



Together  
4SRHR



# Retrospective Media Scan

Coverage of Sexual and Reproductive Health Rights, HIV and Sexual and Gender-based violence in Eastern and Southern Africa region.

Executive Summary

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## Programme Background



The **2gether 4 SRHR** Programme is a Joint United Nations (UN) Regional Programme that combines the efforts and expertise of UNAIDS, UNFPA, UNICEF and WHO to improve the sexual and reproductive health and rights (SRHR) of all people of East and Southern Africa. In particular, the Programme aims to support the region to attain the goals and targets of Sustainable Development Goal (SDG) 3, i.e., ensure healthy lives and promote well-being for all at all ages, and SDG 5, i.e., achieve gender equality.

To deliver against the programme's fourth objective, i.e., amplifying learning in ESA, a regional communication strategy was developed and endorsed by Regional Programme Steering Committee in 2019. Employing four broad pillars, amongst the key objectives, the communication strategy aims to:

- Successfully build a public profile and visibility of the programme to expand awareness and implementation of, and demand for, integrated services,
- Support high-level advocacy around SRHR, HIV and SGBV,
- Guide strategic communication.

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## Purpose of the Media Scan

With the understanding that realising these objectives requires a comprehensive understanding of the communication environment, including both traditional and new media, influencers, existing country- and regional- level communication platforms, as well as key events to advance the SRHR/HIV and SGBV agenda, UNICEF contracted Ipsos to conduct a retrospective media scan. The specific objectives of the media scan were to provide:

1. Clear understanding of how SRHR, HIV and SGBV are covered/discussed in the traditional mass media including the involvement of regional structures e.g. the Southern Africa Development Community (SADC), East African Community (EAC), as well as selected countries.
2. Clear understanding of how SRHR, HIV and Sexual and Gender-Based Violence (SGBV) are covered/discussed in the new media.
3. Set of recommendations for future investments that will inform the implementation of the SRHR program to achieve the objectives of
  - a. Engaging media, and,
  - b. Public engagement through social media.

The centrality of both traditional media and emerging new media, including social media, in positioning the discourse on sexual reproductive health and rights (SRHR), and access to services related to sexual and gender-based violence (SGBV) and HIV is now more important than ever. In a context where there is militant advocacy against some aspects of SRHR and the many channels of influence on public perception, an understanding of coverage, media knowledge levels and public engagement around SRHR is key. This media scan pointed to both challenges, gaps and opportunities in building a knowledgeable cohort of journalists and engaged social media influencers, who can have enormous potential to influence behaviours, perceptions and policy.

This report includes findings based on the analysis of the collected data and, therefore, may not be representative of the universe of traditional and social media in the countries included in the scan. The media scan showed encouraging trends on

coverage of SRHR, SGBV and HIV in the focus countries (Kenya, Lesotho, Malawi, Uganda, Zambia and Zimbabwe). It demonstrated existing opportunities and showed gaps in the framing of issues or of thematic coverage such as in the areas of SGBV, SGBV survivor stories and the linkage of SGBV, SRHR and HIV to regional structures, i.e., SADC and EAC.

Extensive data collection in the six countries revealed that in a crowded media news space, SRHR, SGBV and HIV were receiving a decent media market share. The scan showed that quantity was often determined by the determined by the overall size of the media market nationally. Additionally, of the data collected showed an extensive reliance on issues that were purported to be 'national' stories and official sources, rather than 'local' stories. While this helped to drive and position national policy and rights, this also meant that current coverage followed national processes/newsmakers, rather the human or community face, with the implications being a dearth of voices of the target population.

Further, the prominence of the SRHR story was average as reflected by pagination, headline size and space allocated. In addition, there appeared to be very limited resources allocated to the story with the result that many were news stories and not in-depth, or feature stories. An analysis of the coverage, also showed there was very low coverage linking SRHR, SGBV and HIV to regional structures, such as the Southern Africa Development Community (SADC) and East African Community (EAC). The scan also employed social listening revealing clear differences on coverage of issues that were coming from social media platforms. It also demonstrated some key social media influencers and organizations.

Results clearly show the need to invest in the training and capacity building of media reporters and social media cadres who have more sound technical knowledge, and it shows the need to equip media with evidence and link them to appropriate sources and data. Importantly, the scan shows the need to engage with journalists who have power within their media house, and the ability to advocate for better quality coverage of the story.

