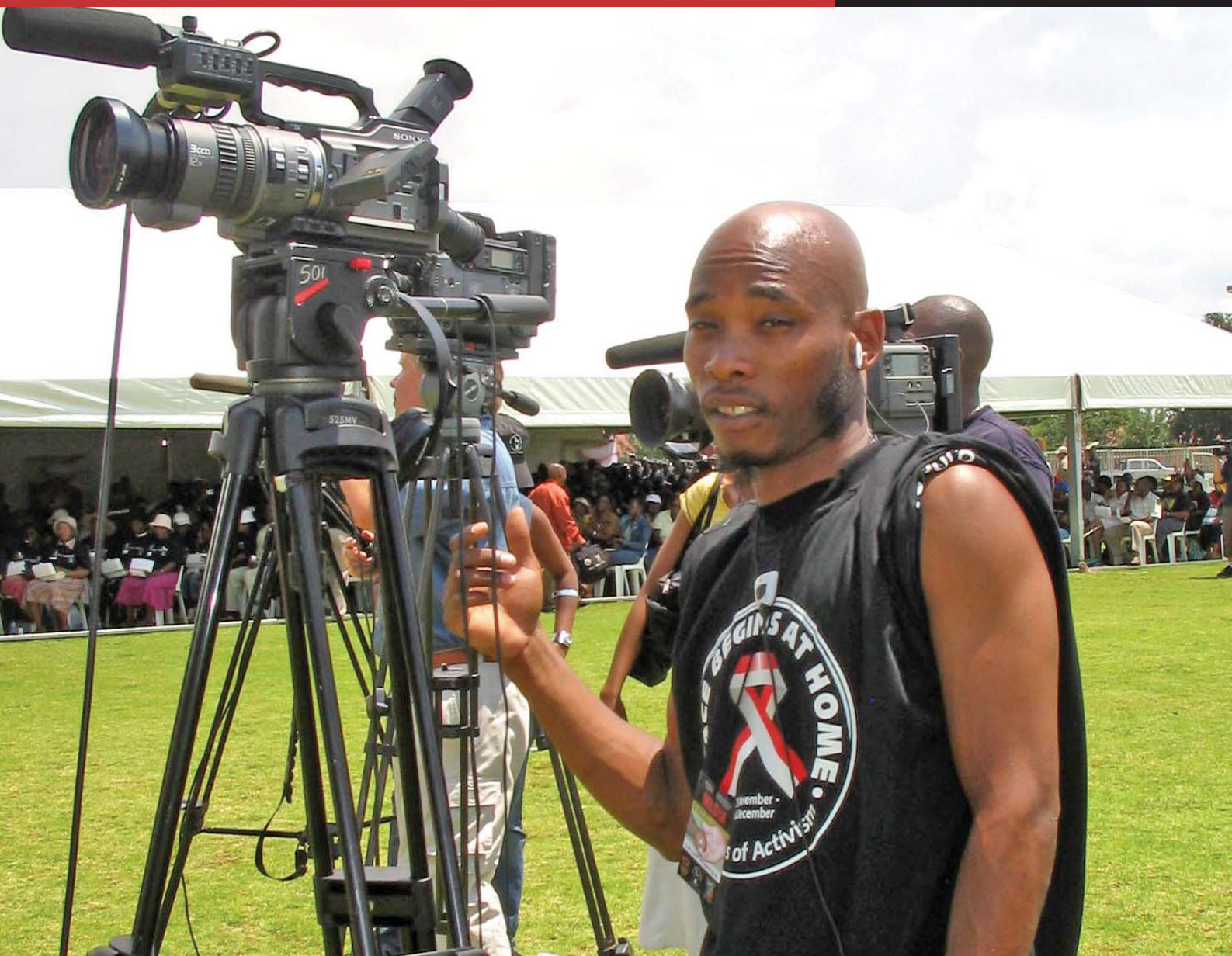
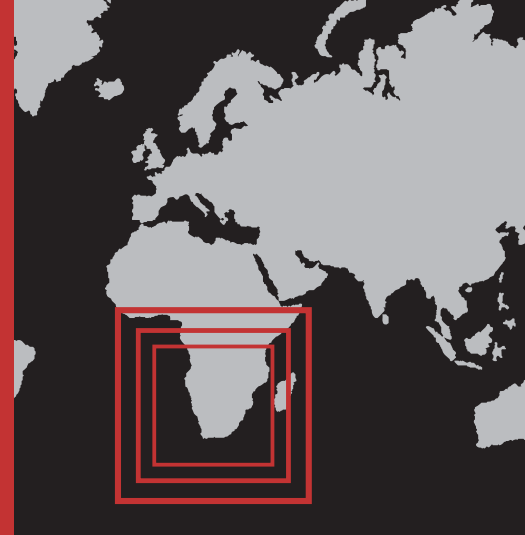


# HIV and AIDS and GENDER BASELINE STUDY



## REGIONAL REPORT

COUNTRY REPORTS ON CD ROM

The Southern African Media Action Plan



on HIV and AIDS & Gender



HIV and AIDS and Gender Baseline Study  
Regional Report

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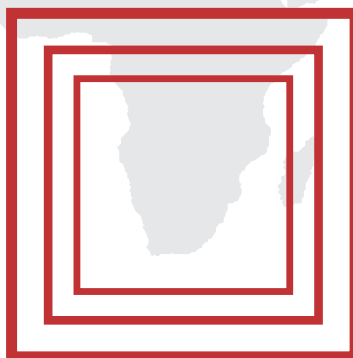
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## ACRONYMS

AED	Academy for Educational Development
AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-retroviral
CADRE	Centre for AIDS Development, Research and Evaluation
FES	Frederich Ebert Stiftung
GEMSA	Gender and Media Southern African Network
GL	Gender Links
GMAS	Gender and Media Audience Study
GMBS	Gender and Media Baseline Study
GMMP	Global Media Monitoring Project
HIV	Human Immunodeficiency Syndrome
ILO	International Labour Organisation
MAP	Media Action Plan
MISA	Media Institute of Southern Africa
MMP	Media Monitoring Project
NGOs	Non-governmental organisations
SADC	Southern African Development Community
SAEF	Southern African Editors Forum
SAfAIDS	Southern Africa HIV and AIDS Information Dissemination Service
SAGEM	South African Gender and Media Network
UNAIDS	United Nations Aids Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNGASS	United Nations General Assembly on HIV/AIDS
ZAMCOM	Zambia Institute of Mass Communication





## DEDICATION

This study is dedicated to the late Dr Emmanuel Kasongo, former Director of the Zambian Institute of Mass Communications (ZAMCOM) and Deputy Chair of the Gender and Media Southern Africa Network (GEMSA). Dr Kasongo led the Zambian monitoring team until his tragic passing away in a car accident in October 2005. Dr Kasongo will be remembered by all those who worked with him as a dedicated gender and media activist, talented academic, teacher and trainer.



## ACKNOWLEDGEMENTS

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The MMP, which leads the monitoring and evaluation sub-sector of MAP, designed, produced, and analysed the quantitative research for the HIV and AIDS and Gender Baseline Study. Gender Links (GL), the Gender and Media Southern Africa Network (GEMSA), the Media Institute of Southern Africa (MISA) and a reference group comprising Colleen Lowe Morna (GL and GEMSA), Jennifer Mufune (MISA and GEMSA), Pat Made (GL and GEMSA), Tom Mapesela (MISA and GEMSA) Agnes Odhiambo (GL), Rob Jamieson, Pat Mwase, Joe Thloloe (Southern African Editor's Forum), Liesl Gerntholtz (GL), William Bird (MMP), Gemma Harries (MMP), Natalie Ridgard (University of Witwatersrand Journalism Department) and Richard Delate (UNAIDS), contributed to the design of the quantitative methodology.

GL, which leads the policy sub-sector of MAP with GEMSA, designed, produced and analysed the qualitative research, and managed the in-country research. Team leaders in each country coordinated the monitoring and data capture, and drafted the qualitative findings. They are Sechele Sechele from Botswana, Tom Mapesela from Lesotho, Pushpa Jamieson and Janet Karim from Malawi, Loga Virahsawmy from Mauritius, Eduardo Namburete and Sandra Manuel from Mozambique, Sarry Xoagus-Eises and Emily Brown from Namibia, Bheki Maseko from Swaziland, Rose Haji from Tanzania, Mwiika Malindima from Zambia, and Pat Made from Zimbabwe.

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# EXECUTIVE SUMMARY



# EXECUTIVE SUMMARY



**Table 1: Summary of key data from the findings of the HIV and AIDS and Gender Baseline Study in the Region**

QUANTITY OF COVERAGE	% REGION	
HIV coverage compared to total	3	
HIV mentioned	36	
HIV central focus	64	
WHO SPEAKS		
Women and men - all topics	39 (F)	/ 61 (M)
Person affected by HIV	4	
Women and men affected by HIV	59 (F)	/ 41 (M)
People with HIV	4	
Women and men with HIV	44 (F)	/ 56 (M)
Traditional & religious groups	5	
Women and men traditional and religious groups	18 (F)	/ 82 (M)
Civil society, NGOs, INGOs	28	
Women and men in civil society, NGOs and INGOs	47 (F)	/ 53 (M)
Experts	12	
Women and men experts	36 (F)	/ 64 (M)
Officials/UN agencies	42	
Women and men officials/UN agencies	31 (F)	/ 69 (M)
Other	5	
Women and men other	40 (F)	/ 60 (M)
TOPICS		
Prevention	41	
Who speaks on prevention?	42 (F)	/ 58 (M)
Treatment	16	
Who speaks on treatment?	37 (F)	/ 63 (M)
Care	13	
Who speaks on care?	52 (F)	/ 48 (M)
General	19	
Who speaks on general?	27 (F)	/ 73 (M)
Impact	5	
Who speaks on impact?	35 (F)	/ 65 (M)
TYPES OF STORIES		
News & briefs	78	
Cartoons, images, graphics	2	
Editorial & opinion	4	
Feature & analysis	10	
Feedback	3	
Interview, profile & human interest	3	
WHERE DO STORIES COME FROM?		
International	13	
Regional	8	
National	54	
Provincial	6	
Local	19	
WHO TELLS THE STORIES?		
Original story	77	
Guest writer	5	
News agency	18	
WHO REPORTS ON HIV and AIDS?		
Overall	45 (F)	/ 55 (M)
Who reports on what?		
Prevention	39 (F)	/ 61 (M)
Treatment	56 (F)	/ 44 (M)
Care	57 (F)	/ 43 (M)
General	39 (F)	/ 61 (M)
Impact	39 (F)	/ 61 (M)
Other	50 (F)	/ 50 (M)



## EXECUTIVE SUMMARY

This report covers the regional findings of the HIV and AIDS and Gender Baseline Study carried out as part of the Media Action Plan on HIV and AIDS and Gender (MAP) led by the Southern African Editors' Forum (SAEF).

The Media Monitoring Project (MMP) that leads the monitoring and evaluation arm of MAP conducted the monitoring, analysed the data and produced the results for the region as well as the individual countries. Gender Links (GL), that leads the policy sub-sector of MAP, produced the qualitative methodology, edited these findings, wrote all the country reports in this study and co-authored the regional report.

staggered between the months of October and November in 2005. The key findings of the research are summarised in Table 1. These show that:

***The coverage of HIV in the media is extremely low:*** Of the 37 001 items monitored in the region, only 3% focused on or mentioned HIV. Mauritius had the lowest proportion of coverage (1%) and Lesotho the highest (19%). The study also showed that there were considerable differences between media houses in each country in their coverage of HIV and AIDS, with the weekly newspapers having higher coverage of the subject.

## OBJECTIVES

The research sought to:

- Develop a standardised HIV and AIDS and gender media monitoring methodology;
- Undertake a regional baseline media monitoring project, which will result in baseline data on the coverage and representation of HIV and AIDS, and the gender dynamics that underpin the pandemic;
- Use the monitoring process to help develop situation analyses of countries and media houses, which will inform the roll-out of policies as part of MAP;
- Use the monitoring process to familiarise facilitators and resource persons in each country who will be guide the roll out of policies in media houses as part of MAP with key HIV and AIDS, gender, and media issues in their respective countries;
- Gather case materials that can be used for training as part of the rollout of the policies.

## KEY FINDINGS

The monitoring included 132 media houses in eleven Southern Africa countries, for a total of 15 days

***HIV and AIDS is still not well mainstreamed into coverage:*** Almost two thirds of all items monitored focused specifically on HIV and AIDS while the remaining 36% only mentioned HIV and or AIDS. This suggests that HIV is being covered mainly as a stand-alone health issue and that it is not being adequately mainstreamed in all coverage. There were, however, variations between countries with 80% of the items in Mauritius focusing specifically on HIV and AIDS, compared to 36% in Botswana and 37% in Lesotho.

***Male voices still predominate:*** Although there are significantly higher proportions of women who speak on HIV and AIDS (39%) than in general coverage (19% in the recent Global Media Monitoring Project) male voices still predominate in all areas of HIV coverage, except for care work.

***Voices of people with HIV are hardly heard in the media:*** People with HIV constituted 4% of all sources, but with considerable differences between countries. This ranged from a high of ten per cent in Swaziland to no persons with HIV being interviewed in Malawi during the monitoring period.

**Women with HIV are becoming more vocal:**

The research found that of all the people with HIV interviewed, women comprised 44% of the total; and over half of this category in Botswana, Lesotho and South Africa. In general women tend to be more aware of their HIV status. But it is also heartening that an increasing number of women are feeling empowered enough to speak out.

**HIV and AIDS stories are mainly told by officials:**

Officials and UN agencies account for 42% of all sources, and experts another 12% of those quoted. Men's voices dominate in all roles except for people affected by HIV where women's voices account for 59% of those quoted.

