



IFI AFRICA

HIV/AIDS RESEARCH REPORT AND MEDIA GUIDE



GUIDE



REPORT

IFJ HEADQUARTERS

Résidence Palace, Block C
155 Rue de la Loi
B – 1040 Brussels, Belgique
Telephone : +32 2 235 22 00
Fax : +32 2 235 22 19
E-mail : ifj@ifj.org
Web Site : www.ifj.org

IFJ AFRICA

17 Boulevard de la République,
BP 21 722, Dakar, Sénégal
Telephone : +221 842 01 42 / 842 01 43
Fax : +221 8420269
E-mail : ifjafrique@ifjafrique.org
Web Site : www.ifjafrique.org

IFJ - ASIA – PACIFIC

245 Chalmers Street
Redfern NSW 2016 Australia
Telephone : +61 2 9333 0999
Fax : +61 2 9333 0933
E-mail : ifj@ifj-asia.org
Web Site : www.ifj-asia.org

IFJ EUROPE & IFJ

Résidence Place
Rue de la Loi 155
B – 1040 Brussels, Belgique
Telephone : +32 2 235 22 02
Fax : +32 2 235 22 19
E-mail : efj@ifj.org

IFJ LATIN AMERICA

C/- SNTTP
Casa Nacional de Periodistas
Oficina 3, piso 2, Ala ‘ B’
Avenida Andres Bello,
Entre Las Palmas y La Salle
Caracas Venezuela
Telephone : +58 212 793 19 96
Fax : +58 212 793 28 83
E-mail : sntp@reacciun.ve



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Liberte 6 Villa 6119 - www.cortex.sn

Country Researchers:

Tunde Aremu, International Press Centre (IPC) Nigeria

Amos Chanda Press Association of Zambia (PAZA) / Zambia Union of Journalists (ZUJ), Zambia

Themba Michael Ceda Media Workers Association of South Africa (MWASA) South Africa

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INTER-AFRICAN NETWORK FOR WOMEN, MEDIA,
GENDER EQUITY AND DEVELOPMENT - **FAMEDEV**
AMITIE III - VILLA N° 4 492 B - Dakar, SENEGAL
Tél. : (221) 864 59 78 - Fax: (221) 864 59 77
Email: famedev@gmail.org et reseau.famedev@caramail.com

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Preface

by **Gabriel Ayite Baglo, IFJ Africa Regional Director**

The media has a crucial role to play in the battle against HIV/AIDS. As with other development issues in the world and in Africa in particular, the media is an integral and important part of the discourse. Journalists have been and continue to be in the forefront either individually or collectively because first and foremost they are members of society and HIV/AIDS affects every member of society.



According to UNAIDS estimates, more than 40 million people are living with HIV/AIDS worldwide. One person is infected with HIV every six seconds, which means that 10 people are infected each minute. If the necessary prevention measures are not taken, 45 million new cases could occur by 2010.

Countries in East Asia and South East Asia also have their toll of HIV infections. It is estimated that more than 8 million people live with HIV in Asia and almost 2 million are women.

Sub Saharan Africa is the worst affected region in the world. Under two thirds (64%) of the global population of people living with HIV are found in Africa. Seventy six percent (76%) of these are women. 58% of adults living with HIV/AIDS in sub Saharan Africa are women and two thirds of young HIV positive people are women and girls. What has now become clear in Africa is that even though HIV and AIDS affects families and communities, women and girls are disproportionately affected. More than 12 million children have been orphaned because of HIV/AIDS.

National HIV prevalence rates vary from country to country. In the Republic of South Africa and Zambia around 15-20% of the adult population is infected. Prevalence is estimated in Cameroon at (5.4%), Côte d'Ivoire (7.1%) and Gabon (7.9%). Until recently the national prevalence rate has remained relatively low in Nigeria the most populous country in sub-Saharan Africa. The rate has grown slowly from below 2% in 1993 to 3.9% in 2005. But some states in Nigeria are already experiencing HIV infection rates as high as those now found in Cameroon. Already around 2.9 million Nigerians are estimated to be living with HIV. Adult HIV prevalence in East Africa exceeds 6% in Uganda, Kenya and Tanzania.

As journalists, reporting HIV/AIDS is a big challenge in Africa. It is important that we take into account the context under which the media cover HIV/AIDS in Africa. In so doing we will be able to have a birds eye view of the reality of the African situation and under what kind of political, economic and social environment we find ourselves as journalists. We need to be mindful of the socio economic, cultural and traditional factors and their linkages to HIV preven-

tion, treatment and AIDS care. Freedom of expression is currently in a state of crisis in many parts of Africa. The major challenge today is the reluctance of many African governments to respect freedom of expression and allow media practitioners and human rights advocates to operate freely. What impact will this have on access to and dissemination of information on HIV/AIDS? How can we hold Governments and other stakeholders accountable for programmes and resources aimed at combating HIV/AIDS when the media environment is not conducive?

But there are key issues and challenges concerning us as journalists reporting HIV/AIDS. These range from how to provide sustained coverage of HIV/AIDS story and avoid “AIDS fatigue” among editors, journalists and the general public. It also relates to the provision of accurate and timely reporting to promote prevention of HIV/AIDS and to reduce stigma associated with the virus; knowledge of public policies and facts about HIV/AIDS as well as the misconceptions about the pandemic can help journalists diversify sources, hold Governments accountable, discredit stereotypes and educate the public, the use of appropriate and unbiased language, gender and human rights, just to mention a few. As journalists we are ourselves affected and infected because we are part of the society. But how often do we talk about ourselves? How many of us have gone for voluntary Testing and Counselling? How many of our workplaces have policies that are geared towards the welfare of staff who are living with HIV?

It is in recognition of these and many other challenges that the IFJ has come up with this media guide to better equip journalists and other media workers with relevant information that will enhance their coverage of HIV/AIDS and related issues. It is part of a project run by the IFJ and its associates in Africa and Asia to bring the issue of HIV/AIDS to the forefront of media coverage and debate. “Strengthening Journalists’ Unions by Improving Reporting on HIV/AIDS” is funded by the LOTCO, the Swedish trade union movement. This project seeks to share experiences and resources between journalists in

Africa (Nigeria, Zambia and South Africa) and Asia (Cambodia, India and Philippines) on combating HIV/AIDS from two perspectives: journalists as workers who can build strong unions to implement workplace strategies to combat HIV/AIDS and journalists as part of the hugely influential media, which has an instrumental role to play in combating the epidemic.

This guide provides information on the research findings on the media and HIV/AIDS in three countries in Africa as well as tips for journalists in reporting HIV/AIDS. It is my fervent belief and hope that the guide and the training programmes that will be conducted in the countries with journalists unions will go a long way in enhancing the knowledge and skills of journalists and other media workers in their quest to provide relevant and meaningful information on HIV/AIDS.

HIV/AIDS is about life and death. Lives are being lost everyday. The media is powerful especially if we use it honestly, truthfully and objectively. But to do this the media must be sufficiently resourced to ensure that journalists are equipped with knowledge, technical skills, a conducive working environment and commitment to serve the public. By providing accurate information, scrutiny and critical analysis, the media can make a difference to the HIV/AIDS pandemic in Africa.

Executive Summary

People around the world are contracting HIV and dying of AIDS in astronomical numbers. International organisations, local NGOs and many other groups have used different programmes and different approaches in fighting the spread of HIV/AIDS world wide especially in Sub Saharan Africa where the pandemic is most widespread. However, the spread of the pandemic could be substantially curtailed if more people have more information about how HIV is contracted and how to prevent and control the spread – and use it.

Therefore, Journalists and the media have a frontline role to play to disseminate this information aimed at combating the HIV/AIDS crisis, at the most basic level – to the public. Additionally, the media can play a crucial role in combating stigma, discrimination and exposing myths about HIV/AIDS.

It is in recognition of this fact that the International Federation of Journalists (IFJ) initiated a study on HIV/AIDS coverage in six target countries across Asia and Africa (India, Cambodia, the Philippines, South Africa, Zambia and Nigeria). Its aim is to increase the quality and quantity of fair and balanced news reports on HIV/AIDS

This study is part of a process of “Strengthening Journalists’ Unions by Improving Reporting on HIV/AIDS” It is funded by the LOTCO, the Swedish trade union movement. It commenced in the second half of 2005 to 2006.

The study involved a selection of ten media outlets, carefully balanced between electronic and print media in Zambia, South Africa and Nigeria. In Zambia, the three mainstream print media chosen were:

the public print media: the **Zambia Daily Mail (ZDM)** and **Times of Zambia (TOZ)**;

the privately owned : **The Post, The Guardian Weekly, The Monitor & Digest, and The Weekly Angel.**

Commercial and community media: **Radio Phoenix** was fairly representative of the commercial and community media that have rapidly developed in recent years,

Public service: the **Zambia National Broadcasting Corporation (ZNBC)** was also assessed for radio and television reportage of HIV/AIDS.

In South Africa the three widely distributed and dominant news papers and one magazine chosen for the research were all private media: the **Sowetan which caters for middle and lower class markets**

The Star which caters for middle and upper class markets and it’s the only daily that cuts across different races unlike the other dailies which seem to draw their audience from a specific race

Daily Sun which caters for the lower middle class

Drum magazine which is distributed once a week and it is especially extremely popular amongst the young and middle aged group.

Public service media: The **South African Broadcasting Corporation (SABC)**

Private media: **ETV** (an Independent Television station) was also assessed

Nigeria conducted the study with ten media outlets out of which eight are print, six daily newspapers and two weekly magazines while two are



Aids orphans on the grave of their parents –
UN photo/ chris sattleberger

electronic, one Television and one radio. All are private media.

Privately owned print media: **Daily Sun, Guardian, New Age, The Punch, The Comet, Tell News and This Day**

Commercial and private radio station: **Eko FM**
Private TV station: **Channels TV**

In December 2005 over a two-week period around World AIDS Day, affiliates of the International Federation of Journalists (IFJ) in Africa conducted research and media monitoring of HIV and AIDS reporting in Zambia, South Africa and Nigeria. In addition to media monitoring, journalists and staff from non government organisations (NGOs) working in HIV and AIDS were surveyed.

The different media outlets were monitored to look at reports on the subject, language used, tone and clarity of messages among others.

This study revealed a lot of information; among the findings are the following:

The reports from the three countries presented evidence that HIV/AIDS reporting in the media is largely event-driven rather than research-oriented and issue-based. Majority of the reports were prompted by events such as ceremonies, donations, and statements by Government and Non-Governmental Organisations (NGOs). There is a low incidence of HIV/AIDS stories across most media in the three countries. Topics of stories varied from country to country. They were recorded and the language and presentation were analysed. Generally the least covered topics are HIV/AIDS orphans and medical breakthroughs in HIV/AIDS research.

The survey established that the media's role in generating and disseminating quality information has increased and improved over the years. Several other means of HIV/AIDS dissemination exist but campaigners report the media as the most suitable avenue. Governmental bodies and NGOs involved in HIV/AIDS programmes have relied on the media as a tool for dissemination of HIV/AIDS information.

The need to increase HIV/AIDS reportage on radio and television stations was underscored. For radio, it is crucial that it takes a frontline position in the HIV/AIDS information dissemination because it remains the main source of information for the majority of people in Africa, because it has a wider outreach into the countryside and also broadcasts in local languages.

In Zambia and Nigeria, for example, television coverage was very low. HIV/AIDS stories in Zambia accounted for only 20.5 minutes of the 700 news minutes (just under 3%) broadcast on television and radio combined over the two week monitoring period.

The survey identified major problems in reporting HIV/AIDS as: the AIDS story fatigue, ethical dilemmas, cultural, moral and socio-economic constraints. The Zambian research showed a feeling of “story fatigue” among some editors and journalists. Surprisingly, in South Africa, 10% of journalists who responded said HIV/AIDS had “low” news value while 80% said they filed no HIV/AIDS stories over the past month.

The placement of most of these stories did not give prominence and as a result they could have been easily missed by readers. Perhaps this could have been caused by the fact that they were just ordinary stories.

Less than one third of NGOs in Zambia thought that story placement, story prominence or story frequency was high. The story was quite different in South Africa where 70% of NGO respondents were satisfied with general coverage and the vast majority; (more than 90%) thought story placement, prominence, and frequency were acceptable. On the whole NGOs felt that coverage of HIV/AIDS had improved in the last five years.

The length of feature stories has increased over time. While it was observed that unlike in the past when feature stories were culled from foreign publications, stories are now generated locally with focus on local issues around HIV/AIDS.

Reporters seem to do more of safe stories which tend to give impressions that the reports on HIV/AIDS have reached a state of excellence.

Despite low levels of literacy in the countries, the research revealed greater coverage of HIV/AIDS stories in print media than on radio and television. Even though more print media was monitored than broadcast media, propor-

tionally, broadcast media generally had a lower incidence and proportion of reports on HIV and AIDS. In Nigeria the study revealed that the print media, dailies to be precise, are more consistent in the allocation of space to stories on HIV/AIDS. The broadcast media interestingly did not allocate much time to the issue during the period of the study.

It is obvious that there is still need for more training of journalists in reporting on HIV/AIDS. The majority of journalists and NGO respondents agreed that training would improve coverage. Observation from previous trainings and the result of the survey indicate that while some reporters on the health beat appear to have undergone numerous training programmes, there are large layers of reporters out there yet to be taken care of in the trainings. In South Africa only 6% had received training but 97% claimed they were well informed about HIV/AIDS. Zambia stood out as having had the most training and not surprisingly, the highest number of journalists who felt they were very well informed. The results showed less confidence and knowledge in specific topics such as medical breakthroughs, people living with HIV/AIDS (PLWHA), treatment for HIV/AIDS and HIV orphans.

In all the countries journalists and NGOs expressed an interest in forming a network for HIV/AIDS reporting. It should be noted that journalists in Nigeria have an existing network to combat AIDS and produce materials on HIV/AIDS reporting. They also have an e-forum.

Recommendations

The importance of HIV/AIDS information dissemination cannot be overemphasised. The use of improved media reporting to contribute to the fight against HIV/AIDS coupled with the infor-

mation gathered during the course of the study brought about several action oriented recommendations as could be seen below

Recommendations for media organisations

Regular and sustained training of journalists and editors on HIV/AIDS issues ranging from prevention to transmission and treatment

Develop sustained media strategies to address the HIV/AIDS Pandemic

Production of HIV/AIDS materials and resources on improving reporting of HIV/AIDS

Formation of a strong network to help fight the HIV/AIDS pandemic

The media should be encouraged and supported in improving the quality, quantity and consistency of HIV/AIDS coverage

Media houses should be assisted to develop editorial guidelines and policies for coverage of public health issues and gender issues particularly HIV/AIDS

Journalism Schools and Media organisations should develop training modules and courses on health reporting in partnership with NGO's and Public Health Institutions

NGOs engaged in media advocacy, gender and or public health should endeavour to produce programmes and publications specifically on gender, women and HIV/AIDS to be directed at both men and women

The media should form a strong partnership with health professionals, members of civil society, the communities and others to enable them diversify their sources of information and to give HIV/AIDS coverage a more human centred approach

Journalists should challenge and question Government policies on public health as well as programmes undertaken by NGOs

Recommendations for media organisations and IFJ :

Assist media houses to develop editorial guidelines and policies for coverage of public health issues such as HIV/AIDS and gender issues

Form networks of journalists interested in HIV/AIDS to help fight the epidemic

Organise training for reporters and editors on HIV/AIDS reporting

Produce HIV/AIDS materials and resources on improving reporting of HIV/AIDS especially in local languages

Encourage journalists to challenge and question government policies on public health as well as programmes undertaken by NGOs

Media Awards and Fellowships should be instituted by IFJ for best coverage of public health issues, in particular HIV/AIDS from a gender, development and Human Rights perspective

Research Methodology

Three project researchers/in-country coordinators were identified, one each in Zambia, South Africa and Nigeria. The Coordinators conducted a two-week media monitoring "snapshot" (from November 14-27, 2005) and two surveys (one for journalists, one for NGOs) to measure the quality (language, placement, accuracy etc) and quantity of news reports on HIV/AIDS in each of the countries. The media monitoring/survey exercises aimed to identify prob-

lem areas in each of the countries and to provide the basis of what is required for a media guide.

Each Researcher, in consultation with the IFJ Africa/Asia-Pacific regional office, selected ten appropriate media outlets to monitor and assess the quantity and quality of HIV/AIDS-related stories appearing in their sample. They were also tasked with the following:

Develop networks among journalists and HIV/AIDS NGOs within their country.

Manage the translation, distribution and collection of two surveys among a large number of journalists and HIV/AIDS NGOs within their country.

Compile data accumulated from the surveys and media-monitoring exercise.

Write and produce a major report describing and discussing the findings of the media-monitoring and survey tasks.

Country Reports Media Monitoring on HIV/AIDS Coverage

COUNTRY REPORT ZAMBIA

Introduction

ZAMBIA is a multiparty constitutional democracy with a population of 11 million. Its total landmass is estimated at 752 614 square kilometres. The country's mass media market is dominated by three daily newspapers—two state and one private—with a combined circulation not exceeding 60 000 copies. The electronic media is much more diverse with state radio and television having the widest reach. But there has been a phenomenal growth in radio, since the country returned to democratic governance in 1991 after 27 years of a single party dictatorship under the United National Independence Party (UNIP). From only one radio station—the state Zambia National Broadcasting Corporation (ZNBC)—in 1996, there are more than 30 community and commercial radio stations countrywide, one private TV station, MUVI TV and a satellite pay TV Multi-Choice. More than 20 community radio stations are doing test transmission and are most likely going to be granted operating licences.

The major newspapers are: the Times of Zambia, Zambia Daily Mail (state-owned dailies), The Post (leading private daily), The Monitor & Digest, The Guardian Weekly, and The Weekly Angel (weeklies). There are others but their circulation is erratic because of financial viability problems.

The Zambian media is fairly robust and free but still faces legal constraints because of the retention of draconian colonial media legislation. The constitution guarantees freedom of the press under the broader context that protects freedom of expression for all citizens. Despite the legal threats, the Zambian media enjoys abundant freedom

because political authorities rarely invoke the rather draconian legislation to muzzle the media. The media is therefore vibrant and plays a major role in public policy discourse on key issues including the debate around the complexities of HIV/AIDS.

I- Media Monitoring on HIV/AIDS coverage

1.0. Methodology

The study involved a selection of ten media outlets, carefully balanced between electronic and print media and conscious that this selection would be widely representative of the general picture of the media landscape in Zambia.

