



# CREATING FAIR AND BALANCED STORIES

Tips for journalists covering sexual  
and reproductive health and rights issues



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# CREATING FAIR AND BALANCED STORIES

Tips for journalists covering sexual  
and reproductive health and rights issues

This guide was designed to help reporters understand the issues surrounding sexual and reproductive health and rights (SRHR), including the right to safe abortion, so they can report on SRHR issues in an accurate, fair and balanced manner.

Although the guide specifically targets print and online journalists, all journalists—including those who work in TV and radio—can benefit from the information provided.

The guide can also be used by organizations and coalitions as a guide to training reporters on SRHR issues.

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# SECTION 1: OVERVIEW OF ABORTION

Between 2010-2014, an estimated 56 million induced abortions occurred annually worldwide. Of these, 25 million were unsafe. Where access to safe abortion is restricted, complications from unsafe abortion are a major cause of maternal deaths. Each year, an estimated 44,000 women and girls die from unsafe abortions, and millions more suffer serious, often permanent injuries. Some other key facts:

- Nearly all unsafe abortions occur in developing countries.
- Unsafe abortion is among the top causes of maternal death in some countries.
- Legalization of abortion on request is a necessary but insufficient step toward improving women's health; in some countries, such as India, where abortion has been legal for decades, access to safe care remains limited because of other barriers.
- The availability of modern contraception can reduce but never eliminate the need for abortion.
- Access to safe, legal abortion is a fundamental right of women, no matter where they live.

For additional facts, see Guttmacher Institute's "[Induced abortion worldwide](#)" factsheet.

## Terminology

**Unsafe abortion:** The World Health Organization (WHO) defines unsafe abortion as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both.

**Safe abortion:** Abortion is safe when it is performed by a trained provider under sanitary conditions (in the case of surgical abortion), or when a person has access to high-quality medication, information and support to undergo an abortion with pills (referred to as medical or medication abortion). Abortion is a common procedure, and a safe abortion is safer than giving birth.

## Types of abortion

**Induced abortion:** Ending a pregnancy using medication or a simple surgical procedure before the embryo or fetus has become independently viable.

**Spontaneous abortion:** Commonly referred to as a miscarriage, this is the loss of a pregnancy without external intervention before 20 weeks gestation.

## Main methods of safe abortion

**Uterine evacuation:** A simple, safe surgical procedure that removes the contents of the uterus. Recommended methods are vacuum aspiration and medical methods (abortion with pills).

**Manual vacuum aspiration (MVA):** An accessible and low-cost method of surgical abortion that enables health providers in low-resource settings to offer abortion services even without electricity.

**Medical or medication abortion:** Uses pills to end a pregnancy. This can be a combination of the drugs mifepristone and misoprostol or just misoprostol alone.

**Postabortion care:** Usually refers to treatment for complications of unsafe abortion, but also includes treatment of spontaneous abortion (miscarriage) and incomplete abortion.

## SECTION 2: ABORTION STIGMA

Abortion stigma is made up of the negative beliefs and shaming treatment of a person or group of people associated with abortion. When a person is rejected, isolated, blamed and/or shamed about abortion—whether it's someone considering getting an abortion, someone providing abortion services, or someone who shows support for others' right to have an abortion—that's abortion stigma.

Abortion stigma violates women's basic rights, including the right to be free from gender-based discrimination and the right to the highest attainable standard of health. It impacts how abortion is regarded, legislated around and provided—or not provided. It affects health-care systems and the larger population, and it disgraces individuals, communities and institutions by marking them as inferior.

While the stigma around abortion leads some people to think that it is rare or that only "certain types of women" have them, abortion is actually a common experience for women worldwide. However, abortion stigma greatly impacts women's ability to access safe abortion. For example, researchers in Nepal found that despite that country's liberal abortion law and nationwide availability of free services, abortion stigma is prevalent and limits women from receiving services.

### Types of stigma

**Perceived stigma:** The fear of being stigmatized by people without knowing for certain if they would.

**Experienced stigma:** When people experience discrimination or are treated negatively by others. Examples include rejection by family members and friends; physical, verbal or emotional abuse; and being devalued or mistreated in a health-care setting.