**Most coverage of HIV and AIDS is on prevention:**

Out of the six topic categories (prevention, treatment, care, general, impact and other) prevention accounted for 41%; followed by general stories about HIV and AIDS (19%). Care and impact received the lowest proportion of coverage, at 13% and 5% respectively. This suggests that care, which has a major bearing on the lives of women, is still regarded as a marginal issue in the media; and that the long term consequences of the pandemic are not being sufficiently analysed.

**There are some encouraging signs of greater depth in coverage:**

While most coverage of HIV is still in the form of short news items (78%), 10% of all items were classified as feature and analysis (compared to an average of about 5% in general monitoring conducted by the MMP).

**There is a relatively high level of original stories being produced.**

A positive finding of the study is that the majority of stories on HIV and AIDS in the region (77%) are original stories written or added to by journalists, as opposed to those obtained from agencies and guest writers.

**Gender balance is close to being achieved on the beat:**

Women reported 45% of the HIV and AIDS stories monitored. Except in Mauritius where more men reporters access female sources and in Mozambique where there is a balance, the research also shows that in most countries in Southern Africa women journalists are more likely to access women sources. This is a strong argument for continuing to work towards gender parity at all levels and in all beats.

**Gender dimensions of the epidemic are not receiving sufficient coverage:**

Despite the increasing gender balance in newsrooms, gender is not well integrated into HIV and AIDS coverage, much of which was classified in the study as either gender blind or unclear. Closer analysis of topics showed that:

- In stories on prevention, the sub-topics that examined gender power relations, Prevention of Mother to Child Transmission (PMTCT), gender-based violence, and the role of men and boys, cross-generational sex, cultural practices and sex work, all significant drivers of the epidemic in the region, received less than 5% of coverage.
- In stories on home-based care, legal rights and the role of men and boys also received minimal coverage in stories dealing with care, support and the environment.

**Policies, training and access to information can help to improve the quantity and quality of coverage:**

Through the collaborative efforts of a number of organisations, MAP offers support to media houses that wish to develop HIV and AIDS and gender policies and integrate these into workplace as well as editorial practices. The training, ethics and information arms of MAP will buttress the policy support provided by GL and MISA.



## CHAPTER 1: INTRODUCTION

Sixteen Days of Activism in South Africa

# INTRODUCTION

This chapter outlines the background to the HIV and AIDS pandemic in Southern Africa; its gender dimensions; how the media has responded to it; and the background to, and objectives of, this research project.

### HIV and AIDS in the region

Acquired Immunodeficiency Syndrome (AIDS) has killed more than 25 million people since it was first recognized in 1981, making it one of the most destructive epidemics in recorded history. Despite the recent improved access to antiretroviral treatment and care in many regions of the world, the AIDS epidemic claimed 3.1 million lives in 2005 of whom children constituted more than half a million. An

estimated 40.3 million people are now living with HIV. Close to 5 million people were newly infected with the virus in 2005 (AIDS Epidemic Update, UNAIDS, 2005).

Although there are hopeful signs of declining national HIV prevalence in Zimbabwe, (and this is despite infection levels in pregnant women remaining high; at 21% in 2004), UNAIDS notes that the epidemic continues to intensify in Southern Africa. HIV infection levels among pregnant women are 20%—or higher—in six southern African countries (Botswana, Lesotho, Namibia, South Africa, Swaziland and Zimbabwe). In two of them (Botswana and Swaziland), infection levels are around 30%. South Africa's epidemic, one of the largest in the world, shows no sign of relenting. In neighbouring Mozambique, HIV infection levels are rising alarmingly.

### How gender inequality and poverty exacerbate HIV and AIDS

- Women are often not able to negotiate safer sex with their partners, especially in marriage.
- Traditional practices such as “dry sex” and Female Genital Mutilation (FGM), aimed in the one instance at maximising men's sexual pleasure and in the other minimising women's sexual pleasure, add to women's vulnerability.
- In many countries, women are under great pressure to demonstrate their fertility and become mothers. Women who seek to become pregnant may have no real options to protect themselves against HIV and AIDS.
- Poor women often lack knowledge, the power or indeed the time to be worried about safer sex.
- Poverty often leads to men migrating to cities to work where they have multiple sex with sex workers and multiple partners.
- Because of the way that they are socialised, men are often reluctant to go for testing. Knowing ones status is a critical starting point in prevention campaigns.
- Gender violence, high in many Southern African countries, increases the risk of contracting HIV. Post Exposure Prophylaxis, which helps to reduce the risk of contracting HIV, is not widely available or administered in health facilities. Many women are unaware of what they need to do to reduce the risk of contracting HIV following a sexual assault.
- Women are poorly represented in decision-making structures at all levels. Their voices are not heard where policies regarding HIV/AIDS are being made.
- War and social upheaval can result in the disintegration of the family, the loss of local social systems and mass migration, creating an enabling environment for the transmission of HIV. Rape and atrocities often accompany the violence of war.
- “Home-based care” is often just a euphemism for women bearing the brunt of caring for the sick as one of the many forms of unwaged work that they perform.
- Many laws contribute wittingly or unwittingly to the spread of HIV. These include:
  - Prevention and suppression of commercial sex work.
  - Criminalisation of homosexuality.
  - Laws that reduce women's access to property and economic security.
  - Policies regulating sex education in schools.





### HIV and AIDS and gender

For women in Africa, the social, economic, and political impact of the HIV and AIDS pandemic is profound. The UNAIDS AIDS Epidemic Update shows that out of the 25.3 million adults and children living with HIV in Sub-Saharan Africa, women comprise 13.5 million. In several southern African countries, more than three quarters of all young people living with HIV are women (UNAIDS, 2005).

It is a biological fact that women, and especially younger women, are more vulnerable to HIV and AIDS than men. These biological factors are exacerbated by the gender roles and expectations that society places on women and men – and the economic, social and political factors that create an “enabling environment” for the pandemic.

Research by UNAIDS in different parts of Africa shows that if HIV-prevention activities are to succeed, they need to occur alongside other efforts, such as legal reform (including property rights) and the promotion of women’s rights that address and reduce violence against women and girls. Empowering women to speak about how they are affected by the epidemic is also a critical part of the strategy.

It is equally important to engage men and boys in HIV prevention efforts, not only because they often control women’s and girl’s degrees of vulnerability to HIV but also because societal norms about masculinity often encourage men to engage in behaviours that put their health at risk. Men, like women, are influenced by traditional gender norms. These need to be challenged if men are to be encouraged to play a more responsible role in HIV prevention.

### HIV and AIDS, gender and the media

To what extent can the media be expected to change behaviour? This is a hotly debated issue in the sub-region. While it can be argued that the media has

limited influence, some experiences have shown that the media *can* play a powerful role in determining behaviour change.

Mass media can be instrumental in breaking the silence that surrounds the disease and in creating an environment that encourages discussion of how individuals can protect themselves and change their behavior, if necessary. They can also mobilise society and uphold human rights including the prevention of stigma and discrimination. The media can make AIDS programming a key part of their output and, indeed, their corporate strategy.

#### The media is not an island

There are several global, continental and regional commitments to curbing the spread of HIV and AIDS.

These include:

- The Millennium Development Goals (MDGs)
- The Declaration of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS)
- The Abuja Declaration on HIV and AIDS, Tuberculosis and other related infectious diseases
- The New Partnership for Africa’s Development (NEPAD)
- The SADC Declaration on HIV/AIDS
- The SADC Declaration on Gender and Development.

These declarations underscore the important role that the media has to play as a partner in the response to HIV and AIDS and Gender, including promoting information on prevention, care, support and treatment. They highlight the need to address gender dynamics, the socio-economic impact, the prevention of stigma and discrimination, the promotion of human rights as well as access to treatment, care and support.

*Lessons for today and tomorrow: An analysis of HIV and AIDS reporting in Southern Africa*, a study conducted by PANOS Southern Africa in 2004 found that there has been an improvement in the quantity of coverage on HIV and AIDS issues. The study also found that there had been some improvement in understanding and sensitivity, from the denial and stigma that the media often fuelled in the early days of the pandemic to grappling with the ethical, legal and social issues. This is reflected in changing language, for instance, from “killer disease and aids victim” to “AIDS pandemic” and “people with HIV.” Research by Panos London (“Reporting AIDS: An analysis of media environments in Southern Africa”, 2005”) reveals similar findings.

However, these studies highlight limitations of media coverage of HIV and AIDS. They include the fact that HIV reporting is event-driven rather than issue oriented and that stories are told from the perspective of officials and experts rather than those of People with AIDS. Stories are rarely localised and or made relevant to the local situation. Alan Finlay (2004) observes that media representations of HIV and AIDS in South Africa have focused on “celebrity” and conflict between stakeholders.

Nicola Spurr’s (2005) analysis of news articles on PMTCT between 2000 and 2004 shows that the peaks in coverage of PMTCT correspond with the political disputes between government, particularly the Minister for Health and the Treatment Action Campaign (the vanguard group of civil society for HIV and AIDS). These findings suggest that the South African media is reactive and driven by commercial news values; rather than proactive and analytical about one of the most serious crises facing the country.

Prior to the MAP HIV and AIDS and Gender Baseline Study, the Gender and Media Baseline Study (GMBS) conducted by GL and MISA in 2003 is the only source of data on HIV and AIDS, gender and the media. This showed that health and HIV and AIDS accounted for just 3% of the news items monitored and that women sources comprised 25% of this topic category.

The GMBS also showed that more men (40%) than women (31%) reported on health and HIV and AIDS, with the remainder of sources classified as unknown.

The Gender and Media Audience Study (GMAS) conducted by GL with universities in thirteen Southern African countries in 2004 and 2005 found that audiences in the region would like to see, hear and read more local/community and positive human interest stories. Audiences, and especially women, expressed the need for more stories and information on HIV and AIDS.

An audit of HIV and AIDS and gender policies conducted by GL in 2005 as part of MAP showed that only 10.11% of the 366 media houses interviewed (about 90.6 percent of the media houses in the region) had policies on gender and /or HIV and AIDS. More media houses (9.02%) had HIV and AIDS policies compared to those with gender policies (6.28%). The research also showed that media houses lack a clear understanding of:

- Why they should develop and implement HIV and AIDS and gender policies;
- What a gender or HIV and AIDS policy is;
- The difference between work place and editorial policies.

### **What is the MAP?**

The MAP on HIV and AIDS and Gender is a collaborative effort by the Southern Africa Editors Forum (SAEF) and NGO partners to improve coverage of HIV and AIDS and gender, as well as mitigate the effects of the pandemic on the media industry.

As it seeks to improve the quality of media reporting on the epidemic and the gender inequality that fuels it, as well as mitigate the impact of HIV and AIDS on the media industry in Southern Africa, MAP aims to:

- Ensure better regional coordination and participation of media managers in activities targeting the media on HIV and AIDS in Southern Africa



- Ensure that 80% of media institutions have workplace based policies and programmes on HIV and AIDS and Gender, by the end 2007 in accordance with SADC and ILO Codes of Conduct.
- Establish standards for media reporting and increase the understanding of editors on issues relating to HIV and AIDS and Gender.
- Improve media reporting through integrating HIV and AIDS and gender into media training at tertiary institutions, in-service training institutions and in the workplace.
- Develop and disseminate information and resource materials on HIV and AIDS and Gender for the media.
- Establish baseline data and conduct monitoring and research to assess the impact of MAP on HIV and AIDS and gender coverage.



Sarry Xogus-Elises

SAEF, which comprises representatives from the national editors' forums of countries in the SADC region, is the overall co-ordinator of MAP. Lead agencies coordinate the work of the different sub-sectors, including raising funds for, and managing activities. The sub sectors and lead agencies are:

- Newsroom policies: Gender Links and GEMSA;
- Ethics: MISA;
- Training: PANOS;
- Research and monitoring: MMP; and
- Information and Resources: SAFAIDS.

The aim of the monitoring sub-sector is to monitor and evaluate the impact of all aspects of MAP activities, through monitoring and researching changes in editorial content and newsroom practices. The starting point of the monitoring activities is the conducting of this baseline study to establish how HIV and AIDS and gender are being covered by newsrooms.

The policy sub-sector aims to devise tools, and provide support to Southern African media houses for developing and adopting HIV and AIDS and gender policies. The target is for 80% of all newsrooms to have such policies by the end of 2008. The monitoring and policy sub-sectors agreed to work together closely in conducting the baseline study since this provides the rationale for developing HIV and AIDS and gender policies, as well as the baseline data against which progress can be monitored in the future. The two arms of MAP also agreed that the in-country facilitators for rolling out the policies should serve as team leaders for the monitoring, as this would give them a better understanding of the key issues to be addressed in the policies.

