

# 17<sup>th</sup> AMIC Annual Conference

## Under the section: 'Journalism Education' or 'Media And Development'

### Title:

### **Reporting HIV and HIV communication theories: What journalists and journalism educators in Asia and the Pacific need to know.**

#### **Abstract**

The paper uses the findings and recommendations from three extensive surveys on reporting HIV and suggests that the media's current narrow framing of the disease could be widened by the adoption of recent insights from particular HIV communication theories. The surveys were carried out from the mid 1980s in the United States, eight Southern African countries and Papua New Guinea and are the most extensive to date on the topic. The paper argues that some HIV communication theories can inject fresh story ideas and news angles for media coverage of HIV and so help broaden the current scope and content of HIV reporting. One theory in particular – social change communication (SCC) - challenges the media to extend the current framing of HIV from primarily a health story to one that is linked to social, economic, cultural and political factors. Indeed, journalists and journalism educators in Asia and the Pacific region need to realise the complexity and interconnectedness of the web of issues into which the AIDS pandemic is woven, especially if they want to engage in meaningful coverage of the crisis and its broad ramifications.

#### **HIV and the challenge for the media**

Journalists have a core responsibility to inform and educate the public about the short and long-term effects of HIV and to provide an appropriate and adequate response. While the media are not a public health information service and reporters have to meet news editors' demands for compelling newsworthy stories, the media are an important and influential source of health and medical information. So it is important to get the whole story because the way HIV is reported is likely to shape public understandings of and responses to the increasing epidemics in several countries in Asia and the Pacific region.

Microsoft CEO, Bill Gates (2004) reflected on the untold positive elements of the HIV story. Speaking at the United Nations launch of the Global Media Initiative (GMI) to educate people on how to protect themselves from HIV/AIDS, he urged news editors to move beyond reporting the tip of the iceberg and widen the scope for their stories:

The AIDS story is not just a bad story. There is so much that's positive about this that it doesn't have to be viewed as something that is incredibly negative... It's a story of volunteers, about people persevering about families coming together (Gates, 2004).

After 20 years of reporting the disease in some countries, the challenge for journalists is to find various ways to present HIV as an informative and interesting story. This point was raised by a former editor, Anna Solomon, whose reporting career in the South Pacific spanned more than thirty years. She stated: "AIDS is boring to report - so let's try to make it interesting" (Solomon, 2002). She recognised the seriousness of the unfolding HIV epidemic in her country of Papua New Guinea (PNG) and urged her fellow journalists to use imagination, initiative and sensitivity to cover the pandemic.

### **HIV/AIDS: An exceptional threat in Asia and the Pacific region.**

The figures are difficult to grasp: 65 million have been infected with HIV and 25 million people have died since the disease was first detected in 1981. Currently, 33 million people are infected with the virus and this figure could double by 2020 (UNAIDS, 2007). The 2007 UNAIDS report also highlights the fact that Asia could surpass Southern Africa in the number of people living with HIV. Currently, just under five million people in Asia live with the virus including 440,000 newly infected cases and 300,000 people who died from AIDS related illnesses in 2007 (UNAIDS, 2007). The seriousness of the situation is evident when you consider India which has the highest number of HIV cases in Asia with 2.5 million infections. A one per cent increase in the overall population would translate into 6 million new HIV cases. A similar scenario could develop in China – a country with the largest population in Asia. The HIV/AIDS situation in China is still unclear with roughly 650,000 living with the virus. This is nearly 200,000 fewer than earlier projections.

Infections rates at the end of 2007 portrayed a wide variation in epidemic trends between different countries. For example, Myanmar, Thailand and Cambodia saw declines but the epidemic is growing at a particularly high rate in Indonesia and Viet Nam (UNAIDS, 2007). However, as vast parts of Southern Africa have shown, the HIV epidemic, if allowed to spread unchecked, will ultimately cripple a country's health service and workforce and also devastate social and economic life. Take South Africa as an example. HIV infections in that country have risen sharply in the past five years and now account for nearly 19 per cent of the adult population. Meanwhile, current infections rates in some Asia countries are set to rise even higher in the coming years. It is a situation that cannot be ignored or treated lightly.