# Media Scan Findings: Traditional Media Coverage of SRHR, SGBV and HIV by Country

## **Kenya: Highest overall coverage of all the countries, with a significant amount afforded to special populations of concern**

The overall coverage of SRHR, SGBV and HIV issues is highest in Kenya compared to the other countries included in the scan, in terms of both engagements and posts on new media and numbers of articles in traditional media. This is attributed to the presence of a more vibrant media landscape and highest access to the internet of the focus countries in this study (Kenya has around 90 per cent internet penetration as a percentage of the population). The laws regulating media access, while not entirely liberal, also provide a more open space for dialogue on these issues when compared to the other focus countries.

Regarding traditional media, radio remains the medium with the highest reach, i.e., highest access within the citizenry, with TV and print following, respectively. This is reflected in the coverage of SRHR, SGBV and HIV, with the majority of coverage on radio, with TV having the lowest coverage. More coverage is seen within the news, than features, which would ideally offer more in-depth coverage on issues, being around 10 per cent of overall coverage.

As would be predicted, issues that are of national importance have more coverage compared to local issues within specific areas of the country, and do not appear to have a national outlook or concern. Coverage of issues with a foreign and regional focus were lowest. Additionally, mentions of regional structures (SADC and EAC) within the coverage was low. However, there was a significantly higher focus on issues with a foreign scope within online media. This may be attributed to the fact that there is lower gatekeeping on online

media, thus the likelihood of more foreign oriented content, including contributions from persons in the diaspora to the discussions around SRHR, SGBV and HIV.

During the 12-month period of the media scan, some of the key highlights within media coverage over the analysis period included issues around Lesbian Gay Bisexual Transsexual and Intersex (LGBTI) people<sup>1</sup> and access abortion services. The coverage of these issues showed a spike during the media scan timeframe, with significant coverage and discussions, especially within social media. In a bid to decriminalize LGBTI relations as currently prescribed in the Kenyan penal code, as well as to expand regulations that govern access to abortion, some petitions were made to the law courts by human rights activists. Owing to the underlying social interest on the subject, these issues received considerable media attention and were heavily discussed on online media. The issue of female genital mutilation/cutting (FGM/C) and SGBV also received significant attention owing to an increased impetus in eradicating the national practice of FGM/C, which remains entrenched in some communities, alongside growing concerns over increased SGBV cases.

Regarding coverage around special populations or vulnerable groups of concern such as adolescent girls and young people (AGYP), people living with HIV (PLHIV) and LGBTI, of the data analyzed for coverage, there was a significant amount of coverage allocated, with an estimated 40 per cent of traditional media and 41 per cent of online media coverage on SRHR topics referencing, or being about, the special populations. Much of the coverage coming out of Kenyan media was highly conspicuous. The placement of stories, use of pictorials and the headline copy used ensured that the stories were highly viewable and relevant.

<sup>1</sup> While LGBTI refers to lesbian, gay, bisexual, transgender and intersex people, it should also be read to refer to other people who face violence and discrimination on the basis of their actual or perceived sexual orientation, gender identity and sex characteristics, including those who may identify with other terms. For more information please see United Nations entities call on States to act urgently to end violence and discrimination against LGBTI adults, adolescents and children [www.unicef.org/media/files/Joint\\_LGBTI\\_Statement\\_ENG.pdf](http://www.unicef.org/media/files/Joint_LGBTI_Statement_ENG.pdf)



## FGM/C and SGBV received significant attention...

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The use of data in coverage was marginally low, with about a third of traditional media coverage and less than 20 per cent of online coverage including data. Across both traditional and new media, the Kenya Demographic and Health Survey (DHS) was the most referenced source of data, with Government and non-governmental organizations (NGOs) being the entities that were most quoted as sources of data. This may indicate the need for increased data journalism, and partnering with key sources and authors to provide repositories that can be easily accessed to provide data around SRHR, SGBV and HIV. The use of secondary sources was also low across both traditional and new media, which may correlate with the low inclusion of data within the coverage.

Within the topics, SGBV was the second most covered topic after SRHR. However, there was low coverage of SGBV survivors, with about a third of coverage in traditional media and around 19 per cent in new media. Inclusion of SGBV survivors' stories within coverage on SGBV is critical in

providing a better perspective on the subject, and illustrating barriers to accessing services and justice for example. Overall, there was a high use of quotes, both direct and indirect, within the coverage. This served to authenticate and give credence to coverage around SRHR, SGBV and HIV. The framing of issues was also seen to be within the right context with no adverse use of stereotypical labels seen within the coverage.

### **Uganda: Over half of coverage dedicated to SGBV due to concerns over a rise in cases**

Uganda also had a significant amount of coverage on SRHR, SGBV and HIV issues. Print and radio had the highest coverage owing to the presence of a higher number of print publications and a high number of radio outlets, including of regional and vernacular stations. Most coverage (76%) was within the news segment, with features being only a tenth of the overall SRHR, SGBV and HIV coverage.