The three mainstream print media chosen were:

the public print media: the Zambia Daily Mail (ZDM) and Times of Zambia (TOZ);

the privately owned : The Post, The Guardian Weekly, The Monitor & Digest, and The Weekly Angel.

Commercial and community media: Radio Phoenix was fairly representative of the commercial and community media that have rapidly developed in recent years,

Public service: the Zambia National Broadcasting Corporation (ZNBC) was also assessed for radio and television reportage of HIV/AIDS.

Apart from the editorial merit of the news reports on HIV/AIDS, the researcher inquired into the very motivation that prompted each particular news idea(s) leading to a report and the context in which it was put. Special attention was paid to the prominence of the story in terms of space and airtime for print and electronic broadcast respectively.

Equally, particular attention was paid to the frequency of HIV/AIDS stories in each media outlet monitored; the tone, language used and the general level of journalistic

understanding of the HIV/AIDS pandemic so as to establish to what extent the Zambian media is making impact to help stem the tide against this global emergency. Comparisons were also made to draw differences between print / television / radio reportage of HIV/AIDS stories. This is particularly illustrated in the graphs below.

All percentages illustrated graphically are representative of specific measurements of the quantity and quality of stories relating to the specific time or space allocated within the perspective of the 14 days survey period. All figures therefore are localised assessments and are restricted to each media outlet.

2.0. Results

Narrative and graphic illustrations present evidence that HIV/AIDS reporting in the Zambian media is largely event-driven rather than research-oriented and issue-based. As the summaries will show in 3.8 the majority of news reports on HIV/AIDS were prompted by events such as ceremonies, donations, and statements by Government and Non-Governmental Organisations (NGOs) officials, among others. A total of 50 stories were analysed, 28 of them event driven, and the remainder issue based. This represents a percentage ratio of 56 to 44.

Out of 50 stories assessed, only 5 contained bad language that can promote stigma and discrimination by referring to such terminology as infidelity, dreaded, killer and promoting forced testing.

With respect to in-depth feature articles, considerable effort is evident that the media went out of their way to engage in detailed research to produce such articles. The massive bits of information available, mostly generated by NGOs, the United Nations and the government greatly helped to attain this improvement. This is coupled by various

training programmes that many journalists have attended.

2.1. Zambia National Broadcasting Corporation (ZNBC)

Between December 12 and 24, 2005, ZNBC television had a total of seven stories, all of them fairly prominent but all event driven, apart from a documentary that advocated for increased access to anti-AIDS drugs. The national public broadcaster had 85.7 per cent of its stories driven by events and the remainder was issue-based.

It is not too far fetched to suggest that the prominence of the stories was motivated by high positioned officials who gave public statements rather than the issues raised.

For four (4) days of the seven (7) days under examination, the public broadcaster did not carry any story on HIV/AIDS. This could mean there were no public statements from the government or the NGOs dealing with HIV/AIDS. From the examination of the stories carried, it is clear that ZNBC's major sources of HIV/AIDS news are official statements.

Of the seven stories, two were lengthy reports on a multi-million dollar HIV/AIDS financing NGO (the Zambia National AIDS Network- ZNAN) that gives grants to NGOs dealing with HIV/AIDS.

One story was a three minute-headline news item with a picture of the ceremony where the executive director of ZNAN was presenting cash donation and equipment to several NGOs that qualified for the grants under the Global Fund against HIV/AIDS, T.B and Malaria while the other, on a different day, was a two-minute prominent story as well, on the same ZNAN announcing a grand donation to various NGOs.

On another day, two prominent stories accounting for a total of five minutes aired

with a picture of Rotary Club of Lusaka officials presenting gifts to people with HIV/AIDS at a hospice for the terminally ill. Both were driven by events: a Rotary Club donation to a hospice caring for people living with HIV/AIDS in Chilanga, and a sports function using community football to spread messages on safe sex and other prevention methods in Matero township.

A one-and-half-minute story from an interview with a visiting Catholic missionary from Britain aired prominently with picture. This was also event driven just like two others, one involving a government minister officiating at a graduation ceremony and the Lions Club donating to a hospice. Only a one current affairs segment produced a well-researched story on the need to extend the provision of antiretroviral drugs (ARVs) to the urban and rural poor worst hit by the epidemic.

2.2. The Post

The Post newspaper had the highest number of stories, 15 in the 10 days the paper carried HIV/AIDS stories. Of the 14 days under consideration, four (4) editions of the paper did not carry any story on HIV/AIDS.

Eight (8) stories were news in-depth articles and the remaining seven (7) were ordinary stories on the home news pages. All but one, were one-off articles. Manasseh Phiri, a medical doctor and leading anti-AIDS campaigner wrote the analytical article on Voluntary Counselling and testing (VCT) under his regular column: Reflecting on HIV/AIDS.

The paper also had a fairly high number of issue-based stories at 46.7 percent. Other media's issue-based reports were below 40 percent.

The majority of the 15 articles in the Post were below average in prominence but the

in-depth ones were very prominent. The articles covered a wide range of themes but the majority of them were on prevention eight (8), and orphans due to AIDS deaths were three (3). Poverty, Voluntary Counselling and Testing (VCT), and treatment each had one (1).

Among the in-depth analysis articles, two (2) were in the opinion columns, one an opinionated write-up by an outsider and the other, a strong editorial comment calling for more attention to the impact of HIV/AIDS on children who the paper held: "children continue to face a brutal existence." The other 13 were under the home news segment of the paper.

In terms of tone, those that were persuasive were four (4), just like those that showed sympathy. Three (3) were informative, two (2) neutral and one (1) negative, which portrayed a leading politician as a victim that "must accept he is sick."

Thirteen (13) of the 15 stories were written in good language that conforms to the desired terminology in HIV/AIDS effective communication. One was clearly in bad taste for it sought to push someone in the corner to accept he was sick and therefore has to take an HIV/AIDS test. The other did not refer to any terminology used in HIV/AIDS communication the story only mentioned AIDS in passing.

Sourcing was generally good. Reports covered a range of good authorities: expert reports, United Nations (UN) special reports and publications, government officials, the church, and individuals with reasonable authority on the subject.

There were only six (6) stories that had visuals, three were pictures of government officials at ceremonies and three (3) were action pictures: one shows a Catholic sister with children at a foster home, the other shows youths and the head of the United Nations

Fund for Population (UNFPA) and another is a head-shoulder picture of Dr Manasseh Phiri in his weekly column.

Only one story contained stereotypes, which dismissed the use of condoms as an act of immorality. Accuracy and ethical reporting was good.

2.3. The Guardian Weekly

The Guardian Weekly is published every Saturday and so the evidence presented here contains a representative percentage of the 14 days period when the research was done.

The paper had three stories in one edition, all of them well written, all of them issue-based. One was a regular general column that normally discusses politics, media, social issues, among others, but this time was dedicated to a hotly debated question of Voluntary Counselling and Testing (VCT). The other was a news in-depth article and the third was a news story under home news.

The tone was informative and language in line with good communication skills on HIV/AIDS reporting. The stories were also fairly prominent with at least quarter page space for each one of them.

2.4. The Monitor & Digest

The paper had five stories in the three editions captured in the survey. Three were in feature/ news-in-depth format, one a weekly column on HIV/AIDS (faith-based angle), and the fifth was a business story on HIV/AIDS.

The weekly column discussed abstinence from a conservative Christian religious angle presented by a leading anti-AIDS campaigner, the reverend Joshua Banda, of a popular evangelical movement.

The feature articles were full-page publications while the column was half page in prominence. But the business story was a small piece in a position not easily seen. It was neutral in terms of information. Two features were informative, and two were average. The column was provocatively informative but compassionate at the same time.

Sixty-two point two percent of the articles in the Monitor were event driven. The Monitor & Digest is a bi-weekly that circulates mainly in three of Zambia's nine provinces.

2.5. Zambia Daily Mail

The paper carried a total of 13 stories in the period under review, December 12 to 24, 2005. There were no stories on 6 days of the 14 days of the survey. The paper's 61.5 percent of its articles were event-driven.

The main format under which the stories were published was one-off articles, 11 of them and two were follow-ups. The majority of the stories were prominently placed with eight (8) under the home news context, four (4) news in-depth features, and one in the foreign news category.

Nine (9) of the stories were informative, one negative, one sensational, one celebratory and one neutral. All the stories were properly sourced from multiple angles; were accurate and ethical. But two had language that stigmatise by imputing infidelity for some people infected with HIV/AIDS. The Zambia Daily Mail is a national daily.

2.6. Times of Zambia

In proportional terms, the Times of Zambia had the second least number of stories published, five (5) in the 14 days period of the research after Radio Phoenix. There were nine (9) days when the paper did not carry any story on HIV/AIDS. Sixty-

five point five percent of the Times' articles were event driven.

All the five stories were published under the one-off format. The context was that three were under news in-depth and two under home news. Four of the five stories were very prominent (two were on half page and another two on quarter page). The others were too small, difficult to see. Three stories were informative and two were flat, neutral.

Language use was bad in two articles that referred to the terminology "dreaded." One was average and two were very good.

The Times of Zambia is a national daily.

2.7. Radio Phoenix

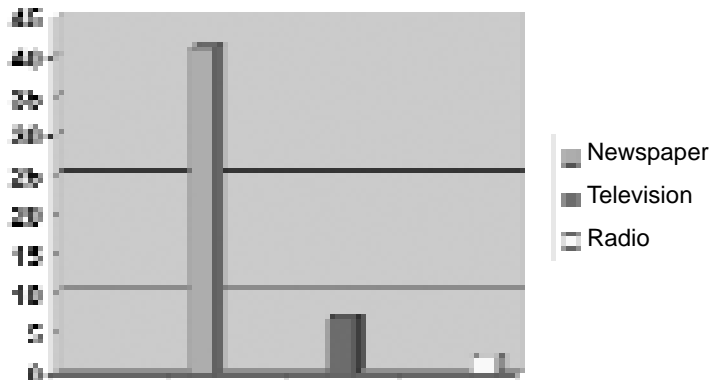
Radio Phoenix broadcasts both as a commercial and community radio station across four of Zambia's nine provinces. In the survey period, two main news bulletins were analysed and only two bulletins were on HIV/AIDS. Both stories were event-driven.

The stories were prominently placed, one a minute and half with a voice insert and another a minute broadcast without a voice-cast.

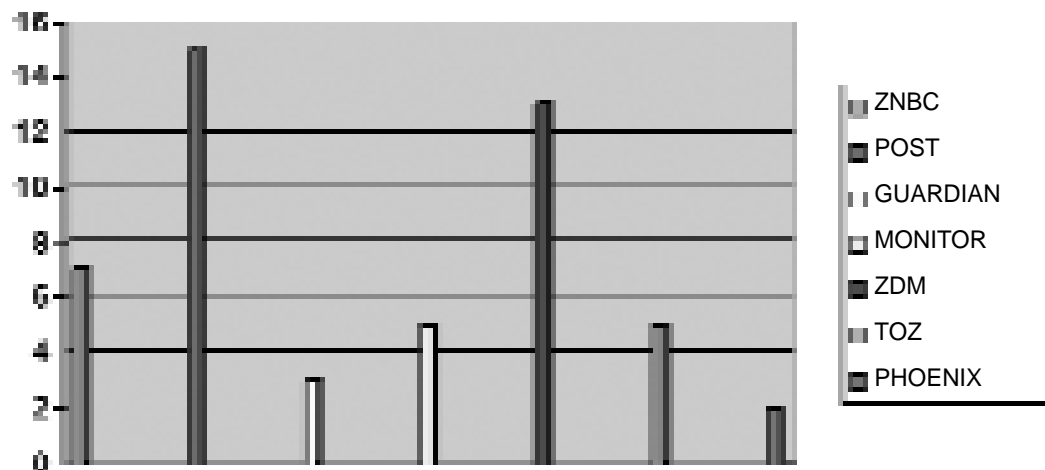
In proportional terms therefore, Radio Phoenix had the least number of stories of the media assessed

.2.8.0. Graphic Illustrations of Summary Results

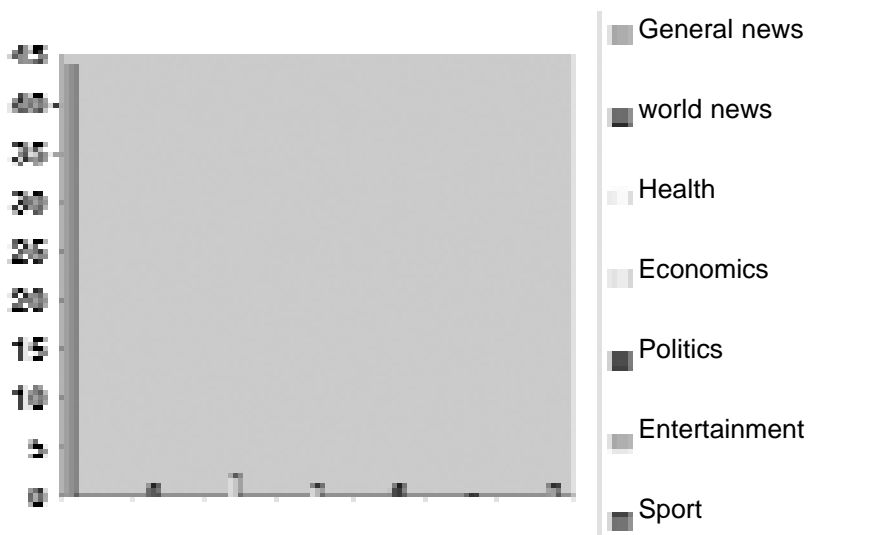
.2.8.1. Number of HIV/AIDS reports (All)



.2.8.2. Number of HIV/AIDS reports (Each outlet)



.2.8.3. Context in which HIV/AIDS reports appear



Between December 12 and 24, 2005, there were a total of 50 stories, the majority of them as explained in 2.0 were prominently placed and in good tone. This clearly shows a great improvement in the quantity and quality of HIV/AIDS reporting in Zambia.

The frequency and prominence of reports was high, the context was mainly in feature form, and the tone was quite informative.

The survey established that the media's role in generating and dissemination of information and the quality has increased over the years. Several other means of HIV/AIDS dissemination means exist but campaigners report the media as the most suitable way. Governmental bodies and NGOs involved in HIV/AIDS programmes have relied on the media as a tool for dissemination of HIV/AIDS information.

It was also a finding of this survey that a noticeable improvement has been recorded but the major weakness is that reportage was event-driven. The survey also discovered that whilst language use was generally good, the refining of information from medical and scientific terminology into simple language that can reach out to the ordinary people was generally problematic among journalists.

The reporting on HIV/AIDS also indicates a rapid move from the previous poor understanding of the issues around the pandemic to a more informed scenario, which demonstrates reasonable understanding of the socio-economic, legal, political, health, and ethical matters.

Such language as “killer disease” “victim” has drastically reduced. In all the stories, only two used language that could stigmatise those infected. Media's interaction with different players in the field especially the People Living With HIV/AIDS (PLWA) has

greatly increased journalists' inclination to the human aspect of the pandemic.

The tone of shame, blame and widespread denial is increasingly reducing from reports on HIV/AIDS in the Zambian media.

It is interesting to note as reported in the PANOS Southern Africa (PSAf) report: Lessons for today and tomorrow: An analysis of HIV/AIDS Reporting in Southern Africa 2004, that in 1984— a year before the first case of AIDS was reported in Zambia—the pandemic was seen as a disease of infidelity that belonged to foreigners.

The report cites a Zambian Health Minister who told Zambian journalists to stop reporting on AIDS because it was a disease for “foreigners and as long as Zambians did not have sex with foreigners, they would be safe.” This report was carried in the Times of Zambia newspaper edition of January 15, 1984.

It was common in the Zambian media, even as recent as the first half of the 1990s to use crude language and pictures as shock treatment to scare away people from unsafe sex that could give them HIV/AIDS. Images of a well-fed person would occasionally be placed against a sickly severely thin person representing one with HIV/AIDS, with a caption, “before and after” especially on poster campaigns.

Such images and language are absent from media reports today. Instead frightening images which engendered fear, denial, and therefore, induced reluctance for VCT, have been replaced by positive, forward-looking messages and pictures that show PLWAs' as healthy people like any other persons, such as those on diabetes or blood pressure treatment.

Furthermore the PSAf report measures an increase in HIV/AIDS reporting as follows: that in 1985, the Times of Zambia had 11 stories on HIV/AIDS, 30 in 1992, 75 in 2000 and 124 in 2003. The Zambia Daily Mail had 28 stories in 1989, 43 in 1995 and 71 in 2003. The Post as this survey also independently established, was leading with 75 stories in 2002, and 170 in 2003, up from only two in 1993.

But generally, the quantity of HIV/AIDS reportage has not corresponded with quality because as earlier alluded to, the stories are largely motivated by official government and NGO statements, statistics, workshops, donations and other such ceremonies.

It was established that those reports that were not event-driven were of higher quality because they had room for the desired critical analysis rather than those that were written in hard news formats under the home news pages.

In the electronic media category reporting of HIV/AIDS stories accounted for only 20.5 minutes of the 700 news minutes analysed.

For ZNBC almost all major HIV/AIDS stories that were broadcast on television were also repeated on its two other radio channels and on the local channel that broadcasts in seven languages.

Conclusion

Zambia's HIV/AIDS prevalence rates according to government and UN figures stand at 16.5 percent as of December 2005, a remarkable reduction from the high 20s in the past decade. But this is still too high and efforts to scale it down must be scaled up especially in the information and communication fields.

As noted in the results and discussion points above, reportage has greatly improved particularly in quantity. But gaps still remain that can best be addressed by more specific training programmes for media personnel.

There is need to increase HIV/AIDS reportage on radio and television stations. For radio, it is crucial that it takes a frontline position in the HIV/AIDS information dissemination because it remains the main source of information for the majority because it has a wider outreach into the countryside and also broadcasts in local languages.

The emergence of community radio across the country also offers great opportunities to combat HIV/AIDS through effective communication.

At 16 percent HIV/AIDS prevalence rate, this is a major socio-economic problem on Zambia and therefore it is essential that newsrooms set-up specialized HIV/AIDS desks from where media personnel can both learn about the disease and also derive the critical material resource to use in communication.

The Times of Zambia and the Post have HIV/AIDS workplace policies on care and treatment. This must be extended to skills training for reporting on HIV/AIDS.