An estimated 14,000 (or between 11,000-26,000) people acquired HIV in the Pacific region during 2007, bringing to 75,000 (or between 53,000-120,000) the total number of people living with the virus (UNAIDS, 2007). More than three quarters of those persons are in PNG where the epidemic is serious and expanding but at slightly lower levels than previously believed. Some 1.8 per cent of the adult population in PNG is infected with HIV and prevalence in urban areas maybe as high as 3.5 per cent (UNAIDS, 2007). Rates of new infections have increased about 30 per cent per year since 1997. A report by the PNG National AIDS Council Secretariat (NACS) in May 2006 suggested an infection rate of over 100,000 people in PNG and predicts that the current HIV/AIDS epidemic sweeping the country will eventually match the massive infection rates seen in some African countries.

Clement Malau, former director of NACS, insists the massive epidemic of HIV/AIDS in many Sub-Saharan African countries, such as Zambia, Malawi and Zimbabwe — where HIV infection rates vary from 15 - 25 per cent — could be repeated in PNG. “Given the current situation in PNG, we could go the same way as many Sub-Saharan African countries” (Malau, 2005). A similar statement was made a year earlier when Dr Yves Renault, the World Health Organisation (WHO) representative in PNG, said: “It is possible that the number of infections could reach one million in 10-15 years unless decisive action is taken” (Renault, 2004). These remarks, together with other statements by international health officials,

demonstrate that PNG is facing a rapidly expanding public health crisis that challenges not only politicians but also business, religious, medical, media, legal and civil leaders to find an appropriate response.

The other 21 countries and territories in the South Pacific are not immune from what is happening in PNG. While the number of HIV infections are low, annual infections rates are on the rise. Apart from PNG, only four exceed 150 cases. These include New Caledonia (246), Guam (173), French Polynesia (220) and Fiji (171). It should, however, be noted that the data are based on limited HIV surveillance (UNAIDS, 2007). Given the high levels of other sexually transmitted infections that have been recorded in some Pacific islands, none of these countries and territories can afford to be complacent. Only one quarter of persons deemed at-risk of HIV infection in Fiji, Kiribati and Vanuatu, for example, know how to prevent HIV infections and have major misconceptions about HIV transmission. In Samoa, Solomon Islands and Vanuatu, nine per cent of young men said they had bought sex in the previous 12 months, yet only one in 10 reported using condoms consistently during commercial sex. About 12 per cent of young men said they used condoms consistently with casual partners. Meanwhile, one in five of young men reported having sex with other men (UNAIDS, 2006 p. 62).

This shows that risk factors associated with HIV outbreaks are not only prevalent in PNG but throughout the region. The list includes: denial of the problem or lack of adequate knowledge about the virus; a rapid rise in the number of sexually transmitted infections (STIs); low condom use; increasing migration and widespread incidents of domestic violence. Wider problems include inadequate health and counselling facilities together with extremely low access to antiretroviral drugs. These factors increase the likelihood of widespread infections rates in the region.

The HIV/AIDS Project Director of the Lowry Institute for International Policy, Brett Bowtell, is worried for the whole region. He states that while nearly two per cent of Papua

New Guinea's population is infected with HIV, it would be a serious mistake to be relaxed and complacent about the outlook in the rest of Melanesia and the South Pacific. "HIV spreads first where there's social dislocation, poverty and high numbers of young people, which pretty much describes most of the Pacific" (Bowtell, 2007). HIV is indeed a story of crucial importance and all audiences deserve full, clear and intelligent coverage.