**Internalized stigma:** When a person unconsciously or emotionally absorbs stigmatizing messages or negative stereotypes and comes to believe that they apply to themselves. For example, a woman may feel ashamed of her abortion because she has heard others say negative things about other women who have had abortions.

**Enacted stigma:** When a person is discriminated against on the basis of belonging to, or being perceived to belong to, a particular group.

**Intersecting stigma:** People who are already marginalized in society because of social class, race, gender, sexual orientation, gender identity and occupation are likely to face greater stigma.

### The cycle of abortion stigma

**Step 1: Labeling abortion:** Abortion is portrayed in a community as abnormal, and women who have abortions are viewed as deviant, different or abnormal.

**Step 2: Stereotyping:** Women who have abortions are stereotyped as being promiscuous, careless, selfish and/or lacking compassion for human life. Health professionals who provide abortions are often stereotyped as cold and unfeeling.

**Step 3: Separation:** Women and abortion providers are not considered part of the community. This separation of "us" versus "them" is created by myths and misperceptions about abortion and women who have them.

**Step 4: Discrimination and status loss:** A person who has an abortion may experience rejection, exclusion or discrimination because of the abortion being revealed to the

community (whether voluntarily or involuntarily). Discrimination creates social norms and practices that further reinforce labeling, stereotyping, and separation.

## Role of the media in perpetuating abortion stigma

The media's use of stigmatizing language, stories and images surrounding abortion perpetuate and strengthen abortion stigma in a society, thereby further limiting abortion access. Here are just a few examples of how media coverage might reinforce abortion stigma:

- News articles about abortion that portray adolescent girls as promiscuous perpetuate the myth that only promiscuous women have abortions.
- Images that feature a pregnant woman in articles about abortion reinforce the misperception that abortion often occurs later in pregnancy.
- Articles that focus on family issues, such as a father disowning his daughter after learning of her abortion, label women who have abortions as outsiders.
- Profiles of health-care providers who perform abortion services—especially in small communities where everyone knows everyone else—facilitate discrimination against health providers and risk the privacy of women who have sought these providers' services.

## SECTION 3: MYTH VERSUS FACT

Commonly held myths about abortion are one of the main barriers to objective journalistic reporting on abortion issues. Media professionals should strive to debunk myths and misperceptions surrounding abortion. Journalists have the responsibility to disseminate information to the public that is factually correct.

Here are some of the common myths surrounding abortion, along with the facts regarding each topic.

**MYTH: People use abortion as a means of birth control. People won't use contraceptives if abortion is easily available.**

**FACT:** Everyone makes decisions that are informed by their current circumstances and what resources are available to them to keep themselves healthy and thriving. This includes decisions around choosing a method of birth control. Typically, obtaining contraception is easier than accessing abortion services, and there is no evidence that shows people use abortion as a primary method of birth control. Further, many women who have an unintended pregnancy are already using some form of contraception. This is because no form of contraception is 100% effective. Plus, there is a huge unmet need for contraception globally, and many women who wish to use contraceptives face barriers to access.

**MYTH: People have abortions because they are available.**

**FACT:** Making a choice about abortion, adoption, or parenting is based on individual life circumstances. Many people will choose to have an abortion because their social, economic, or health circumstances make them unable or unwilling to continue a pregnancy or raise a child at that moment, or ever. When safe, legal abortion is unavailable, abortions continue to happen—they just become unsafe.

**MYTH: Women who have abortions are irresponsible.**

**FACT:** The myth that those who choose to access abortion do so because they are irresponsible greatly over-simplifies the factors that lead people to face unintended pregnancies.

**MYTH: People who need abortions are promiscuous.**

**FACT:** This myth relies on the sexist trope that women are either “good” or “bad” and on a society’s discomfort with sex and sexuality. Sex-negativity (the belief that sex is inherently bad) is deeply engrained in some cultures. Sex and women’s bodies are often used in arguments about morality, and women are often judged harshly in relation to their sexuality—in ways that men are not.