This survey identified major problems in reporting HIV/AIDS as: the AIDS story fatigue, ethical dilemmas, cultural, moral and socio-economic constraints.

It was often reported by journalists—reporters and editors alike—that the AIDS story was a beaten one. This of course is not correct, only that they seldom realize it is their over-reliance on event-driven ideas.

Training and retraining for capacity building is therefore required.

The lack of HIV/AIDS workplace policies lessens concentration on HIV/AIDS reporting, and coupled with denial and stigma in the media, makes journalists detached from the AIDS story at a personal level.

Despite the positive developments recorded in the quality and quantity of HIV/AIDS reporting there is need for fine-tuning. The visibility of PLWAs and expert opinion is still far lower than the political voices that dominate news. There is need to investigate and issue-based reporting on HIV/AIDS.

What is required in this regard is training and retraining of journalists to build their individual and institutional capacity to empower them to cover HIV/AIDS effectively. This training will invariably turn out to be a confidence-building mechanism that will enable journalists to interrogate issues, sources of news and trends from an informed point of view.

HIV/AIDS is not— as some suggest— a beaten story. It is an active story that can find practical expression across all branches of journalism. HIV/AIDS is still so much a business story as it is a political and health story; it is a major socio-economic story and an ethical question just as much as it is a moral and cultural question. Together with poverty, it forms a lethal combination of twin emergency especially in sub-Saharan Africa. Effective communication will remain one of the greatest arsenals to deconstruct certain stereotypes and misconceptions that help to spread the pandemic, hamper efforts at treatment and stigmatise those afflicted.

COUNTRY REPORT SOUTH AFRICA

Introduction

The South African media is vast and multi-faceted and caters for divergent markets. More significantly it prides itself on media freedom and freedom of speech that is enshrined in the constitution of South Africa. The media plays its role of watchdog without fear or favour.

The following newspapers were chosen for the research: Sowetan, The Star, Daily Sun and one magazine called Drum. These 3 newspapers are distributed nationally and they are the most dominant because they are widely read. In fact they symbolize the daily print media in South Africa.

Their uniqueness stems from the distinct markets they serve. Firstly The Star caters for middle and upper class markets and it's the only daily that cuts across different races unlike the other dailies which seem to draw their audience from a specific race. Secondly the Daily Sun caters for the lower middle class whereas Sowetan caters for middle and lower class markets. On the other hand Drum is a magazine distributed once a week and it is especially extremely popular amongst the young and middle aged group.

Methodology

Radio

The Research methods employed to monitor 2 radio stations simultaneously included monitoring of news bulletin by recording them using a tape recorder and the stations were also called telephonically to find out whether the next coming news bulletin will cover HIV/AIDS stories. However most of the time they indicated that it is not always easy to tell in advance what the bulletin will cover. More significantly it proved virtually impossible to have a third station. As a result efforts were made with one radio station to assist with tapes. The news editor had initially agreed to release the tapes but eventually she did not fulfil her pledge and she claimed that the station manager declined.

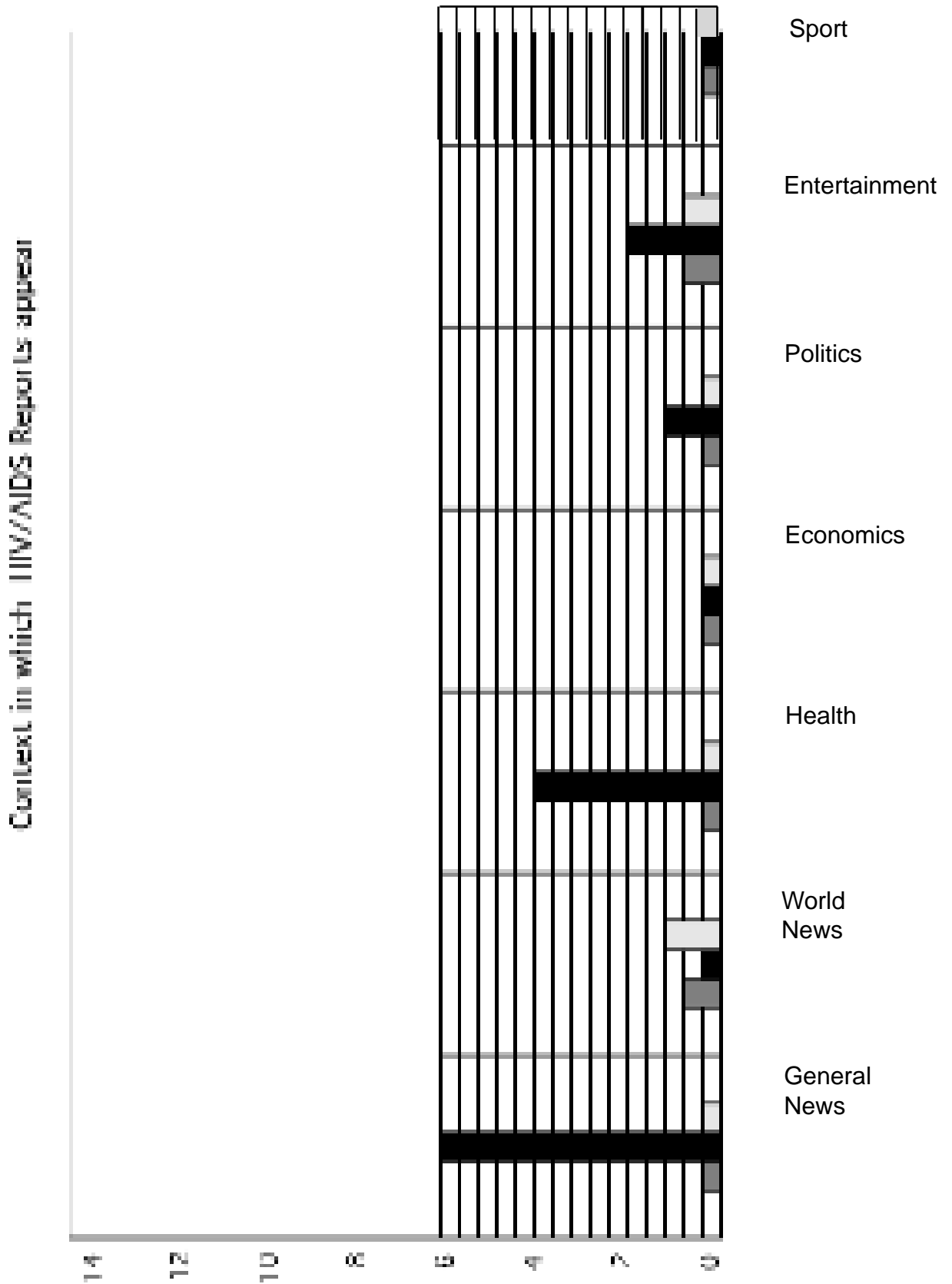
Television

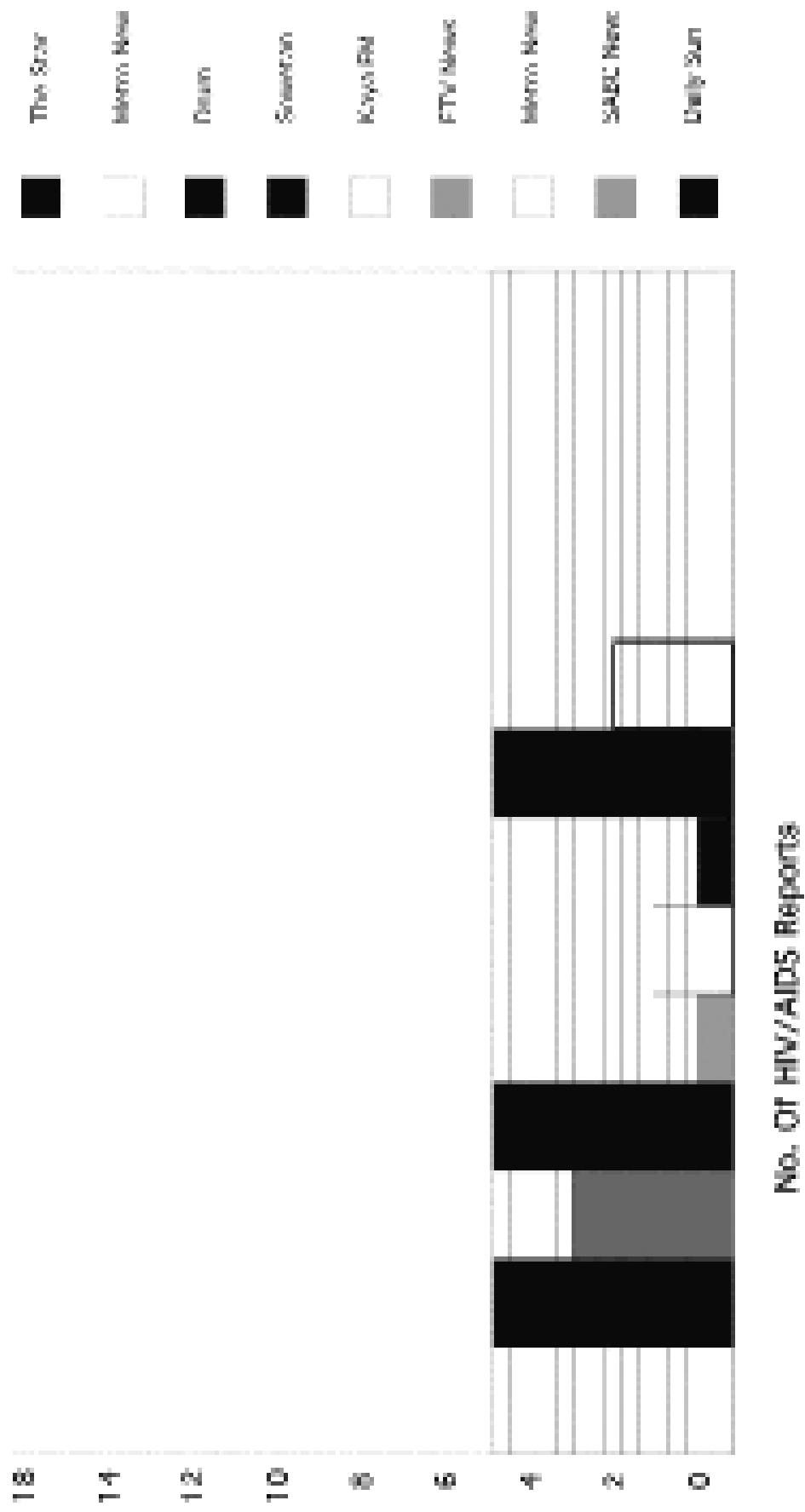
The methods involved monitoring news of two television stations namely South African Broadcasting Corporation (SABC) and ETV (an Independent Television station) by recording the news that relates to HIV/AIDS using a Video Cassette (VC) tape recorder. The current affairs programmes of both channels had closed for festive seasons and for this reason therefore this research could not cover these programmes.

Newspapers

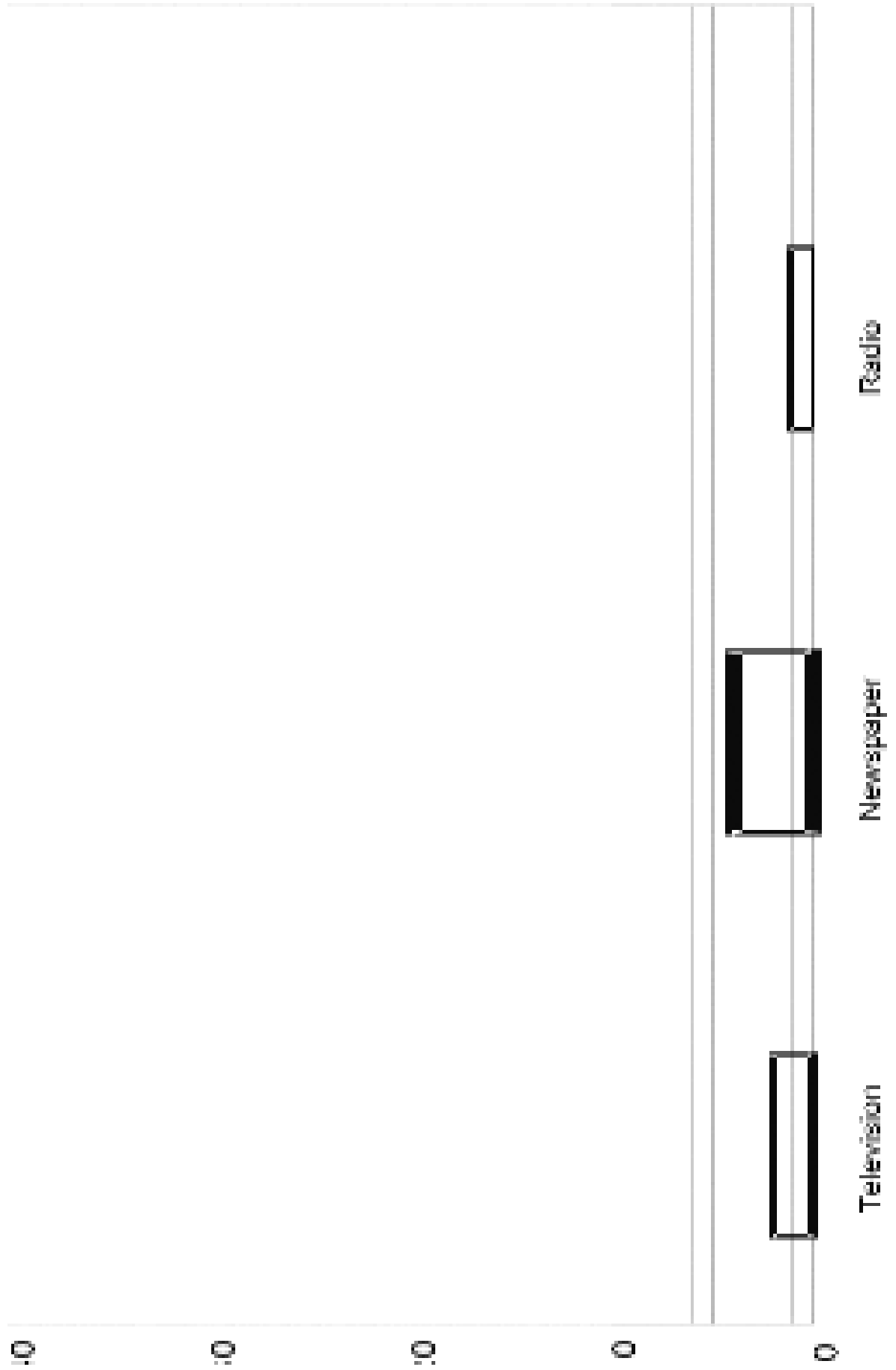
Four daily newspapers were monitored and this entailed scanning and reading through all the dailies in search of news that relates to HIV/AIDS.

Graphic Illustrations of Summary of Results

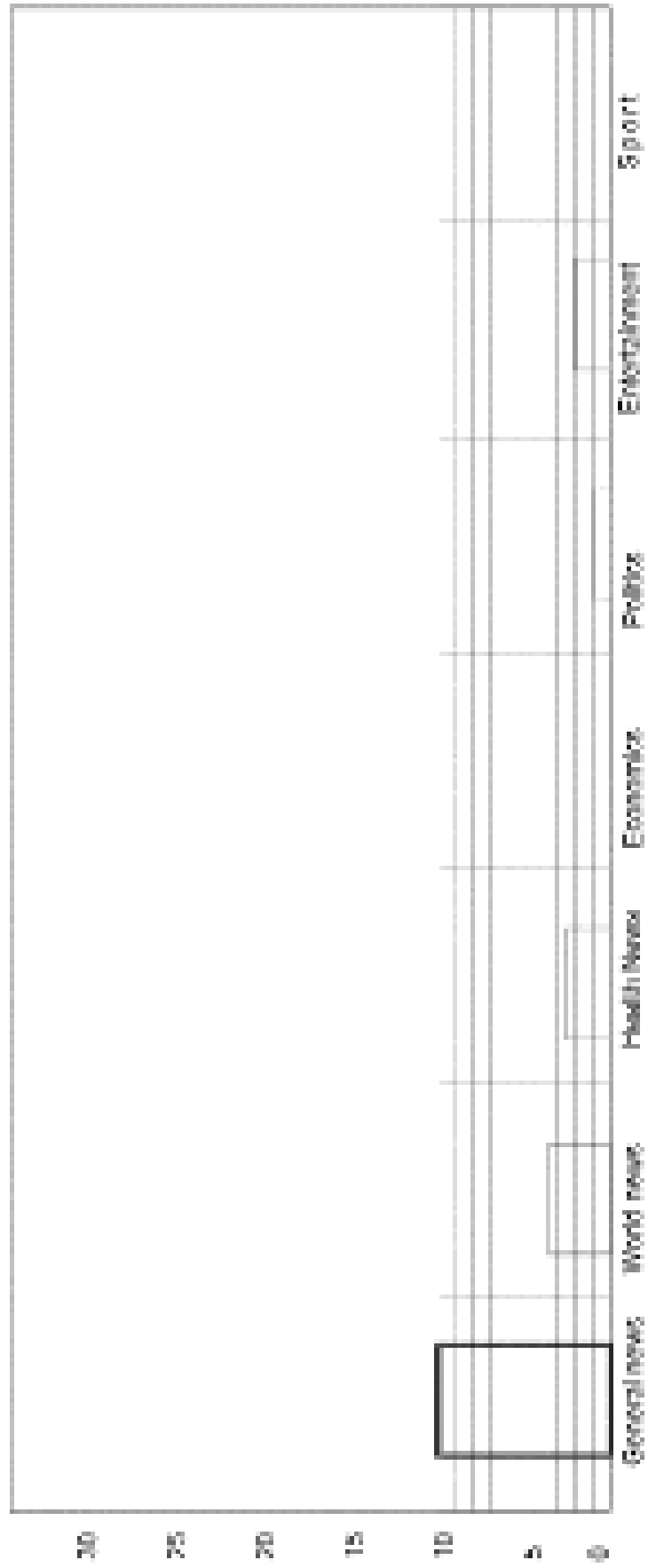




No. Of HIV/AIDS Reports



Context in which HIV/AIDS reports appear



Results

The fact that the two week media monitoring fell within the Christmas festive became a grave concern for most editors and journalists on the basis of the fact that according to them this is the most quiet period in the news calendar due to the fact that most people working for the news departments are on leave and on holiday.

