

STYLE GUIDE

Media reporting on and portraying gender biased sex selection and safe abortion issues: guidelines for media

The Ipsas-Population First media style guide is a tool to assist those reporting on or portraying gender biased sex selection (with specific focus on pre-birth) and abortion issues in the media. These are intended to assist media to address issues of gender biased sex selection without undermining the right of women to access safe abortion services.

Sensitive, informed and balanced representation of gender biased sex selection and abortion can help to:

- Address the deep rooted gender violence and discrimination;
- Ensure women's access to safe abortion services; and
- Normalize abortion within reproductive health

Terminology

A key step to effective portrayal of the issue is in selecting appropriate terminology. Using simple and focused terminology to indicate abortion and/or pre-birth sex selection would prevent conflating abortion and pre-birth sex selection, and discourage establishing the belief that abortion is illegal. Using highly charged words such as "feticide" or "murder" generate emotions that position women against her pregnancy or fetus, rather than promoting clarity. It is important that the language chosen to present the issue of gender biased sex selection does not negatively impact women's access to safe abortion services.

Terms to be avoided

- **Female Feticide** – This term has a negative connotation and makes it sound like murder. Very often this gets written as only feticide which stigmatizes abortion.
- **Sex selective abortion** – Connects sex determination to abortion and very often leads to the interpretation that all abortions are for sex selection which is not true.
- **Murder/Killing** – These are strong terms that convey a very negative emotion. This also leads to personification of the fetus and is not very effective communication from the perspective of reproductive rights.
- **Unborn child** – This phrase also leads to personification of the fetus and is not the recommended terminology from a rights perspective.

Terms like unborn child should not be used to denote a fetus as it projects abortion as the killing of a child. For the same reason, using words like feticide, murder or killing as synonyms of abortion give the impression that abortion is a criminal act, which it is not.

Appropriate terms

- **Safe abortion** – Termination of pregnancy by a skilled person at a place having all the required medical equipment and that is recognized by government to carry out abortions.
- **Medical termination of pregnancy** – This is the term used for induced abortion performed by surgical or medical method, for conditions specified under the MTP Act.
- **Pre-Conception and Pre-Natal Diagnostic Techniques** – This refers to methods used to determine/identify the sex of the fetus. Pre-conception sex determination can be done in both pre and

post-implantation of the embryo. In pre-implantation stage, sperm of desired sex are separated using various lab techniques and used for fertilization with the egg. In vitro- fertilization is also a popular method for bearing child of a desired sex as the gender selection success rates are high for this technique. The use of ultrasound technology has become most common mode of sex determination in the post-implantation stage. The law does not allow for determination and disclosure of sex of the fetus. However, care may be taken to not position ultrasonography as a negative technology since it plays a very vital role in diagnostics especially identification of pregnancy related complications.

- **Pre-birth sex determination** – Pre-birth sex determination is any act of determining/identifying the sex of the fetus both pre-conception as well as pre-natal using any method, scientific or unscientific.
- **Gender biased sex selection** – This phrase positions the social dimension of sex selection and refers to any act of discriminating against the girl child even before she is born and includes pre-conception and pre-natal sex selection.

Reporting Tips

Abortion

- **Positioning abortion** – Awareness about legality of abortion among men and women in India is very low. This is further complicated with the stigma around talking about abortion. It is therefore important that stories on maternal health, maternal mortality or even declining child sex ratio should clearly highlight that abortion is legal in India for a broad range of conditions, while gender biased sex selection is illegal under any circumstances. Furthermore, when performed by a trained and certified provider, abortion is a safe medical procedure.
- **De-linking abortion with morality** – A women and her partner may decide to terminate a pregnancy for a variety of reasons. Abortion does not directly signify immorality and making such correlations further stigmatizes abortion and women seeking abortion, reinforcing the belief that abortion is illegal and driving women to unsafe abortion providers.

Gender Biased Sex Selection

It is advisable to avoid use of explicit technical details of how and where the sex determination tests are done and how the results are communicated. Such information may make more couples with son preference seek such illegal services. The story could highlight what is illegal in India as per the PCPNDT Act.

The focus of the communication should be on why girls are not welcome in some Indian families due to deep seated gender biases and patriarchal values. It is important to frame gender biased sex selection in the context of son-preference, gender discrimination and gender based violence. Also explore links to value of the girl child and women and the resultant aversion to girl child in India.

Avoid Blaming Women

Often while reporting on abortion, pre-birth sex selection, infanticide and/or abandonment of newborns, the focus is on the woman or the mother-in-law. Son preference is driven by strong social or family pressure, in which men and women both have a role to play.