**MYTH: Those who have abortions are harmed psychologically by their experience.**

**FACT:** While everyone may respond differently to their abortion, depending on many factors including the support they receive from family and friends, there is a greater risk of psychological harm when a person chooses to have an abortion but is refused one than if they are provided with timely and compassionate abortion care.

The reality is, whenever studies are done with people who have accessed abortion, most people report that they did not find abortion emotionally or psychologically harmful. Although some people find it stressful or difficult in the short-term, most cope positively and do not experience long-term problems.

**MYTH: Abortion is dangerous to your health.**

**FACT:** Anti-abortion groups often claim abortions cause damage due to uterine scarring and cervical damage, but evidence shows that complications of abortion are rare. In fact, abortion is safer than childbirth. There is no evidence that links abortion to any illness or disease. Myths linking abortion and breast cancer are unsubstantiated by scientific data.

**MYTH: Abortion gives you breast cancer.**

**FACT:** Research studies conducted throughout the world with hundreds of thousands of women unanimously conclude that women who have had either spontaneous or induced abortions do not have a subsequent elevated risk for developing breast cancer.

**MYTH: Having an abortion will make you unable to get pregnant again.**

**FACT:** A safe abortion procedure does not impact one’s ability to reproduce in the future at all. However, complications of an unsafe abortion performed by an untrained provider and/or in unsanitary conditions could include damage to reproductive organs and fertility.

**MYTH: Abortion destroys the family unit and is anti-parenthood.**

**FACT:** For people who do not wish to become parents themselves, forcing pregnancy and parenthood on them will in no way strengthen their concept of family life. Individuals are best positioned to decide how and with whom they wish to form a family. Further, many people who decide to have abortions are already parents and cite wanting to be good parents to the children they already have as a reason for ending an unwanted pregnancy.

**MYTH: Abortion is easily available if you decide to have one.**

**FACT:** Many barriers prevent individuals from accessing safe abortion when they need one—no matter where they live and no matter the legal status of abortion. Those in remote or rural communities must often travel long distances to access abortion. Other barriers include



abortion stigma and discrimination, unexpected costs and travel times, accommodation costs, billing and insurance issues, and anti-choice individuals and organizations providing misleading information.

**MYTH: Abortion kills an unborn child.**

**FACT:** In the first trimester of pregnancy, there is an embryo, which develops into a fetus after the end of the second month of gestation. In these early stages of pregnancy, the fetus is not an autonomous being. At the time when almost all abortions are performed, the fetus is not viable, meaning it could not survive on its own outside of the womb.

**MYTH: Pro-choice just means “pro-abortion.”**

**FACT:** The term “pro-choice” is rooted in the belief that all people have a right to make their own decisions about whether or when to have children. Being pro-choice means supporting people to make their own decisions about their reproductive health—including about contraception and abortion.

**MYTH: Giving young people information about sexuality and abortion encourages them to have sex and engage in promiscuous behavior.**

**FACT:** Studies clearly indicate that effective and comprehensive sexual health education, including information on contraception and abortion, encourages individuals to make empowered and knowledgeable decisions about their sexual health—and that young people who receive this education are better able to access and use contraception and practice safe sex.

## SECTION 4: LANGUAGE USE

It’s essential that media coverage about abortion uses language that is clear, accurate and accessible—and that does not stigmatize abortion.

Remember that using clear language ensures your story can be easily understood by your readers. The sexual and reproductive health field uses many acronyms, but you should always spell these out on first use. Never assume your audience knows what a given acronym means, even if you see it used all the time.

Language is powerful. Even when journalists are well meaning, they may unintentionally use incorrect or stigmatizing language to describe abortion. Here are some recommended terms and language for writing and talking about abortion in an accurate and non-stigmatizing way.