...stories from Uganda show concerns over increased **GBV**, and **human rights violations** of girls and women...

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Regarding the volume of stories, issues around SGBV had over half of the overall coverage in Uganda, highlighting the significance placed on the issue by the media and stakeholders. This was attributed to concerns over increased cases of SGBV in the country, as well as efforts to increase sexuality education in schools as a measure to curb high cases of teenage pregnancies, with a good number being attributed to sexual violations by teachers. However, SGBV survivors were only referenced in 22 per cent and 24 per cent of coverage in traditional media and new media, respectively

Radio remains the medium with the highest reach, with a reach of approximately 75 per cent, with TV and print following with 30 per cent and 11 per cent, respectively. More coverage is seen within news, with features, which would ideally offer more in-depth coverage on issues, being around 10 per cent of overall coverage. The Presidential Fast-Track Initiative on ending HIV and AIDS in Uganda was a key highlight within HIV-related topics.

Coverage shows a preference for issues that have a national impact and those that have a local impact. Mentions of regional structures (SADC and EAC) within the coverage was low. Similar to Kenya, there was a significantly higher focus on foreign

scope issues within online media. Regarding coverage of special populations of concern, there was a significant amount of coverage allocated, with an estimated 42 per cent of traditional media and 58 per cent of online media coverage referencing, or being about, the special populations. Much of the coverage coming out of Ugandan media was also highly conspicuous (excellent prominence). The placement of stories, use of pictorials and the headline copy used ensured that the stories were highly viewable and relevant.

The use of data is also rather low in Uganda's traditional media, with roughly 12 per cent of traditional media coverage having data to reinforce stories. Online coverage saw better inclusion, with around 41 per cent of coverage including data within the coverage. NGOs and Government also emerged as the leading sources of data, with the Ministry of Health, Uganda DHS, Ministry of Education, Uganda AIDS Commission and Uganda NGO Forum being key entities that were referenced regarding data.

Regarding reference to policy, around a third of the coverage was around issues of regulations to govern sexuality education, as the country grapples with increased cases of teenage pregnancies.

## **Zimbabwe: Half of overall coverage focused on HIV, with a focus on regulations to govern the use of ARV drugs**

Coverage on SRHR, SGBV and HIV issues in Zimbabwe was high on radio and in print media, with TV coverage being very low owing to the country having few free-to-air TV outlets. The high number of print publications mostly reach urban audiences. The majority of the country's citizens, thus, rely more on the radio for coverage. Most coverage (81 per cent) was within the news segment. Features were low within media coverage.

Issues around HIV had close to half of the overall coverage (48%), while on new media, SRHR issues had most coverage at 67 per cent. HIV issues on traditional media were highlighted by sensitization campaigns around HIV, with some of the notable stories also highlighting the issue of more people being at risk of HIV in the country. There was also the issue of shortage of antiretroviral (ARV) medication in the country, which received considerable media coverage amidst the continued outcry over graft and unmanageable debt within the Government.

Within online/new media, SRHR coverage was highlighted by issues that included (a) doctors' strikes and their impact on the quality of health care in Zimbabwe, (b) more access to opportunities for young girls, (c) retaining girls in schools amidst increased teenage pregnancies, and (d) the First Lady being vocal around SRHR issues. Other notable highlights were seen around stories that included the UN System's 16 Days of Activism against Gender-Based Violence (16 Days of Activism). It was also noted that a significant number of SGBV stories in traditional media were covered under the "crime beat" and rather than the exclusive coverage of SGBV issues as news features. This may be an indication of criminalization of SGBV i.e., it is reported as part of other daily criminal occurrences, which may remove the sensitivity and significance of the issue within media coverage.

Coverage within traditional media showed preference for issues that have a national impact, and those that have a local impact, while online/new media also showed preference to issues with a national outlook. Stories with a foreign outlook also had slightly higher on online coverage, equal to local stories, further highlighting the strength on online media in highlighting perspectives that may be left out of traditional media due to "editorial gatekeeping" or self-censorship. Mentions of regional structures (SADC and EAC) within the coverage was low. Regarding the coverage of special populations, there was a significant amount of coverage allocated, with approximately 35 per cent of traditional media and 59 per cent of online media coverage, referencing, or being about, the special populations. Much of the coverage coming out of Zimbabwe traditional media was average in terms of prominence, indicating that traditional media did not include a lot of pictorials and headline copy that would serve to give more visibility to SRHR, SGBV and HIV issues. Online media did better, with 88 per cent of coverage being rated as excellent.

