

My challenges and triumphs as a health reporter

by Mandla Tshuma—Zimbabwe

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WITH HIV and AIDS still claiming thousands of lives in the southern African region and millions of people still ignorant of their HIV status, the pandemic automatically takes centre stage in media health reports.

There is, however, a general belief amongst journalists that HIV is a tired story, that so much has been said about it that the public is now fully-informed on how the virus is transmitted and the preventative measures for it. Well, if that were the case, why then do people continue to become infected and how come the country continues to lose its beloved citizens to AIDS?

There are clear loopholes then, in the journalistic view of HIV and AIDS and it is clear too, that these have to be continuously plugged. I personally believe that as long as thousands continue to succumb to it, HIV has to still be treated as a fresh subject.

I would like now, to take you through my experiences in the newsroom and my challenges and triumphs as a health reporter, especially in the areas of HIV and AIDS.

It is worth noting that very few reporters in Zimbabwe have a passion for health reporting because the field is generally considered dry and unchallenging. This is exacerbated by the fact that health stories are, by and large, not given prominence in many newsrooms, as they are not thought to contribute much towards newspaper sales.

Politics usually features more prominently than anything else in most publications. This means health reporters

must come up with big stories to impress the editors. Remember - they also have to adhere to editorial policy.

Just like any other field, health reporting requires the highest calibre of sources as it is linked to science and science is based on tested facts, not mere speculation. The most crucial source for HIV and AIDS reporting, especially for the state media, is the ministry of Health and Child Welfare because officials from this ministry are responsible for health issues in the country and stories which quote them have a better chance of being published than those that quote only doctors. As a health reporter, I made sure that I established good relations with them.

But there are problems when these officials are not readily available for comment. I remember an article I wrote some time ago, quoting a medical doctor who was calling for compulsory testing of both parents for HIV, when a woman fell pregnant. He argued that this would go a long way towards promoting the prevention of parent-to-child-transmission (PPTCT) of HIV and would automatically culminate in the realisation of an HIV-free generation in the near future.

The doctor expressed his disappointment at men who did not go with their pregnant wives to antenatal clinics for HIV testing. "It is disappointing to note that very few men are willing to be tested together with their wives who fall pregnant. Some people think that if the wife is HIV negative, the husband is also negative, which is not always the case. For this reason, I would like to challenge both partners to undergo HIV testing," he said.

He added that unless the government made the tests compulsory, all efforts at ensuring an HIV-free generation, would remain a pipe

In Touch...*with the media*

Welcome to our first edition of **In TOUCH**... a publication of the SAfAIDS Media Resource Desk (MRD), a one stop shop for journalists and other media practitioners who wish to access quick, accurate and user-friendly information on HIV and AIDS prevention, care, treatment and support. The desk serves as a focal point for all HIV and AIDS information queries from the media.

The purpose of this publication is to showcase how, through diverse fora, the MRD interacts with the different media in the region, and to advise the media on how they should best tackle certain issues. It serves to showcase too, the areas of SAfAIDS' work and will hopefully help bridge the gap between the media in different countries, and between the media and SAfAIDS itself.

In this first issue, we focus on the experiences, successes and challenges faced by health reporters and editors in the region. We also provide a section on ethical health reporting, and a guide to the correct terminology on HIV and AIDS issues for writers in the field.

Look out also for our 'forthcoming events' section, where we will carry information on important activities and dates on the HIV and AIDS calendar. If there are any events or training activities lined up in your country, please send them through and they will be included in the next edition.

It is our hope that the next issue, will carry more stories from you, the journalists in the region. If there is something happening in the media in your country that you would like the wider audience in the region to know about – then this

is the publication for you. Feel free to comment on any of the articles in this edition. You can send your comments and views to - mediadesk@saf aids.org.zw.

We hope you enjoy this issue!
Regards!

Media Resource Desk Team

Some services the MRD offers:

- Access to well-informed resource desk staff
- Latest and most accurate statistics relating to HIV and AIDS
- Latest research findings
- Information on key HIV and AIDS events
- Media briefs on topical issues
- Media Website
- Regular information bulletins
- Award of Excellence for best reporting on HIV and AIDS

Challenges and triumphs as a health reporter

From page 1

dream. His argument was that some mothers who initially tested HIV negative, later contracted the virus from husbands who had not been tested, and they would later transmit the virus to their babies during breast-feeding.