- Use **“decision to end a pregnancy,”** not “intention to abort” (put the focus on a woman’s decisionmaking around pregnancy and not only on the procedure).
- Avoid the terms “repeat abortion” and “multiple abortions.” Use instead **“more than one abortion”** when possible. “Multiple” and “repeat” have negative and stigmatizing connotations.
- Do not use privacy and secrecy interchangeably. We seek to protect women’s privacy while normalizing abortion. Generally, avoid the words secret, covert, surreptitious and undercover when referring to abortion seeking and abortion procedures. Instead use terms like **off-the-record, confidential and undisclosed.**

- Avoid “clandestine abortion” unless clearly referring to risky and unsafe abortion. Some women may self-administer medical abortion (abortion with pills) safely and privately.
- Use **“abortion is legally permitted/restricted,”** not “abortion is legal/illegal,” as there is nuance in most abortion laws. In a few countries, abortion is completely illegal under all circumstances and you can accurately call this a total ban on abortion.
- Use **“length of pregnancy”** not “gestation.”
- Use **“end a pregnancy”** instead of “terminate a pregnancy,” as “terminate” can have negative connotations such as “terminator” or “assassinate.”
- Avoid separating **“safe motherhood” and abortion**, as the choice to have an abortion can be a safe motherhood decision.
- Avoid separating **family planning and abortion** when possible, as abortion and family planning services should be integrated.
- Use **woman or individual** when possible, rather than client or patient when writing about nonclinical settings.
- Use **“health-care providers who perform abortions”** and **“health-care providers who assist women with abortions”** rather than “abortion providers.” This helps emphasize that providers who perform abortions are trained health professionals (including physicians, midlevel providers and pharmacists) who also offer other services—thus fighting the harmful isolation and segregation of health providers who perform or assist with abortions.
- Never use the stigmatizing term **abortionist**.
- Use **“provider refusal”** or **“provider refusal/conscientious objection”** instead of just saying “conscientious objection” so it’s clear that you are referring to someone who does not provide abortion because they don’t believe it is right.
- Avoid the term “desperate woman.” The word desperate may be used to describe a woman’s situation, but not to describe her as an individual.

### Examples of language guidance used by some international media

BBC	Avoid pro-abortion and use pro-choice instead. Abortion rights advocates favor a woman’s right to choose, rather than abortion itself.
Reuters	Describe those campaigning for a woman’s right to have an abortion as “abortion rights campaigners” and those campaigning against abortion rights as “anti-abortion campaigners.”
The Guardian	Use “anti-abortion” over “pro-life” for clarity, and “pro-choice” over “pro-abortion,” since not everyone who supports a woman’s right to reproductive choice supports abortion at a personal level.
The Associated Press Stylebook	Journalists should use anti-abortion instead of pro-life and use pro-abortion rights instead of pro-abortion or pro-choice.

For more comprehensive information on appropriate language surrounding abortion, download International Planned Parenthood Federation’s resource [“How to talk about abortion: A guide to rights-based messaging.”](#)

## SECTION 5: ELEMENTS OF JOURNALISM

The role of journalists is to inform authorities and the public on what is happening in the world and on important issues that impact society. Reporters should act as the public watchdog. Hard-hitting but fair journalism about issues that matter to the public helps create pressure for change and improvement.

The media play a critical role in bringing sexual and reproductive health matters to the attention of people who can influence public health policies. These people include government officials and staff; leaders of nongovernmental organizations, including women's groups and religious groups; academics and health experts; and health advocates and other opinion leaders.

Journalists who produce accurate and timely reports about sexual and reproductive health issues can:

- Bring controversial issues, such as abortion, out in the open so they can be discussed.
- Monitor their government's progress toward achieving stated goals.
- Hold government officials accountable to the public.

### What makes a good story?

Always ensure you have enough background information to understand and write the story. Remember, if you do not understand, it is unlikely that your audience will. There are six key elements to a good story.

### 6 elements of a story

1. Accuracy
2. Balance
3. Clear and concise writing
4. Focus
5. Diversity of sources
6. Context

#### 1. ACCURACY

As a journalist you should always strive to present facts, and not your opinions, biases and prejudices. When writing news, news analysis and feature stories, journalists should never bend, twist or create truth.

For a journalist, writing is the skill of presenting information clearly, concisely and effectively. It is based on hard facts, so the reporter must know how and where to find reliable information. This means good observation, good listening, sound background reading and talking to the right people to find reliable information.