The use of data is also rather low within Zimbabwe traditional media, with only about 8 per cent of traditional media coverage having data to reinforce stories. Online coverage also had low data inclusion at 21 per cent. NGOs and Government also emerged as the leading sources of data, with an estimated 80 per cent of all data referenced to these two entities, with the Ministry of Health (MoH) the most quoted source of data. The Zimbabwe DHS and the World Health Organization (WHO) were the other key sources of data. The use of secondary sources was also low across both traditional and new media, which may correlate with the low inclusion of data within the coverage.

In terms of focus on SGBV, SGBV survivors were only referenced in 28 per cent and 21 per cent of coverage in traditional media and new media, respectively. As noted within media coverage in other focus countries, inclusion of more SGBV survivors "stories/perspective" within coverage on SGBV would be critical in providing a better understanding on the subject. Overall, there was a high use of quotes, both direct and indirect, within



the coverage. This served to authenticate and give credence to coverage around SRHR, SGBV and HIV. The framing of issues was also within the right context, with no adverse use of labels seen within the coverage.

Regarding referring to policy, approximately 22 per cent of the coverage was around issues of regulations to govern the use of ARV drugs. This was owing to concerns over the impact of Dolutegravir roll-out following reports of birth deformities in Botswana. The other policy mention was the creation of a voluntary male medical circumcision (VMMC) policy as the government sought to “mainstream” medical circumcision in a bid to curb the spread of HIV.

### **Zambia: HIV and SGBV feature prominently, with special populations of concern significantly better represented in new media**

Most coverage around SRHR, SGBV and HIV in traditional media were in print media and radio, with the coverage being largely within the leading media outlets. Coverage was mostly on urban radio, with the language of broadcast being predominantly English.

Issues around HIV had close to half of overall coverage at 48 per cent, and SGBV at 45 per cent. On new media, SRHR issues had most coverage at 45 per cent and HIV at 40 per cent. Zambia’s coverage in traditional media was highlighted by reports on the lack of awareness on HIV status, the high stigma around HIV, and a grant of US\$3.5 million from the United States President’s Emergency Plan for AIDS Relief (PEPFAR) towards the expansion of HIV screening services. The commemoration of 16 Days of Activism was also a notable highlight. Online media saw highlights around issues related to gender-based violence, sexual abuse, abortion, domestic violence, and HIV. Policy discussions were also present in online discussions, at approximately 10 per cent of overall coverage, with the issue of improvement in reproductive health access being amongst the notable stories.

Zambia’s discussions were also mostly driven by “elite actors” including NGOs, international organizations, amongst others, with lower traction where such actors are not present within discussions. However, this was observed within a background of limited access to the internet. Radio and TV have greater reach in Zambia and, therefore, remain the more favorable mediums for advocacy and campaigns. Coverage within traditional



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media showed a preference for issues that have a national impact and those that have a local impact. Simultaneously, online/new media showed preference to issues with a national outlook, with stories with a foreign outlook being higher on new media coverage (25 per cent). Mentions of regional structures (SADC and EAC) within the coverage was low. Regarding coverage around special populations, there was a low amount of coverage allocated in traditional media at around 11 per cent, while online media gave significantly better representation at 51 per cent.

Seventy-five per cent (75%) of the coverage coming out of Zambia's traditional media was excellent in terms of prominence. Online media did even better, with 95 per cent of coverage being rated as excellent. However, the use of data was rather low within Zambia traditional media, with only about 8 per cent of traditional media coverage having data to reinforce stories. Online coverage also had low data inclusion at roughly 35 per cent. NGOs and Government were the leading sources of data such that the MoH and the Zambia Police Service accounted for over half of all data (56%) that was quoted within media stories. Other prominent sources of data included UN agencies, funds and programmes (AFPs), specifically UNAIDS and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), which accounted for 33 per cent of data that was referenced. Other notable sources included the Zambia DHS and local NGOs including Women and Law in Southern Africa (WLSA), and the Young Women's Christian Association (YWCA). The use of secondary sources was also low across both traditional and new media, which may correlate with the low inclusion of data within the coverage.

Regarding the focus on SGBV, SGBV survivors were referenced in 4 per cent and 30 per cent of coverage in traditional media and new media, respectively. As noted within media coverage in other focus countries, inclusion of more SGBV survivors "stories/perspective" within coverage on SGBV would be critical in providing a better understanding on the subject. Overall, there was a high use of quotes, both direct and indirect, within the coverage. This served to authenticate and give credence to coverage around SRHR, SGBV and HIV. The framing of issues was also within the right context with no adverse use of labels seen within the coverage.

## **Malawi: Low internet penetration and therefore low coverage of SRHR, SGBV and HIV in new media, but with focus on special populations of concern**

Malawi's discussions were assessed on online/new media only, owing to the lack of robust traditional media coverage. When compared to countries like Kenya, Uganda, and Zimbabwe, discussions around SRHR, SGBV and HIV within online and social media platforms were low in Malawi. This is attributed to lower internet penetration and consequently low usage of the internet.