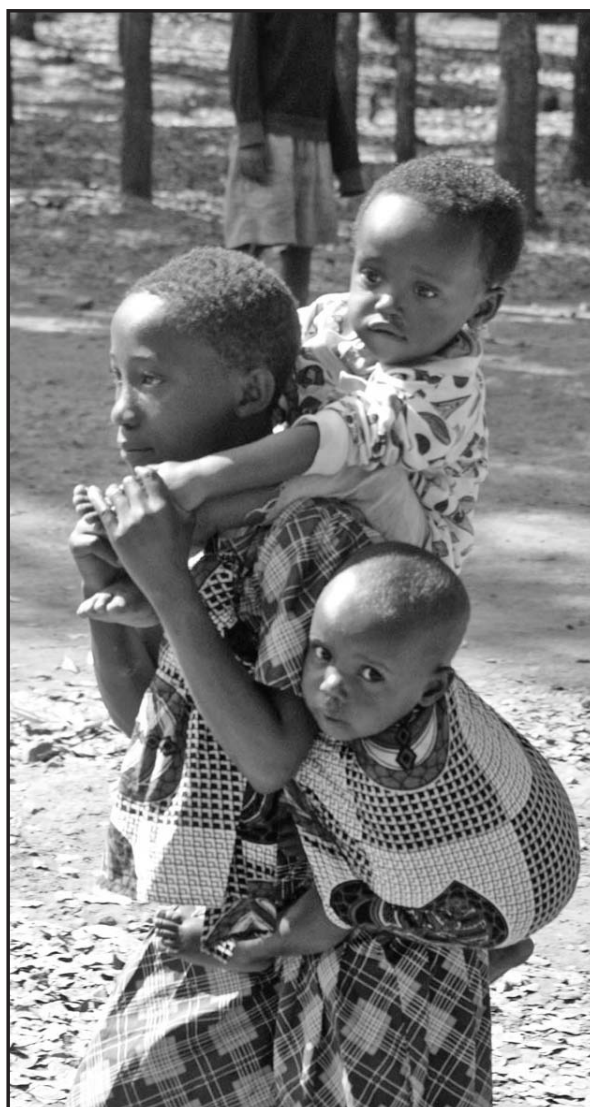
### Structure of the report

The report covers:

- Methodology.
- Quantitative findings, including quantity of HIV coverage for the region, with country comparisons where possible, sources (who speaks); topics; types of stories; where these emanate from; who tells the stories; who reports on HIV and AIDS and who reports on what topics.
- Qualitative findings, including the extent to which stories reflected an understanding of the pandemic and of its gender dimensions as well as the extent to which to which stories supported or violated the ethical principles devised by SAEF for covering HIV and AIDS.
- Conclusions and recommendations.

### Additional resources

Accompanying this report is a CD ROM with 11 country reports and 11 pamphlets for each of the countries covered in the study. The CD ROM also contains a summary pamphlet of the regional report. All the case studies gathered during the monitoring are found on the GL website ([www.genderlinks.org.za](http://www.genderlinks.org.za)) under the Virtual Resource Centre, HIV and AIDS topic category. The case studies are accompanied by training notes.



## CHAPTER 2: METHODOLOGY



# METHODOLOGY



This chapter of the report briefly outlines the qualitative and quantitative research tools used for analysing the media's coverage of HIV and AIDS and gender. The quantitative component involved the capturing of essential data from all the media monitored, while the qualitative component drew together analyses from the examples gathered during the monitoring. A detailed description of the methodology can be found in the User Guide for the monitoring produced by GL and the MMP.

### Process

The process began with the selection of team leaders from a pool of applicants from around the region. The team leaders undertook a week's training course facilitated by GL and the MMP in October 2005.

Each of the team leaders then conducted their own in-country training of media monitors. The team leaders submitted country contexts; the data captured during monitoring; as well as eight qualitative case studies for each country to GL.

### Scope

The research involved monitoring 118 media houses for 15 days over a constructed month, from 22 October to 24 November 2005 (see **Annex A**). As illustrated in Table 2, the monitoring covered a total of 68 print publications (36 daily and 32 weekly) as well as 35 radio stations (14 public and 21 private) and 15 TV stations (11 public and 4 private). A full list of the media monitored in all countries is attached at **Annex B**.

**Table 2: Summary of media monitored**

Country	Print		Radio		Television		TOTAL
	Daily	Weekly	Public	Private	Public	Private	
Botswana	2	5	0	1	2	0	10
Lesotho	0	6	1	1	0	0	8
Malawi	2	3	1	4	1	0	11
Mozambique	4	0	2	3	0	0	9
Mauritius	3	4	1	2	1	0	11
Namibia	4	1	1	2	1	0	9
South Africa	7	4	2	3	3	1	20
Swaziland	2	1	1	0	1	0	5
Tanzania	6	3	1	3	1	2	16
Zambia	3	0	1	2	0	1	7
Zimbabwe	3	5	3	0	1	0	12
<b>TOTAL</b>	<b>36</b>	<b>32</b>	<b>14</b>	<b>21</b>	<b>11</b>	<b>4</b>	<b>118</b>



Television monitoring covered the main prime time bulletin. Radio monitoring covered three news bulletins on each day of monitoring. In some instances two bulletins and a current affairs programme were monitored. Monitoring of newspapers included the entire newspaper (with the exception of advertisements, sports and paid for material).

### What monitors looked for

For each item monitored, researchers captured 22 pieces of information on a specially designed monitoring form.

Key questions asked included:

- Number of articles that focused specifically on HIV as opposed to simply mentioning HIV.
- Total number of items that mentioned or focused on HIV as a percentage of the total number of items monitored.
- Number of male and female sources.
- Which of six topic categories the item could be classified as (prevention, treatment, care, impact, general or other).
- Male and female sources for each topic category.
- The function of sources (person with HIV, person affected by HIV, officials and UN agencies, experts, civil society etc).
- Breakdown of function of sources according to sex.
- Genre of story (news, features, editorial, letters etc).
- Origin of stories (national, local, regional, international).
- Who reports on stories (women and men).
- Who reports on what topics.
- Whether stories challenged or reinforced stereotypes.
- Whether stories challenged or supported the SAEF ethical principles on covering HIV and AIDS.
- The extent to which stories demonstrated an awareness of HIV and AIDS and or its gender dimensions.

Each completed form was captured in-country onto a purpose built database. The databases were sent to the MMP in South Africa where the data was checked, for accuracy and consistency. All databases were then brought together into a central regional database.

To ensure a more even spread of data countries were placed in media density bands determined by the overall number of each type of media in each country. To prevent the results being dominated by the country that has the most data, country weightings were introduced. Weighting data is important in a multinational project to avoid countries that submitted the most data determining the overall results.

Using a system similar to that employed in the recent Global Media Monitoring Project (GMMP) the MMP calculated weightings based on population size, the number of media in each country as well as (in the case of print) the circulation of the media.

Polytechnic of Namibia



### Quantitative monitoring

One of the key concerns of the MAP project and of the monitoring is to promote ethical coverage of HIV/AIDS; mainstream a gender perspective into coverage; and challenge stereotypes. Monitors classified stories into the following categories, based on GL's Gender and Media (GEM) classification system:

Table 3: Perspective Monitoring

CLASSIFICATION	HIV	GENDER
<b>STEREOTYPES</b>	<b>HIV STEREOTYPES</b>	<b>GENDER AND HIV STEREOTYPES</b>
<b>Explanation</b>	Perpetuates stereotypes about HIV including in use of language.	Perpetuates particular stereotypes about women and men living with HIV.
<i>Example</i>	PLWA are victims waiting to die.	Sex workers are responsible for spreading HIV/AIDS.
<b>BLINDNESS</b>	<b>HIV BLIND</b>	<b>GENDER AND HIV BLIND</b>
<b>Explanation</b>	Only one or two perspectives.	Lack of gender balance in sources.
<i>Example</i>	Story on the roll out of HIV/ AIDS that does not quote PLWA.	Story on preventing mother to child transmission is written from the perspective of a male doctor or expert.
<b>Explanation</b>	Fails to bring out key HIV/AIDS issues.	Lack of awareness of gender dynamics.
<i>Example</i>	A story on someone being dismissed because of their HIV/AIDS status that fails to mention their legal rights.	A story on the distribution of condoms that does not bring out unequal power relations between women and men.
<b>AWARENESS</b>	<b>HIV AWARE</b>	<b>HIV AND GENDER AWARE</b>
<b>Explanation</b>	Challenges stereotypes.	Challenges gender stereotypes on HIV/AIDS.
<i>Example</i>	EG Positive story on women living with AIDS.	EG: Sex workers organise to prevent the spread of HIV/AIDS.
<b>Explanation</b>	Has a variety of sources.	Sources are gender balanced.
<i>Example</i>	EG: PLWA, experts and officials are interviewed.	EG: Women and men, experts and officials are interviewed.
<b>Explanation</b>	Adds fresh perspectives, context and depth.	Opens fresh angles for inquiry.
<i>Example</i>	EG: ARVs are not sufficient to stave off the onset of full blown AIDS; they must be combined with a positive outlook and good nutrition.	EG: Women are not just victims of gender violence and HIV/AIDS; they have a right to enjoy sex.

For each case study, monitors provided a short description of the item; a justification for the classification; a commentary on the article/item; headline; language and image (if relevant). The monitors also classified items according to whether they supported or violated the SAEF ethical principles on covering HIV and AIDS and gender (see **Annex C**).

### Limitations

Every effort has been made to ensure accuracy and reliability of the data; in the design of the methodology; the provision of clear user guides for the monitoring and data-capture as well as in checking the data submitted for inconsistencies. The MMP also conducted random data checks.

Limitations include:

- The monitoring did not include every media house, and it covered only news.
- Although radio monitoring included three bulletins for each monitoring day, it only included a limited number of current affairs programmes, and did not cover radio talk shows.
- The monitoring did not cover community radio. This should be the subject of a dedicated monitoring in the future.
- The low proportion of HIV and AIDS coverage meant that in some cases (especially in countries with very low coverage, like Mauritius) analysts had to work with small sample sizes that made it difficult to draw meaningful conclusions. In the country reports such conclusions have only been drawn where the sample size warranted the drawing of such conclusions.
- The study did not include qualitative interviews with newsrooms. It only covered content.



## CHAPTER 3: QUANTITATIVE FINDINGS

Zachie Achmed, TAC

# QUANTITATIVE FINDINGS

This chapter of the report details the key quantitative findings of the study. These cover the quantity of coverage; sources (who speaks); topics; genres (or types of stories); where stories come from and who reports on stories.

### Quantity of coverage

#### Overall coverage

Figure 1 illustrates that out of all the news items monitored, only 3% (1417 out of a total of 37 001 items) mentioned or focused on HIV and AIDS. This is low, relative to the scale of the pandemic.

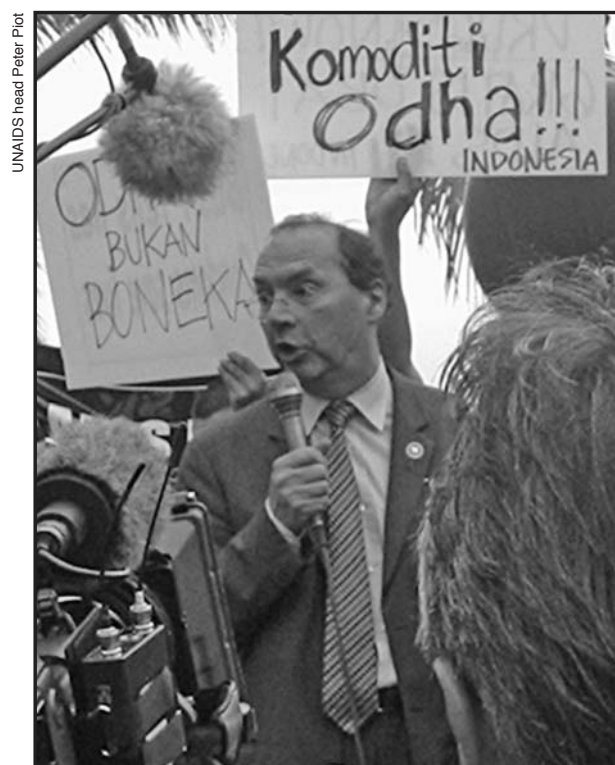
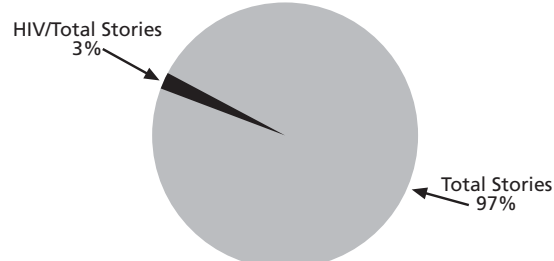
#### Variations between countries

The proportion of coverage in the individual countries varies from 1% in Mauritius to 19% in Lesotho, with the majority of countries between 2% and 7%. The low coverage of HIV and AIDS in Mauritius may be due to the low prevalence of HIV in the country: HIV is still not an epidemic in Mauritius. Coverage of HIV and AIDS in Swaziland (10%) is also significantly higher than the regional average. The low proportion of coverage in South Africa (2%) is of concern, given the extent of the pandemic.

HIV and AIDS coverage also varied across media houses in different countries. For example in South Africa, Swaziland, Zimbabwe and Malawi, weekly newspapers had the highest coverage – possibly because they have more time than daily papers to originate stories. But certain weekly newspapers in Tanzania and Namibia had no coverage of HIV and AIDS at all during the monitoring period. It is also of concern that one of the media houses that failed to cover the epidemic at all during the monitoring period is the national broadcaster in Zambia.



Figure 1: HIV coverage compared to total





Coverage of HIV and AIDS by mainstream news media is one important gauge of how prominent the issue is on the overall agenda of the nation, and how attention to the epidemic has changed over time, both in terms of quantity and content. In general, findings from this study indicate that the subject is not receiving the attention that it deserves.

### ***Stand-alone versus mainstream***

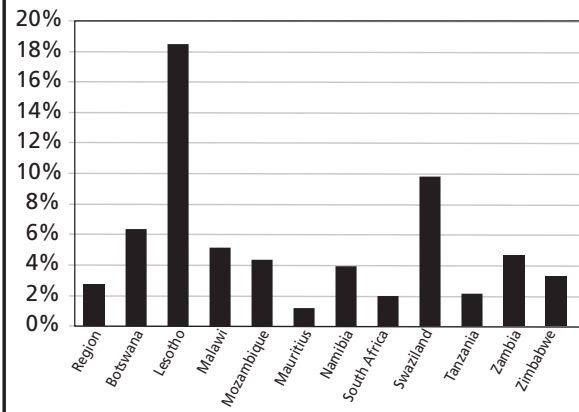
Figure 3 (N=1417) shows that of the total HIV and AIDS coverage, 64% of the items focused specifically on the subject while 36% mentioned it. This shows that despite the fact that HIV and AIDS affects every sector of society, the issue is still not well mainstreamed into coverage.