They felt that findings will be distorted on the basis of the fact that the period chosen will not accurately capture and reflect the dominant trends with respect to news reporting as opposed to other time periods.

Quantity

Format

Most of the stories covered were one-off articles and this indicates that there are no concerted sustained efforts aimed at constantly driving specific messages hence there were few regular columns covered.

Story placement

The placement of most of these stories did not give prominence and as a result they could have been easily missed by readers. Perhaps this could have been caused by the fact that they were just ordinary stories.

Story prominence

For newspapers most of the news items were not given any prominence and therefore they could be easily missed except one story that was placed on the front page that dealt with orphans. With respect to radio both stations monitored covered the same story which falls within the high profile category due to the fact that it

dealt with doctors and nurses who were sentenced seven years ago for infecting children with HIV/AIDS.

Context

Most of the news covered seems to be falling within this general news category and a few health-related stories. Not surprising though there were no stories covered that fell within the political news category and the reason could be that during this period most political personalities were on recession. There was also no story covered under Sport and economics as well and this could be most probably ascribed to a break for holiday taken by these fraternities during the period.

Topic

Most of the stories covered dealt with orphans but at least there seemed to be diversity with regard to topics dealt with but these stories lacked depth of coverage and they seemed to be too general. Mostly these stories dealt with low profile developments.

Quantity

Tone

The tone of most of the stories covered ranged from neutral, accepting, informative to hopeful. The stories were less degrading and offensive though there was one story that went out of line by claiming that HIV/AIDS contributes to the causing of accidents. Citing an example that in a case where an HIV positive person drives for a very long time he will most likely become tired which will affect his ability to drive.

Language

The language used mostly was neutral and balanced and could have been caused by the fact that stories did not deal strictly with people living with HIV/AIDS per se or name them.

Sources

The type of sources used ranged from doctors, researchers, professionals to the youth. There seemed to have been diversity when it came to sources.

Visuals/ Sound

Visuals used mostly were appropriate though in my view they did not add much to the stories per se or this could be ascribed to the fact that the stories were not of high prominence.

Stereotypes

The stereotypes mostly carried by the media are those associated with orphans, ordinary people and the poor. The media still continue to create impressions that the effects of this epidemic are mostly felt by these groups or it is a disease of the less privileged in society.

Ethics

There seem to be no ethics flaunted by the media in this regard except a wild claim made which seemed to suggest that HIV/AIDS does contribute to accidents because of tiredness which is one of the symptoms of HIV/AIDS.

Accuracy

There are few stories that seem to quote statistics and those that did quote statistics seem to have done so within the context of the stories.

There seemed to be no difference in terms of how different media outlets reported except to say generally that there were very few stories covered but it is also important to note that some of the media outlets did not cover any HIV/AIDS related stories at all. But the print media seem to have reported better and covered more stories than any other media.

Conclusion

The media in this country seem to be very resourced in my view to tackle the epidemic but capacity and commitment seem to be the critical issues in question. Though many media outlets tend to slow down on news reporting during this period because it is considered the most quiet period in the news calendar but the very fact that more people during this period are on holiday and they tend to abuse alcohol a lot and engage a lot on risky sexual behaviours raises serious concerns about the lack of HIV/AIDS messages cautioning the public.

Surprisingly, the media takes note of the fact that people drink a lot during this period and this therefore contributes to reckless driving which causes accidents. Hence there is adequate information in the road safety news items in every news bulletin whether it is on radio or television. But the fact is that when people are on holidays they drink and engage in a lot of risky sexual behaviours. For this reason therefore apart from road safety messages there should be more messages cautioning people about playing it safe.

In the light of the above it is quite obvious that more people get infected during this period than any other time period.

On the basis of the above-mentioned factors the fact that this time period is the most quiet in the news calendar does not justify less coverage of HIV/AIDS stories especially when the media is able to carry more news

on road safety. The media must be a balance between road safety and HIV/AIDS news.

As a country, impact will not be made on the epidemic if there are no more specific health messages. Indeed there may be a lot of general news but such focuses on what is happening around and therefore talks more about what has already happened. Again the very fact that most of the news reports fall within the one -off category signals the fact that there are no sustained media strategies which gives an indication about consistency in terms of dealing with the epidemic.

On a positive note though, the language used by the media was less derogatory and

inflammatory. But there seemed to be few journalists who are strictly specialized on reporting about HIV/AIDS and even those that report have not gone through formal education that relates to the epidemic

COUNTRY REPORT NIGERIA

1. Introduction

The media in Nigeria is reputed to be one of the robust ones in Africa. It also has behind it a history of activism as the media, especially the print, right from the very first newspaper founded in Nigeria is reputed to have always been a committed media.

Reporting specific issues such as public health, rights and other developmental issues are not alien to the media. Its language in Nigeria for a long time, the period of military dictatorship in particular, was advocacy language.

Therefore, when the issue of HIV/AIDS became prominent in the media globally, the media in Nigeria did not find it hard to take it on. Progress has also been made in terms of language and treatment of stories. The media in Nigeria, like the media elsewhere, has moved from the era of treating HIV/AIDS stories with fear to a more engaging, hope-filled and analytical writing. However, there still remain some challenges as will be shown in the following analysis of observations from the monitoring of HIV/AIDS reports in the media in the period from December 12 to December 25, 2005.

2. Results

An overview of the news reports indicate that most of the reports are still event driven. Most of the stories are either on the health pages of newspapers or health programmes of the broadcast media. The broadcast media situation is such that in the television station¹ monitored, ChannelsTV, there was no single story on HIV/AIDS in the major news bulletin for two weeks.

Feature length stories have increased over

time. While it was observed that unlike in the past when feature stories were culled from foreign publications, stories are now generated locally with focus on local issues around HIV/AIDS. However, the stories revolve around events, incidents, on-going controversy and statements by public officials.

Editorial Opinions are still not many and on the opinion and editorial pages of newspapers, very few materials appear on HIV/AIDS.

While there has been appreciable progress in the use of appropriate language, there are still instances of stigmatising words/phrases and “scare” words being used both in the print and electronic media.

A noticeable trend too is that reporters seem to do more of safe stories which tend to give impressions that the reports on HIV/AIDS have reached a state of excellence.

Reporters on other specialised beats apart from health have not shown enough interest in HIV/AIDS reporting. For instance, most of the stories on the business pages of the newspapers in the period of the research are based on best workplace practice awards given to some corporate bodies. Interestingly, the reporters never got curious enough about HIV and AIDS in workplaces to make them do independent investigative stories on the real situation. In this period too, the wife of the governor of one of the states in the South South part of the country organised a Christmas concert dedicated to HIV/AIDS Awareness programmes. The pre-event reports of the concert was restricted to Show business pages and given off-hand treatment, with some of the reporters showing little awareness about appropriate use of language in HIV/AIDS reporting. The post-event reporting was almost not about the awareness campaign.

Cartoonists seem to have gone to sleep on

HIV and AIDS. There was a time in the media in Nigeria that the papers and magazine were awash with cartoons on HIV/AIDS. Now, there are few. In the two weeks of the research, the eight newspapers and magazine monitored did not have any cartoon on the issue.

Curiously, there are few materials that are follow-up on issues that arose from the International Conference on AIDS and STIs in Africa (ICASA 2005). There were many issues that came into the front burner at the international event, which eclipsed all other events in the country, especially the nation's capital Abuja, in the month of December 2005. Though there were reports in the papers on the issues, in-depth reviews and analysis that would have been expected in a robust media culture environment are lacking.

3. Methodology

The Research is done through daily monitoring of newspapers and the broadcast media.

3. Choice of Media organisations

3.1. Distribution

Of the ten media organisations monitored, eight are print, six daily newspapers and two weekly magazines while two are electronic one Television and one radio. The distribution is determined by the prominence of the media and their appeal to the public in terms of news content.

While the radio has been described as the most popular medium in Nigeria, there are no empirical evidence to show that people tune to the radio specifically for news, except in times of crises, elections or important social events that have mass appeal. The print still remains the most patronised for news.

In view of the methodology used on the spread of the media to be monitored, the electronic media in Lagos State does not give ample opportunity to monitor many. Most of the stations are either entertainment oriented or are talk-radios.

The newsmagazines in Nigeria are more political in orientation. The two chosen are more popular than others and are also known to have given space in the past to other issues than politics when compared to other weeklies.

The daily newspapers still remain the most patronised for news in Nigeria and have also shown more interest in HIV/AIDS than other media. Also given the fact that they have in their service most of the reporters in the country, it is therefore justifiable that they are given six of the ten spaces

3.2. Broadcast

The choice of Eko 89.5 FM (for Radio) and Channels TV (for Television) is determined by their frontline role in HIV/AIDS reporting in Nigeria as indicated in their reporters' continued monopolisation of Awards (especially the Red Ribbon Awards) in the last two years. The two broadcast stations having had the status of best HIV/AIDS reporting stations conferred on them, by the awards, could provide an insight into the strength of the broadcast journalists in reporting this aspect of public health.

Apart from the fact they won awards on HIV/AIDS reporting, journalists with the two broadcast stations have also benefited from previous training programmes organized by the International Press Centre, supervisory organisation for this research in Nigeria. They have also been beneficiaries of similar training by other organisations in Nigeria that the International Press Centre is aware of.

3.3. Print

The varied orientation of the Nigerian newspapers, the impact they are acknowledged to have made in the area of HIV/AIDS and Public Health Reporting as well as the target

audience of the publications are determining factors in their choice.

In the Dailies, all pages are read not just for stories focused on HIV/AIDS, but for mention of HIV/AIDS as well (even when such mention is gratuitous).

For the Broadcast media, special attention is paid to major news bulletins, especially the strategic ones. One is the first major news bulletin of the day which will always be made up of a repeat of the previous day's late night news and breaking news, news sourced from the dailies. The midday news is also monitored for breaking news. The evening news, especially 1600hr and 1700hr newscasts are also monitored for the strategic reason of their provision of recap of news of the day and breaking news. The late night news of 2200hr does not provide any strategic advantage as they are mere repetition of the major evening news and some social events. More importantly, whatever is news in the late night news is a major feature in the following morning first news broadcast.

The research, sought to find in the monitored media, frequency, accuracy, consistency, value, quality and competence by using the prescribed attributes of Format, Story Placement, Context, Topic, Tone, Language, Sources, Visuals/Sounds, Stereotype, Ethics and Accuracy.

4. Problem

In a country like Nigeria with a multi-cultural outlook, the analysis of media coverage of any issue should be very dynamic. Socio-cultural factors that may affect the tone, texture and colour of reports are expected to be factored in. To achieve this, due to the vastness of the country, there ought to have been at least three research points with a coordinating centre. The fund available therefore makes this impossible as four times the amount available would have been needed.

As has been stated earlier, Nigeria has one of the most robust media culture in Africa. Its papers are voluminous compared to what is produced in other places in the continent. It is obvious that monitoring 10 media outlets

ordinarily would require the undivided attention of up to three people. Extra efforts had to be put in therefore by the Researcher to be able to cope with the monitoring exercise.

The tragic incident of a plane crash in which several lives, including that of school children going home on holiday, took so much space in the news bulletins of the electronic media to the disadvantage of other news items at this period.

It is suspected too that the survey taking place immediately after the International Conference on AIDS and STIs (Sexually Transmitted Infections) in Africa (ICASA 2005), may have also affected the opportunity of viewing a regular feature of coverage of HIV/AIDS in the media in Nigeria. It is suspected that some of the media houses may have reduced space allotted to HIV/AIDS news with the notion that they had given enough space in the week of the conference and weeks leading to the conference.

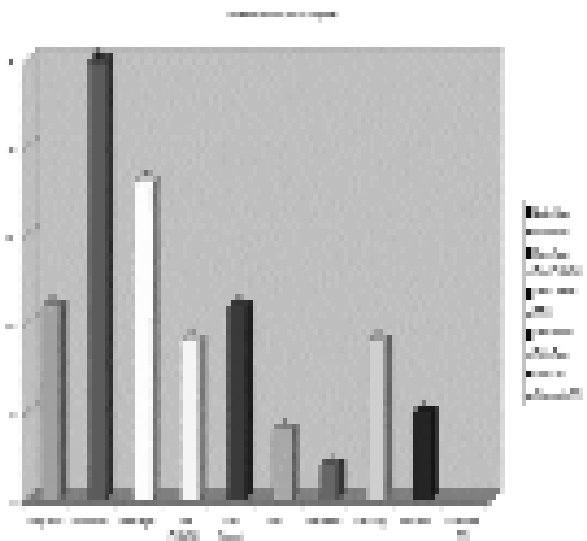
5. Specific Observations

5.1. Frequency of HIV/AIDS stories

The print media, dailies to be precise, are more consistent in the allocation of space to stories on HIV/AIDS stories. The broadcast media, interestingly did not allot much space to the issue in spite of the fact that there were series of activities around HIV/AIDS in this period as indicated by the reports in the print.

It was noticed that this lack of HIV/AIDS news in the broadcast media is not due to lack of space, especially as some news items are repeated over a period of two days, and some three days.

As is indicated in the graph below, the gap between the coverage of HIV/AIDS issues in the print and broadcast media is wide to the extent that it could almost be stated that the broadcast did not do anything on the issue in the period of the research.



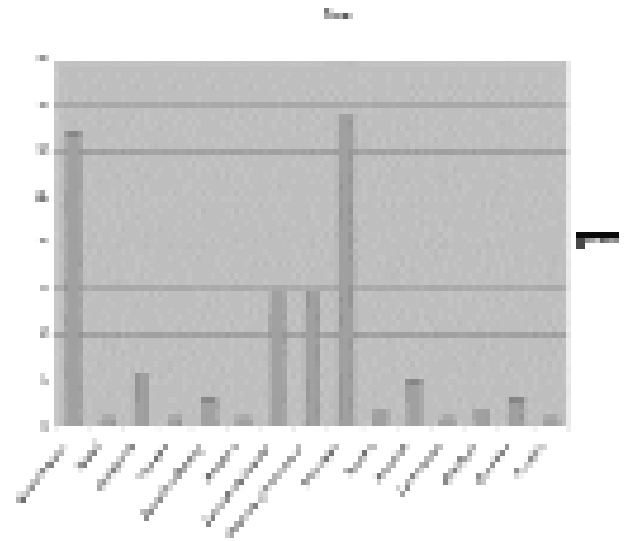
5.2. Most common Tones

The Tones of the news reports on HIV/AIDS in the media in Nigeria have improved over the years. The preponderant tone has been Informative, while following that is the traditional journalism prescription of Factual and Neutral. Following these in some of the stories are the Celebratory and promotional tones in which people, organisations and events that are outstanding are celebrated. And much hope is also given at almost equal level with tones that are both Sympathetic and Hopeful.

There are however still areas that have to be tackled in the stories. The space occupied by Sensational, Blaming, Boastful (unverifiable claims), Offensive and Acerbic tones are still much if put together.

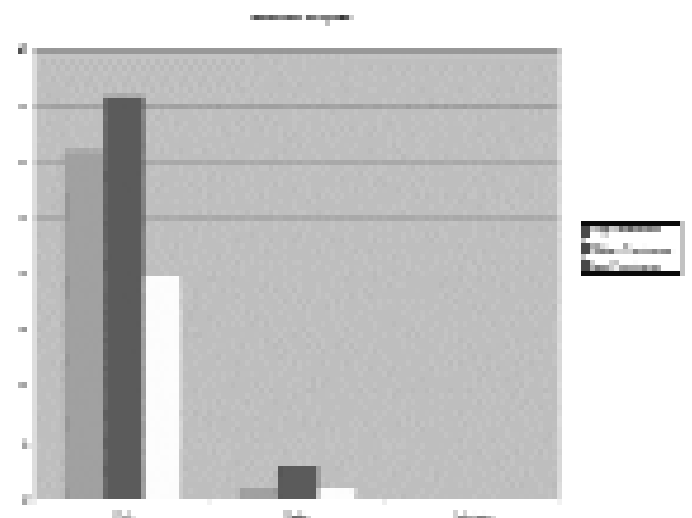
5.3. Prominence of Reports

The prominence of HIV/AIDS reports in the papers and on the radio are in the medium range. While it is noticed that the stories in the papers hardly make front page, they however occupy prominent space in some special sections of the newspapers. In some of the papers, they lead special sections or



are located on pages in such a way that they can not be missed.

Eko FM has been impressive with the amount of time allowed for the use of actualities in some of the reports. The overall impression though is that there is so much room for improvement in terms of space allocation.



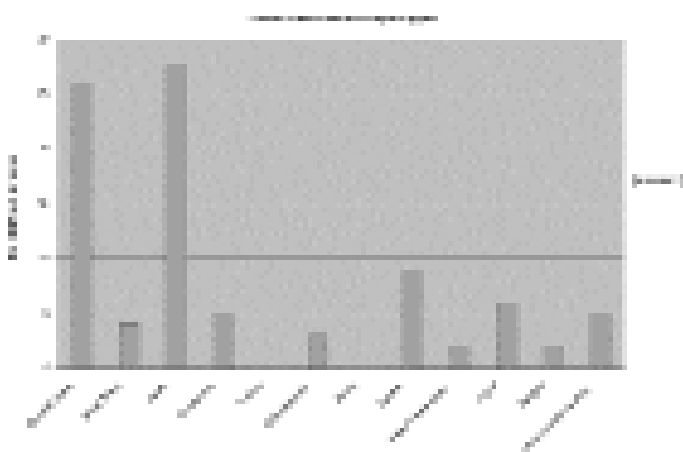
5.4. Context in which stories appear

The Health pages continued to be the most likely places to find stories on HIV/AIDS.

The context of the stories also continued to be predominantly health. Even in some instances where they appear on some other pages other than health, the context of the stories is still likely to be health.

The general treatment is the next likely mode of handling the stories. In situations where the stories appear in the context of Religion, economy, politics and entertainment, they are often based on events and hardly on issues. It is only in the cases of opinions that there are some indications of issue-based approach.

The little number of stories done within the context of politics is also due largely to the fact that the coverage of HIV/AIDS in the media in Nigeria has not become issue-based enough. There has to be an issue-based approach to the coverage for it to appear in political context. What this implies is that the reporter still has to see some of the issues in HIV/AIDS as rights issues.



6. Conclusions

It is obvious that there is still need for training of journalists on coverage of HIV/AIDS. However, the focus of the training has to be improved on. Observation from previous trainings and the result of the survey is that while some reporters on the health beat appear to have been over trained, there are large layers of reporters out there yet to be taken care of in the trainings.