### **Findings and recommendations from three extensive surveys on reporting HIV.**

This section reviews the findings from three surveys that tracked press coverage of HIV in the United States, eight Southern African and Papua New Guinea (PNG) from the mid-1980s. The aim is to understand how the disease was reported in other countries and for journalists and journalism educators in Asia and the Pacific to take on board the various recommendations that were made. The surveys are the most extensive studies to date on the topic and include some countries that share distinct cultural similarities. One major reason for the focus on press reports of HIV rather than a wider study on media coverage of the disease is due, in a large part, to more effective access to archival print data. Print copy is easier to locate and avoids the long arduous task of trawling through broadcast tapes of the 1980s and 1990s when transcripts were not readily available. Also, newspapers are influential because news stories that appear in print or online are frequently used by radio and television news editors to provide background, and often actual content, for their daily broadcast news services. Moreover, the press can keep issues and debates in the public forum and move items onto and up the political agenda (Conley & Lamble, 2006, p. 27).

The first survey analysed print coverage of HIV/AIDS in the United States from 1981-2002. It was carried out by the Kaiser Family Foundation and involved a comprehensive review of more than 9,000 HIV/AIDS related stories in four national newspapers: *New York Times*, *Wall Street Journal*, *Washington Post* and *USA Today*; three regional newspapers: *San Francisco Chronicle*, *Miami Herald*, *Los Angeles Times*; and finally, news stories from *The Times* in London. The sample totaled 8,783 stories, including 8,173 stories from U.S.

newspapers and 610 stories from *The Times*. This newspaper was included in the research so that a comparison could be made between the U.S. and European print media. The report, entitled *AIDS at 21: Media coverage of the HIV Epidemic, 1981-2002*, revealed that total press coverage increased during the 1980s, peaked in 1987 and declined steadily from then to 2002. Minor peaks in coverage coincided with major developments in the epidemic. For example, with Magic Johnson's announcement in 1991 that he was living with the virus. Also, the introduction of highly active anti-retroviral drugs in 1996 and increased attention to the global epidemic in 2001 led to a significant rise in the number of HIV stories.

After 21 years of coverage, the five most dominant stories included HIV prevention and protection (18 per cent), research (13 per cent), transmission (13 per cent), and social issues such as discrimination and stigma (10 per cent). Over time, the percentage of stories containing at least some consumer education declined. The period with the highest proportion of stories containing education information about the disease was 1981-1986, when 48% of stories contained an educational component. This proportion fell to 37% in 1987-1990, and has since decreased steadily to 30% between 2000-2002. This decline did not match the spread of the disease. Figures for 2002 show a two per cent rise to roughly 40,000 infections annually. This was the first increase since 1993.

Another key finding revealed a significant decline in the number of domestic stories on HIV/AIDS which coincided with a change in the diagnosis of HIV/AIDS in the U.S. from an absolute death sentence to a chronic disease (Kaiser, 2003, p. 8). This decline could also be connected to the customary news practice of focusing on other things when an epidemic switches to a global focus when there are no major new developments in terms of treatments and vaccines and when the epidemic affects a small and increasingly marginalised population in the U.S. Another possible reason for the decrease in the reporting of the domestic epidemic could be linked to press 'fatigue' in covering the story (Kaiser, 2003, p.7). Also, the new focus on the global epidemic could signal a rebirth of the story with a different focus.

The study states that keeping an eye on the domestic epidemic while reporting international and other news stories on HIV will remain a challenge for journalists competing for limited news space. Another aim is to find new and innovative ways to keep their readers engaged in a story that may not meet editorial standards for 'new' as clearly as it did in the past. For those reporters interested in writing about HIV, a new approach is needed and this might involve exploring new news angles and new ways to tell the story. The disease is still the leading cause of death among African Americans aged from 25-44, although only two per cent of the stories covered this group. Surprisingly, HIV/AIDS never became only a story about gay men, who were the focus of just four per cent of stories overall.