The story found favour with the editors and although no comment had been obtained from the Ministry of Health and Child Welfare, it was published. However, no later than two days after publication, a senior government official dismissed the doctor's call as incompatible with democracy, and I had to write the story again. What I'm saying here is that, as a reporter, your stories may sometimes appear contradictory or confusing to readers.

Another problem in health reporting is that your sources, most of them doctors, prefer to speak on condition of anonymity, as the ministry does not encourage them to give press statements. Since health is a field that places much emphasis on the credibility of sources, this poses some challenges, as stories that cite anonymous sources are thought to lack authenticity, and are readily discarded by editors.

I also encountered challenges when dealing with state-registered nurses, who would attend gatherings, raise good newsworthy issues with me but later refuse to be quoted or identified. The result – no story! Some time last year, I covered a Palliative Care for Children Sensitisation workshop, where a nursing sister raised good points about caring for HIV positive children. When I approached her after the workshop for her details, she surprisingly refused to give me her name and pleaded with me not to write anything she had said. She also went on to request that her picture not be used in the newspaper.

She said the fact that her director at the Ministry of Health was unaware that she had attended the meeting meant she had to speak to her first before she could entertain me. As a result, that story was never written. Thus unnecessary bureaucracy hinders effective health reporting.

What is worth noting is that stories in any publication compete for limited space, and the most important ones, according to the publication's editorial policy, are given

priority. This means that one of the challenges I faced as a health reporter was painstakingly writing stories and then having them thrown away. But I hasten to say that this does not apply only to health stories, but stories in general. It just saddened me to see a story I thought was good being dismissed in that way.

Despite all these challenges, however, I managed to make significant strides in the field. With experience I learnt to assess the news-worthiness of any health-related issue. Remember: in journalism, reporters do not report just for the sake of it – the major driver is the newsworthiness of the event.

I would sometimes have ordinary members of the society coming up with something newsworthy, but since they were not famous, I would have to blend their views with those of eminent figures, or their views would not attract the editor's and readers' attention.

This reminds me of a story I once wrote on the escalation of the price of ARVs, beyond the reach of many, despite the launching in July last year, of the Task Force on Price Monitoring and Stabilisation. A member of the public approached me to complain about that price madness.

Because the lives of HIV positive patients depend solely on these life-prolonging drugs, I sought the comment of the Deputy Minister of Health and Child Welfare, Dr Edwin Muguti, who strongly condemned the practice and promised that the government would take positive steps to address the anomaly. The article was favourably received by the health editor and the entire editorial team, and surprisingly made it to the front page of the paper. That was the day that I declared myself the conqueror of the somewhat challenging and abhorred health field.

Journalism is also about reporters convincing their editors that they have a story worth telling. This is particularly so in health reporting, which is generally perceived to be a dry area.

In December last year, Red Cross, Matabeleland South Province, decided to hold a belated World AIDS Day and I wanted to cover it but my boss felt that the story was not

big enough for me to leave the newsroom. However, I stood my ground arguing that the event was a very important one, more so since it was taking place in the countryside, where I could source some side stories.

When I returned to the office from Matobo, where the commemorations were held, I wrote a story challenging the rural folk to desist from associating the virus with witchcraft, while at the same time encouraging them not to shy away from testing for HIV. In this way, people would be better-placed to fight the epidemic, I argued. My source was an HIV positive woman who had given a testimony during the celebrations. The story was used – my trip to the rural areas had been vindicated.

As a health reporter I managed to penetrate a number of projects and programmes for people living with HIV, such as their home-based care programmes. I noted with concern that few men were involved in home-based care, and immediately highlighted this in my reports.

Having established a number of good sources in the field, I experienced few difficulties in getting HIV positive people to openly discuss their status with me, or to encourage their counterparts across the country to open up as well. With such stories, I managed to demystify much of the secrecy surrounding HIV and AIDS.

The majority, of editors in this country, are male, which I believe contributes to the downplaying of health stories. It also the norm that the first few pages of publications are reserved for political stories. Since most of the few health reporters in the region are female, I feel that for HIV and AIDS reporting to take centre stage in newspapers and other publications, females need to be involved in the editorial teams so that they can contribute to the decision making processes and effectively push the health agenda.

There is a general belief among journalists that HIV is a tired story, that so much has been said about it that the public is now fully-informed on how the virus is transmitted and the preventive measures for it.

Media's critical role in fighting HIV and AIDS

by Issa Sikita Da Silva—South Africa

Bizcommunity.com - Various speakers and panelists, including Nelson Mandela's wife Graca Machel, addressing delegates at the 2008 International Public Television (Input) Conference in Johannesburg, have launched a persuasive call to the media worldwide, to play a critical role in combating HIV and AIDS, which continues to wipe out entire communities.