Some reporters on other beats apart from health still do not recognise the HIV/AIDS story as a news story on their beat. There is need to therefore target reporters on other beats.

It is also important to note that in Nigeria, the mobility in the media environment is very high. Journalists move from one newsroom to another and some quit the profession after spending few years. Therefore, there is a need for an in-country training programme that will address this. This is to ensure that even on the health beat, journalists who are illiterate about the lingo of health reporting; especially HIV/AIDS do not create havoc.

Emphasis should also be laid in future training on the rights aspect of HIV/AIDS. Unless the average reporter sees health issues from a rights perspective (i.e. right to life), s/he is not likely to recognise the HIV/AIDS as newsworthy material.

It is very urgent too that desk people, editors, sub-editors, news editors, proof-readers and other people that work on stories brought in by the reporter are also trained.

COUNTRY REPORTS ON SURVEYS FOR JOURNALISTS AND NGOS INVOLVED IN HIV/AIDS

COUNTRY REPORT ZAMBIA

A-SURVEY FOR JOURNALISTS: REPORTING ON HIV/AIDS

Filing of stories: How many HIV/AIDS stories do you file every month? (please tick one)

60 percent said they filed between 1 and 5 stories, 35 percent between 6-10 and five percent said stories were rarely used.

2. Who are the sources you use when reporting on HIV/AIDS?
order from 1 –6, 1 being the most common source and 6 being the least common source)

Health officials	-5 percent
Government officials	-10 percent
People affected by HIV/AIDS	-35 percent
Local citizens	-15 percent
Non-Government Organisations	-15 percent
Other HIV/AIDS organizations	- 20 percent

3. If you do file stories on HIV/AIDS, how often are they run?

Every time	(30 percent)
Most times	(60 percent)
Rarely	(10 percent)
Never	(0)

4. Censorship can often affect accurate and impartial reporting on HIV/AIDS. In your opinion do any of the following forms of censorship affect your reporting?

Government (official)	(4 percent)
Government (unofficial)	(8 percent)
Social (such as stigma around sex work, sexuality, injecting drug use etc)	(25 percent)
Self-censorship	(35 percent)
Owners/management	(18 percent)
Editors	(10 percent)

5. In your opinion, what is the quality of HIV/AIDS information available from state bodies and government?

Limited	(2 percent)
Biased	(4 percent)
Satisfactory	(13 percent)
Good	(30 percent)
Very good	(40 percent)
Excellent	(15 percent)

6 In your opinion, what is the quality of HIV/AIDS information (including accurate figures or rates of HIV infection) available from Non-Government Organisations dealing with HIV/AIDS?

Limited	(2 percent)
Biased	(2 percent)
Satisfactory	(15 percent)
Good	(32 percent)
Very good	(37 percent)
Excellent	(12 percent)

Section 2: the media's role in the HIV/AIDS crisis

In your opinion, what news value does HIV/AIDS have in your country?

Extremely high news value	(37 percent)
High news value	(50 percent)
Moderately news value	(10 percent)
Low news value	(3 percent)
Very low news value	(0)

In your opinion, what is the media's role in the HIV/AIDS crisis?

Reducing and preventing HIV/AIDS by disseminating vital information	(80 percent)
Observing and reporting the developments	(20 percent)
The media doesn't have a role to play	(0)
Shielding the public from the harsh reality of the crisis	(0)

In your opinion, has the media in your country taken adequate steps to provide accurate, balanced and fair information on HIV/AIDS?

Yes	(65 percent)
No	(35 percent)
I don't know	(0)

Do you think the media contributes to negative stereotypes of people with HIV/AIDS?

Yes (15 percent)
 No (85 percent)

Section 3: the media's approach to HIV/AIDS reporting

How many HIV/AIDS stories does your media institution publish/broadcast in a week?

None (0)
 1 (5 percent)
 2-3 (10 percent)
 4-5 (20 percent)
 6 or more (65 percent)

What is the general level of coverage of HIV/AIDS in the media in your country?

Story placement (high—50%) (medium—30%) (low—20%)
 Story prominence (high—40%) (medium—40%) (low—20%)
 Frequency (high—55%) (medium—30%) (low—15%)

How do you rank the general level of media coverage of the following stories?

People living with HIV/AIDS	(High—60%) (Moderate—25%)	(Low—15%)
HIV/AIDS orphans	(High—55%) (Moderate—44%)	(Low—5%)
Transmission of HIV/AIDS	(High—50%) (Moderate—42%)	(Low—8%)
Treatments for HIV/AIDS	(High—55%) (Moderate—35%)	(Low—10%)
Deaths by HIV/AIDS	(High—10%) (Moderate—25%)	(Low—65%)
Medial breakthroughs/research	(High—25%) (Moderate—60%)	(Low—15%)

What is the general tone of media coverage of HIV/AIDS in relation to the following issues: N=neutral, B=biased, S=sensational, O=offensive, D=degrading, A=accepting, S=sympathetic).

People living with HIV/AIDS	(A—75 %)
HIV/AIDS orphans	(S—100%) Sympathetic
Transmission of HIV/AIDS	(B—50%)
Treatments for HIV/AIDS	(A—85%)
Deaths by HIV/AIDS	(S—90%) Sympathetic
Medial breakthroughs/research	(N—80%)

How would you classify the language used in stories about HIV/AIDS?

Analytical (Yes—40%), (No—60%)
 Balanced (Yes—80%), (No—20%)

Emotional	(Yes—70%), (No—30%)
Sensational	(Yes—40%), (No—60%)
Inflammatory	(Yes—15%) (No—85%)
Sympathetic	(Yes—84%) (No—16%)
Derogative	(Yes—10%) (No—90%)
Hopeful	(Yes—66%) (No—34%)
Stereotypical	(Yes—28%) (No—72%)

How would you classify the images used in HIV/AIDS stories?

	YES	NO
Balanced	68%	32%
Positive	70%	30%
Stereotyped	18%	82%
Derogatory	8%	92%
Unnecessary	12%	88%
Sensationalist	10%	90%
Appropriate	84%	16%

What element of HIV/AIDS is the most likely to get media coverage? Ranking 1 to 7, with 1 being the most media-friendly element and 7 being the least media-friendly element).

People living with HIV/AIDS	(70%)
HIV/AIDS orphans	(30%)
Transmission of HIV/AIDS	(42%)
Treatments for HIV/AIDS	(86%)
Deaths by HIV/AIDS	(36%)
Medial breakthroughs/research	(65%)

Section 4: HIV/AIDS and You

Does your media institution have a Journalism Code of Ethics?

Yes—90%
No—15%

Does your media institution have any guidelines or training available on reporting HIV/AIDS?
If 'yes', have you participated in them?

Yes—20%
No—80%

Have you received any training on reporting HIV/AIDS? NB EXPLAIN TYPE OF TRAINING

Yes—65%
No—35%

How do you place yourself as a journalist in the context of the HIV/AIDS pandemic?

	YES	NO
I am in a position to help alleviate the pandemic	85%	15%
I am not directly affected by the pandemic	70%	30%
I can play a vital role in HIV/AIDS information distribution	96%	4%
I can give a voice to people with HIV/AIDS	95%	5%
I can alleviate stigmas attached to people with HIV/AIDS	98%	2%
I know people living with HIV/AIDS	95%	5%
I have HIV/AIDS myself	0%	100%

Does your workplace engage in any strategies/campaigns to raise staff awareness of HIV/AIDS and prevent staff members being affected?

Yes—96%
No—4%

How developed is your understanding of HIV/AIDS, in particular its transmission and treatments?

Very informed	85%
Quite informed	70%
Slightly informed	12%
Not informed at all	0%

Do you feel you need access to more information about HIV/AIDS in order to be able to improve and increase your reporting of the issue?

Yes —90%
No —5%

Where do you feel you have gaps in your knowledge of HIV/AIDS?

People living with HIV/AIDS	—12%
HIV/AIDS orphans	—2%
Transmission of HIV/AIDS	—3%
Causes of HIV/AIDS	—4%
Treatments for HIV/AIDS	—80%
Deaths by HIV/AIDS	—6%
Medical breakthroughs/research	— 94%

Section 5: Transforming the media's role

In your opinion, what needs to be done to improve the role journalists play in reporting HIV/AIDS?

86% said training was critically important

27. Are you aware of any educational material available for journalists reporting on HIV/AIDS?

Yes—100%

No—0%

Examples:

HIV/AIDS Reporting in Zambia: Lessons for Today and Tomorrow, Panos Institute Southern Africa, 2003

Reporting AIDS: An Analysis of Media Environments in Southern Africa, Panos Institute London, 2005

Missing The Message: 20 Years of Communicating the HIV/AIDS Pandemic, Panos London, 2003

28. Would any of the items below improve your understanding and reporting of HIV/AIDS?

Training	(90%)
Training manuals	(22%)
Handbook for reporting HIV/AIDS	(66%)
Leaflets on HIV/AIDS reporting	(4%)
Education on HIV/AIDS	(72%)
Reporting HIV/AIDS guidelines	(60%)
Best practical examples of reporting HIV/AIDS	(74%)
List of HIV/AIDS contacts/organisations and sources	(18%)

29. How do you think journalists could influence a change in media culture around the HIV/AIDS issue?

By becoming more informed about HIV/AIDS	(81%)
By actively seeking stories about HIV/AIDS	(93%)
By overcoming stigmas attached to people with HIV/AIDS	(78%)
By disseminating vital information about transmissions of HIV/AIDS	(80%)
By undergoing training session in reporting HIV/AIDS	(90%)

30. In your opinion, which of the following changes are most important for improving HIV/AIDS reporting?

Ensuring better quality control of published/broadcast facts about HIV/AIDS	(92%)
Giving HIV/AIDS stories more prominent placement in newspaper/broadcast	(98%)
Having access to more people affected by HIV/AIDS	(92%)

Having access to more NGOs dealing with HIV/AIDS (77%)

Identifying different story angles on HIV/AIDS (66%)

31. Can you cite some examples of best-practice journalism on HIV/AIDS?

84 percent did not cite while 16 percent mentioned workplace policies and reporting guidelines that promote compassion rather than blame in reporting on HIV/AIDS

32. Would you be willing to be part of a network to improve reporting on the HIV/AIDS pandemic?

Yes—98%

No—2 percent

If 'yes', how would you like to maintain contact with such a network:

Emails—92 percent

Newsletters—4 percent

Meetings—4 percent

0%—Phone calls

0%Text messages

II—ANALYSIS OF THE RESULTS

A total of 20 questionnaires were distributed to journalists in print and electronic media, in full employment and freelance. Four questionnaires were not returned and three were not fully answered. All percentages mentioned in this section therefore are calculated from the total number of the answered questionnaires.

Even those that successfully returned the questionnaires raised issues with the length of the document, which they said made it difficult to concentrate fully on each of the questions posed. On average respondents' views tally with the findings reached in the Media Monitoring Sections of this report that considerable improvement has been recorded both in quality and quantity of reporting on HIV/AIDS.

It is also a major finding that journalists still need more training and retraining in HIV/AIDS reporting given that the pandemic always presented new challenges in disease progression, treatment and financing among others.

It is interesting to note that none of the respondents said they themselves had HIV/AIDS. It is possible that none of those who received and returned the questionnaires had HIV/AIDS but in a country where the prevalence rate is as high as 16 percent in a population of 16 million, there are possibilities that stigma was high among journalists themselves. Perhaps that is why up to this day no single Zambian journalist has publicly tested and declared their status. Only workers at the Post Newspapers undertook a communal VCT which showed that out of the 150 workers tested only 16 were positive. Only one individually obtained the results and he was HIV negative.

B-SURVEY FOR HIV/AIDS ORGANISATIONS

Section 1: Media coverage of HIV/AIDS

How do you rate media coverage of HIV/AIDS in your country?

- Poor—30%
- Satisfactory—60%
- Good—80%
- Very good—50%
- Excellent—30%

Does the media in your country generally give people with HIV/AIDS a voice or an opportunity to speak to the media?

- Yes—80%
- No—20%

Does the media in your country generally identify people living with HIV/AIDS by name, photograph or other means?

78%—Yes

Does the media in your country generally feature useful information on organisation or avenues for help in reports on HIV/AIDS?

50%—No

In your opinion, what forms of censorship affect accurate and impartial reporting on HIV/AIDS? (Please rank from 1-6, 1 being the most common form of censorship and 6 being the least common form of censorship).

Government (official)	(10%)
Government (unofficial)	(6%)
Social	(25%)
Self-censorship	(40%)
Owners/management	(70%)
Editors	(70%)

6. In your opinion, what is the quality of HIV/AIDS information available from state bodies and government?

Limited	(30%)
Biased	(12%)
Satisfactory	(75%)
Good	(80%)
Very good	(40%)
Excellent	(10%)

What is the general level of coverage of HIV/AIDS in the media in your country?

Story placement	high (30%)	medium(36%)	low (65%)
Story prominence	high(25%)	medium(50%)	low (40%)
Frequency	high(30%)	medium (40%)	low (60%)

How do you rank the general level of media coverage of the following stories?

People living with HIV/AIDS	high	(20%)	moderate (50%)	low (30%)
HIV/AIDS orphans	high	(15%)	moderate (15%)	low (70%)
Transmission of HIV/AIDS	high	(20%)	moderate (30%)	low (50%)
Treatments for HIV/AIDS	high	(40%)	moderate (60%)	low (40%)
Deaths by HIV/AIDS	high	(10%)	moderate (20%)	low (70%)

What is the general tone of media coverage of HIV/AIDS in relation to the following issues: (please mark according to the following scale: N=neutral, B=biased, S=sensational, O=offensive, D=degrading, A=accepting, S=sympathetic).

People living with HIV/AIDS	(65%) Sympathetic
HIV/AIDS orphans	(60%) Sensational
Transmission of HIV/AIDS	(A) 76%
Treatments for HIV/AIDS	(A) 80%
Deaths by HIV/AIDS	(A) 78%

How would you classify the language used in stories about HIV/AIDS?

	YES (%)	NO (%)
Analytical	30	70
Balanced	75	25
Emotional	60	40
Sensational	55	45
Inflammatory	36	64
Sympathetic	60	40
Derogative	22	78
Hopeful	79	21
Stereotypical	65	35

How would you classify the images used in HIV/AIDS stories?

	YES %	NO%
Balanced	82	18
Positive	78	22
Stereotyped	44	56
Derogatory	14	86
Unnecessary	8	92

Section 2: the media's role in the HIV/AIDS crisis

In your opinion, what news value does HIV/AIDS have in your country?

	%
Extremely high news value	76
High news value	70
Moderately news value	40
Low news value	6
Very low news value	2

In your opinion, what is the media's role in the HIV/AIDS crisis?

	%
Reducing and preventing HIV/AIDS by disseminating vital information	(90)
Observing and reporting the developments	(82)
The media doesn't have a role to play	(0)
Shielding the public from the harsh reality of the crisis	(0)

In your opinion, has the media in your country taken adequate steps to provide accurate, balanced and fair information on HIV/AIDS?

Yes—80 percent said yes

Do you think the media contributes to negative stereotypes of people with HIV/AIDS?

Yes—50 percent said Yes

Section 3: Connecting with the media

How important do you think media focus on HIV/AIDS is to your organisation's work?

100 percent said Very important

Is there a media liaison or public relations position in your organisation?

100 percent said Yes

How often do your stories / press releases on HIV/AIDS get published?

0% said Never

60% percent said Occasionally

40% percent said Regularly

0% said Always

How do you make your information available on HIV/AIDS to journalists?

30 percent said Leaflets
70% said Seminars
60% said Reports
40% said Press releases
30% said Web-site

What are the main mistakes that journalists make when reporting on HIV/AIDS?

60% Lack of balance
30% Stereotypes
11% Publishing identities of people with HIV/AIDS
25% Sensationalism
8% Down-playing the crisis

Has reporting on HIV/AIDS improved in the past 5 years?

80% Yes
30% No

Do you involve journalists' unions and journalists' organisations directly in any campaigns on HIV/AIDS?

97% Yes
3% No

Is the information about HIV/AIDS that you provide easily accessible to journalists?

98% Yes
2% No

In your opinion, is it easy for journalists to understand and interpret the facts about HIV/AIDS as presented in your promotion materials?

99% Yes
1% No

In your opinion, what could you do to improve the communication with journalists on this issue and to get your message across more effectively?

100 percent said training and access to new materials.

Section 4: Combating the problem

Do you think media coverage has the potential to raise public awareness of HIV/AIDS and contribute to a decrease in the number of new infections?

100 percent said yes

Are you aware of any educational material available for journalists reporting on HIV/AIDS?

100 percent said Yes

How do you think journalists could influence a change of media culture around the HIV/AIDS issue?

By becoming more informed about HIV/AIDS—100%

By actively seeking stories about HIV/AIDS — 100%

By overcoming stigmas attached to people with HIV/AIDS—94%

By disseminating vital information about transmissions of HIV/AIDS—100%

By undergoing training session in reporting HIV/AIDS—100%

In your opinion, which of the following changes are most important for improving HIV/AIDS reporting?

Ensuring better quality control of published/broadcast facts about HIV/AIDS—90%

Giving HIV/AIDS stories more prominent placement in newspaper/broadcast—90%

Having access to more people affected by HIV/AIDS —76%

Having access to more NGOs dealing with HIV/AIDS —83%

Identifying different story angles on HIV/AIDS —90%

Can you cite some examples of best-practice journalism on HIV/AIDS?

General response:

Journalists have been recognized for their excellence in coverage.

Journalists have attended seminars/workshops/courses where they have excelled

Would you be willing to be part of a network to improve reporting on the HIV/AIDS pandemic?

100 percent said Yes

Emails—100%

Newsletters—100%

Meetings—100%

98%— Once a week

0%—Once a fortnight

60%—Once a month

0%—Once every three months

() Once every six months

Do you have any final comments or suggestions about reporting on HIV/AIDS?

Networking is key

III - ANALYSIS OF RESULTS

A total of 13 HIV/AIDS organizations were selected to be respondents. The choice was based on closeness of such organizations to the media. The chosen ones were in fact media/information based NGOs but also dealing in a wide range of HIV/AIDS work.

Like the survey for journalists, NGOs respondents also cited the lengthy questionnaires as part of the drawback in their quest to effectively answer and return the documents. However all the five returned the questionnaires fully answered. The percentages detailed below are therefore representative of the total figure of five.