**Fact checking:** Getting the story factually correct may mean calling sources back to make sure what they said is portrayed correctly, especially if another source is disputing the facts. Facts and accuracy seal your reputation. A well-intentioned article on sexual and reproductive health and rights may be ruined by inaccuracies.

**Objectivity:** Most journalists would agree that pure objectivity in a news story is very hard, if not impossible, to achieve. A journalist's perspective could skew the presentation of a story in many ways. Remember: A reporter cannot be objective BUT journalistic methods are objective. Here's how to ensure objectivity:

- Be conscious of your own perspective and strive to be impartial when reporting on an issue—especially a sensitive topic like sexual and reproductive health and rights, including abortion.
- Rely on facts and test the facts for reliability. Good stories may start from a journalist's passion, excitement or even anger. But as a journalist, you must search for information to support the story and accept that it may reveal unexpected results.

**Using data:** When reporting on abortion issues, use reliable evidence from the country or region you are covering, so that your publication is grounded in the most accurate, comprehensive and up-to-date statistical information and health data. Health-care workers, the media, and policymakers need accurate information on both safe and unsafe abortion to provide needed services and address the negative impact of unsafe abortion on women's health. Journalists should be in touch with all these stakeholders and collect complete and accurate official data.

You can use evidence to help you:

- Show the size or scope of a problem
- Explain concepts and show relationships between things
- Find new angles to your reporting
- Ensure your health reporting is responsible
- Evaluate solutions and hold the people who should be implementing them accountable
- Find quotes from reliable sources

## 2. BALANCE

The portrayal of abortion in the media can sway public perception of abortion and can even influence policy agendas. Accurate reporting can help overcome abortion stigma and challenge common misconceptions around abortion. Writing a balanced article ensures that the issue is accurately portrayed. Balanced reporting includes:

- Providing a diversity of reliable sources in a story
- Ensuring your own biases and interests do not influence what facts are included or excluded
- Ensuring your own biases and interests do not influence who is interviewed and who is not
- Showing all sides of an issue, the dominant view, as well as conflicting or complementary views
- Providing a clear distinction between what is fact and what is opinion

## 3. CLEAR AND CONCISE WRITING

To ensure you are finding the most effective ways of explaining complex issues to the public, you must work to understand the terminology in the sexual and reproductive health field—and then explain the concepts with clear and concise language that avoids jargon and acronyms. Only use an acronym if an organization with a complicated name needs to be mentioned more than once.

## 4. FOCUS

Good articles are well-written, based on facts and focused. A reporter should ask these questions when planning a story, reporting, writing and editing in order to focus an article.

- What is the main point?
- What is the story about?
- Why do people need to know about it?
- Is this issue too large? If so, how can it be broken down into smaller sections?
- What evidence can back up the story?
- What evidence will help back up the main point?
- What evidence is needed to show the story is newsworthy?
- Who are the main characters?
- Who is the credible source and why?
- What is the link between the characters and the main theme?

## 5. DIVERSITY OF SOURCES

Diverse sources are essential to writing a well-balanced and objective article. Be sure to select sources who are legitimate experts on the issue you are writing about. Readers are more likely to believe what is written in an article if the source is credible. Take time to find the right sources for your article; you want to make sure that nothing your sources say could be called into question for credibility.

Journalists need to be as transparent as possible in their relations with sources. You should always make sure your sources understand the context of the article you're writing and the potential risks they'll face when they come into the public eye. Here are a few additional tips for working with sources:

- Sources can be the building blocks of a story. Line up your sources and the story will practically write itself.
- A good story clearly identifies its sources with relevant details so readers can form their own conclusions about their accuracy and reliability.
- A good rule is to have at least two sources: one to back up your facts and then a second opinion for balance.
- Even if a source is forthcoming with information, a reporter must assess its accuracy. Do not accept everything as the truth.

## 6. CONTEXT

Readers need you to point out the relevant issues and landscape surrounding the topic of your story in order to fully understand the information your article presents. Some key ways to provide meaningful context to a story are to provide reliable and relevant facts and to explain how the topic of your story relates to local, regional or global issues or trends.

### Story structure

The main guiding principle for how to structure a story is to always put your readers first. You must write your story with your readers in mind—their level of knowledge, opinions, worldviews, etc. Ask yourself what they want or need to know and what would motivate them to read your article.