"It is clear that with digital developments, the media can help spread a powerful message out there to make a difference," Dali Mpofo, SABC CEO and chairperson of Global Media Aids Initiative (GMAI), said.

"Broadcasters and other media organisations should make HIV and AIDS part of their core business and use whatever resources they have, including airtime, to ensure that people take their future into their own hands," Mpofo said.

"Media can help change society by connecting their audiences with AIDS-related services like how to prevent the disease, get VCT (voluntary counselling and testing) and treatment. If we are to be part of the solution, then we should busy ourselves to be creative and provide

accurate and reliable information on the disease that can save lives."

Input 2008, which took place at the Sandton Convention Centre this May was attended by over 1,000 people, including broadcasters, senior business leaders and filmmakers, from more than 100 countries across the globe.

Centre of GMAI's mission

As HIV and AIDS continues to tear society apart and feature prominently at the centre of GMAI's mission, the organisers thought it should be part of a lengthy discussion at the conference.

According to UNAIDS statistics, the number of people living with HIV and AIDS globally rose from 29 million in 2001 to 33.2 million in 2007 (68% of them in southern Africa), primarily due to continuing new infections - something Mark Stirling, UNAIDS director of Eastern and Southern Africa, said could be reduced if the media plays a central role in the response to the epidemic.

"As a gatekeeper, media must lead this fight and use its enormous power and influence to challenge certain social and cultural values and norms that make us vulnerable. Provoke the AIDS debate and get the nation talking. So far you have done an amazing job, but I implore you to redouble efforts in order to change the face of this disease," Stirling pleaded.

Call on the media

Machel called on the media to segment their messages to reach specific audiences, and to shame and denounce governments and Western leaders if they fail to fulfill their promises on HIV.

"We cannot afford to talk about the global village only when it comes to business but not talk about the global village when it comes to human lives," she said.

"Our social intervention on HIV and AIDS has been ineffective and prevention is not working, partly due to poverty and lack of resources, which mostly were promised but are yet to be fulfilled.

"Media must help us and invent new ways to spread their messages - perhaps be specific for each specific age group - to enforce self-respect, good citizenship and sense of responsibility in these challenging times."

Rare and wonderful platform

Monicah Waceke, Ugandan Broadcasting Corporation programme manager, told Bizcommunity.com that the fact that global broadcasters and public media meet to discuss global issues affecting their respective societies and share ideas on how to solve them, makes Input a rare and wonderful platform.

GMAI, a worldwide coalition of over 300 broadcasting companies, was launched in 2004, by former United Nations secretary-general Kofi Anan, to leverage the communication power of mass media to get out the information about HIV and challenge the stigma related to the disease.

GMAI's regional branches include the Africa Broadcast Media Partnership against HIV and AIDS (ABMP). Partners include the Kaiser Family Foundation, Bill & Melinda Foundation, Coca-Cola Africa Foundation, MTN SA Foundation and Nelson Mandela Foundation.

GMAI's next board meeting will take place in June in New York, US, Mpofu told Bizcommunity.com on the sidelines of the gathering.

My experiences as a female health journalist

The health desk is often dismissed within the journalism field as suitable only for female reporters, but those in health reporting can testify that it is complex, and more than relevant because it touches on all aspects of human life.

It encroaches on other beats such as business and sport, and even politics. None of them can quite escape the issue of health.

That's why it breaks my heart when the newsroom dismisses my scoop on bodies piled up at the country's collapsing mortuary, or of hospitals that have so run out of basics that health personnel are simply walking out. My soul bleeds when my story of women dying needlessly in childbirth, are not considered fit for page one.

Why does a story from a female health reporter have to play second fiddle in this way?

Just getting my health diary accepted is challenge enough but the challenge does not end there. Competing

for space with other copy at the sub-editors' desk, is another issue.

Faced with stories from the political desk, courts and crime desk, and sport and entertainment, it is not unusual for the sub-editor to sacrifice a good health story.

News Editors often say: "The front page is usually reserved for breaking, detailed and on-spot articles of national interest."

This always serves to disadvantage health reporters like myself whose stories are usually analytical and research-oriented rather than of the breaking news variety.