STYLE GUIDE CONTINUED

Promote Public Understanding of Why Women Need Abortion

Studies show that even if every man and woman has access to contraception, there may still be a need for abortion. Approximately 33 million contraceptive users experience unintended pregnancies each year (WHO, 2012). Most women in India do not have the decision

making power to determine their sexual and reproductive choices and have limited access to contraceptives as well as other health services. To ensure that women are in better control of their reproductive lives, access to both contraceptives as well as safe abortion services should be ensured.

Myth/Misconception	Reality
Abortion is illegal and a crime	Abortion is legal in India when the pregnancy is due to a rape, is likely to be a threat to the life of the woman or the child and when the pregnancy is due to failure of contraception
Abortions are more unsafe than pregnancy	Abortion is a safe medical procedure if the pregnancy is terminated under the supervision of a trained service provider.
Second trimester abortions are illegal	According to MTP Act, abortions are legal till 20 weeks. However, as per the MTP Act, a termination that exceeds 12 weeks but is less than 20 weeks of gestation can be performed by a registered medical practitioner as defined by the law and requires the opinion of two RMPs.
All abortions are sex selective abortions	2-4 % of abortions in India are estimated to be sex selective abortions (Jha et.al 2011). Data showing increase in abortions in a particular period/area should not be interpreted as an increase in sex selective abortions.
Abortion services are accessed only by women who have illegitimate pregnancies	Review of reports shows that majority of abortions are sought by married women in India
Abortion and I-pills are the same	Medical abortion drugs are to terminate a confirmed unwanted pregnancy whereas emergency contraceptive pills are to prevent conception from taking place.

Framing Headlines

One often finds that even the most sensitive articles are given headlines which are sensational or shocking. It is important to ensure that the headline reflects the content of the article. Misleading and sensational headings result in diluting the positive messages being conveyed in the article. Headlines being prominent and eye catching have greater recall value and there is a possibility that the readers may read just the headline and make their own judgments about the issue. Avoid headlines which blame the woman e.g. a blot on Motherhood or criminalize the act of abortion e.g. murder of the unborn child or pass a moral judgment e.g. projecting women opting for abortion as immoral or sinners. Positive headlines would help promote positive perceptions about abortion and reduce the stigma associated with it.

Misleading and sensational headings diluting the positive messages

गर्भपात के नाम पर बिक रही 'मौत' की दवा

दिल्ली में 550 से अधिक रिजिस्टर्ड डॉक्टरों का नाम है जो गर्भपात की दवा का...
 "एक डॉक्टरों के चर्चे और रिपोर्टों, डॉक्टरों के लिए बने उधार और प्रयोग के दौरान उधार को...
 "मौत" नाम की दवा का उपयोग है गर्भपात करने के लिए...
 "मौत" नाम की दवा का उपयोग है गर्भपात करने के लिए...
 "मौत" नाम की दवा का उपयोग है गर्भपात करने के लिए...

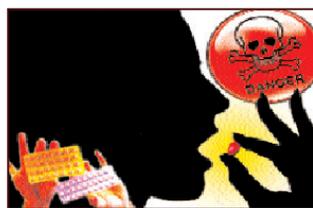
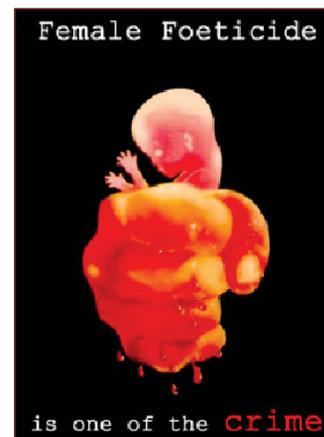
Satyamev Jayate effect?

Madhya Pradesh acts against 65 Medical Termination of Pregnancy centres

Has the had returned a written statement signed by scandal...
 "It is their job to do what they do, with our said of investigations." "It is my job to cooperate, which is exactly what I have done. I have answered all the questions, over and over," said the...
 Trospergate affair has hired Albany lawyer Peter questions, and another high-ranking member...
 Patrick Maloney, has resigned Manhattan lawyer Bart...

Graphics

As important as language are the visuals that accompany stories about abortion. Avoid the use of dramatic photographs or images, such as full-term pregnant bellies or graphic photos of bloody, mutilated (and supposedly aborted) fetuses. These equate abortion with gruesome killing, generating a level of negative emotion, rather than clarifying a delicate issue.



Media Questions

For any queries and clarifications, please contact: Population First & Ipsas