## THE INVERTED PYRAMID

The standard structure for a news story is called an inverted pyramid because you place the most important and broadest material at the beginning, followed by increasingly more detailed (and less important) information as the article goes on. This ensures that if someone only reads the very beginning of your article, they will still get the main ideas. The parts of the inverted pyramid structure are:

- **Lead:** The most important material is presented at the beginning, summarizing the who, what, when, where, why and how of your story.
- **Explanation:** Next you lay out the main facts of the article, the individuals or organizations involved, and the issues of debate.
- **Amplification:** At this point in the article, you offer further points of interest and delve into more detail, elaborating on initial perspectives in more depth and providing more color or extended quotations from sources or participants.
- **Closing:** This section ties up the story, pulling together the various strands or offering a speculative tone, often through a direct quotation.

## THE FIVE W'S

In journalism, the "Five W's" are "Who," "What," "When," "Where," and "Why." Referring back to the Five W's helps journalists address the fundamental questions that every story should be able to answer:

1. Who was involved?
2. What happened?
3. When did it take place?
4. Where did it take place?
5. Why did that happen?
6. How did it happen?

## HEADLINES

Headlines grab attention, build trust and help time-pressed readers focus on the stories they care about most. Although in most media houses headlines are not the responsibility of reporters, it is good practice to understand the elements behind a good headline. Here are some basic tips for writing engaging, accurate headlines for any platform.

1. **Be specific, not vague.** Draw readers in because your headline is compelling. Don't mislead or overpromise. Accuracy and credibility count every time, with every story. Give your readers a good idea of what they'll be reading. Ambiguity is nice in fiction, but this isn't fiction.
2. **Don't use words that have double meanings.** Using words with double meanings may create confusion.
3. **Start simple.** You've read the story, but the blank headline field keeps staring back at you. Think: subject, verb, who, what. Then build on it. This may sound basic, but it even helps veteran headline writers.
4. **Explore the 5 W's and 1 H.** Ask yourself: Who, what, when, where, why, how. What are the primary questions addressed by the story? Focus on those elements in your headline. Is it a profile of a person? That's a "who" story. Breaking news? Probably a "what" story.

5. **Don't be overly clever.** Headlines, just like your stories, should be infused with voice and style and creativity. With that in mind, be cautious of the overly clever headline. Write headlines targeted at your reader.
6. **Paint a mental picture.** What picture comes to mind as you read the story? Use that in your headline.
7. **Change your perspective.** Tune in to your target audience. For example, instead of writing the headline from a news agency's perspective ("Officials approve later high school starting times"), write it from the affected person's perspective ("Students applaud later high school starting times").
8. **Get emotional.** Is there anger? Love? Frustration? Desperation? Appreciation? Respect? Elation? Shame? Embarrassment? People respond to emotion.
9. **Use strong words.** Identify words and phrases that best describe your topic. Look for single words that do the work of two, or a two- or three-word phrase that does the work of five or six words.
10. **Value the verb.** Verbs can make a headline. Regarding search engine optimization: Nouns overshadow verbs as popular search keywords, but verbs can power a headline's click-through rate by making the headline more interesting.
11. **Use numbers.** Whenever we encounter new information, our brains immediately try to make sense of it. The phenomenon of 'listicles' may be infuriating to some, but when done well it helps the reader to quickly order and understand new information. Headlines work in a similar way.
12. **Don't let the headline be an afterthought.** It's just as important as the actual content of your article. A bad headline could prevent your article from ever being read. A good one could generate click after click after click.

## IMAGES

A poorly chosen photo can ruin even the best-told story. Finding the appropriate image or graphic to accompany articles about abortion can be difficult. Photos featuring people need consent from the subjects and in some cases the person may require anonymity. Stock photos relevant to the topic of abortion are not only hard to come by, they can also be stigmatizing and inappropriate, especially if they have been pulled from the Internet. Every story is different, so there's no easy guidance for selecting appropriate images, but remember to think carefully about whether a chosen image will perpetuate abortion stigma or myths about abortion.



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