No matter how creative a health reporter is, the AIDS and health story usually finds itself tucked inside the pages. But if there were to suddenly be a hot health or AIDS item that needs investigation such as: "Zimbabwe gets Global Fund money", or "15 die of AIDS-related causes in hospital", it is no longer considered a health story and is immediately passed on to a political reporter.

More often than not, this story will take political knocks

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too, as it will tend to follow the dominant political thinking of the paper.

Another everyday hassle is getting comments from health officials.

In Zimbabwe, I have learnt that obtaining comments from non-governmental organisations is more difficult than from government. But in government too, the Ministry of Health seems more accommodative to the media than other departments. Faxed questions are responded to, once you have outlined your deadline, and the sitting Minister will take telephone interviews.

At non-governmental organizations (NGOs), if the director is away, no one else within the organisation may issue a comment which really compromises news gathering, fact verification and balancing of articles.

With the proliferation of NGOs, it also becomes more difficult for journalists on the health desk to determine the most credible sources of information that will tweak the government or make people change their behaviour, especially in relation to HIV and AIDS. What some of us do now, is undertake detailed research on the backgrounds of the different organizations, to see which ones are credible and which ones are not.

The health desk in Zimbabwe can also be used for political advantage and so we must be well-informed on contemporary research and what drives it, and not simply take it at face value.

Since most health articles are analytical in nature, health reporters are required to have in-depth knowledge of the ongoing research in and around the region. This forces health journalists to keep abreast of the latest trends and developments in health and HIV and AIDS. However, lack of adequate technology, like access to computers and the Internet, hampers reporters' ability to keep up-to-date with ongoing research. Most of this information is readily obtained from the Internet, but there are few, if any, computers linked to the Internet in most newsrooms. This compromises the reporter's ability to completely study and grasp the concepts needed to develop any research item into a story, or link it with other research in the region.

That is why the complaint from some readers is always: "What a half-baked story!"

By Tatiro Kondo (not real name) A senior health journalist in Zimbabwe

Ethical Approaches to HIV and AIDS Reporting

Health-related issues, including HIV and AIDS, are sensitive subjects. They require journalists to be ethical when reporting on them.

Being ethical entails maintaining the basic principles of journalism which include: accuracy, honesty, balance, objectivity, confidentiality, sensitivity and respect for privacy.

An ethical approach to HIV and AIDS will focus on how to do the least harm and achieve the greatest good. Such an approach will assist in reducing the number of people who contract the virus, and to relieving the physical or psychological distress being suffered by people living with HIV.

According to the teleological theory of ethics, a person deciding what action to take must always consider the consequence of the action taken. (Gordon, D et al, 2000).

Reporting on HIV and AIDS issues has many challenges. Journalists may hinder good reporting by not researching sufficiently for an article, resulting in misleading reports being published. Some journalists may also rely heavily on some optimistic but deceptive press releases, or any other official statements.

Ethical reporting of HIV and AIDS issues requires that the media have the ability to sift facts, and analyse their implications and the intentions of the institutions presenting them.

Guidelines for print and broadcast journalists

Although journalists may strive to ensure that all reports on scientific studies are accurate, and specific findings are reported faithfully, this does not eliminate the risk of a

report being misleading. Misrepresentation of the findings, can arise through generalisations made from limited data, selective coverage of available evidence, and failure to refer to contradictory findings.

While guidelines cannot ensure error-free copy, the following precepts should increase accuracy and reduce misrepresentation and distortion.

Credibility of sources

Journalists should ensure that they use credible sources in their reporting. They should consider the reputation of the institute or academic department in which an investigation has taken place, and the professional qualifications and track records of the investigators. The credentials of investigators should, where appropriate, be further assessed by consultation with other scientists in the relevant field.

When the authors of a study appear to have no previous publications in relevant areas, or are from institutions not normally associated with excellence in their particular field, this fact should be noted. But the reputations or qualifications of sources do not guarantee that published findings are either definitive or significant.

Reports on research carried out, should clearly state the known affiliations or interests of the investigators. This applies not only to researchers who are attached to or funded by, companies and trade organisations, but also to those who have sympathies with particular consumer pressure groups or charitable organisations. Nevertheless, particular affiliations do not exclude the potential for objectivity.

If they are writing about scientific findings, they should ensure that the work has been peer-reviewed, and that published accounts of investigations are worthy of consideration by the wider community. Journalists should, therefore, establish whether the work has been assessed and make clear indications when it has not.