The second survey, by the Panos Institute (2004) - *Lessons from today and tomorrow: An analysis of HIV/AIDS reporting in Southern Africa* – analysed newspaper reporting of the disease in eight Southern African countries from 1985 - 2003. These included: South Africa, Botswana, Malawi, Lesotho, Namibia, Swaziland, Zambia and Zimbabwe. The research methodology for this project involved a combination of qualitative and quantitative analysis of newspaper articles to determine the quality and quantity of HIV stories. The country researchers used random sampling to select articles for analysis (Panos, 2004, p. 16). The major overall finding from these countries is the improvement in press coverage from the early 1980s when there was a lack of understanding, and stories on HIV/AIDS were often sensational in content and insensitive to sufferers. By the 1990s, the language underwent a transformation and descriptions of 'killer disease' and 'AIDS victims' were dropped and replaced by the more sensitive 'PLWA' (People Living With AIDS) and 'AIDS pandemic'. There was also a push to widen coverage and report the story as a development issue rather than a purely health-related matter. Stories of hope appeared especially when anti-retroviral drugs (ARVs) were introduced and negative reports, scary statistics and photographs of emaciated PLWA were less prevalent than during the early stages of coverage. On the negative side, stories on HIV/AIDS remain largely event and personality-driven and there are few adequately trained staff to report on this complex disease.

The study revealed that the press in all eight Southern African countries did not have in-house policies on HIV/AIDS, and suggests that having a policy in place could help present a coherent approach and give the topic the priority it deserved. And while the press remained a major source of information on HIV in the region, it failed to decode technical jargon and avoided a pro-active and investigative approach to the problem (Panos, 2004, p. 48). Recommendations included a call for journalists to be formally trained, and editors in particular, about how to report on HIV/AIDS and to amplify the voices of those most affected and infected by the disease. The need to continually challenge governments and NGOs in their response to the epidemic was encouraged, especially in matters of funding and the implementation of national HIV/AIDS policies and programmes.

The third survey, the first content analysis of press coverage of HIV in PNG (from 1987-1999), was conducted by Cullen (2000) who focused mainly on PNG because it had more than 75 per cent of all HIV cases in the southern Pacific region and the largest number of media outlets. Cullen's research opted for a quantitative analysis of all HIV stories in PNG's two daily newspapers, The *National* and the *Post-Courier* from 1987 when the first HIV case was discovered, to 1999 when the first act of Parliament concerning HIV was introduced.

PNG has two daily newspapers. The first, the *Post-Courier*, started in 1969 and has been, until recently, the largest-selling South Pacific daily with a circulation of 25,549. Murdoch's News Limited holds 62.5 per cent of the shares while private shareholders account for 27.5 per cent. The second newspaper, the *National*, began operating in late 1993. It is owned by a Malaysian firm, Monarch Investments, a subsidiary of timber company Rimbunan Hijau and sells 29,706 copies a day (The *National*, 31 August, 2007). Content analysis involved identifying each newspaper cutting on HIV/AIDS as an editorial, a letter, a local story, a foreign story, a front-page story or a feature. These categories followed closely those chosen by Kasoma (1990 and 1995) and Pitt and Jackson (1993) when these researchers analysed press coverage of HIV/AIDS in Zambia and Zimbabwe. Findings from the research in PNG revealed that while editors and journalists did cover the story, they preferred to report official

figures for HIV together with news items on workshops, budgets and international donations. Educational messages on HIV prevention were omitted (Cullen, 2000, p. 233).

Another study in 2005 tried to discover whether reporting of the disease in the PNG press increased or decreased since the previous study by Cullen (2000) and whether certain types of news stories – HIV figures, workshops, budgets, donations – continued to be the major news topics or if the list increased to include news items on prevention and people living with HIV. Data collection included all news items on HIV/AIDS over a three-month period. The websites of both newspapers were used to collect data for the research and it was considered important to select a particular week in consecutive months so as to achieve some form of comparative study. Because it was difficult to retrieve online archival material, the author downloaded the stories on the actual day that they appeared online.

News coverage of the disease increased in both newspapers during the period of study. For example, compared to the previous research, the *National* recorded more news items in the three selected weeks in 2005 than the whole of the first three months of 1999; 13 in 1999 compared to 19 news stories in 2005 (Cullen 2005, p. 145). The scope and focus of press coverage, however, did not change. News items on HIV workshops, the latest infection figures and ‘harms’ scored the largest number of stories, mimicking the results of Cullen’s previous study (Cullen, 2000, p. 166). The category ‘harms’ refers to a news story that describes the consequences of contracting HIV, namely sickness, stigma and death. Attempts to humanise the story resulted in four stories on people living with AIDS and four human interest stories about people caring for those living with the disease.

