journalists to share information and statistics on the magnitude of reproductive health challenges facing Kenyans, and possible ways of addressing these challenges. Evidence shows that periods following close and meaningful engagement of reproductive

health experts with journalists always result in increased coverage of reproductive health issues in the media (Hegazi and Khalifa, 2000).

On the other hand, owners of media companies need to put in place editorial policies that encourage coverage of reproductive health issues in the country. Currently, editorial policies of the studied newspapers do not promote coverage of reproductive health issues. Media owners need to be sensitized as well on the magnitude of reproductive health challenges in the country.

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Other bodies that could be sensitized to encourage journalists to report on reproductive health issues are professional associations for journalists. Currently, there are about three such bodies in Kenya, the Kenya Union of Journalists (KUJ), the Media for Environment, Science, Health and Agriculture (MESHA), and the Association of Media Women in Kenya (AMWIK).

Journalism training schools too need to start offering comprehensive courses in science and health journalism. Currently, the schools do not offer comprehensive courses in these two areas; indeed, science journalism is a small chapter/section in courses offered by these schools. As such, most journalists in the country lack skills to properly understand and report on science and health related content.

Finally, there is need for a more qualitative study that looks at the content of the reproductive health issues covered by the media. Such a study would provide information on what the media are saying on reproductive health, and if whatever they are saying promotes better reproductive health or not.

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