Procedures and methods

While the peer review process aims to weed out reports of studies that are seriously flawed, unpublished work, conference papers or hand-outs from press briefings are not subject to such scrutiny. Journalists should therefore ask questions on whether appropriate control samples were used, whether the sample size was large enough to yield significant results, and whether the research methods were appropriate. Specialist knowledge and research experience is usually required to identify such flaws. Consultation with another scientist in a relevant field, is advised.

Findings and conclusions

In science and health research, abrupt 'breakthroughs' do occur, but only rarely. Most progress consists of relatively minor developments from existing bodies of knowledge and theory. Studies that appear to radically challenge existing assumptions should be handled with particular care by journalists. When findings are at variance with previous knowledge, it should be stated clearly within the first few lines of a newspaper report, or the air-time equivalent, in broadcast news. Journalists should then be at pains to obtain the opinions of scientists qualified in a relevant field to explain why the interpretation put on the new findings might be considered premature or even unfounded.

Anticipating the impact

Unfounded scares can cause very serious damage to public health. While the harm and distress caused by reports on miracle cures is more difficult to measure than that of unfounded scares, raising false hope can also damage the public interest.

Journalists should always, therefore, emphasise the limitations of reported medical advances in their reports. For example, they should give a realistic estimate of when a new drug, treatment or vaccine might be available. If appropriate, they should state whether or not a new drug is effective in the early stages of the disease. When in doubt, journalists reporting on medical advances should consider the effect of their report on a person suffering from the disease in question, or a relative, or close friend affected by the disease.

It is important that health matters are reported factually and ethically because misleading information is potentially dangerous and can even cost lives.

Information that is misleading or factually inaccurate can cause real distress to vulnerable groups. It can be said to cost lives when it invokes unfounded public reactions (e.g. reluctance to undergo vaccination).

SOURCES

1. http://www.sirc.org/publik/revised_guidelines.shtml
2. Gordon, D et al, (2000) [Controversies in Media Ethics](#), Longman, London
3. Jamieson, A.P. (1999) [Occasional Papers – Politics and the media in Southern Africa](#), Konrad-Adenauer-Stiftung, Harare

How to say it better:

A summary of preferred terminology when reporting on HIV and Aids issues

Words are not neutral. Language is what society is thinking so we need to use language responsibly, UNAIDS Zimbabwe information officer Chandani Thapa, recently told Zimbabwean editors.

She said the media was a powerful agent of change. "I would like us to think about the kind of messages we send when we refer to people living with HIV and AIDS as 'casualties in the war against AIDS', as 'AIDS victims', or as 'sufferers'. This makes them seem helpless and at times hopeless. Using HIV and AIDS seems to suggest that HIV and AIDS are one and the same, yet we all know they are different", she said.

A cursory look at some of the largest newspapers in the region today, shows that many are still unsure about the appropriate language when writing about HIV and AIDS. Belittling and stigma-invoking words still appear in their stories.

What follows is a summary of the inappropriate terms often used by the media, which often invoke stigma. We

also give alternative terms to be used, in accordance with UNAIDS guidelines.

Do not use the term 'HIV/AIDS' because HIV and AIDS are two different issues. HIV is the virus that causes AIDS, but a person with HIV does not necessarily have AIDS. Use 'HIV' unless you are specifically referring to AIDS. Examples for referring to the two conditions include: 'people living with HIV', 'the HIV epidemic', 'HIV prevalence', 'HIV prevention', 'HIV testing', 'HIV-related disease', 'the AIDS diagnosis', 'children made vulnerable by AIDS', 'children orphaned by AIDS', 'the AIDS response', 'HIV or AIDS epidemic'.

Do not use the term 'AIDS virus'. There is no AIDS virus. The virus associated with AIDS is called the Human Immunodeficiency Virus, or HIV. Please note: the term 'HIV virus' is redundant. Simply say 'HIV'.

Avoid the term 'infected'. Use instead 'person living with HIV' or 'HIV positive person'. No one can be infected with AIDS because it is not an infectious agent. AIDS is a surveillance definition and means 'a syndrome of opportunistic infections and diseases that can develop as immuno-suppression deepens along the continuum of HIV infection from primary infection to death'.

Do not use the term 'AIDS test'. There is no test for AIDS. Use the terms: 'HIV test' or 'HIV antibody test'.

Avoid the terms: 'AIDS sufferer' or 'victim'. The word 'victim' is disempowering. Use 'person living with HIV'. You can only use the term 'AIDS' when referring to a person with has had a clinical AIDS diagnosis.

Use the term 'AIDS patient' only when referring to a clinical setting. The preferred term is 'patient with HIV-related illness'.