Highlights of the coverage included discussions on SRHR and a focus on eliminating violence against women and girls, including SGBV and harmful cultural practices. Key themes included the 16 Days of Activism, Malawi partnering with international partners to fight SGBV, and forums pushing for greater SRHR discussions, with international organizations and NGOs being some of the contributors to discussions. It is noted that in light of the low new media reach, collaboration and partnerships in advocacy and campaigns amongst these actors will be important to increase traction and get greater reach, engagement and participation.

Coverage showed a preference for issues that had a national impact (60%) and those that had a local and foreign impact (22% each, respectively). Mentions of regional structures (SADC and EAC) within the coverage was low. Regarding the coverage around special populations, 71 per cent of the coverage gave reference to special populations. Ninety-five per cent (95%) of the coverage coming out of Malawi was excellent in terms of prominence. The use of data was good within Malawi's coverage, with about 45 per cent of coverage having data to reinforce stories. NGOs and the Malawian Government were the leading sources of data with over 90 per cent of data being attributed to these two entities. Use of secondary sources was however low at only 13 per cent. Overall, there was a high use of quotes, both direct and indirect, within the coverage. This served to authenticate and give credence to coverage around SRHR, SGBV and HIV. The framing of issues was also within the right context with no adverse use of labels seen within the coverage.

Regarding policy mentions, around 10 per cent of coverage gave some reference to policy. This included calls for laws to guard against discrimination and exclusion of people with multidrug-resistant tuberculosis (MDR-TB); debates around LGBTI laws, as calls were made by lobby groups for the state to uphold the constitutional principle of equality and non-discrimination; and laws to curb SGBV cases in schools as drop-out rates increase.

### **Lesotho: Discussions around SRHR, SGBV and HIV within online and social media platforms the lowest of all countries, but with a focus on abortion restrictions**

Lesotho's discussions were also assessed on online/new media only, owing to the lack of robust traditional media coverage. When compared to the other focus countries, discussions around SRHR, SGBV and HIV within online and social media platforms were lowest in Lesotho. This is also attributed to lower internet penetration and, consequently, low usage of the internet. Access to the internet in Lesotho is at around 4.2 per cent, which is amongst the lowest on the continent.

Highlights of the coverage included discussions on abortion, SGBV, and reproductive health. Lesotho's discussions also emphasized issues within South Africa, e.g., the issue of Gugu Ncube, who was assaulted at the University of South Africa (UNISA) and then arrested for protesting the issue. This was also discussed during Lesotho SGBV conversations.

Most coverage from Lesotho was focused on issues around abortion, SGBV and reproductive health. International organizations and NGOs focused on sexual and reproductive health, with some of the influential contributors adding to discussions around HIV.

The abortion debate in Lesotho was the most discussed issue, with reports that the State is

considering a review of abortion restrictions in the country. The church and conservative religious views were discussed as being the only impediments to the realization of the law. In Lesotho, as was the case in other focus countries, NGOs and international partners remain critical in driving discussions around SRHR, SGBV, and HIV issues.

Regarding the other qualitative aspects of the media coverage, there is a preference for issues that have a national impact (48%) and those that have a regional Impact (39%) - a significant proportion of Lesotho's coverage was influenced by discussions within the neighbouring South Africa. Mentions of regional structures (SADC and EAC) within the coverage was low. In terms of coverage around special populations, 60 per cent of the coverage gave reference to special populations. When looking at prominence, 52 per cent of coverage was rated good, which indicated lower use of pictorials within the coverage. The excellent coverage had a 48 per cent share.