### ***Variations between countries***

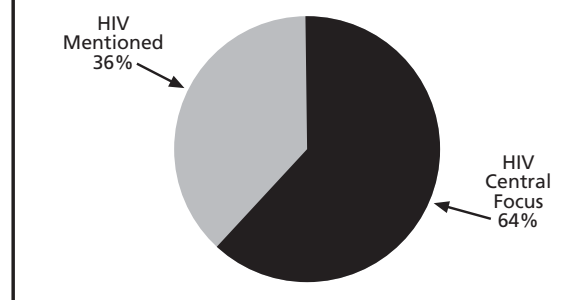
Figure 4 shows that in all countries except Botswana and Lesotho the majority of HIV and AIDS items focus on, as opposed to mentioning HIV and AIDS. HIV and AIDS is least integrated into general coverage in South Africa and Mauritius where 77% and 70% of items monitored had HIV and AIDS as the central focus of the stories. In Mauritius this may be due to the fact that HIV prevalence rates are low HIV and AIDS is still not adequately mainstreamed in coverage in South Africa despite the high levels of HIV infection in the country.

Other than Botswana and Lesotho, Malawi, Zambia and Zimbabwe are the countries that come closest to achieving a balance between mainstreaming HIV and AIDS into different areas of coverage and treating the topic as a stand alone issue. This is a strategy that media houses in the region should be encouraged to adopt, given the far reaching effects of the epidemic.

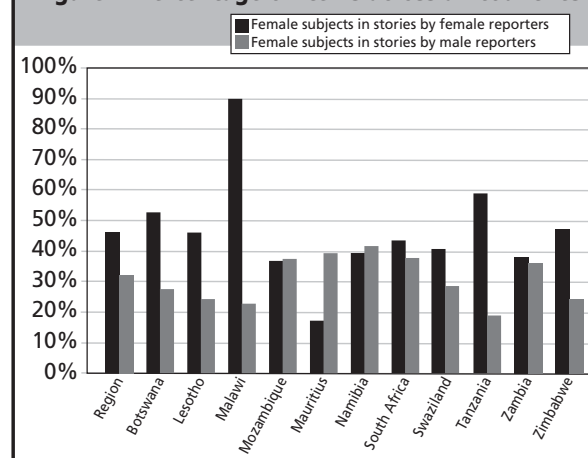
**Figure 2: Percentage of HIV items across all countries**



**Figure 3: Percentage of items with HIV as a central focus**



**Figure 4: Percentage of items across all countries**



## Who speaks on HIV and AIDS?

### Women and men

Figure 5 shows that women account for 39% and men 61% of sources on HIV and AIDS; considerably higher than the Global Media Monitoring Project (GMMP) that covered all topics, where women sources constituted 19% of overall sources in Southern Africa (Figure 6). However in the context of a regional epidemic in which women are at higher risk of HIV infection, bear the burden of caring for the sick and orphaned, and continue to suffer the inequalities imposed upon them by a patriarchal society, there is still scope for improving the gender balance in sources.

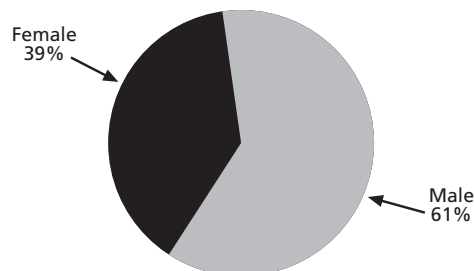
### People with HIV

Figure 7 shows that, despite being those most affected and best qualified to speak on the subject, only 4% of people with HIV are accessed as sources in HIV stories in the region.

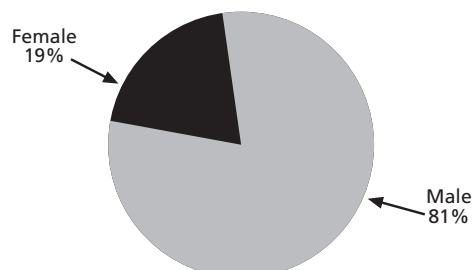
### Variations across the region

Figure 8 shows that Swaziland had the highest percentage of people with HIV (10%) accessed as sources, followed by Tanzania at 7% and South Africa at 6%. The remainder of countries had averages of below 5%. Malawian media did not access information from anyone living with HIV during the monitoring period.

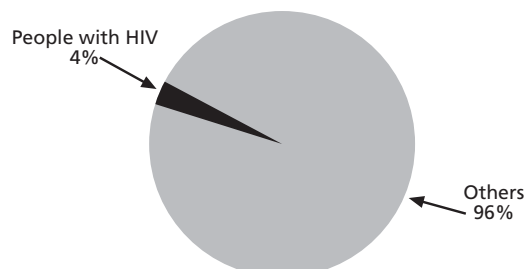
**Figure 5: Who speaks on HIV in the region?**



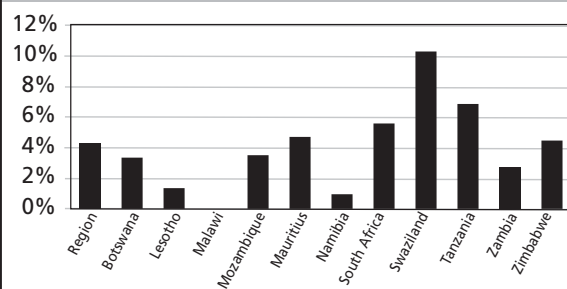
**Figure 6: Who speaks in the news?  
Women & Men: GMMP**



**Figure 7: Voices of people with HIV - region**



**Figure 8: Regional comparison of people with HIV accessed as sources**



### Women and men with HIV

Of the people with HIV quoted, women constitute 44% of the total (see Figure 9); higher than the overall proportion of women sources (39%) in the HIV topic category. This is a positive signal that women with HIV are feeling empowered to speak out and that the media is seeking out their views.

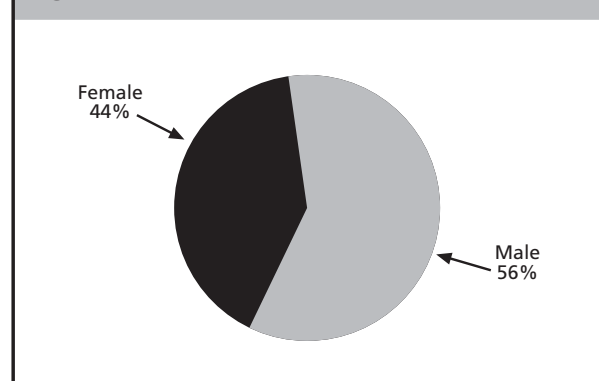
### Country variations

Figure 10 shows that there is considerable variation between countries in how media outlets access the views and opinions of men and women with HIV. South Africa, Botswana and Lesotho were the only three countries in the study in which women with HIV constituted a higher proportion than men with HIV accessed as sources; with women with HIV comprising 100% of sources in Lesotho. No women with HIV featured as sources in Mauritius and Namibia; while in Malawi, neither women nor men were accessed as sources during the monitoring period. Although the epidemic has a disproportionate impact on the lives of women and girls, it is important to balance male and female sources when covering HIV stories. Using one more than the other can reinforce certain socio-cultural stereotypes particularly, in the case of women, those relating to women as vectors of HIV. It is important that the voices of men with HIV also be heard.

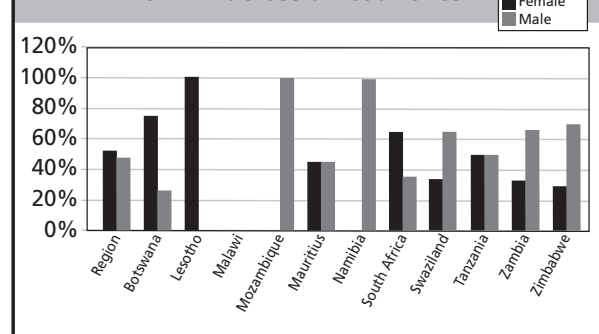
### The role of people who speak on HIV

Figure 11 shows that government officials and UN agencies constitute the majority of sources accessed for their viewpoints (42%) on HIV and AIDS in the region, while people affected by or living with HIV (4% in each case) are least heard. It is encouraging that HIV and AIDS experts (12% of sources) are approached for comment given the prevalence of inaccurate information and the need for expert analysis that aids the media in its mandate to educate, inform and provide analysis. However, these numbers do not

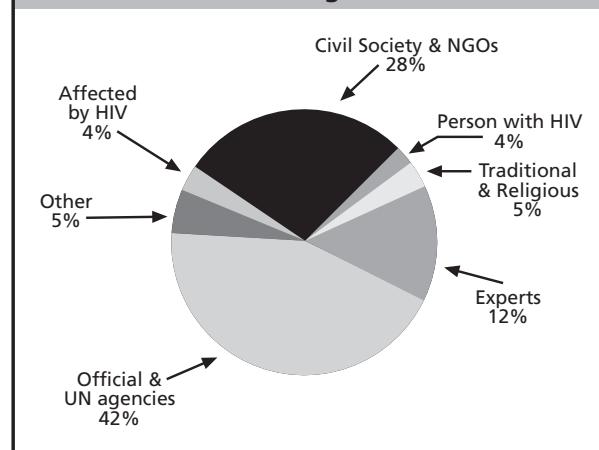
**Figure 9: Voices of women and men with HIV**



**Figure 10: Voices of women and men with HIV across all countries**



**Figure 11: Roles of people who speak on HIV - region**



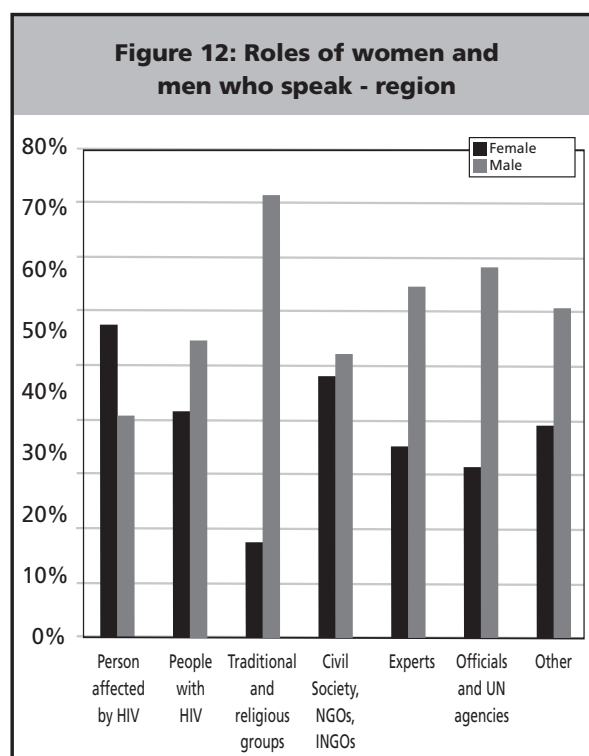
reflect the quality of information obtained. In some instances the media struggles to package information from expert sources in ways that make it easily accessible by the public.

### ***Roles of women and men who speak***

Figure 12 shows that the voices of men dominate in all the roles identified for the study with the exception of people affected (not infected) by HIV and AIDS:

- Of the people living with HIV, 56% of the sources were male, in comparison to 44% female;
- Of the government officials and UN representatives accessed men comprised 69% of the total and women 31%.
- Male experts constituted 64% of the experts accessed, compared to 34% women;
- Civil society organisations had 53% male, and 47% female sources; and
- Traditional authorities and religious figures were overwhelmingly male, at 81%.

The study revealed that the largest proportion of women accessed as sources are representatives of NGOs and civil society, or as people with HIV, rather than as national or global government officials, or as experts.



### ***What the stories were about***

Each item was monitored according to a list of 43 topic codes, grouped into the broader topic areas of: prevention, treatment, care, general, impact and other. Items were monitored as “other” only where the central topic of the item fell outside of the overall list of topics. This section of the report examines the findings of the monitoring in the five broad topics.



### ***Spread of topics in the region***

Prevention stories comprised 40% of all HIV and AIDS stories monitored. Treatment received 16% of the coverage, while care of people with HIV and AIDS accounted for 13%. More general stories on the pandemic received 19% of the coverage. Stories about the impact of HIV and AIDS received 5% of all HIV and AIDS coverage.