It is evident from the data on press coverage of the disease in PNG that a disproportionate emphasis was placed upon reporting infection rates, international funding and regional workshops, with little in-depth analysis of the disease or educational content. And while the language and tone of HIV stories show more sensitivity to people living with HIV, the survey recommended that editors and journalists in PNG should widen coverage of the disease and

report HIV as a story with medical, political, social, economic, cultural, religious and relationship aspects. The Panos study re-emphasised this last point by stressing that too many stories in some southern African countries were still event or personality driven with a preference for short news stories rather than in depth feature articles. Over-reliance on government media releases as the major source of information created a reactive rather than proactive approach. Calls to amplify the voices of those infected and affected by the disease were recommended together with the need to continually challenge governments' responses to the epidemic.

Unlike the press coverage of HIV in the United States, there was a definite lack of editorial policy and educational material on HIV in both the Cullen and Panos surveys. While current and former PNG editors and journalists should be highly commended for consistently tracking and reporting the spread of the disease for the past decade, Cullen (2005) states that it may be time to balance information with educational content. It is not a question of whether this approach is more effective but rather a recognition that both elements are an essential part of reporting the story, regardless of their impact on reducing the rate of HIV infections. However, all three surveys noted that achieving a common consensus on the role and duties of the press in regards to reporting HIV/AIDS is still problematic

A more recent study by Cullen analysed all news items on HIV in both the *Post-Courier* and the *National* during October 2007 and found that while the stories on HIV were similar in content to the 2000 and 2005 study, there was a new and sustained focus on domestic violence with both daily newspapers including 10 items each on the topic. The *National* ran four editorials, three front-page stories and three new stories while the *Post-Courier* included two editorials, one front-page story, one in-depth feature and six news stories. Domestic violence is a major social problem in PNG, and an issue closely linked to HIV because it undermines the ability of PNG women to negotiate safe sexual practices. If this focus on domestic violence is continued, it will mark a new and significant shift in the reporting of

HIV in PNG and show that journalists have began to link HIV with the wider social and cultural context of the disease.

Placing the reporting of HIV in PNG and Southern Africa in a global and historical context, it must be stated that the HIV pandemic was seen initially as a crisis in public health and was defined as a health issue that required a health response. This is now generally seen as too simplistic and does not reflect an understanding of the complex mix of social, cultural and economic determinants and consequences of the epidemic so that it is now common to argue that the epidemic is not simply about health but is concerned with development in all of its dimensions.

This has important implications for journalists in Asia and the Pacific and creates many more stories ideas and topics. For example, HIV targets communities where high unemployment or low wages create environments where drug injection or sexual risk offer some of the only means of diversion or self expression. The epidemic targets communities undergoing rapid social change, conflict or displacement. Weak education systems, dilapidated or dangerous health systems, places where the media are restricted from effective reporting, are all environments in which HIV flourishes most successfully.

Another survey was conducted by the International Federation of Journalists (IJR), that focused on six countries across Africa and Asia. The countries included the Philippines, India, Cambodia in Asia and Zambia, South Africa and Nigeria in Africa. It was not, however, an extensive survey and only involved media monitoring of HIV stories over a two-week period (one week in Asia and the other in Africa) in late November and early December 2005. The aim was to determine the quality and quantity of HIV reports in the media. Overall, the survey revealed an improvement in media coverage of the disease with more stories in print (281) than in the broadcast media (75). There was, however, a strong call to use new angles when reporting the story. The limited scope of the research – one week in each continent, which also coincided with World AIDS on December 1, a date when there are always more

HIV/AIDS stories – provided only a brief snapshot of what was happening in these countries. Different results may have been obtained if the research was conducted over a longer time span and elsewhere in the year.