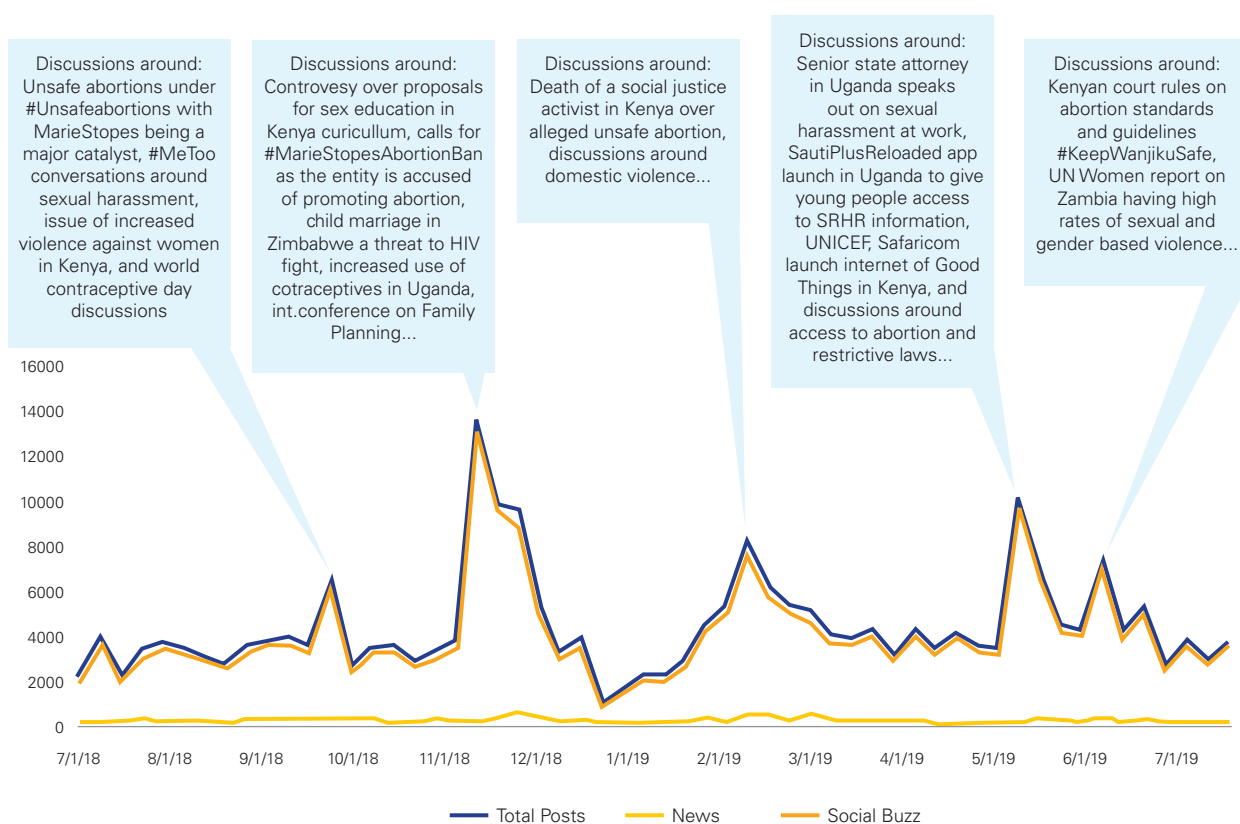
The use of data was low within Lesotho coverage, with about 19 per cent of coverage having data to reinforce stories. NGOs and the Lesotho Government were the leading sources of data, with over 99 per cent of data being attributed to these two entities. The use of secondary sources was also low at only 13 per cent. Overall, there was a high use of quotes, both direct and indirect, within the coverage. This served to authenticate and give credence to coverage around SRHR, HIV, and SGBV. The framing of issues was also within the right context with no adverse use of labels seen within the coverage. Finally, regarding policy mentions, around 16 per cent of coverage gave some reference to policy. This was mostly around the debate on abortion laws and the adoption of the sexuality education curriculum in schools, with concerns from some sections of online audiences citing some of the educational material as being too graphic for children.



# Media Scan Findings: Overall New Media Coverage of SRHR, SGBV and HIV

New media sources considered for the study included social media platforms, including Facebook, Twitter, YouTube, online forums, and online news and information sources, e.g., blogs and online news sites. Data collection was done via a proprietary AI-Powered social listening platform, with keywords queries that were specific to the SRHR, SGBV and HIV topics being created to guide the data collection. Filters that were relevant to the focus countries and the regional structures were applied to the data to ensure relevancy and accuracy. Around 245,000 web posts were collected around the SRHR, SGBV and HIV topics.

**Figure 1: Trend of new media discussions around SRHR, SGBV and HIV across the study period**  
*(callouts highlight some of the issues that were responsible for the high volumes)*