COUNTRY REPORT: SOUTH AFRICA

SURVEYS ON JOURNALISTS AND NGOS INVOLVED WITH HIV/AIDS

A - SURVEY FOR JOURNALISTS: REPORTING ON HIV/AIDS

1.Filing of stories: How many HIV/AIDS stories do you file every month? (please tick one

80% said that no stories are filed

30% said 1-5

2. Who are the sources you use when reporting on HIV/AIDS?

order from 1 –6, 1 being the most common source and 6 being the least common source

- 20% said Health officials

-3% said Government officials

- 20% said People affected by HIV/AIDS

- 2% said Local citizens

- 20% said Non-Governmental Organisations

- 2%Other HIV/AIDS organisations

Other: _____

3. If you do file stories on HIV/AIDS, how often are they run?

- 60% said every time
- 40% did not answer the question
- 30% said most of the time
- 10 said scarcely

4. Censorship can often affect accurate and impartial reporting on HIV/AIDS. In your opinion do any of the following forms of censorship affect your reporting?

- 60% said every time
- 40% did not answer the question
- 30% said most of the time
- 30% said scarcely

5. In your opinion, what is the quality of HIV/AIDS information available from state bodies and government?

- Satisfactory 80%
- Limited 20%
- Good 5%

6. In your opinion, what is the quality of HIV/AIDS information (including accurate figures or rates of HIV infection) available from Non-Government Organisations dealing with HIV/AIDS?

- 86% satisfactory
- 2% limited
- 2% good

Section 2: the media's role in the HIV/AIDS crisis

7. In your opinion, what news value does HIV/AIDS have in your country?

- 65% said extremely high
- 2% said low
- 20% said moderate
- 10% said low

8. In your opinion, what is the media's role in the HIV/AIDS crisis?

- 90 % said reduce and prevent
- 10% said observe and report developments
- 0% said the media doesn't have a role to play
- 0% said shielding the public from the harsh reality of the crisis

9. In your opinion, has the media in your country taken adequate steps to provide accurate, balanced and fair information on HIV/AIDS?

- 55 said yes
- 45 said no

10. Do you think the media contributes to negative stereotypes of people with

HIV/AIDS?

75% said no

35% yes

Section 3: the media's approach to HIV/AIDS reporting

11. How many HIV/AIDS stories does your media institution publish/broadcast in a week?

50% said 2-3

40% said none

0% said 1

12. What is the general level of coverage of HIV/AIDS in the media in your country?

20% low

30% high

60% medium

13. How do you rank the general level of media coverage of the following stories?

	Medium	Low	High
- People living with HIV/AIDS	80%	5%	15%
- HIV/AIDS	10%	60%	30%
- Transmission	10%	95%	3%
- Treatments	70%	3%	27%
- Deaths	30%	60%	10%
- Medical breakthrough	70%	15%	15%

14. What is the general tone of media coverage of HIV/AIDS in relation to the following issues: N=neutral, B=biased, S=sensational, O=offensive, D=degrading, A=accepting, S=sympathetic).

15. How would you classify the language used in stories about HIV/AIDS

	YES	NO
- Analytical	4%	96%
- Balance	70%	30%
- Emotional	95%	5%
- Sensational	97%	3%
- Inflammatory	2%	98%
- Sympathetic	98%	2%
- Derogatory	98%	2%
- Hopefully	55%	45%
- Stereotype	90%	70%

16. How would you classify the images used in HIV/AIDS stories?

Images	YES	NO
- Balanced	60%	40%

- Positive	50%	50%
- Stereotype	90%	10%
- Derogative	80%	20%
- Unnecessary	5%	95%
- Sensational	60%	40%
- Appropriate	60%	40%

17. What element of HIV/AIDS is the most likely to get media coverage? Ranking 1 to 7, with 1 being the most media-friendly element and 7 being the least media-friendly element).

- People living with HIV/AIDS	said 60% coverage
- HIV/AIDS orphans	said 60% coverage
- Transmission	said 65% coverage
- Treatments	said 85% coverage
- Deaths	said 80% coverage
- Medical breakthrough	said 60% coverage

Section 4: HIV/AIDS and You

18. Does your media institution have a Journalism Code of Ethics?

85 said yes
15 said no

19. Does your media institution have any guidelines or training available on reporting HIV/AIDS?
If 'yes', have you participated in them?

5% said yes
95% said no

20. Have you received any training on reporting HIV/AIDS?

TYPE OF TRAINING:

Language to be used on HIV/AIDS reporting

Journalism Media Ethics

6% said yes
94% said no

21. How do you place yourself as a journalist in the context of the HIV/AIDS pandemic?

	Yes	No
- In a Position to help alleviate	85%	15%
- Not directly affected	60%	40%
- Play vital role in distribute HIV/AIDS info	99%	1%
- Can alleviate stigmas	99%	1%

- Know people living with HIV/AIDS 99% 1%
- Have HIV/AIDS none

22. Does your workplace engage in any strategies/campaigns to raise staff awareness of HIV/AIDS and prevent staff members being affected?

98% said no
2% said no

23. How developed is your understanding of HIV/AIDS, in particular its transmission and treatments?

Very informed 97%
Quite informed 30%

24. Do you feel you need access to more information about HIV/AIDS in order to be able to improve and increase your reporting of the issue?

96% said yes
4% said no

25. Where do you feel you have gaps in your knowledge of HIV/AIDS?

Medical breakthroughs/research () 95%
Other: _____

Section 5: Transforming the media's role

26. In your opinion, what needs to be done to improve the role journalists play in reporting HIV/AIDS?

- 98% said that training is required

27. Are you aware of any educational material available for journalists reporting on HIV/AIDS?

5% said yes
95% said no

28. Would any of the items below improve your understanding and reporting of HIV/AIDS?

- 50% said Training
- 2% said Training manuals
- 3% said Handbook for reporting HIV/AIDS
- 1% Leaflets on HIV/AIDS reporting
- 2% Education on HIV/AIDS
- 3% reporting HIV/AIDS guidelines

- 40% Best practical examples of reporting HIV/AIDS
- 50% List of HIV/AIDS contacts/organizations and sources

29. How do you think journalists could influence a change in media culture around the HIV/AIDS issue?

- (1) 97% said by becoming more informed about HIV/AIDS
- (1) 98% said by actively seeking stories about HIV/AIDS
- (3) 98% said by overcoming stigmas attached to people with HIV/AIDS
- (5) 94 said by disseminating vital information about transmissions of HIV/AIDS
- (97) said by undergoing training session in reporting HIV/AIDS

30. In your opinion, which of the following changes are most important for improving HIV/AIDS reporting?

Ensuring better quality control of published/broadcast facts about HIV/AIDS 98%

Giving HIV/AIDS stories more prominent placement in newspaper/broadcast 99%

Having access to more people affected by HIV/AIDS 97%

Having access to more NGOs dealing with HIV/AIDS 94%

Identifying different story angles on HIV/AIDS 97%

31. Can you cite some examples of best-practice journalism on HIV/AIDS?

97 did not cite any example

32. Would you be willing to be part of a network to improve reporting on the HIV/AIDS pandemic?

98% said yes

2% said no

If 'yes', how would you like to maintain contact with such a network:

91% said Emails

4% said Newsletters

2% said Meetings

1% said Text messages

If 'yes', how often would you like to have contact with the network?

49% once a week

1% once a fortnight

1% once every three months

Do you have any final comments or suggestions about reporting on HIV/AIDS?

96% did not have a final comment but most placed an emphasis on education

B - SURVEY FOR HIV/AIDS ORGANISATIONS

Section 1: Media coverage of HIV/AIDS

1. How do you rate media coverage of HIV/AIDS in your country?

70% said good whereas 30% said no

2. Does the media in your country generally give people with HIV/AIDS a voice or an opportunity to speak to the media?

80% said yes while 20% said no

3. Does the media in your country generally identify people living with HIV/AIDS by name, photograph or other means?

- 85% said no and 15% said yes

4. Does the media in your country generally feature useful information on organisation or avenues for help in reports on HIV/AIDS?

- 90% said Yes whereas 10 said No

5. In your opinion, what forms of censorship affect accurate and impartial reporting on HIV/AIDS? (please rank from 1-6, 1 being the most common form of censorship and 6 being the least common form of censorship).

Government (officials)-	97 said it is the least common
Government (unofficial) –	98% said common
Social -	97% said it's most common
Self-censorship –	99% said it's the most common
Owners/management -	98% said it's most common
Editors -	99% said it is the least common

6. In your opinion, what is the quality of HIV/AIDS information available from state bodies and government?

99% say it is satisfactory as opposed to 1%

7. What is the general level of coverage of HIV/AIDS in the media in your country?

- 95% said story placement is medium whereas 5% said low

- 94% said story placement is medium whereas 6% said low

- 97% said frequency is medium whereas 3% said low

8. How do you rank the general level of media coverage of the following stories?

	High	Medium	Low
People living with HIV/AIDS	5%	92%	3%
HIV/AIDS orphans	1%	98%	1%
Transmission of HIV/AIDS	2%	96%	2%
Treatments for HIV/AIDS	1%	99%	
Deaths by HIV/AIDS	3%	90%	2%

9. What is the general tone of media coverage of HIV/AIDS in relation to the following issues: (please mark according to the following scale: N=neutral, B=biased, S=sensational, O=offensive, D=degrading, A=accepting, S=sympathetic).

People living with HIV/AIDS	95% say accepting
HIV/AIDS orphans	97% say sympathetic
Transmission of HIV/AIDS	99% say neutral
Treatments for HIV/AIDS	98 say neutral
Deaths by HIV/AIDS	99% say neutral

10. How would you classify the language used in stories about HIV/AIDS?

	Yes	No
Analytical	2%	98%
Balanced	97%	3%
Emotional	90%	10%
Sensational	94%	4%
Inflammatory	85%	15%
Sympathetic	65%	35%
Derogative	10%	90%
Hopeful	55%	45%
Stereotypical	50%	50%
Other: _____		

11. How would you classify the images used in HIV/AIDS stories?

	Yes	No
Balanced	70%	20%
Positive	5%	95%
Stereotype	2%	98%
Derogatory	3%	97%
Unnecessary	98%	2%

Section 2: the media's role in the HIV/AIDS crisis

12 In your opinion, what news value does HIV/AIDS have in your country?
95% said high news value whereas 5% said moderate

13. In your opinion, what is the media's role in the HIV/AIDS crisis?

- 98% said reducing and preventing HIV/AIDS by disseminating vital information while 2% said observe developments

14. In your opinion, has the media in your country taken adequate steps to provide accurate, balanced and fair information on HIV/AIDS?

- 90% said no whereas 10% said yes

15. Do you think the media contributes to negative stereotypes of people with HIV/AIDS?

- 95% said yes compared to 5% that said no

Section 3: Connecting with the media

16. How important do you think media focus on HIV/AIDS is to your organisation's work?

- 60% said very important while the other 40% said reasonable important

17. Is there a media liaison or public relations position in your organisation?

80% said yes whereas 20% said no

18. How often do your stories / press releases on HIV/AIDS get published?

90% said occasional whereas 10% said never

19. How do you make your information available on HIV/AIDS to journalists?

- 60% said reports
- 70% said Press releases
- 30% said leaflets
- 40% said seminars

20. What are the main mistakes that journalists make when reporting on HIV/AIDS?

- 90% said lack of balance whereas

- 80% observe stereo types
- 97% said sensationalism is a problem

21. Has reporting on HIV/AIDS improved in the past 5 years?

- 94% said it has improved whereas 6% said no improvement

22. Do you involve journalists' unions and journalists' organisations directly in any campaigns on HIV/AIDS?

The majority did not give a response in this regard.

23. Is the information about HIV/AIDS that you provide easily accessible to journalists?

- 98% said no while 2% said yes

24. In your opinion, is it easy for journalists to understand and interpret the facts about HIV/AIDS as presented in your promotion materials?

- 99% said yes whereas 2% said no

25. In your opinion, what could you do to improve the communication with journalists on this issue and to get your message across more effectively?

- 99% said yes while 1% said yes

Section 4: Combating the problem

Do you think media coverage has the potential to raise public awareness of HIV/AIDS and contribute to a decrease in the number of new infections?

Most say Journalists must show willingness to see their work

27. Are you aware of any educational material available for journalists

reporting on HIV/AIDS?

- 99% said yes

28. How do you think journalists could influence a change of media culture around the HIV/AIDS issue?

99% said the following has to be done

- Training is important
- Journalist must tell both sides of the story
- Stop publishing provocative pictures and televising stories

29. In your opinion, which of the following changes are most important for improving HIV/AIDS reporting?

98% said no whereas 2% said yes

30. Can you cite some examples of best-practice journalism on HIV/AIDS

- 100% said by becoming more informed about HIV/AIDS
- 99% said by actively seeking stories about HIV/AIDS
- 99% said by overcoming stigmas attached to people with HIV/AIDS
- 99% said by disseminating vital information about transmissions of HIV/AIDS
- 100% said by undergoing training sessions on reporting HIV/AIDS

31. Would you be willing to be part of a network to improve reporting on the HIV/AIDS pandemic?

- Majority did not give a response.

32. Do you have any final comments or suggestions about reporting on HIV/AIDS?

- 98% said by better quality control of published/broadcast facts about HIV/AIDS
- 99% said by giving HIV/AIDS stories more prominent placement in newspaper/broadcast
- 97% said by having access to more people affected by HIV/AIDS

- 99% said having access to more NGOs dealing with HIV/AIDS
- 100% said by identifying different story angles on HIV/AIDS

33. Can you cite some examples of best-practice journalism on HIV/AIDS?

- Majority did not cite anything under this category

34. Would you be willing to be part of a network to improve reporting on the HIV/AIDS pandemic?

- 99% said yes whereas 1% said no

If 'yes', how would you like to maintain contact with such a network:

- 98% said Emails
- 2% Newsletters

If 'yes', how often would you like to have contact with the network?

- 5% said once a fortnight

35. Do you have any final comments or suggestions about reporting on HIV/AIDS?

99% did not give a response

III- Analysis of the results

The results of the media monitoring painted a picture of less coverage of HIV/AIDS stories across the country. This finding is confirmed by the majority of journalists who indicated that no stories are filed monthly.

It is also important to note that government does not impinge on their role by putting pressure in terms of censorship. At the same time this concurs with the view expressed by the majority of journalists about their satisfaction concerning information available from government and state bodies.

Moreover the situation in which journalists work is quite conducive considering the availability of information from NGO's which is also satisfactory.

As the majority of journalists have conceded the media in South Africa has indeed succeeded in disseminating vital information. But the problem is that they cannot rise above this role. Every person is aware of the deadly effects the virus has and the media should be given credit in this regard. But unfortunately this has not translated into behavioural change and this is a key hindrance to fighting the epidemic at the present moment. Until the media adopts a new approach, the situation is unlikely to change.

It is also interesting to note that the majority of journalists confirm that the media in this country has not taken adequate steps to provide accurate, balanced and fair information. This serves to highlight a gap or an area where the media is lacking. Indeed this is where the media is failing in its role of alleviating the epidemic.

More significantly it's critical to note that the view expressed by the majority of journalists about a lack of stereotypes perpetuated by the media confirm the finding of a media monitoring research.

The response with regard to HIV/AIDS stories published or broadcast in the media confirms the finding of the media monitoring if the fact that the media monitoring was carried out in December the period that is most quite in the news calendar according to the editors is taken into consideration.

Due to the fact that no adequate steps have been taken by the media to provide accurate and balanced information, the level of coverage falls within the medium category according to the majority of the journalists.

However the media has played a vital role in ensuring that people living with HIV/AIDS

are treated like any other people by using an acceptable tone as confirmed by majority of journalists.

Due to the fact that the media, as conceded by the majority of journalists, play only the role of disseminating vital information, it is not surprising to note that they say that the language used lacks analysis because obviously dissemination of information requires no analysis.

To compensate for lack of analysis and in-depth reporting, the media specializes on sensationalism and emotionalism.

It is also significant to note that the media in South Africa does not use inflammatory and derogatory language as confirmed by the majority of journalists.

However when it comes to images used, it would seem the media is not doing well or it is out of line because most journalists think the media in this regard use mostly stereotyped and derogatory pictures in its attempts to get the message across.

The controversy around the provision of treatments to HIV/AIDS patients by the government seems to dominate the media coverage and this is indeed confirmed by the majority of journalists.

The fact that the media has not taken adequate steps is further confirmed by a lack of a code of ethics for journalism. Hence the majority of journalists say there are no guidelines for reporting.

Though the majority has not received any training on HIV/AIDS reporting, they think that they are in a position to

Alleviate the pandemic

Give a voice to people with HIV/AIDS

Alleviate stigma

But without training how possible is it that journalists can fulfill a role with to regard the afore-mentioned factors. They tend to

assume that the fact that they are in a position to distribute vital information simply means that they are in a position to fulfill other roles.

These journalists themselves stated that the media lacks analysis in its reporting and it is obviously that it is only training that will equip them with analytical skills.

The lack of workplace strategies to deal with the epidemic further confirms that the media may indeed view this epidemic in a serious manner but this has not inspired action at all on their part.

The majority of them claim that in reality their understanding of the virus is very informed but still one can ask how this is possible when they have acknowledged that they have never been to any training.

But at least they have stated that they have seen the need for improvement. One major issues raised is information on medical breakthrough or research. Due to this, emphasis was placed on training in order to improve the role of journalists.

Again there is no educational material available for journalists reporting on HIV/AIDS and 50% say training is essential to improve their understanding and reporting of HIV/AIDS. They think that actively seeking stories, becoming more informed and undergoing training will greatly assist them.

Almost all the majority of journalists do realize that the following will indeed improve their skills:

- Ensuring better quality control of published/broadcast facts about HIV/AIDS
- Giving HIV/AIDS stories more prominent placement in newspaper/broadcast
- Having access to more people affected by HIV/AIDS
- Having access to more NGOs dealing with HIV/AIDS
- Identifying different story angles on HIV/AIDS

It also not surprising to note that the majority of journalists could not cite an example of best-practice in journalism in dealing with HIV/AIDS reporting if we take into consideration the fact that they indicated that they have not received any training.

The majority of those interviewed said they would like to form part of the network to improve their reporting on the pandemic but it is also amazing to note that they would rather prefer e-mails as the main source of contact. This would seem that they don't think that serious improvement entail commitment to formal education as opposed to e-mails which form part of informal education since only 2% chose meetings as the form of contact.

It is also surprising to note that the majority of them could not make any final comment.