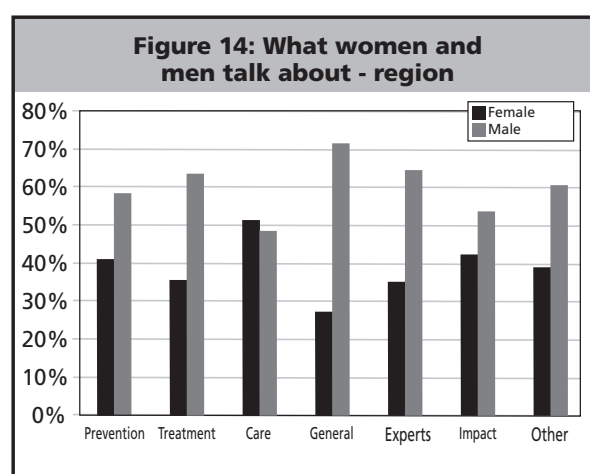
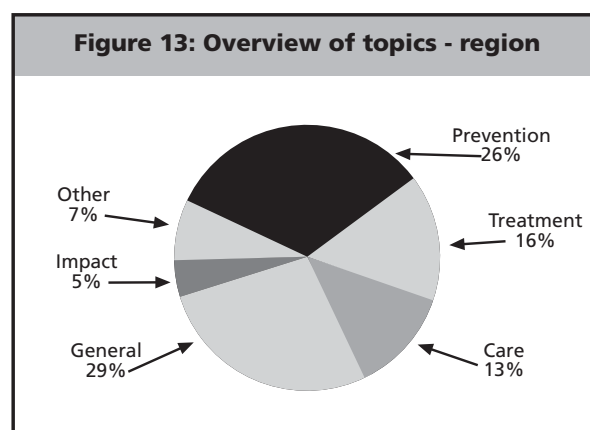
While the focus on prevention is understandable given the large number of public education and awareness campaigns in the region, this needs to be balanced against the other aspects of the pandemic. The low coverage of care, which often relies of the unwaged work of women, reinforces the tendency in society to take women's time and services for granted.

The fact that impact received such low coverage reflects the tendency to focus on the short rather than on the long term; and to be event rather than context and analysis driven.

### ***What do women and men talk about?***

Figure 14 shows that men's views and voices dominate in most HIV and AIDS topics except care where women comprise 52% of sources. Almost three quarters of sources on general HIV and AIDS issues are men. The gender gap on sources of stories dealing with treatment and impact is also high (63% for men and 37% for women in the treatment topic category and 65% men and 35% women in impact).

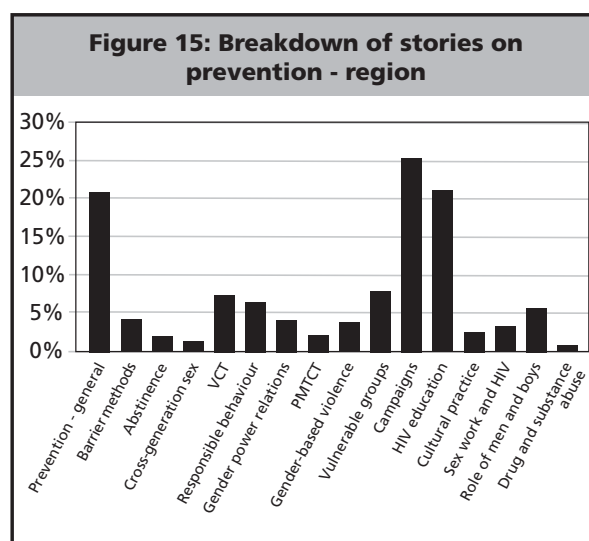
This suggests that the media tends to regard women's views as relevant only on those subjects that are traditionally regarded as "soft" issues technical and specialised questions.





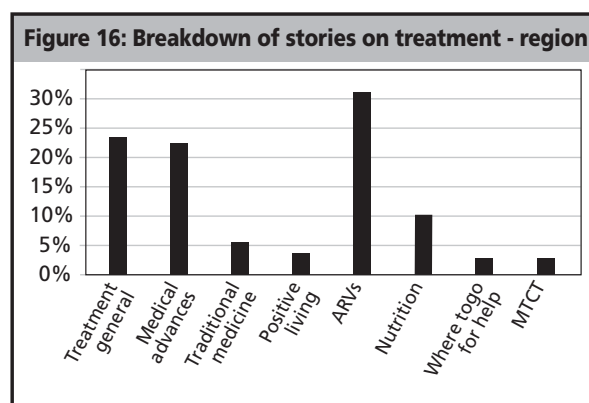
### What is said about prevention?

Figure 15 shows that the bulk of coverage of HIV stories on prevention focuses on general prevention issues, campaigns and education, which tend to be event driven. While these are both important issues deserving of significant coverage, the figures suggest that reporting on these issues is taking place at the expense of other important prevention-related subjects, many of which have important gender underpinnings. For example, the sub-topics that examined gender power relations, Prevention of Mother to Child transmission (PMTCT), gender-based violence, and the role of men and boys, cross-generational sex, cultural practices, sex work and HIV – issues which are fundamental to successful prevention initiatives in the region – each received less than 5% of the total coverage.



### What is said about treatment?

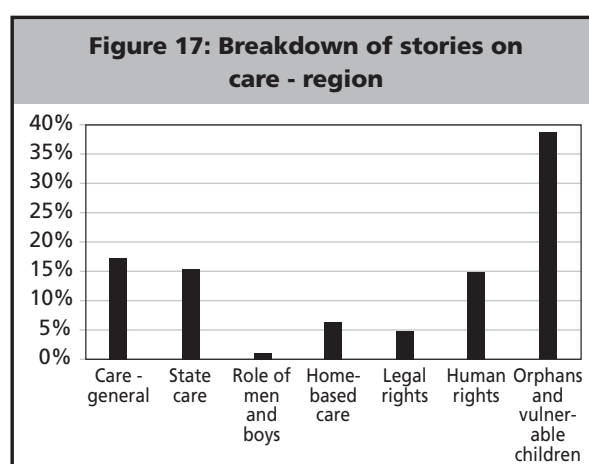
Figure 16 shows that by far the highest proportion of coverage on treatment (32%) is on antiretroviral drugs (ARVs) followed by medical advances and general treatment coverage. Given that there is still no cure for AIDS or vaccine for HIV this focus is understandable. However, the low coverage of nutrition, positive living, where to go for help, and the treatment aspects of PMTCT – all of which are of major significance to women- is a cause for concern.



### What is said about care?

The bulk of coverage (37%) is about orphans and vulnerable children. While the research did not probe what is said about orphans and children, previous MMP research with partners has illustrated that children often tend to be represented by the media mainly as disempowered, marginalised and innocent "victims" of HIV and AIDS, without the necessary agency and means to significantly alter their societal position.

The fact that 16% of stories focused on the human rights dimension of care is positive. But the fact that the provision of care by the state as opposed to the



often invisible home-based care provided by women gets greater coverage suggests that the media is reinforcing the tendency in society to take women's time and work for granted.

Indeed home-based care, that has major implications for the daily lives of women, receives a mere 6% of coverage in the care topic category. Significantly, the role of men and boys in the provision of care received an even lower 1% of coverage. All of this suggests that there is need to deepen awareness and training on the gender dimensions of HIV.

### ***What is said about HIV and AIDS generally?***

The bulk of general coverage of HIV and AIDS in the region focused on policy, politics and government (51%) as well as statistics and research (33%). The latter finding suggests a high degree of reliance on secondary sources.

The links between poverty and HIV and AIDS received a mere 7% of coverage in the region. Poverty is a significant driver of the epidemic and has major implications for the vulnerability of women to HIV infection.

Sexual orientation received a mere 1% of coverage. This suggests that despite the magnitude of the epidemic in the region, the media is still not talking about sex and sexuality and their relation to HIV and AIDS. Stories dealing with HIV and AIDS and cultural practices received a mere 2% of coverage within the prevention topic category.

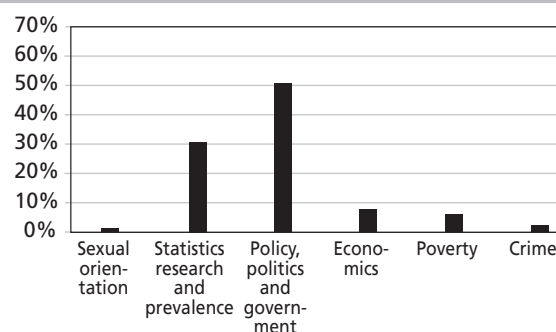
### ***What is said about the impact of HIV and AIDS?***

Figure 19 illustrates that out of the relatively limited coverage or impact, over 45% of the items monitored dealt with the macro- economic impact of HIV and AIDS as opposed to the effects at sector, micro and individual level. The latter is linked to the low level of people with HIV accessed as sources. The Gender and Media Audience Study (GMAS) conducted by GL in 2004/2005 showed that audiences in Southern Africa would like to see, read and hear more positive, local/community and human interest stories.

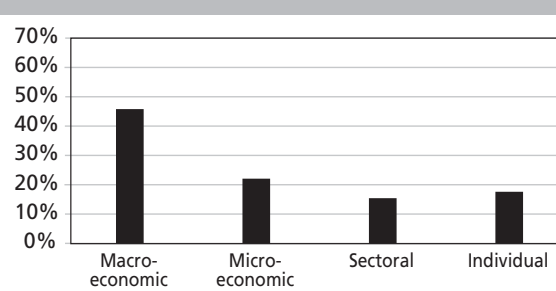


Nomcebo Manzini, UNIFEM

**Figure 18: Breakdown of general stories on HIV and AIDS - region**

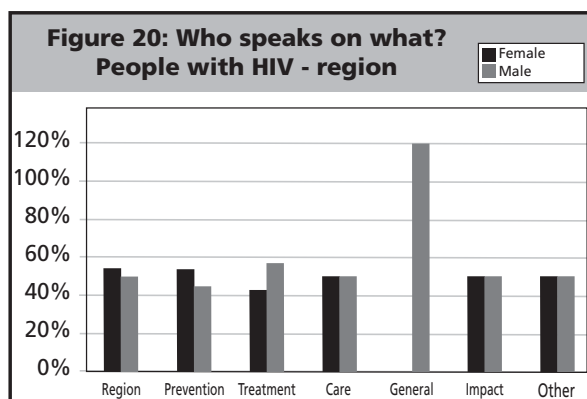


**Figure 19: Breakdown of impact stories - region**



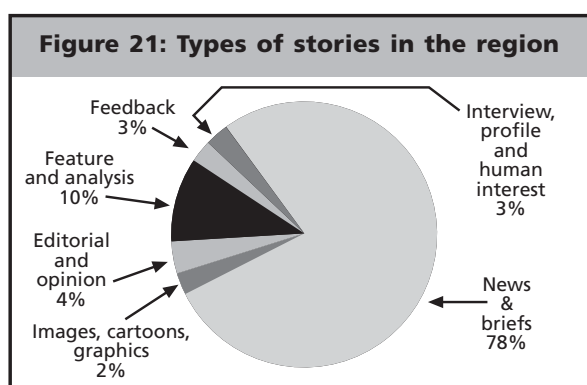
### What do people with HIV speak about?

Figure 20 shows that when the media does access people living with HIV as sources, men with HIV dominate the “general issues” and treatment topic categories. There are equal numbers of women and men accessed for stories on care, impact and other HIV issues. It is significant that the only topic category in which women with HIV predominate is in prevention. This shows that women with HIV who feel empowered to speak out are mainly doing so as part of prevention campaigns.



### Types of Stories

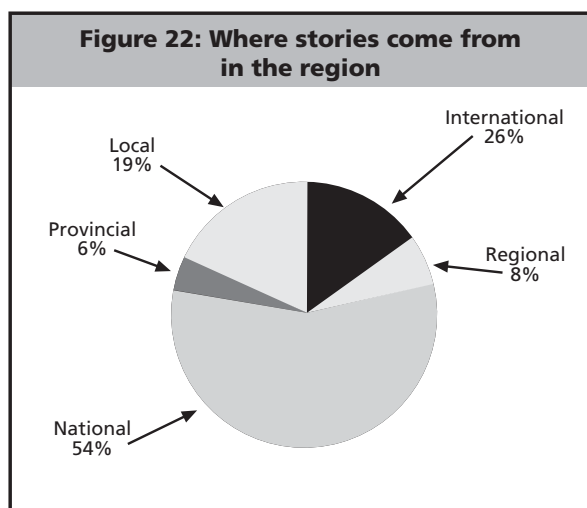
Figure 21 shows that the majority of HIV and AIDS coverage (78%) occurs through news stories. This suggests that coverage of the epidemic is mostly event-driven, with little in-depth analysis. However, it is encouraging that 10% of stories are in the form of features. This is slightly higher than in general monitoring conducted by the MMP in which features constituted less than 5% of coverage.



### Origin of stories

Figure 22 shows that across the region 54% of HIV stories emanated nationally, with 6% from provinces and 19% from local areas. The finding suggests stories are being told primarily from a national perspective, rather than from the perspective of local villages, towns and areas which are more likely to feel the impact of the epidemic.

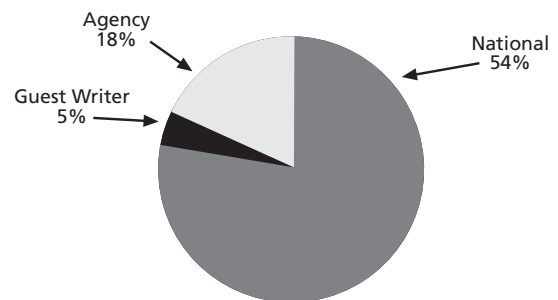
International stories (13%) are more prevalent than regional stories (8%) as a result of a relatively high proportion of stories emanating from the United Nations and other international organisations. This is consistent with the finding that officials and UN sources constitute the highest proportion of sources on HIV and AIDS.



### Who tells the stories?

Figure 23 shows that the majority of stories on HIV and AIDS in the region are original stories (77%) reported by journalists. Some 18% of stories come from news agencies and 5% are from guest writers. This shows that there is a fair amount of resources being invested by newsrooms in gathering original stories on HIV and AIDS.