Don't use 'risk of AIDS' but 'risk of HIV infection', or 'risk of exposure to HIV'.

The terms 'high (er) risk groups' or 'vulnerable groups' are not recommended. Use instead: 'key populations at higher risk'.

The term 'commercial sex work' is not recommended. Instead use 'sex work', 'commercial sex', or 'the sale of sexual services.'

Avoid using the word 'prostitute' except with respect to juvenile prostitution. Otherwise use 'sex worker'.

Don't use the term, 'intravenous drug user' but rather, 'injecting drug user'.

Don't use the term, 'sharing (needles, syringes)' but rather, 'non-sterile injecting equipment' when referring to risk of HIV exposure and use 'contaminated injecting equipment' if the equipment is known to contain HIV or if HIV-transmission has occurred.

Don't use 'fight against AIDS' but 'response to AIDS'.

Instead of 'evidence-based', use 'evidence-informed'

Don't use 'HIV prevalence rates' but 'HIV prevalence'. Prevalence already implies the rate.

Avoid acronyms and abbreviations. Spell out all terms in full followed by the acronym, the first time you use the term e.g. Prevention of Mother-to-Child Transmission (PMTCT). After that use only the acronym.

An Editors Eye View: There is nothing so cruel as ignorance

Some weeks ago, I read a report on how about 120 of the 150 people from a remote village here in Lesotho, who underwent HIV testing during the Ministry of Health's 'Know Your Status' campaign, tested positive.

Such figures, although not representative of the situation across the country, epitomise the magnitude of the AIDS epidemic in this small kingdom of about two million people. Lesotho has the highest HIV prevalence in the world – at 23% of the population.

Although the government is working hard with other stakeholders to address the epidemic by initiating programmes which encourage prevention, and by providing life-prolonging drugs to those who test positive for HIV, the war is far from over.

I have been working in this country for four years now and have discovered that for some people, AIDS remains a health problem, which can only happen 'next door'. The fight to ensure information dissemination seems to have been won through extensive campaigns – thanks to the efforts of the government and non-governmental organizations – but influencing behaviour change remains a mammoth task.

Although Lesotho is a poor country, many families can afford a good diet and are therefore guaranteed a healthy life. Antiretroviral drugs (ARVs) are also readily available

for those who need them. This means people do not get to see patients with full-blown AIDS on the streets, or at their workplaces, so there is often not enough evidence to convince them that the disease is real and right here with us.

As the biggest newspaper in the country, we at Public Eye, have decided to adopt a gender-aware HIV and AIDS policy.

This is meant to complement the efforts of the government and other sectors in mitigating the spread and impact of the disease in Lesotho, by disseminating appropriate messages to our readers.

The policy also seeks to ensure a society free of stigma and discrimination against people infected or affected by HIV, and to ensure an increase in the quantity and quality of coverage on HIV and AIDS issues and their gender dimension.

As an editor, I have for long discouraged reporters from covering events and workshops on AIDS because their stories tend to centre on the same issues – Lesotho's having the highest infection rate in the world, and statistics on the number of infected people.

My view is that the local media lacks the capacity, in terms of training and experience, to take the AIDS story beyond these two situations. As a result, it has not been

effective in influencing and shaping public perceptions and decision-making.

The results of a 2005 baseline survey conducted by the Media Action Plan (MAP) on HIV and AIDS and Gender, which was supported by the Media Institute of Southern Africa (MISA), showed that stories on HIV in Lesotho constituted 19 percent of the local media's total news coverage.

"Stories on prevention, the role of men and boys, sex work and cross-generational sex, which are some of the issues identified as drivers of the pandemic, received little or no coverage," it noted.

Further, people living with HIV constituted a mere two percent of sources consulted.

I will soon be assisting in the creation of a workplace HIV and AIDS task force to serve as the planning and implementing agency for the gender-aware HIV and AIDS policy, and it is my intention to put on the agenda the following factors, which the National AIDS Commission has identified as the main drivers of the pandemic in Lesotho:

- Poverty and food insecurity
- Unemployment; alcohol and drug abuse

- Multiple concurrent sexual relationships
- Migrant labour into South Africa and intergenerational sex

I salute all the people who have been brave enough to take a test in order to know their status. Remember the old adage: "*There is nothing as cruel as ignorance.*" At least they managed to overcome the fear of the unknown and will be able to access life-prolonging drugs and to learn how to live healthy and positive lives, if they test positive.