The majority of these organizations say that the coverage of HIV/AIDS is good and they therefore agree with most journalists.

It also came out that people interviewed felt that the media does give people with HIV/ AIDS a voice as much as they believe that the media does identify people with HIV/AIDS by name but only in case they have consented to such.

Indeed it is not possible for the media to feature useful information as confirmed by these organizations.

Like journalists these organizations say that the government is not putting pressure in terms of censorship and they also acknowledge a fact that the environment is very conducive and just like the majority of journalists they say the information available is satisfactory.

Unlike journalists who were divided with regard to the general coverage most of these organizations think the coverage falls within the medium. It's interesting to note that the level of coverage still falls within the moderate when it comes to the following factors:

People living with HIV/AIDS
HIV/AIDS orphans
Transmission of HIV/AIDS
Treatments for HIV/AIDS
Deaths by HIV/AIDS

On the positive note just like most journalists the tone used by the media is relatively neutral and accepting and just like journalists it's interesting to note that the media in South Africa at best avoids offensive, degrading and biased tone according to these organizations

Again as it was expressed by journalists the language used by the media seems to lack analysis but it is indeed sensational as confirmed by the journalists.

These organizations just like journalists are not happy with images used by the media. They also agree like journalists that the news value ascribed to HIV/AIDS is very high in South Africa.

Again they also think that the media at this stage should focus on reducing and preventing HIV/AIDS by disseminating vital information.

Unlike journalists they think that the media has not taken adequate steps and this difference of opinion is interesting considering that journalists themselves think that they are doing enough while the organizations seem not to see it in the same way.

The majority of these organizations think that the media is perpetuating stereotypes. The majority of them agree that the media's focus on their organizational work is very important.

The majority of them have employed a media liaison practitioner in their organizations.

It's also interesting to note that their stories do get published by the media and media reporting seem to have improved in the past 5 years. It's most likely that the majority of these organizations did not understand this question because they did not give a response.

Though they do not involve journalists directly in their work but their information is easily accessible to the media. They are satisfied with the journalist's interpretation of their work.

According to them journalists must show willingness to see the work they are doing and they do realize that the media has the potential to raise awareness and contribute to a decrease in the number of infections.

These organizations place an emphasis on training and telling the stories the way it is and they also acknowledge like journalists that there are no educational materials available for journalists.

It is also critical to note that all of them say that to change the culture around the HIV/AIDS reporting, journalists must become more informed about HIV/AIDS, actively seek stories about HIV/AIDS, overcome stigmas attached to people with HIV/AIDS, disseminate vital information

about transmissions of HIV/AIDS and undergo training session in reporting HIV/AIDS.

Unfortunately for reasons unknown these organizations seem not to have a clue as to how stories on HIV/AIDS could be reignited.

It is also important to note that they give equal priority to all the following factors in case improvement is to be made:

- Ensuring better quality control of published/broadcast facts about HIV/AIDS
- Giving HIV/AIDS stories more prominent placement in newspaper/broadcast
- Having access to more people affected by HIV/AIDS
- Having access to more NGOs dealing with HIV/AIDS

Identifying different story angles on HIV/AIDS

Just like journalists these organizations could not cite examples of any best-practice journalism on HIV/AIDS.

They have indicated their willingness to form part of the network to improve on reporting HIV/AIDS and they prefer e-mails as the mode of contact. More significantly they prefer to keep in contact at least once a month.

Not surprisingly just like many journalists these organizations did not have final comments about reporting on HIV/AIDS.

MEDIA GUIDE

General Information on HIV/AIDS AND TIPS FOR JOURNALISTS ON REPORTING ON HIV/AIDS

Frequently Asked Questions

What is HIV?

HIV stands for Human Immunodeficiency Virus. It destroys blood cells, known as CD4 cells. These cells are crucial to the normal function of the immune system, which defends the body against illness. When the immune system has been compromised by HIV, a person develops a variety of illnesses, such as cancers and viral, bacterial, fungal and parasitic infections. HIV is the virus that can cause AIDS.

What is AIDS?

AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is not a single disease; it is a spectrum of conditions that occur when a person's immune system is damaged after years of attack by HIV.

What is the difference between HIV and AIDS?

A person who is infected with HIV does not necessarily have AIDS. However, all people with AIDS have HIV. HIV damages the body's immune system and renders the body vulnerable to other diseases and infections. During advanced stages of HIV infection, a person may develop any of a number of opportunistic infections considered to be AIDS-defining illnesses. It is then that a person infected with HIV is diagnosed as having AIDS.

AIDS is not a single disease; it is a spectrum of conditions that occur when a person's immune system is damaged by HIV.

How is HIV transmitted?

HIV is transmitted through penetrative (anal or vaginal) and oral sex, although it is generally accepted that there is a very low rate of transmission by oral sex, requiring open wounds in

the mouth. It is also transmitted via blood transfusion; the use of contaminated needles in health-care settings, or sharing needles through drug injection; and between mother and infant during pregnancy, childbirth and breastfeeding.

How is HIV not transmitted?

HIV does not survive well outside the body, so it cannot be transmitted through casual or everyday contact such as shaking hands or hugging. Sweat, tears, vomit, faeces and urine can contain small amounts of HIV, but they have not been found to transmit the disease. Mosquitos and other insects do not transmit HIV.

How can HIV transmission be prevented?

The best way to avoid HIV transmission is to use condoms and water-based lubricant (lube) when having sex. Injecting drug users should avoid sharing needles, and pregnant women can reduce transmission to their children by taking antiretroviral treatment. It is also important, if voluntary testing and counselling is available, for people to find out their HIV status, so they can take adequate steps to protect themselves and their partner from HIV infection.

How is HIV detected?

It is not possible to look at someone and know whether he or she is HIV positive. A blood test can reveal the presence of the virus. If the blood sample contains HIV antibodies – proteins the body produces to fight off the infection – the person is HIV positive.

How is AIDS diagnosed?

A diagnosis of AIDS is based on the presence of one or more of the following illnesses in a person who is HIV positive: candida in the oesophagus, throat or lungs, invasive cervical cancer, coccidioidomycosis, cryptococcus, cryptosporidiosis, cytomegalovirus (CMV), herpes simplex virus which causes prolonged skin problems, HIV-related encephalopathy, chronic intestinal diarrhoea, Kaposi's sarcoma, certain lymphomas, Pneumocystis carinii pneumonia (PCP), toxoplasmosis, HIV wasting syndrome. These are known as AIDS-defining illnesses.

As soon as a person with HIV experiences one of these illnesses they are medically defined as having AIDS.



Credit: UNAIDS/G. Pirozzi

Photographs from 2006 Report on the global AIDS epidemic

How long does it take for HIV to progress to AIDS?

The length of time varies from person to person and depends on whether there is access to anti-retroviral treatment. For those getting drug treatments, it can take 10 years or more for HIV to develop into AIDS. UNAIDS estimates that in countries where there is little or no access to treatment the progress can be as short as eight to 10 years.

How are HIV and tuberculosis (TB) linked?

HIV weakens the immune system and increases the likelihood of being infected with TB. Around one-third of people with HIV/AIDS are also infected with TB and TB is one of the leading causes of death for people with HIV.

What is the link between HIV and sexually transmitted infections?

People with sexually transmitted infections are more vulnerable to becoming infected with HIV and are more likely to transmit HIV because sexually transmitted infections (STIs) increase the viral load. The higher the viral load – the amount of HIV in the blood – the more likely it is that HIV will be transmitted. Added to that, the genital ulcers caused by herpes, for example, can create an entry point for HIV via the damaged skin.

Is there a cure for HIV or AIDS?

There is no known cure for HIV or AIDS. Treatments such as antiretroviral drugs slow the progression of the illness, and there are other treatments that can prevent or cure some of the illnesses associated with AIDS.

What about vaccines?

There are a number of research organisations around the world working on the development of an HIV vaccine. It will be years before a successful vaccine is available.

Where do I find reliable statistics?

HIV/AIDS statistics can be controversial and the reliability of figures can vary greatly from country to country, depending on who is collecting them, how they are collected and how long they have been collating the data. UNAIDS – the United Nations HIV/AIDS Program – compiles the most extensive set of country-specific statistics at www.unaids.org. The data is collected in consultation with experts from each country.

Endemic, epidemic, pandemic?

Endemic is the constant presence of a disease or infectious agent in a geographical area. Epidemic is the rapid spread of disease in a certain area or amongst a certain population group. Pandemic is a worldwide epidemic or an epidemic occurring over a very wide geographic area or high proportion of the population.

Prevalence versus the number of infections versus incidence.

Prevalence rate refers to the percentage of a country's whole population infected with a disease. The number of infections can either be the total number, or expressed in 100,000s, ie: 5 per 100,000 people. Incidence refers to the number of new cases of a disease in a population over a specific period of time, usually annually.

Over View of HIV/AIDS in Africa

Sub Saharan Africa is the region of the world that is most affected by HIV/AIDS

Estimated 24.5 million people were living with HIV at the end of 2005

Approximately 2.7 million new infections occurred during that year

Estimated 2 million people died in 2005

More than 12 million children have been orphaned.

Approximately, 80% of the world's orphans live in sub Saharan Africa.

58% of adults living with HIV/AIDS in sub Saharan Africa are women and two thirds of young HIV positive people are women and

girls. Globally over 50% of those living with the virus are women.

Increasing numbers of people are now becoming ill in many African countries, thus the seriousness of the pandemic;

Prevention, treatment and care efforts still inadequate

Social and economic consequences being widely felt in health, education, agriculture, the economy and human resources in general

Levels of Infections

National HIV prevalence rates vary from country to country.

In Somalia and Senegal the prevalence rate is under 1% of the adult population

In [South Africa](#) and [Zambia](#) around 15-20% of the adult population is infected.

In four southern African countries, the national adult HIV prevalence rate has risen higher than was thought possible and now exceeds 20%.

These countries are [Botswana](#) (24.1%), Lesotho (23.2%), Swaziland (33.4%) and [Zimbabwe](#) (20.1%).

Prevalence is estimated to exceed 5% in Cameroon (5.4%), Côte d'Ivoire (7.1%) and Gabon (7.9%).

Until recently the national prevalence rate has remained relatively low in [Nigeria](#), the most populous country in sub-Saharan Africa. The rate has grown slowly from below 2% in 1993 to 3.9% in 2005. But some states in Nigeria are already experiencing HIV infection rates as high as those now found in Cameroon. Already around 2.9 million Nigerians are estimated to be living with HIV.

Adult HIV prevalence in East Africa exceeds 6% in [Uganda](#), Kenya and Tanzania.

Context and challenges: Gender Dimension: The HIV pandemic is now seen as a gendered health, development and human rights issue.

Socio economic, Cultural and Traditional Factors

In many parts of sub Saharan Africa, as in other parts of the world, the inequality between men and women, boys and girls, social inequities as well as the economic deprivation help to increase the epidemic.

Women and girls are commonly discriminated against in terms of access to education, employment, credit, health care, and inheritance.

In countries with generalized epidemic in Africa, close to 80% of women aged 15 to 24 lack adequate knowledge about HIV/AIDS.

Gender inequalities also affect women and young girls access to and interaction with health services, including HIV prevention, treatment and AIDS care;

Women and girls need specific attention in any HIV prevention programme. In addressing gender based inequities in treatment, care and prevention, it is crucial to consider the different needs and constraints of women, girls and men with regards access to services in different settings and come up with appropriate intervention strategies.

There is a need to consider issues such as restrictions in mobility, difficulties in accessing transport, childcare, information and knowledge about treatment, ability to read instructions with regards treatment, inappropriate and insufficient nutrition etc.

Links between HIV/AIDS and Gender Based Violence

Both men and women are victims of stereotypes and norms about masculine behaviour which may lead to unsafe sex and/or non-consensual sex.

HIV transmission risk increases during violent or forced sex because the abrasions caused through forced penetration facilitate entry of the virus, a fact that is especially true for young girls whose reproductive tracts are less fully developed. (UNAIDS)



© Gisèle Wulfsohn/IRIN

Selinah Mashinini, a single HIV-positive mother who lives with her sister and children in South Africa's Alexandra township

According to a study published in 2004, (**Dunkle et al**) women who are beaten or sexually dominated by their partners are much more likely to become infected by HIV than women who live in non-violent households. This research was based on 1,366 South African women who attended health centres in Soweto and agreed to be tested for HIV and interviewed about their home lives. The figures showed that women who were beaten by their husbands or boyfriends were 48 per cent more likely to become infected by HIV than those who were not. Those who were emotionally or financially dominated by their partners were 52 per cent more likely to be infected than those who were not.

A smaller study in Tanzania found that HIV-positive women were over two and a half times more likely to have experienced violence by their partner than HIV-negative women (**Maman**)

TIPS FOR JOURNALISTS

HIV or AIDS?

There is a difference between the two, so do not use the terms interchangeably. HIV-positive means a person is infected with HIV – it is possible they will not show any symptoms and will not have progressed to an AIDS diagnosis. Someone with AIDS has a severely weakened immune system and may be seriously ill. Be specific about the stage of their illness.

What about confidentiality?

Journalists should not disclose the identity of a person with HIV unless they have explicit permission to do so. Stigma and discrimination continues to be a major problem for people with HIV. In many countries HIV-positive people are shunned and stigmatised by their families, their community, their employer and even their local health service. If a person agrees to be identified, it is important the journalist

ensures they are aware of the potential consequences.

Journalists should not disclose the identity of a person with HIV unless they have explicit permission to do so. Journalists need to take particular care in having permissions to identify children. They should make sure that the child is old and mature enough to give the permission to disclose their identity, that he or she understands the full implications, and that the parents and caregivers are fully involved in the decision. It is often best to err on the side of caution and not identify an HIV-positive child in text, vision or graphics.

Common stereotypes

It is often thought, wrongly, that only “bad” people get HIV – those who have sex with multiple partners, or are injecting drug users or sex workers. Another misconception is that if someone is in a group that has high rates of HIV – such as injecting drug users or sex workers – that he or she is or will be infected. It is important to remember that it is not the group that someone belongs to that makes them vulnerable to HIV infection, but their behaviour and the social or economic circumstances that may have contributed to it. Journalists should steer clear of making value judgements on how someone contracted HIV and instead report on how it affects them, their community, their work and their family.

Language

Avoid derogatory or discriminatory language that perpetuates myths about HIV or incorrectly stereotypes people or behaviour. Do not use complex epidemiological or medical terminology that readers or audiences will not understand. Be precise without being overly complicated.

HIV and AIDS: What is a journalist’s role?

HIV is a great story. It pushes all the news buttons: it is a health emergency, it has a human face, it has elements of science, medicine, reli-

gion, it has deep grief and moments of extreme joy. Journalists must challenge social taboos and self-censorship and talk about prevention of HIV, particularly safe sex, as does this article from the Indian press in 2005. HIV is a great story. It pushes all the news buttons: it is a health emergency, it has a human face, it has elements of science, medicine, religion, it has deep grief and moments of extreme joy. It often has enemies: governments, the church, religious bodies, the fraudsters and snake-oil salesmen.

It has heroes: the people living with HIV, community groups and NGOs fighting on the front-line of the epidemic, the scientists and researchers working for new treatments, a vaccine, a cure, and the doctors and nurses caring for the sick and dying.

It is clear that HIV and AIDS is more than a disease that infects individuals. It is a social, economic and, in some countries, security crisis. Anyone who is passionate about the craft of journalism cannot fail to be caught up in the enormity of this story – on both a national and a global scale.

However there are many challenges for journalists reporting on HIV. If a country has a conservative government, a dominant religion and a weak civil society, the chances are the media will also be held back by severe restrictions on what it can and cannot say.

Like all journalism, HIV reporting is a reflection of what is occurring in a country and may be coloured by ongoing confusion about the transmission, treatment and prevention of the disease and a human desire to blame.

It is important to separate the fact from the fiction. We know HIV is transmitted via sex, by injecting drugs, from mother to child and via blood or blood products. We also know what HIV is not: it is not an airborne virus; it cannot live on toilet seats, on hand-rails or in other public places.

Role of journalists

Far from being just a health story, HIV is also a

story of business, development and security. This is what one journalist from India told the media aid group Internews:

“The question today is whether any credible journalist, never mind their specialisation, can really afford to remain untouched by the HIV/AIDS problem.

“AIDS is certainly not just a health issue. It affects development, business, politics and the social services. This is one issue that can singularly throw up a range of issues for journalists, who can analyse inequity and deprivation in gender relations, poverty alleviation programs, five-year plans, income generation programs.

“A specialist in foreign affairs can evolve an expert analysis of the flow of international aid to India, the agencies through which they come, and give an insight into international politics behind the policies and grants. A business journalist could look into the antiretroviral drug issue and the use of patents. “This, sadly, is not happening.”

– Source: Internews, www.internews.org, Dr Jaya Shreedhar, Internews Technical Health Advisor.

Challenge, question and question some more

Governments, churches and other religious insti-

Credit: UNAIDS/G. Pirozzi
 Photographs from 2006 Report on the global AIDS epidemic

semination of accurate information about HIV and the prevention of HIV infection. If you are having trouble getting your message out, consider where the blockages are. Is your government releasing accurate data on HIV in your country? Does your government even keep statistics on rates of HIV/AIDS?

If you cannot find statistics – and if you cannot measure something you cannot change it – then it is time to start asking questions.

Challenge the government: ask the hard questions

What is the government doing to prevent the spread of HIV? What is it doing to help those already infected?

Does it have a program to provide antiretroviral treatments and drugs for opportunistic infections for people with HIV?

Does it involve people with HIV, along with scientists, researchers, doctors and community groups in the development of its National HIV Strategy? Does it even have a strategy?

How much money does it devote to HIV? What about sexually transmitted infections, which are often a precursor to HIV?

Does it promote the use of condoms and encourage safe sex campaigns that accurately reflect the reality of people’s sexual lives?



People in Zimbabwe gather in a ceremony at the Town House in Harare in honour of people who have died of HIV and Aids; Photograph by AP Photo

Challenge religion:

Religion plays a large and influential role in our societies.

What does it have to say about HIV/AIDS?

Does its institutions and churches push abstinence-only programs, and if so, on what scientific basis does it do this?

Can it produce valid statistics to show that abstinence programs reduce the incidence of HIV and other sexually transmitted infections? If not, then is it failing in its responsibility to encourage a practical and compassionate response to HIV?

Does it talk about HIV to its worshippers? Does it talk about how HIV can be prevented, beyond abstinence? Most importantly, does it talk about condoms?