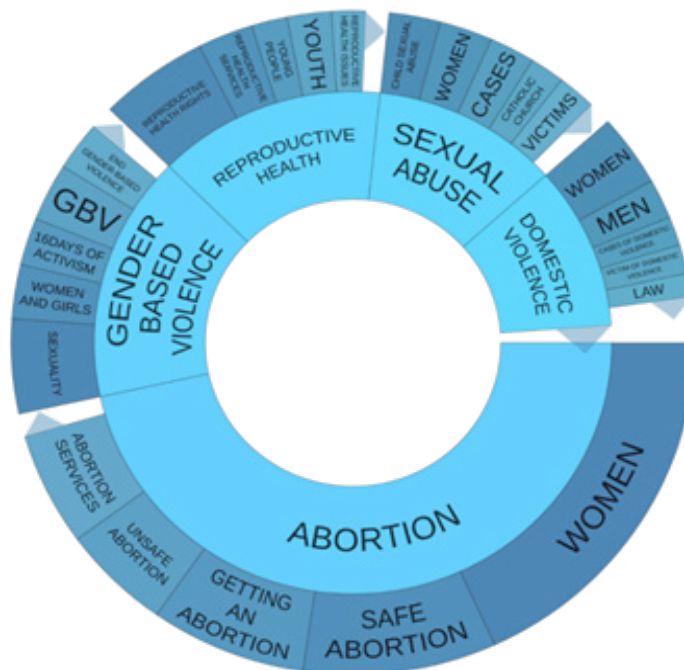
Source: Report author

Data showed most coverages across the focus countries were frequently attentive to issues around abortion and access to safe abortion, reproductive health rights, GBV and sexual abuse. Kenya had the highest share of volumes, i.e., number of web posts, at 65 per cent, followed by Uganda (19%), Zimbabwe (10%), Zambia (3%), Malawi (2%) and Lesotho (1%). Social buzz, i.e., social media discussions) had a higher share (93%), with news and information sources having 7 per cent.

In terms of the topics, data showed that most coverage across the focus countries were regularly attentive to issues around abortion and access to safe abortion, reproductive health rights, GBV and sexual abuse (Figure 2).

The most frequently used terms and words within discussions were on abortion, reproductive health, and sexual violence (Figure 3). Top hashtags used to amplify discussions were also relevant, with abortion access, ending FGM/C, SRHR, and 16 Days of Activism being most amplified. The state, UN AFPs, NGOs in health provision, as well as political voices were some of the most mentioned authors.

**Figure 2: Topic Wheel displays the primary topics (inner wheel) and subtopics (outer wheel) within the conversation**



Source: Report author

**Figure 3: Most frequently used terms and words within discussions and the hashtags and mentions that were most predominant**













#KeepWanjikuSafe	5,100+	@MOH_Kenya	2,500+
#EndFGM	4,400+	@UNFPA	2,100+
#SRHR	3,200+	@MarieStopesKe	1,900+
#MarieStopesAbor...	3,100+	@EstherPassaris	1,700+
#HearMeToo	3,000+	@SicityKariuki	1,500+
#16DaysOfActivism	2,500+	@YourAuntyJane	1,400+
#HIV	2,300+	@NAYAKenya	1,400+
#ukonabol	2,200+	@UNFPAKen	1,400+
#16Days	1,800+	@rhnkorg	1,200+
#abortion	1,800+	@rhknkenya	1,000+

Source: Report author

When looking at the influential social media personalities who contributed to the discussions by, for example, posting, commenting on and resharing web posts, NGOs, government ministries and prominent personalities were some of the influencers who helped amplify discussion around SRHR, SGBV and HIV. This included @UNFPA, @MarieStopesKe, and @MOH\_Kenya amongst others (Figure 4).



**Figure 4: Score of the top influencers in the Twitter conversation based on the number of times they have been retweeted or mentioned.**

	Influencer Score	↓	Tweets	Followers	Following
 UNFPA @unfpa	1.1		23.3k	204k	3.38k
 Marie Stope... @MarieStopesKe	1		4.26k	6.16k	360
 Ministry of ... @MOH_Kenya	1		4.41k	35.7k	547
 NAYA Kenya @NAYAKenya	1		4.58k	9.7k	3.78k
 Hon. Esther ... @EstherPassaris	0.9		32.3k	438k	3.16k
 Aunty Jane ... @YourAuntyJane	0.9		8.51k	2.82k	1.23k
 Right here R... @RHRNKenya	0.8		1.38k	1.4k	640
 KELIN @KELINKenya	0.7		21.6k	6.39k	2.47k
 Reach A Ha... @reachahand	0.7		23.8k	13.4k	24
 Reproductiv... @rhnkorg	0.7		1.71k	2.24k	1.51k

Source: Twitter

Overall trends showed discussions were largely driven by social media platforms, with mainstream news and blog content serving to provide topics and issues that were reshared and amplified via social media. Volumes of discussions are aligned to internet access, with countries with greater internet access like Kenya and Uganda having higher discussion volumes.

Key issues that seemed to have greater interest on social media include **abortion access**, including discussions on restrictive laws on abortion, **sexual abuse and GBV**. There was increased conversation around more action to stem SGBV as incidences of gender-based violence and domestic violence increase. The 16 Days of Activism campaign was amongst key catalysts for the increase in discussions around the issue.