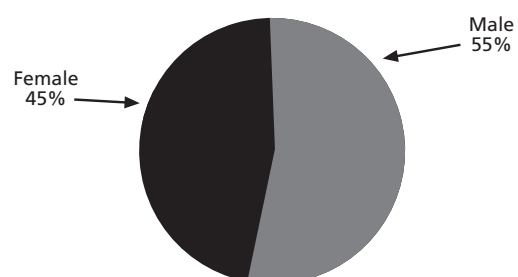
**Figure 23: Who tells the stories in the region**



### Who reports HIV and AIDS?

Women reporters accounted for 45% of the reporters in the items monitored compared to 39% in the monitoring of general coverage in the region in the GMMP. This shows that the HIV and AIDS news beat is closer to achieving gender parity than is the case in the general news beat.

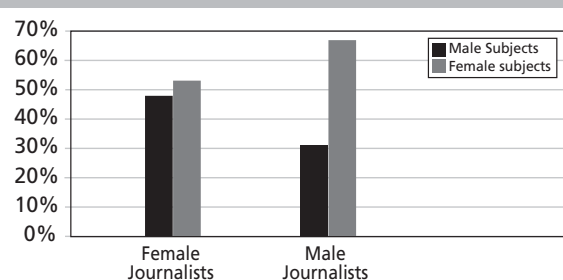
**Figure 24: Who reports on HIV in the region**



### Who talks to whom?

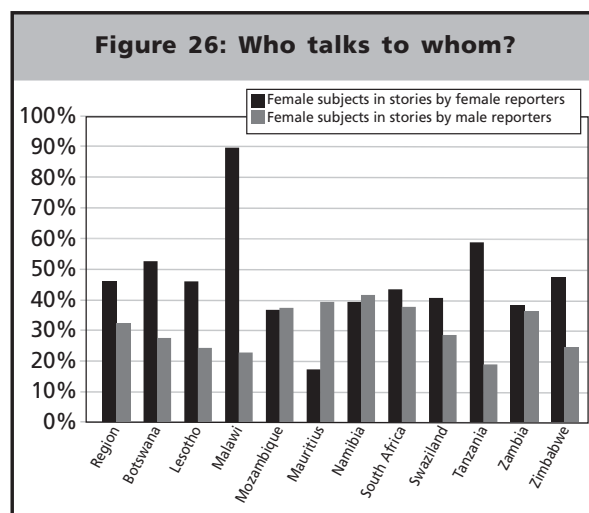
Figure 25 shows that women constituted 48% of the sources consulted by women reporters, compared to 32% in the case of men. These findings concur with the GMMP that found that women reporters are more likely to consult women sources; although neither male nor female reporters did so in equal measure. This is an important argument for the ongoing campaign to ensure gender parity at all levels and in all areas of newsrooms, as well as ensuring gender sensitivity and awareness training for both male and female journalists.

**Figure 25: Who talks to whom in the region**



### Country variations

Figure 26 shows with the exception of Mauritius, Mozambique and Namibia, women reporters are more likely to seek out female opinion than men are. This is particularly so in Malawi and Tanzania. The graph shows the highest proportion of female subjects accessed by male journalists are in Namibia, Mauritius and Mozambique, where female sources accounted for 41%, 40% and 38% respectively of the sources accessed by male reporters.





## CHAPTER 4: QUALITATIVE FINDINGS

# QUALITATIVE FINDINGS



An important objective of the MAP project is to promote ethical coverage of HIV and AIDS and mainstream gender in all coverage on the topic. The quantitative monitoring included steps to assess *how* stories are reported. The qualitative monitoring addressed the issue in greater detail through the collection of case studies that explored the issues in a more detailed and nuanced way.

Some of the case studies have been used in this section to illustrate the key issues that emerged from the monitoring. All of the case studies are archived on the Gender Links website ([www.genderlinks.org.za](http://www.genderlinks.org.za)) in the Virtual Resource Centre (VRC) that has the artefacts (where these were in print form) as well as training notes.

## Stereotypes

Even though the epidemic is well into its second decade in Africa and the state of knowledge about transmission of the virus and disease progression have advanced considerably, the media at times perpetuates stereotypes about the virus and or specifically about women and HIV and AIDS.

As illustrated in the quantitative monitoring, people living with HIV continue to be marginalised in coverage of HIV and AIDS and are often stigmatised by the media through the use of inappropriate language and images.

Women have often been presented as vectors of the infection, despite the vast literature that shows that women in Africa are both at higher risk of HIV infection and more vulnerable to infection because of gender imbalances.

Monitors were asked to assess whether an item that was monitored fell into one of three categories:

- Clearly challenged an HIV and/or gender stereotype;
- Clearly reinforced an HIV and/or gender stereotype;
- No stereotypes were challenged or reinforce.

## Challenging stereotypes

61% of all items neither clearly reinforced nor challenged stereotypes about HIV and AIDS and gender. Of the remaining items, more than two thirds were classified as challenging stereotypes as opposed to those deemed to reinforce stereotypes.

### Women get to grips with condoms

A story entitled "Educate women on condom use – Induna" (*Zambia Daily Mail*, 29 October 2005), reports on comments made by a woman chief at the Zambia National Women's Lobby Leadership Workshop. She deals with the role that women can play in increasing the use of condoms, stating that many women are unable to insist on the use of condoms during sex and this must be changed in order to reduce the numbers of people engaging in unprotected sex.

This article, whose main source is the woman chief, in itself a significant challenge to gender stereotypes as the vast majority of chiefs are male, describes the need to ensure that women receive proper education about condom usage as part of the strategy to protect themselves from HIV infection.

The chief proposes that a campaign to educate people, including women, about condoms, be intensified and that it challenge the myths that surround condoms, including that the lubricant on condoms can accelerate HIV and AIDS infection and that condoms are not safe to use. The chief also went on to challenge cultural practices that make women more vulnerable to HIV infection, including the practice of dry sex.



### Perpetuating stereotypes

Approximately ten percent of the items monitored were regarded as perpetuating stereotypes about HIV and AIDS.

#### Damaging stereotypes

A story entitled "Rural women neglected in the fight against HIV/AIDS" (*Sunday Mirror*, 2 November 2005, Zimbabwe) concerns rural women and their lack of access to information about HIV and AIDS. The article however plays into damaging stereotypes of women, referring to them as "hapless victims". Men are also stereotyped as "promiscuous". It is clear from the article that these terms have been deliberately chosen by the journalist or the editor, as they do not appear in quotes in the story. This language lends a sensational tone to the article and obscures the links between HIV and AIDS and gender based violence.

## Rural women neglected in fight against HIV/Aids

### Staff Writer

NOT enough has been done to assist rural girls and women combat the HIV/Aids disease, according to Edinah Masanga, the outreach officer for the Federation of African Media Women Zimbabwe (FAMWZ). Masanga said this at Mubaira growth point, in Mhondoro constituency, where FAMWZ – a non-governmental organisation that seeks to curtail the spread of HIV/Aids through accurate and relevant information – was assessing its outreach programme in the constituency.

Masanga urged civic organisations and individuals to find alternative ways of fully equipping these vulnerable women and girls on their sexual and reproductive rights.

She expressed her rage at the manner in which husbands sexually abuse and rape their wives, putting the usually hapless victims at risk of contracting HIV and Aids.

"It is very unfortunate that the majority of you have at one time been forced to have sex without your concern. Let me tell you that it is your right to

### HIV and gender perspectives

This aspect of the quantitative monitoring tracked the extent to which coverage had mainstreamed gender and HIV and AIDS into coverage. Monitors were asked to classify each item under one of the following headings:

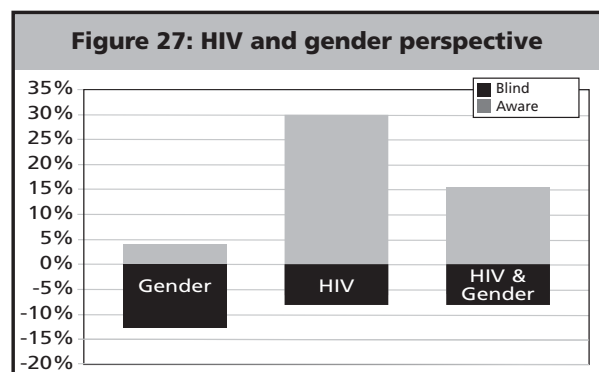
- Gender aware – gender issues were raised in a balanced and professional manner;
- Gender blind – there is no gender perspective in the story;
- Gender unclear – the gender issues are unclear or not raised in the story;

A similar classification system was used for HIV and AIDS:

- HIV aware – HIV and AIDS issues were raised in a balanced and professional manner;
- HIV blind – HIV and AIDS issues were inappropriately addressed or ignored;
- HIV unclear – HIV and AIDS issues are unclear or not addressed in the story.

Figure 27 shows three bars, which represent 75% of all items monitored (in the remaining cases monitors were unable to place the item in any one category).

The findings show that in general there is a far greater awareness of HIV and AIDS issues than of their gender dimensions.





**HIV aware**

The second bar reveals the results for those items that were determined to be clearly HIV aware (positive, 30%). The example below is one of those classified as HIV aware.

## Isitsha Sothando embarks on Aids awareness campaign

Jeffrey Muvundusi in Bulawayo

BULAWAYO-based gospel ensemble *Isitsha Sothando* Arts Production (ISAP) has embarked on a national Aids awareness campaign focusing on Matabeleland North one of the regions hit-hardest by the deadly scourge.

This comes in the wake of recent reports by the Ministry of Health and Child Welfare of escalating rates of sexually transmitted infections (STIs) and HIV and Aids in the province.

More than 17 000 people from January to July were treated for the diseases while more than 5 000 tested HIV positive.

With that in mind, the 12-member group undertakes the task that lies ahead.

The launch of the awareness campaign has been set for the beginning of next month (November).

In a bid to assist the troupe fulfil its intended noble mission, *Isitsha Sothando* is sponsored by the Zimbabwe Culture Funds Trust in conjunction with Swedish International Development Agency

the theme of the campaign this year is 'Promotion of Women and Men towards HIV and Aids awareness and abuse,' and appears towards the fairer sex.

ISAP's director and executive Lovemore Gumede, told us that they saw it worthy to do an awareness project that women and girls have easily fallen to the deadly disease.

that it was our duty as artists to convey our message to

the people through art – thus through music, dance and theatre. We also noted that some women and girls have been rendered vulnerable to the disease due to lack of sound information about the disease," said Gumede.

He added: "With the current shocking statistics, we have no choice but to take up the challenge as a matter of urgency. Through our performances, we focus on victimisation, stigmatisation and discrimination against women as we also take the opportunity to promote our culture as well as encouraging them to take up art as a career."

Gumede who also doubles as the group's lead vocalist said: "We also now have a new production unit called Cultural Heritage. We believe this would help portray typical African life through dance, music, poetry and visual art. We will showcase it during an Aids campaign in Mat North, but we are still working on its official launching date."

Early this year, the group embarked on a massive awareness tour of the Matabeleland region performing in such places like Nyamandlovu, Ntabazinduna, Inyathi, Esigodini and Victoria Falls.

The tour became a success story as the group got a tremendous response prompting it to further its wings in the awareness campaign programme.

ISAP's newest album *Uzosala* carries such songs as *Zandl' emoyeni* and the title track *Uzosala* whose video has received fair airplay on ZTV's Music Calabash.

Although the group is little known in the music fraternity, it has conducted live shows at various gig centres around the Royal City.

### Singing to the same tune

This story is a good example of how to integrate HIV and AIDS in all aspects of coverage, in this case, entertainment.

The article deals with the launch of a gospel group's HIV awareness campaign in the Matabeleland North Province, which is the news angle of the story ("*Isitsha Sothando embarks on Aids awareness campaign*", *Daily Mirror*, 25 October 2005, Zimbabwe). The campaign stems from reports by the Ministry of Health about the rising numbers of sexually transmitted illnesses and HIV and AIDS in this province, which is one of the region's that has a high prevalence of HIV infection. In the first half of the year, more than 5000 in the province had tested for HIV and were found to be positive.

The campaign to be undertaken by the group focuses on the gender dimensions of the epidemic to inform and educate communities on why women and girls are more vulnerable to HIV and AIDS. The group decided to focus on the gender dimensions of the campaign when they realised that women and girls living in rural areas are particularly vulnerable to HIV infection. The campaign also planned to address issues of gender discrimination and HIV and AIDS, and the leader of the group stated that women experience victimisation and discrimination as a result of their HIV status.



## HIV blind

Only 7% of the items were classified as HIV blind in that the majority demonstrated a good grasp of the issues. However, a common shortcoming in all the articles is that they seldom consulted those most affected by HIV, namely people living with HIV.



## Who feels it does not get to say it

An article entitled "Sharp rise in HIV, AIDS stats", *The Swazi Observer*, 16 November 2005, Swaziland) reports on the release of the National Sero-Surveillance report, which indicates that Swaziland continues to have the highest rate of HIV infection in the world. The report also shows that there has been a rapid rise in the number of women that are infected and this trend is consistent throughout the country. Infection rates amongst teenage girls are particularly high and this is a cause for real concern. The report also shows that there has been an increase in the number of patients with AIDS-related illnesses and the death rate has also risen. All sectors are being affected – the quality of education is set to decline due to the increase of AIDS-related deaths amongst teachers and the health sector is buckling under the strain of the increased demand due to AIDS-related illnesses.

The article relies solely on the report itself and only quotes a government source, who criticises the methodology used to collect the statistics and who does not comment on the impact of the epidemic.

The article fails to access any comment from those who are most affected, namely women living with HIV and AIDS, teachers and health care workers. This article is a good illustration of how the media frequently fail to ensure that the voices of people with HIV and those affected by the epidemic, are included. By failing to access these views, the media effectively silences them.