Learn to read reports and statistics

The HIV epidemic in a particular country will often be expressed in terms of epidemiology – the study of mass populations – and in the statistics and data that those studies produce.

What can seem like a significant rise or fall in HIV figures can actually mean just a handful of cases. For example, a 14 per cent rise in the incidence of HIV – which can appear to be a massive rise – might in fact represent just 12 cases. Another potentially misleading piece of the HIV puzzle, depending on which country is being measured, can be the prevalence rate – the percentage of a country’s population infected with HIV.

India, for example, still has a prevalence rate of below two per cent of the population, but because of the enormity of its population, that

percentage figure represents more infections than in many African countries, where the prevalence rate is often around the 20 per cent mark for certain age groups.

Demystify the virus

Make it your business to debunk common myths to do with HIV transmission. In East Timor there was a belief that a snakebite could transmit HIV (it can't). In South Africa, having sex with a virgin was thought to protect you from the virus (untrue) – a belief that has led to the horrific sexual abuse of very young girls. Demystifying the disease means learning how HIV is transmitted and how the disease progresses.

Treat people with respect

People with HIV and AIDS deserve to be treated with the same respect as anyone else you interview.

Do not identify someone as being HIV-positive unless you have their permission.

There is still significant discrimination and prejudice around HIV status, and you may cause someone to lose their job or be ostracised from their family or friends by disclosing their status. If they request that you allow them to remain anonymous, then you must honour that request if you decide to go ahead and do the story.

In all the safe-sex messages that have been written all over the world, very few, if any, have ever been targeted at journalists. The IFJ, in conjunction with an Australian HIV organisation, the AIDS Council of NSW (ACON), developed a safe-sex pack, including condom and lubricant, directed at journalists.

Many journalists are by nature risk takers – that is what many must do to get the story. But this is one area where journalists need to put their risk taking nature to one side and focus on prevention and protection, and use condoms – to protect themselves and their partners.

By giving space in the media to people with HIV and their families, journalists can play a big part in reducing prejudice, stigma and discrimination. By reporting fairly, by ensuring that journalists treat people with respect, and by holding governments, business and other parts of civil society accountable for their actions, journalists can make a difference in this epidemic.

Look beyond the spin

Don't believe everything the government or the drug companies or the community groups tell you. The basis of good journalism often seems to go out the window with HIV, as emotions, fears and prejudices get in the way of fair reporting.

The best way to dispel these myths is to practise good journalism and see first-hand what it means to live with HIV and AIDS by seeking out information and interviewing those affected.

Look for examples of good government policy

Brazil is an interesting example of a government's reaction to HIV. It has a big HIV epidemic, it is a deeply Catholic country and yet:

it provides free HIV treatment for those infected it promotes and distributes condoms, and it recently rejected a massive aid package from the US because that package would have forced it to no longer run programs for sex workers and to teach abstinence over condom use.

There are other examples and they make great stories – they are an excellent way of highlighting the good things or the deficiencies in your own government's programs.

More TIPS FOR JOURNALISTS

Undetectable viral load

Journalists may come across stories of people with HIV in whom the virus has not been able to be detected after taking combination antiviral therapy. This is sometimes called undetectable viral load. But this description is misleading and

should be avoided unless a further explanation is offered. All the term means is that the available tests are not sufficiently sensitive enough to detect low levels of HIV in blood or other body tissues.

Why drug therapies don't all work

Side effects

While it is true that combination antiviral therapy has saved lives, and extended the lives of many HIV-positive people, the drugs often have serious, and even potentially life-threatening, side effects. Depending on the drug, this can include diarrhoea, liver problems, rashes, nerve damage and neurological effects.

Resistance

One of the big problems in HIV drug therapy is resistance. HIV is a volatile virus, prone to genetic changes when it replicates. HIV drugs are designed to interfere at very specific stages of the HIV life cycle. Sometimes, during the process of replication, a change will occur in the genetic make-up of the virus, affecting this specific stage and allowing the virus to escape the control of a drug, or even a whole class of drugs.

If this happens, the uncontrolled virus will go on to produce more copies of itself, and these copies will in turn be beyond the control of the drugs. Eventually, if the drug-resistant virus continues to multiply unchecked, it will go on to cause immune damage, disease or illness despite the presence of the drugs, just as untreated HIV will do. It is not uncommon for HIV-positive people to have a virus that is resistant to many of the different drugs available, limiting the number of treatment options.

Alternative story lines

There are many stories on HIV beyond the overwhelming statistics that often dominate AIDS reporting.

Tell the story of how someone lives with HIV, the effect on their school or local village.

Explore how governments are coping, or not coping, with HIV.

Report on the programs being run by NGOs and churches. The inventive ways that many communities pass on prevention messages makes great copy and takes the story to another level.



Media and AIDS initiatives

On a broader scale, organisations such as UNAIDS and large philanthropic groups such as the Kaiser Family Foundation are trying to bring together large media groups in order to get them to agree on how to report on HIV/AIDS.

In October 2005, media leaders from 20 African countries signed an HIV/AIDS declaration in Johannesburg after a three-day summit to discuss their role in tackling the pandemic. Issues such as how to send clear AIDS awareness messages and transform editorial guidelines were on the agenda, and groups involved included the South African Broadcasting Corporation and major print media organisations.

In 2005, following the International AIDS Conference in Bangkok, a campaign involving global media players such as Viacom, MTV, Star TV India and China Central Television was launched. New public education efforts in Russia, India, China, Indonesia and the United States were announced – harnessing the collective power of these media giants to fight HIV.

Brazil rejected a massive aid package from the US because that package would have forced it to no longer run programs for sex workers and to teach abstinence over condom use.

Peter Piot, the executive director of UNAIDS, said: “The media has the unparalleled ability to save millions of lives by providing people with vital life-saving information on AIDS.” That means you.

Condoms for journalists

In all the safe-sex messages that have been written all over the world, very few, if any, have ever been targeted at journalists. The IFJ, in conjunction with an Australian HIV organisation, the AIDS Council of NSW (ACON), developed a safe-sex pack directed at journalists – so far they have been very popular.

Journalists are sexually active beings, and often they are travelling away from partners and families, reporting from places with a very high prevalence of HIV.

Many journalists are by nature risk takers – that is what they must do to get the story. But this is one area where journalists need to put risk taking to one side and focus on prevention and protection, and use condoms – to protect themselves and their partners.

Barriers to good reporting on HIV

Journalists may face many barriers to good reporting, from government censorship to prejudice from their own media outlet. The following represents some challenges faced by media workers in this area.

Lack of access to accurate information about the epidemic.

Curbs on freedom of speech and oppressive government policies affecting access to information and freedom to scrutinise policies affecting HIV/AIDS.

Limited personal understanding about issues, trends and changing dynamics in the epidemic due to lack of training.

Lack of resources, including money, time and equipment, to travel and investigate HIV stories, leading to an over-emphasis on HIV in urban areas and neglect of rural populations.

Ethical dilemmas, such as the tension between the need to respect a person’s confidentiality and the need to provide a platform for the voices of people affected by HIV/AIDS.

Self-censorship, as a response to cultural taboos, such as open discussion of sexual behaviour or analysis of gender roles.

Competing topics on the news agenda and perceived AIDS fatigue by editors, as well as audiences, resulting in a lack of editorial support.

The need for new, imaginative approaches to creating AIDS stories and programs appropriate to different media such as community radio.–

Source: Panos Institute, Reporting AIDS: An analysis of media environments in Southern Africa. 2005.

The importance of language

The media has played a valuable role in informing the public about HIV. However, some terms which can be misleading about the virus, or denigrating to those living with HIV or AIDS, continue to be used. Here are some examples of these terms, together with suggestions of alternative terms and phrases.

Use: HIV infection, HIV-positive, person with HIV

Don’t use: AIDS if the intention is to refer to HIV

AIDS refers to a range of conditions that occur when a person’s immune system is seriously damaged by HIV infection. Someone who has HIV infection has antibodies to the virus but may not have developed any of the illnesses that constitute AIDS.

Use: HIV or AIDS

Don’t use: AIDS virus, HIV virus

There is no such thing as the AIDS virus. There is only HIV (Human Immunodeficiency Virus) – the virus that can cause AIDS. The term “HIV virus” actually means Human Immunodeficiency Virus, which is not correct.

Use: person with HIV or person living with HIV (or AIDS), or people living with HIV/AIDS (PLWHA)

Don't use: AIDS victim or AIDS sufferer This language invokes images of helplessness and weakness.

Use: Person with AIDS, person with HIV, person living with HIV/AIDS

Don't use: AIDS carrier

This term is highly stigmatising and offensive to many people with HIV and AIDS. It is also incorrect: the infective agent is HIV. You can't just catch AIDS.

Use: AIDS

Don't use: full-blown AIDS

This term implies that there is such a thing as "half-blown AIDS". A person only has AIDS when they present with an AIDS-defining illness such as an opportunistic infection.

Use: affected communities, high-risk behaviour (unsafe sex, sharing needles)

Don't use: high-risk group

This implies that membership of a particular group, rather than behaviour, is the significant factor in HIV transmission.

Use: blood, semen, pre-ejaculate, vaginal fluids, breastmilk

Don't use: Body fluids Always explain which body fluids contain HIV in sufficient concentration to be implicated in HIV transmission (ie, blood, semen, pre-ejaculate, vaginal fluids and breastmilk). HIV cannot be transmitted through body fluids such as saliva, sweat, tears or urine.

People in Zimbabwe gather in a ceremony at the Town House in Harare, in honour of people who have died of HIV and AIDS. HIV stands for Human Immunodeficiency Virus – the virus that can cause AIDS. A person who is infected with HIV does not necessarily have AIDS. However, all people with AIDS have HIV.

AIDS is not a single disease, but a spectrum of conditions that occur when a person's immune system is damaged after years of attack by HIV.

Because of the vital role media plays in educating the public, it is important that journalists understand the difference between HIV and AIDS.

Use: sex worker

Don't use: prostitute

Prostitute is considered a disparaging term, and does not reflect the fact that sex work is a form of employment for a sex worker, not a way of life.

Use: person who injects drugs, people who inject drugs illicitly, injecting drug user

Don't use: junkie, drug addict

– Source: Australian Federation of AIDS Organisations and UNAIDS, HIV/AIDS Media Guide.

OLD USAGE	CURRENT USAGE	PREFERRED USAGE
HIV/AIDS	HIV unless specifically referring to AIDS	AIDS diagnosis; HIV-related disease
HIV/AIDS epidemic	AIDS epidemic or HIV epidemic	
HIV/AIDS prevalence	HIV prevalence	
HIV/AIDS prevention	HIV prevention	
HIV/AIDS testing	HIV testing	
People living with HIV/AIDS	People living with HIV or people living with AIDS	

Use: Person living with HIV or AIDS, HIV-positive person

Don't use: AIDS patient

Use "AIDS patient" only to describe someone who has AIDS and who is, in the Terms that are misleading about the virus, or denigrate those living with HIV or AIDS, continue to be used. context of the story, in a medical setting. Journalists are encouraged not to use terms such as "AIDS victim" or "AIDS sufferer", such as in this Most of the time, a person with AIDS is article, as this language invokes images of helplessness and weakness. Similarly "AIDS patient" can cause not in the role of patient. distress or negative stereotypes. Journalists are encouraged to use instead "people living with HIV/AIDS", as this recognises the fact that many people with

HIV/AIDS lead positive, happy and meaningful lives.

Opportunistic infections

It is important to understand the progression of HIV and AIDS in order to comprehend how devastating an illness it can be and how difficult it can be to treat. One of the unusual aspects of the disease is that people develop “opportunistic infections” – so called because they take advantage of a person’s depleted immune system.

These diseases rarely occur in healthy people, but can cause problems in those whose immune systems are compromised as a result of HIV. These organisms are frequently present in the body of healthy people but are kept under control by their immune systems. These illnesses can eventually lead to death.

Lungs

Pneumocystis carinii pneumonia (PCP)

PCP is caused by a micro-organism which usually lies dormant in the lungs of people with healthy immune systems. An airborne fungus, it usually appears as a lung infection and is the most common opportunistic infection in people with HIV. Symptoms include a dry cough, chest tightness, fever and difficulty breathing. There are a number of drugs available to both treat and prevent PCP, which can be fatal if left untreated.

Tuberculosis

Also referred to as TB, this is a common bacterial infection among people with HIV. It is transmitted when an infected person coughs, sneezes or talks and can speed up the progression of HIV. Symptoms include fever, cough, night sweats, weight loss, fatigue, swollen lymph nodes and coughing up blood. A range of antibiotics are used to treat TB and, depending on the severity of the infection, treatment may need to continue for months or years.

Mycobacterium avium complex (MAC)

It is an illness caused by Mycobacterium avium and Mycobacterium intracellulare – bacteria commonly found in water, soil, dust and food. Infection usually begins in the gut and spreads to other parts of the body. Symptoms include night sweats, high fevers, coughing, weight loss, mal-absorption of food and diarrhoea. A cocktail of drugs is often used to control MAC.

Histoplasmosis

This is caused by a fungus found in soil contaminated with bird droppings or other organic matter. People are infected by breathing in dust contaminated by the fungus. Symptoms include fever, weight loss, fatigue, difficulty breathing and swollen lymph nodes. Histoplasmosis affects the lungs and can spread to the rest of the body – it can be fatal if not treated. Anti-fungal medications can treat the illness and other drugs can prevent it from recurring.

Intestines

Cryptosporidiosis

Also referred to as crypto, this is an intestinal infection spread through contact with water, faeces or food that have been contaminated with a common parasite called Cryptosporidium. Symptoms include diarrhoea, nausea, vomiting, weight loss and stomach cramps. Infections can last much longer than the usual two weeks in people with HIV and can be life-threatening. There are no medications that treat or prevent crypto, but there are treatments to control the diarrhoea caused by the infection.

A young girl at the Maiti Nepal Rehabilitation and Orphanage home in Kathmandu, Nepal. There is now a range of drugs for treating HIV and fighting the virus. These are technically called antiretroviral drugs, because HIV is a type of virus known as a retrovirus, but they are more commonly called antivirals. – July 8, 2004. Photograph by Narendra Shrestha/EPA One of the unusual aspects of the disease is that people develop “opportunistic infections” – so called because they take advantage of a person’s depleted

ed immune system.

Cytomegalovirus

Also referred to as CMV, it is a virus that most commonly affects the eyes (cytomegalovirus retinitis), but in people with HIV it can also cause colitis, an infection of the colon. CMV can be passed from person to person via saliva, semen, vaginal secretions, urine, breastmilk and transfusions of infected blood. Symptoms of CMV colitis include abdominal pain, diarrhoea, cramps, weight loss and blood loss. Prevention and treatment are available.

Eyes

Cytomegalovirus

This form of CMV causes the eye disease retinitis and can be passed from person to person via saliva, semen, vaginal secretions, urine, breastmilk and transfusions of infected blood. Symptoms include blind spots and blurred, distorted or restricted vision that can progress to blindness. Treatments include intravenous medications, pills and injections of drugs directly into the eye. If left untreated, CMV causes blindness.

Brain

Cryptococcal meningitis

This is caused by the *Cryptococcus* fungus commonly found in soil contaminated by bird droppings. People become infected by breathing in dust contaminated with the fungus, and for those with HIV, infection mostly results in meningitis. Symptoms include fever, headache, nausea, vomiting, stiff neck, mental confusion, vision problems and coma. It does not spread from person to person. Treatment is available; without it, people can die rapidly.

Toxoplasmosis

Toxoplasmosis is an infection caused by a parasite found in cat faeces, raw meat, raw vegetables and soil. Infection can occur from eating contaminated food or coming into contact with cat droppings. It can spread to most parts of the body, but usually causes encephalitis, an infection in the brain. Symptoms include fever, confusion, headache, personality changes, tremors and seizures. It can result in coma and death, but is both treatable and preventable.

Mouth

Candidiasis

It is the most common fungal infection found in people with HIV and usually affects the mouth, throat, lungs and vagina. Infection in the mouth is also called thrush, and can cause pain when swallowing, nausea and loss of appetite. Those with throat infections may experience chest pain and difficulty swallowing. There are a variety of treatments to control the infection.

Skin

Herpes simplex

There are two types of herpes simplex viruses – HSV1 that causes cold sores or blisters around the mouth and eyes; and HSV2 that causes genital or anal herpes. The virus is spread from person to person via contact with an infected area such as the mouth or genitals. Symptoms include outbreaks of a rash, which may be itchy or tingling, or the appearance of painful blisters and sores. Outbreaks are more frequent and serious in people with HIV, however there are treatments to reduce the severity and frequency of outbreaks.

Herpes zoster

Also known as shingles, it is caused by the virus that also causes chickenpox, herpes varicellazoster. It results in painful rashes and blisters on the chest, back and face, mostly affecting one

side of the body and lasting for weeks. There are no prevention medications available, and treatment includes anti-herpes drugs and pain medication.

Genitals

Candidiasis

Symptoms of vaginal infection include white discharge, itching and pain during urination or sex. Antifungal treatments are available, however recurrence of the infection is common.

Herpes simplex

The HSV2 causes genital or anal herpes. The virus is spread from person to person via contact with an infected area such as the mouth or genitals. Symptoms include outbreaks of a rash, which may be itchy or tingling, or the appearance of painful blisters and sores. Outbreaks are more frequent and serious in people with HIV, however there are treatments to reduce the severity and frequency of outbreaks.

Human papilloma virus

Also known as HPV, it is easily passed from person to person via direct contact with infected areas, usually during sexual activity. It can cause genital warts on the penis, vagina and anus. Certain types of HPV are also linked to cervical cancer. There is no cure for HPV but treatments can remove warts, and a vaccine that protects against several types of HPV has recently been approved for use in some countries.

Cancers

Lymphatic cancer

Lymphomas are tumours. People with AIDS generally have a variety called non-Hodgkins lymphoma. These can be slowed by chemotherapy and radiotherapy, but complete remission is uncommon.

Kaposi's sarcoma (KS)

KS is a rare skin cancer caused by a virus, originally seen almost exclusively in central Africa and among elderly Mediterranean men. In AIDS, KS attacks the internal organs and can produce painful purple skin lesions. Developments in chemotherapy now mean KS is better controlled, with far fewer treatment side effects.

– *Source: Henry J. Kaiser Family Foundation, Reporting Manual on HIV AIDS: HIV/AIDS Reporting, December 2005, <http://www.kff.org/hiv aids/upload/7124-02.pdf>*