Within authors and influential contributors, the governments, UN AFPs, NGOs in health provision and social justice, and political voices, especially women politicians and first ladies, were key in helping drive traction and lending legitimacy to the discussions.

# Recommendations and Opportunities

The scan showed many emerging issues in both quantity and quality of coverage of the SRHR story.

## Theme 1: Strengthening the quality/calibre of the SRHR, SGBV and HIV story

**Resources:** In a context of numerous operational changes/ budget cuts in mainstream media the quality of the SRHR, SGBV and HIV has suffered. Data showed that less than 10 per cent of the coverage across the sample were indepth/ investigative and/or feature stories. Further coverage showed that the voices of a) special populations of concern, b) young people and c) survivors of SGBV and FGM/C were very limited.

**Recommendation 1: *2gether 4 SRHR*** to invest resources in and support the development of the quality/calibre of the SRHR, SGBV and HIV story through:

- Facilitating media field visits that allow journalists to develop an indepth understanding of the issues, interventions and impacts from a human interest angle;
- Supporting platforms that give special populations a voice in mainstream media and social media platforms;
- Investing in strengthening the capacity of journalists, bloggers and influencers to create a narrative around human rights vs criminalization when reporting.

**Data:** Overall the use of data is important in giving impetus to issues by highlighting impact or bringing attention to crisis moments or vulnerable populations. Data journalism is a trend that is seeing increased use as numerical data becomes important in the digital era.

**Recommendation 2: *2gether 4 SRHR*** to invest resources in and support the use of data for SRHR, SGBV and HIV reporting through:

- Providing media stakeholders with a repository of data that can be accessed on demand to ensure media coverage around SRHR, SGBV and HIV issues is rich and enhanced.
- Training a senior media/ social media cohort on data journalism including visualization in telling the story.

**Technical Knowledge:** Three findings namely a) the absence/ delink of SRHR, SGBV and HIV to the story of regional integration b) average prominence of the story and c) a lack of indepth coverage denote the need to invest in unpacking the SRHR, SGBV and HIV integration agenda to highlight nuanced and technical knowledge.

**Recommendation 3: *2gether 4 SRHR*** to invest resources in and support reporting on the integration of issues and services for SRHR, SGBV and HIV as well linkages to regional initiatives and integration through:

- Creating a vibrant network consisting both of traditional media as well as bloggers and social media influencers that is interested, equipped and supported to provide in-depth, knowledgeable coverage of the SRHR, SGBV and HIV integration story.
- Creating an interface of editors and policy makers from regional Structures on SRHR, SGBV and HIV policy in the sub region to position the regional story.

## Theme 2: Channel-based opportunities and recommendations

**Radio is King:** Traditional media, especially radio still has the highest reach across all the focus countries. The trend in radio listenership indicates that the medium has two main segments - the morning segment and the late afternoon/early evening segment. These segments can be used strategically to drive engagement. Radio personalities (programme presenters) usually have a loyal following, especially for shows that are popular. However, as they influence the social discourse, this can be harmful if they are not trained.

**Recommendation 4: *2gether 4 SRHR*** to invest resources in and support radio programming on SRHR, SGBV and HIV through:

- Training of radio journalists and a selected radio personalities on SRHR, SGBV and HIV.
- Development of radio packages and podcasts on under-represented issues in SRHR, SGBV and HIV.



### Theme 3: Cross-border media market-based opportunities and recommendations

**Strong media markets supporting those less developed:** In Eastern and Southern Africa, Kenya and Uganda emerged as strong media markets that are more vibrant than others and these can be used to position and influence the story that will filter to other parts of the sub-region. In countries like Lesotho where formalized media presence is low, it is vital to use these formalized/bigger media markets to feed into the news agenda.

**Recommendation 5:** *2gether 4 SRHR* to invest resources in and support cross-border coverage of SRHR, SGBV and HIV through:

- Paid for collaboration and partnerships in advocacy for realization of increased traction and to obtain greater reach, engagement and participation.

### Theme 4: Social media/new media opportunities and recommendations

**Driving social media discourse:** The rise of social media presents numerous opportunities. The scan reveals many pertinent issues discussed through social listening. It also highlights country-specific social media influencers and leading organizations that are driving social media discourse. Social media influencers are becoming impactful in the digital era, especially amongst the younger population and can be used effectively to foster dialogue and promote advocacy around SRHR, SGBV and HIV issues.

**Recommendation 6:** *2gether 4 SRHR* to invest resources in and support driving social media discourse on SRHR, SGBV and HIV through:

- Developing a digital influencer strategy for *2gether 4 SRHR*.
- Developing assets such as photography and memes that are targeted at social media influencers.
- Developing country-specific social media packages that influence the topics emanating from the word clouds from the social listening.



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