I was humbled by a meeting I had with a gentleman in his late 30s. He came to my office to propose that we start a column on HIV and AIDS. He had tested HIV positive some years ago and wished to play an active role in the response to HIV and AIDS, by sharing information with others.

I am very much looking forward to seeing him again soon.

So you see, the editors are on board too!

□ *Tapera Chikuvira is editor of the Public Eye newspaper in Lesotho*

Missed Opportunities By Gloria Ganyani—Safaids

In the past few months, SAfAIDS has been monitoring newspaper coverage in order to identify information gaps within the media. While the level of reporting has been good, generally, I spotted some missed opportunities for educating the public about HIV.

The Voice, a Botswana newspaper, recently carried a thought-provoking story on a young girl who had sexual intercourse with several men within a short space of time and who was given as little as P2 (two pula) for each

and other sexually transmitted infections, and on the dangers of engaging in risky behaviour.

The Herald, a Zimbabwean newspaper, recently carried a story about a woman who was robbed and gang-raped while waiting for transport at the Beitbridge border post. Many newspapers carry similar stories about people being raped and children being sexually abused, but rarely do they make reference to the risk of HIV and AIDS contraction. Nor do they caution people on the dangers of

such behaviour, or give advice on HIV and AIDS prevention methods.

If people are constantly bombarded with messages and reminders of how irresponsible



The Media often misses opportunities for educating people about HIV and AIDS

sexual encounter. When interviewed, the girl expressed no regrets, saying all she'd wanted was the money and that's what she'd received. In this example, the reporter missed a great opportunity of informing readers of the risks of indulging in unsafe sexual practices, for both the girl and her 'customers'. Some young men and women are ignorant on matters of HIV and AIDS and thus remain vulnerable to infection. This was the perfect opportunity to have educated them on the importance of using protection to ward off HIV

behaviour puts them at increased risk of HIV infection, one or two people may change their attitude and behaviour. In this way, too, the media is raising awareness and promoting sustainable behaviour change and thus reducing vulnerability to HIV and AIDS.

There have also been reports on the shortage of drugs in pharmacies, including antiretroviral drugs (ARVs), but most have failed to do any analysis on the impact of the shortages on people living with HIV. When one is taking

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ARVS, drug adherence is very important, as failure to adhere correctly to drug use, leads to drug resistance. Newspapers have a responsibility to inform their readers about these issues.

Most newspapers have stories on adulterous affairs, on celebrity marriages and break ups and on people being caught in sexual encounters with people other than their regular partners. Such stories normally fall within the entertainment section of newspapers. They are aimed at entertaining the readers but not on educating them on the dangers of such behaviour and again, reporters miss an ideal opportunity for delivering an important HIV message to their readers and audiences. Addressing HIV issues in entertainment programmes can have an enormous impact on a society at risk.

The impact of the epidemic cuts across all sectors of society and it is therefore desirable, to include an aspect of

HIV in every dimension of a story. Reporters should utilise every little opportunity they have to educate people about HIV and AIDS if we are to attain an AIDS-free generation. Through their HIV education messages they can reach even those who may have failed to pay attention to the more traditional HIV campaigns.

The media is an essential tool in combating the spread of HIV and it has the responsibility of imparting information that can shape people's attitudes and behaviour. Therefore, the media has to be careful not to fuel the epidemic through irresponsible reporting – through errors of commission or omission. Editors too, need to be aware of these issues, rather than discouraging their reporters from raising HIV at every opportunity.

Your views and comments on this and all the other articles are welcome.

Opening up opportunities through dialogue

By Beatrice Tonhodzai

A Health Reporting Conference whose theme was: 'Opening up New Possibilities through Dialogue', and whose aim was to find out the state of health reporting in South Africa, took place recently in Johannesburg, South Africa. It was organised by Wits University and Africa Media Assignments.

Although the conference was for South African journalists, the issues that arose from it were found to be applicable across the region and therefore relevant to all journalists south of the Sahara.

More than 30 South African journalists attended the conference. Media houses represented at the conference included SABC, Citizen News, Living and Loving and Plus News.

While there has generally been much improvement in the coverage of health issues in the region by both the electronic and print media, with almost every newspaper or news bulletin having at least one health story – especially on HIV and AIDS, per copy or edition – there are still many issues that need to be addressed to make health reporting even better, experts attending the event felt.

Several presenters said it was worrying that many health journalists relied heavily on copy provided by experts, or so-called experts. This copy included government communications, press releases and research findings. The speakers said journalists needed to question who these experts were, and whether their expertise was relevant to the issue being reported and to the target audience.