## HIV and gender blind

The first bar are items which were determined to be either clearly gender aware (positive, 4%), and those that were clearly gender blind, (negative, 13%). The third bar shows those items which were determined to be clearly HIV and gender aware, (positive 15%) and those which were determined to be clearly HIV and gender blind, (negative 8%).

# Can technology ease Africa's woes?

• REBECCA HARRISON

**DIPICHI** - It is hard to believe that 19 shiny flat screen computers can cure the ills of this tiny community in South Africa's arid north where people battle every day against poverty, AIDS, illiteracy and hunger.

Yet US computer giant Hewlett-Packard and South African President Thabo Mbeki are promoting Dipichi's smart new IT lab as a blueprint for how technology can trigger growth and tackle poverty across the continent.

Bridging the so-called digital divide in Africa became a popular mantra among aid workers and government officials during the tech boom that started in the late 1990s but it fell from favour as countless ill-conceived rural IT centres went unused.

Sceptics asked what use a computer was when people were hungry, dying of AIDS and too poor to send their kids to school?

But as multinationals start to invest in South Africa and elsewhere on the continent, they are touting technology as a panacea for development. Hewlett-Packard (HP) says the Dipichi project will help create jobs, improve farming and educate.

"I saved someone from a poisonous snake bite after I learnt about first aid from the computer," said Rosina Ledwaba (39), a home-based carer who lives in a tiny thatched hut with her five children and husband.

Next to the brightly painted shipping container that houses the IT lab, Viviane Marakalala proudly showed off the village vegetable garden, which has been packed with leafy cabbages since a group of women learnt about drip irrigation from a computer programme.

"I had never seen a computer in my life but now I know how to use it," said Marakalala (27).

"We looked in the computer and it told us in our language how to use our water better."

**CARLY'S CALL**

HP's former Chief Executive Officer Carly Fiorina and Mbeki launched the i-Community project - one of only two in the world - in 2002 at the World Sustainable Development conference in Johannesburg. The other project is in Kuppam, India.

The project is being run in the Mogalakwena municipality in Limpopo province where 53 per cent of the population is jobless.

"Run in tandem with local government, it links libraries, community centres, clinics and schools around the main town of Mokopane to the Internet, and includes a PC refurbishing centre, call centre and micro-lender. It also includes IT centres in rural villages like Dipichi, which until recently had neither water nor electricity and can be reached only by a dirt road.

In Dipichi, and in many other locations, the computers are operated using satellite technology and residents hope that their presence will pressure local authorities to link their villages to the electricity grid.

Miriam Segabutsa, one of the project directors, conceded computer literacy might not seem like an obvious priority for a continent racked by disease and hunger, but insisted it could improve quality of life for ordinary people. "It is not about teaching computers for the sake of computers, it is about giving people access to the information they need," she told Reuters.

HP is not the only multinational to hand out free computers. Chipmaker Intel funds community IT centres in townships and software giant Microsoft is setting up "digital vil-

lages" to reach half a million poor South Africans.

Cell phone companies have adapted wireless technology for myriad development uses like low-cost banking for the poor, delivering price information to rural farmers and monitoring AIDS patients in sprawling townships.

... delivering technology without making sure people can use it."

One-off projects like the i-Community that help a handful of people are meaningless when high phone call and Internet access costs keep communications out of most people's reach, he said.

But HP and the government say the i-Community project is about opportunity not aid, and can be easily replicated.

"Most digital divide projects have had a philanthropic impetus, but HP has said that if this thing is to be sustainable, it has to have a solid business case," said Clive Smith, HP's project director. "It can't be sustainable if it is dependent on grants."

HP and the local government want to turn the project into a business, which might include handing community IT centres over to local entrepreneurs.

"Dipichi is making history," Mbeki told crowds of cheering villagers during a recent visit to the project. "Dipichi can show the whole of South Africa how to do development."

- Nampa-Reuters

**NON-STARTER?**

Cellular technology has won praise thanks to the lightning spread of mobile phones across Africa but some commentators wonder whether computers and the Internet can be as useful.

If only a minority of people in Africa's richest country have access to the Web, Internet use is even rarer in the rest of the continent, where populations are more scattered, resources scarce and where few multinationals dare to venture.

"Bridging the digital divide is a non starter if we haven't even crossed the literacy divide," said Arthur Goldstuck, head of South African technology research company World Wide Worx.

"There is a danger of

**THE DIPICHI CONNECTION ...** Rural youths attend computer literacy classes at the Dipichi Information Technology centre in South Africa's northern Limpopo Province.

Nampa-Reuters



## Poverty, gender and HIV

In an article dealing with role that technology can play in dealing with poverty, illiteracy, HIV and hunger, the major impact of HIV on the lives of the poorest people is almost completely ignored ("Can technology ease Africa's woes?", *The Namibian*, 18 November 2005, Namibia). The article describes a project to bring digital technology to poor communities in South Africa. The project links libraries, clinics, community centres and schools in a community to the Internet and also includes a PC refurbishing centre, a call centre and a micro lender. It is intended to give poor people greater access to information which will assist them to improve their lives.

The article refers superficially to HIV and AIDS and identifies it as one of the major challenges for the government. It however fails to elaborate on the impact of HIV on poor communities and how this will impact on the project. It also does not explain how this technology can assist these communities to mitigate the impact of HIV and protect themselves from infection. The article states that clinics will be linked to the Internet, but does not explore how this could improve access to health care for people with HIV. It makes no mention of the gender dimensions of access to information technology, and how these would be addressed in the project.



## HIV aware, gender blind

Some 13% of items were classified as HIV aware, but gender blind. The findings suggest that there is greater awareness in the media around HIV, but that there is still some way to go in reporting on gender issues.

### Taking women's work for granted

An article entitled "Fighting the deadly trio", *Sunday Times*, 3 October 2005, *Malawi* raises the links between poverty and ill-health and how the stigma attached to HIV and AIDS can exacerbate both poverty and ill-health. It also explains that TB has re-emerged as a serious threat to health in Malawi, and that HIV was complicating the ability of the health services to treat resistant strains of TB.

The article illustrates how the twin epidemics of HIV and TB in Malawi impact on the lives of poor people. The journalist attempted to provide a human interest angle by including the perspective of a man with TB as a result of HIV. The article is however gender blind, as it simply repeats the views of the man without any analysis, or understanding of the gender dimension of this relationship. He is quoted as saying that his wife failed to take care of him when he was ill and often refused to give him more food. The article does not challenge this assertion at any stage or provide the reader with the views of the man's wife.

By ignoring the voice of the woman, the story also ignores a key issue for women – the enormous burden of care that is placed on women and girls as a result of the epidemic. The article misses an opportunity to discuss the impact that this burden places on the development of women and girls and it fails to contribute to a better understanding of the gender dimensions of the HIV epidemic.

# Fighting the deadly trio

Hate it or like it, funerals have become a way of life in Malawi as four million people face starvation and a million are in the midst of viral holocaust as HIV, with its twin opportunistic partner TB, wrecks havoc. **BRIAN LIGOMEKA** explores the relationship of this deadly trio.

**THIRTY-TWO-YEAR-OLD** Ephraim Yona from Mbalame Village in Chiradzulu was afflicted by unrelenting bouts of fever, low blood pressure, poor appetite, night sweats and general body weakness. Medical doctors and traditional healers tried to help, but failed to diagnose the illness.

Still feeling unwell, Yona submitted himself to a tuberculosis test following his difficulties in breathing but the result was negative. To his dismay, his body weight continued to decrease from a healthy 67 kg to an abysmal 49 kg.

For several months Yona was still not feeling well. He was running high fever, had been losing weight and could not stop coughing. Still believing that he was suffering from TB, he went to Chiradzulu Hospital for a second opinion.

"The doctors diagnosed me TB smear positive," he says adding: "after the diagnosis, a health care provider explained the treatment process to me. I

demanding eating habits alienated him from his family members who complained that his illness was responsible for the fast depletion of their food stocks.

"My wife complained that the family was wasting a lot of food on me yet I was not working. At times my wife would say she didn't see any reason for giving me a lot of food when there were signs that I would die as she suspected that I was suffering from Aids and not TB. The problem is that in our village people do not draw a difference between TB and Aids," he says.

Health experts say the average TB patient loses three to four months of work time as a result of the ailment. Lost earnings can total up to 30 percent of annual household income.

Yona is among several thousands people in Malawi, whose experience depicts how complicated it is to fight TB in a country which is hostage to both severe poverty and a killer without cure.

Another complication is the general belief among Malawians that all people with TB also have HIV. This has, in many cases, led to delayed TB diagnosis, because the patients are afraid they will be labelled as HIV-positive, a guaranteed tag for stigma, which would deny them the chance to share in communal money making activities.

A Zambian based TB expert, Virginia Bond, agrees with Masanza that it is difficult to win a war against TB through DOTS (Directly observed treatment, short-course) alone because TB is both a medical and social condition. "TB has biological causes and social causes; biomedical cures and social cures," she says, adding that the distribution of the disease, dynamics of transmission, access to and effectiveness of treatment are all determined by social context.

"TB cannot be either understood or adequately addressed when divorced from the social context," she says.

versa," he explains.

According to Masanza, the poor are less likely to seek and receive proper care when ill, exacerbating the impact of the disease. He says it is poverty, which also compels TB patients to default treatment.

"Poverty drives TB patients to default medication. People who have nothing to eat are reluctant to take drugs because they make them hungry. Patients who have no food don't take treatment," says Masanza.

Minister Hetherwick Ntuba admits that poverty accelerates the transmission of the lung disease.

"It is true that people living in poor conditions are more at risk of being infected with TB. However, anyone can get the disease because it's spread through the air. Fortunately enough, most people do not get sick due to their healthy and strong immune system," he says.

Ntuba admits that the current hunger facing Malawi has complicated the war on HIV and its opportunistic partner TB and those with TB are also screened for HIV. And therefore TB patients by criteria are eligible for the provision of ARVs.

Yona concurs with Ntuba that government is working hard to wage a successful war on hunger, TB and HIV.

"When I told doctors how my wife was criticising me for

"To fight hunger government has imported 300,000 metric tonnes of maize from South Africa, and the provision of free ARVs to poor people is taking care of HIV crisis. TB patients who are on DOTS are receiving fortified food in the name of soya flour or Likuni Phala," he said pointing out that it is a policy that TB patients on treatment should be given fortified food throughout their treatment.

And research according to Ntuba has shown that the provision of simple nutritional foods reduce premature deaths of TB patients by 50 percent. TB, is a curable illness of the respiratory system spread by coughing and sneezing, which kills nearly two million people a year worldwide.

Government has instituted various interventions to make the wedding of poverty to TB and Aids impossible by tackling the twin epidemic by collaborative approach which entails that patients who present with HIV are also screened for TB and those with TB are also screened for HIV. And therefore TB patients by criteria are eligible for the provision of ARVs.

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"When I told doctors how my wife was criticising me for

**MASANZA—Poverty, TB and HIV form a lethal combination**



### HIV and gender blind

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### Contraception that works for women?

An article entitled ("Women may get new protection from HIV", *City Press* 30 October 2005, *South Africa*) deals with the largest clinical trial of a microbicide gel which, if successful, may help women to protect themselves from HIV. The article is both HIV and gender aware.

The article gives the relevant information about medical and scientific issues in a way that is accessible and easy to understand, explaining how microbicides work and why they are particularly well suited for women who are unable to negotiate the use of condoms (the microbicide will take the form of a gel which can be applied some time before sex takes place and which will not be detected by a male partner).

The article also raises important issues about gender and HIV and explicitly recognises the difficulties that many women have controlling their bodies and negotiating safer sex. It successfully locates the issue of microbicides and their role in the context of gender imbalances and the resultant inability of women to control their bodies and dictate how and when sex takes place.

## CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS



Campaigning for the rights of people living with HIV

# CONCLUSIONS & RECOMMENDATIONS

Photo: Nonquaba waka Msimang

The research points to important improvements in the quality of coverage on HIV and AIDS in Southern Africa. The more blatant stereotypes common in the past are far less likely to be found. There have also been improvements in the gender balance of sources and among those reporting on HIV and AIDS. But the quantity of coverage; spread of topics; absence of the voices of those most affected; lack of depth in much of the coverage, and lack of awareness (and coverage) of the gender dimensions of the pandemic are a still cause for concern. This chapter summarises the key strengths and challenges identified, and puts forward recommendations for how to take the research forward.

## Strengths

Among the key strengths identified are:

- **Fewer blatant stereotypes:** Less than 10% of the items monitored were classified as perpetuating stereotypes on HIV and AIDS.
- **Women sources have increased:** Compared to the GMBS in which women sources comprised 25% of those who speak on health and HIV and AIDS, women in this study constituted 39% of sources (also higher than in the general monitoring conducted for the GMMP in which women sources constituted 19% of the total in the region). The research also found that of all the people with HIV interviewed, women comprised 44% of the total; and over half of this category in Botswana, Lesotho and South Africa. In general women tend to be more aware of their HIV status. But it is also heartening that an increasing number of women are feeling empowered enough to speak out.
- **Gender balance is close to being achieved on the beat:** Women reported 45% of the HIV and AIDS stories monitored. Except in Mauritius where more men reporters access female sources and in Mozambique where there is a balance, the research also shows that in most countries in Southern Africa women journalists are more likely to access women sources.

- **More features than in general coverage:** While most coverage of HIV is still in the form of short news items (78%), 10% of all items were classified as feature and analysis (compared to an average of about 5% in general monitoring conducted by the MMP).
- **There is a relatively high level of original stories being produced.** A positive finding of the study is that the majority of stories on HIV and AIDS in the region (77%) are original stories reported or added to by journalists, as opposed to those obtained from agencies and guest writers. This shows that newsrooms are investing resources in obtaining original stories on the pandemic.