One of the presenters, Ms Kanya Ndaki, editor of Irin Plus News, said it was important that media personnel continuously worked on their reporting skills in order to become effective communicators. This was reiterated by Natalie Righard of Wits University, who said reporting was not all about sensationalism but about informing and educating, and bringing about change.



Beatrice Tonhodzai (c) with colleagues at Joburg conference

"There are journalists who have gone on to win awards because they sensationalised something, maybe even exploited a source," she said, giving the example of a story serialised in one South African publication, complete with pictures, of a woman's journey from the onset of ill health to her death from AIDS.

"What does this kind of journalism do? Yes, many said it was brilliant and the journalist got an award, but have we thought about what this means to the late woman's relatives or what it says about her death? It sort of implies that HIV is a poor, 'black' woman's disease, which is inaccurate", said Righard.

Below are some of the key questions the conference said all journalists should ask themselves whenever they worked on a story:

- Are you obtaining research papers from experts and

Upcoming events

There are a number of exciting events in the coming months for journalists to think up possible story angles.

Every year since 1991, June 16 has been commemorated as the 'Day of the African Child' in recognition of that day in 1976, when thousands of black school children in Soweto, South Africa, took to the streets to protest the inferior quality of their education and to demand their right to be taught in their own language. Hundreds of young boys and girls were shot down and in the two weeks of protest that followed, more than 100 people were killed and more than 1000 injured. <http://www.unicef.org/media/media/40005.html>

The day can be used to highlight children's rights especially on health issues

South Africa will host a **TB Conference** from 1-4 July 2008, at the International Conference Centre in Durban, South Africa. The theme for the conference will be: "Working as One".

Tuberculosis continues to be a major problem for South Africa despite availability of medicine to cure the disease. Journalists can play the role of disseminating information and solutions for combating TB. The TB problem does not exist in South Africa alone but in other countries as well and it is therefore important for journalists from other countries to attend the conference so that their countries can benefit from the shared experiences. For more information please refer to: <http://www.tbconference.co.za/>

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From 3 to 8 August, the **XVII International AIDS Conference** takes place in Mexico with the theme: 'Universal Action Now'. Some of the objectives of the conference are to:

- Provide a forum where key scientific and practice-based research, Best Practice lessons learned and gaps in knowledge, are addressed.
- Present strong evidence to influence leaders, policy makers and donors, to increase their commitment to HIV and AIDS prevention, care and treatment.
- Increase understanding of the contribution of the HIV global response to broader social, economic and health issues.
- Maximise opportunities for the participation in conference and programme planning of those engaged in evidence-based responses
- Improve public awareness of the continued impact of and global response to HIV and AIDS, For more information on the conference please visit: <http://www.aids2008.org/mainpage.aspx?pagelid=296>

The Media Resource Desk (MRD) will continue to update you on the upcoming events.

For more information visit the MRD website at:

www.mediaresourcedesk.org

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going to bed with the story?

- Are you carrying out your own research?
- Are Internet sources always correct?
- Are you looking for the underlying issues and values in the stories you come across? For instance, if the story is that the public health sector is crumbling, has any effort been made to find out why this is so?
- From news stories, the private health sector always seems to be in good shape – no queues but prompt and efficient service. Do health reporters ever question the truth of this and go deeper into the story?

Journalists were advised that their stories would make far better reading if they explored all the issues while also educating and lobbying for change and action in crucial sectors.

When seeking to educate their audiences in a story, journalists had to ask themselves:

- Is there any educational content in it?
- Have I clearly considered the aim of the story? Is it like that good piece of journalism where one gets someone living with HIV or cancer to open up and speak about his or her life?

- Does it seek to establish how many sexual partners the source had before they realised they were infected? If so, does it seek to educate the readers on the dangers of having too many sexual partners, or does it aim to show that this person, the "source", deserves to be infected because they have been careless?
- What is the underlying motive of the story? To inform, educate or entertain?
- Does it seek to sensationalise, to push up sales – or to both push up sales and inform?

Mahlatse Gallens of SABC, thought the media should be allowed to get on with their job without too much outside interference and without experts trying to regulate and control the way news was reported.

"At times, experts say articles lack an in-depth analysis because they are looking for the science of things, yet the media is trying to communicate with people who have no scientific knowledge or interest," she said.

A brainstorming session followed on how to come up with new story ideas and on how to "fight for your story", against stiff competition from other stories in the newsroom.