## Challenges

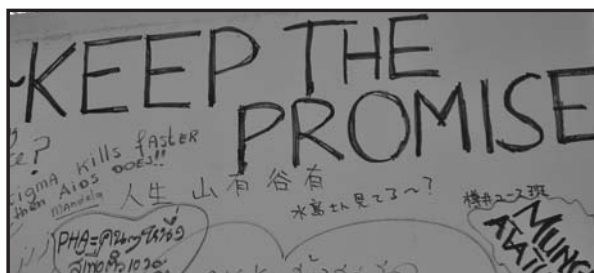
The key challenges identified include:

- **The coverage of HIV in the media is extremely low:** Of the 37 001 items monitored in the region, only 3% focused on or mentioned HIV. The fact that in a country like South Africa, which faces a major HIV crisis, coverage of the pandemic is only 2% of the total is a deep source of concern. AIDS fatigue is often given as a reason for the low coverage. This requires training for journalists on how to write innovative HIV stories. The fact that one country (Lesotho) had as high as 19% HIV coverage and that some media houses went even higher than this shows that higher levels of coverage can be achieved.
- **HIV and AIDS is still not well mainstreamed into coverage:** Almost two thirds of all items monitored focused specifically on HIV and AIDS while the remaining 36% only mentioned HIV and or AIDS. This suggests that HIV is being covered mainly as a stand-alone health issue and that it is not being adequately mainstreamed in all coverage. But the fact that in some countries, like Botswana and Lesotho, more items mention that specifically focus on HIV and AIDS suggest that HIV and AIDS could be far more mainstreamed into coverage.





- **Voices of those most affected are not heard in the media:** The research highlights how people with HIV and those affected by HIV have been marginalised in the media. Accessing people with HIV as sources helps prevent stereotypes and stigma. Such stories are also more likely to resonate with readers, viewers and listeners because they relate to real people and challenges. One of the reasons given for the low level of such sources is the difficulty of accessing people with HIV due to confidentiality issues. However, the media needs to develop links and trust with people with HIV and organisations representing them, by assuring them of confidentiality and by representing their views accurately.
- **There is insufficient attention to care and impact** which received the lowest proportion of coverage, at 13% and 5% respectively. This suggests that care, which has a major bearing on the lives of women, is still regarded as a marginal issue in the media; and that the long term consequences of the pandemic are not being sufficiently analysed.
- **Gender dimensions of the epidemic are not receiving sufficient coverage:** Despite the increasing gender balance in newsrooms, gender is not well integrated into HIV and AIDS coverage, much of which was classified in the study as either gender blind or unclear. For example, in stories on prevention, the sub-topics that examined gender power relations, Prevention of Mother to Child Transmission (PMTCT), gender-based violence, and the role of men and boys, cross-generational sex, cultural practices and sex work – all significant drivers of the epidemic in the region – received less than 5% of coverage. Home-based care, legal rights and the role of men and boys also received minimal coverage in stories dealing with care, support and the environment.



### Next steps

The research underscores the importance of the policy sub-sector of the MAP. Clearly media houses need to develop work place and newsroom policies to ensure progressive work place practices as well as sensitive and consistent coverage of the pandemic. Conducive environments for successfully covering HIV stories and/or developing policies require getting buy-in from editors and media managers. This is a challenging exercise that will require team leaders to have the knowledge and skills. Among the next steps envisaged in the MAP process are:

- **Dissemination:** The findings of the research need to be disseminated as widely as possible and used for advocacy. The study will be officially launched on World Press Freedom Day (3 May) 2006. The findings will be packaged in different formats that are accessible to different categories of people using them, e.g. the media, training institutions and advocacy groups etc. These will be widely disseminated through MAP networks, especially GEMSA, MISA and SAEF.
- **Buy-in for policy process at country level:** Workshops will be held in each Southern African country, convened by local representatives of SAEF and MISA, in collaboration with the policy sub-sector of MAP to get buy-in for the workplace and newsroom policy process.
- **Policy handbook and roll out:** The research findings have been integrated into the handbook that will be used for rolling out policies in newsrooms across the sub-region. These have been tested with three newsrooms across the sub-region (*Times of Zambia; Mauritius Broadcasting Corporation and Kaya FM*). The plan is to ensure that 80% of newsrooms have policies by the end of 2008.
- **Training and help desk:** The policy initiative is complemented by the training sub-sector and information help desk of MAP being run by SAFAIDS and UNAIDS. These will provide newsroom training as well as daily support to media in improving the quality of coverage. Particular attention will be paid to developing links between the media and



organisations of people with HIV; as well as deepening awareness and ability to report on the gender dimensions of the pandemic.

- **In-house monitoring:** As part of the policy process, newsrooms will be equipped with simple monitoring tools so that they can conduct in-house monitoring of their coverage and take corrective measures.
- **Reflection and best practices:** The Media Diversity Summit being convened by GEMSA in September 2006 will feature a session for presenting best practices and analysing experiences of introducing and implementing HIV and AIDS and gender policies in newsrooms.

- **Monitoring and evaluation of the MAP policy project:** A follow up base line study will be conducted in 2008 to determine if there has been any improvement as a result of these initiatives. It is suggested that the qualitative component of this include interviews with newsrooms and media practitioners on the process, achievements and challenges.
- **Community media:** The research focused on mainstream media. There is need for a similar study and initiative on HIV and AIDS, gender and community media to be undertaken.

Amina Frense (SABC and MISA) and Maureen Isaacson (Independent Newspapers)



## ANNEX A: Constructed monitoring month

October						
Sunday	Monday	Tuesday	Wednesday	Sunday	Sunday	Sunday
	24th	25th	26th	27th	28th	29th
	TV & Radio	Print	TV & Radio	Print	TV & Radio	Print
30th	31st					
TV & Radio	Print					
NOVEMBER						
Sunday	Monday	Tuesday	Wednesday	Sunday	Sunday	Sunday
		1st	2nd	3rd	4th	5th
		TV & Radio	Print	TV & Radio	Print	TV & Radio
6th	7th	8th	9th	10th	11th	12th
Print	TV & Radio	Print	TV & Radio	Print	TV & Radio	Print
13th	14th	15th	16th	17th	18th	19th
TV & Radio	Print	TV & Radio	Print	TV & Radio	Print	TV & Radio
20th	21st					
Print	TV & Radio					

## ANNEX B: Media monitored in all countries

Name of Media	Print		Radio		Television	
	Daily	Weekly	Public	Private	Public	Private
<b>Botswana</b>						
Mmegi/The Reporter	●					
Daily News	●					
The Botswana Guardian		●				
Sunday Standard		●				
Botswana Gazette		●				
Midweek Sun		●				
The Voice		●				
Gabz FM				●		
Radio Botswana					●	
Botswana Television					●	
<b>Lesotho</b>						
The Spectator		●				
Moa Afrika		●				
The Public Eye		●				
The Mirror		●				
Lesotho Today		●				
Mopheme		●				
Radio Lesotho			●			
Joy FM				●		
<b>Malawi</b>						
Capital Radio				●		
Daily Times	●					
Malawi News		●				
MBC Radio 2			●			
Radio Islam				●		
Sunday Times (MAL)		●				
Television Malawi					●	
The Chronicle		●				
The Nation	●					
Transworld radio				●		
Mij Radio				●		



Name of Media	Print		Radio		Television	
	Daily	Weekly	Public	Private	Public	Private
<b>Mauritius</b>						
5 Plus		●				
Le Defi		●				
L'Express	●					
Le Mauricien	●					
Matinal	●					
Mauritian Broadcasting Corporation					●	
MBC Radio			●			
Radio One				●		
Radio Plus				●		
Weekend		●				
Weekend Scope		●				
<b>Mozambique</b>						
Coreio da Manha	●					
Diario de Mocambique	●					
Diario de Noticias	●					
Noticas	●					
Radio Klint				●		
Radio Mocambique			●			
Radio Terra Verde				●		
SFM				●		
Televisao de Mocambique			●			
<b>Namibia</b>						
Allgemeine Zeitung	●					
New Era	●					
Republikein	●					
The Namibian	●					
Windhoek Observer		●				
Cosmos				●		
Kudu Radio				●		
Namibian Broadcasting Corporation					●	
Namibian Broadcasting Corporation			●			

Name of Media	Print		Radio		Television	
	Daily	Weekly	Public	Private	Public	Private
<b>South Africa</b>						
The Star	●					
Sowetan	●					
Mail & Guradian		●				
Sunday Times		●				
Daily News	●					
Daily Sun	●					
Beeld	●					
Rapport		●				
Die Burger	●					
City Press	●					
Sunday Independent		●				
SaFM			●			
Ukhozi FM			●			
Kaya FM				●		
Radio 702				●		
Y-fm				●		
SABC 1					●	
SABC 2					●	
SABC 3					●	
e-tv						●
<b>Swaziland</b>						
Swaziland Today		●				
The Swazi Observer	●					
The Times of Swaziland	●					
Swaziland Broadcasting Information Service - Radio			●			
Swaziland Television Authority (STVA)					●	



Name of Media	Print		Radio		Television	
	Daily	Weekly	Public	Private	Public	Private
<b>Tanzania</b>						
Business Times		●				
Daily News	●					
Majira Newspaper	●					
Mzalendo		●				
Nipashe	●					
The Express		●				
The Guardian	●					
The Citizen	●					
Uhuru	●					
Radio Free Africa				●		
Radio One				●		
PRT-Radio Tanzania			●			
Radio Tumaini				●		
Africa Media Group (TV)						●
Star TV						●
(Television ya Taifa (TVT)					●	
<b>Zambia</b>						
Daily Mail	●					
The Post	●					
Times of Zambia	●					
Ytsani Radio			●			
Radio Phoenix			●			
Zambia National Broadcasting Corporation Radio			●			
MUVI TV						●



Name of Media	Print		Radio		Television	
	Daily	Weekly	Public	Private	Public	Private
<b>Zimbabwe</b>						
The Daily Mirror/Sunday Mirror	●			●		
The Herald	●		●			
The Financial Gazette		●		●		
The Zimbabwe Independent		●		●		
The Chronicle Daily	●		●			
The Zimbabwe Standard		●		●		
Masvingo Star		●	●			
The Sunday Mail		●				
Power FM			●			
Radio Zimbabwe			●			
National FM			●			
ZBC Prime Time News				●		



## ANNEX C: Guide to monitors for the qualitative monitoring

### SAEF GUIDING PRINCIPLES TO ETHICAL REPORTING ON HIV and AIDS and GENDER

HIV and AIDS is a story of critical importance that should be covered by journalists with imagination, initiative and sensitivity to the gender and larger social forces driving the epidemic.

The story requires reporting of the highest ethical standards. The Southern African Editors Forum and Media Institute of Southern Africa (MISA) endorsed these principles to provide guidance to media Councils, training institutions and media companies, as well as individual editors and journalists. The principles are not cast in stone but should be revised over time and in response to the unfolding epidemic.

The guiding principles for Ethical Reporting on HIV/AIDS and Gender have been developed as part of the Southern Africa Media Action Plan on HIV/AIDS and Gender (MAP) that brings together a unique partnership between the media industry, civil society and the international community to improve the quality of reporting on HIV/AIDS and Gender, and to mitigate the impact of the epidemic on the media industry in the SADC Region.

- Accuracy is critical, since important personal and policy decisions may be influenced by media reports. Journalists should always identify themselves during an investigation, with the rare exception of a story, which has overwhelming public interest. Journalists should be particularly careful to get scientific and statistical information right and Facts should be painstakingly checked, using credible *sources* to interpret information, verify facts and make statistics and science accessible and relevant to wide audiences. Sources should be named as often as possible. Stories should be written in context.
- Misconceptions should be debunked and any claims of cures or treatment should be reported with due care. Journalists should look at all stories critically.
- Clarity means being prepared to discuss sex, cultural practices and other sensitive issues respectfully but openly. Care should be taken to ensure language, cultural norms and traditional practices relating to, for example, inheritance and sex are understood and accurately reported taking into account universal human rights.
- Balance means giving due weight to the story, and covering all aspects, including medical, social, political, economic and other issues. Balance also means highlighting positive stories where appropriate, without underplaying the fact that HIV and AIDS is a serious crisis.
- Journalists should hold all decision makers to account in their handling of the pandemic, from government to the pharmaceutical industry and advocacy groups. They should be engaged with, but not captive to, any interest group.
- Journalists should ensure that the voices and images of people living with and affected by HIV and AIDS are heard and seen. The human face of the pandemic should be shown. They should take care that the voices heard are diverse, and include those of women and men, vulnerable and marginalised groups.
- Journalists should respect the rights of people with HIV and AIDS. Vulnerable groups should be treated with particular care. Journalists should seek informed consent before intruding on anyone's privacy. They should seek to understand the possible consequences for individuals who participate in their report, and to ensure that those individuals are clear about the consequences. Only in cases of overwhelming public interest can somebody's HIV status be reported against their wishes or should journalists hide their professional identity.
- Journalists should be aware of and seek out the gender dimensions of all aspects of the pandemic, from prevention, to treatment and care as this will add to the depth and context, as well as reveal new areas for reporting.
- Particular care should be taken in dealing with children. They experience the most extreme consequences of the epidemic, and their rights to privacy should be afforded even greater protection. They should only be identified if the public interest is overwhelming and then only if no harm is foreseeable and they or any parents or guardians have given informed consent. Children have the right to participate in decisions affecting their lives. They also have the right to be heard, and journalists should ensure that the particular concerns they face are covered.
- Discrimination, prejudice and stigma are very harmful, and journalists should avoid fuelling them. Particular care should be taken not to use language, or images, that reinforce stereotypes.