### **Obstacles to reporting HIV**

It must be noted that the disease is a difficult story to report. Since the mid-1980s, academic research on journalism's roles and responsibilities, news selection processes and news values in relation to HIV frequently points to organisational constraints and traditional newsgathering practices as real obstacles to improving the informational and educational content of news stories on HIV. The general staff reporter does not know a great deal about HIV/AIDS. With very few exceptions, journalists do not have specialist knowledge in the field they report on. This is not a matter of low standards for the occupation but an explicit recognition by newsroom managers that specialist knowledge is not required to get the job done. Specialist knowledge can be counter-productive, leading the reporter to look for complexity and to qualify information, when what news discourse requires is a simple transformation into common sense (Nelkin, 1989, p. 61). Journalists are constantly under pressure from their newsroom editors who want definitive answers. This desire for certainty often leads journalists to convey the idea that science is a solution to the problem of complicated issues (Nelkin, 1989, p. 60).

Mcllwaine (2001) emphasises that the imperatives of journalism differ from those of health professionals. Newsmakers are interested in the novel, the sensational, the human-interest angle and the dramatic (Mcllwaine, 2001, p. 168). This tension between journalists and health professionals is clearly stated by Lupton, Chapman and Wong (1993). Referring to journalists, these researchers state: "Their task is to sell their commodity - news - not to serve as the campaigning arm of health education bodies. The manner in which journalists report issues such as HIV/AIDS can therefore detract from the goals of health educators" (Lupton et al, 1993 p. 6). It is, moreover, generally recognised that educating the public about HIV/AIDS is not solely the responsibility of media. Also, scientists and public health officials have often

done poorly in educating and cultivating journalists, and in trying to be accessible and share information (Miller & Williams, 1993, p.136).

Cultural influences must also be considered. Caldwell's research on HIV/AIDS in Sub-Saharan Africa in the 1990s points to several cultural factors that hinder wider debate of the disease. Many people feel helpless to change the course of events because they believe that witchcraft or other supernatural forces play at least some part in causing HIV. With sickness of any sort there is usually a cause and a causer which shows that the person infected has no real control of his or her situation. This may explain to some extent why the disease is so readily accepted (Caldwell, 1999, pp. 241-256). Other obstacles include the fact that the general public are often complacent about the crisis and people tend to look at immediate needs rather than at a virus which could develop into AIDS in 10 years. And without a cure, there seems to be no point in creating further hopelessness. Then, there is the fear of testing positive because it would bring shame and possible danger to the rest of the family. The result is that a great majority of the people do not want to know about HIV and do not want to be tested. Matters related to sexual behaviour are rarely discussed in public because sex is still a taboo subject and the connection of HIV/AIDS to sex runs the risk of linking people with HIV/AIDS to illicit sex (Caldwell and Orubuloye, 1992, p. 1170).

Seven out of 10 editors in PNG interviewed by the author in 2002 said talking about sex or reporting someone living or dying of AIDS were issues they preferred to avoid because of traditional beliefs. This made it difficult to determine the extent of cultural influences upon editors in their approach to HIV/AIDS. However, newspaper editors in the French overseas territories of Tahiti and New Caledonia were not embarrassed to use phrases like 'condom' and 'sexual intercourse' in press reports on HIV/AIDS. This was not the case in countries like Samoa where it is virtually outlawed to use such terminology. The *Post-Courier* and *The National* have tried to insert educational messages in their newspapers. But there was a mixed reaction to the use of the word 'Koap', a strong and explicit term – introduced into HIV/AIDS awareness campaigns by the National AIDS Council – to describe sexual intercourse.

Eventually, the editor of *The National* omitted the word from his newspaper because he said it was too strong and explicit.

### **Health Communication Theories**

Despite these obstacles, recent developments in HIV communication theories can contribute towards a broadening of the current scope and content of reporting HIV. Deane (2002) and UNFPA (2002) note that there are two commonly used theories of HIV communication: Behaviour Change Communication (BCC) and Social Change Communication (SCC). Early HIV communication theories tended to focus on behaviour change at an individual level as seen in BCC. Early in the epidemic it was assumed that by simply giving correct information about transmission and prevention, this would lead to behaviour change. Deane (2002) describes BCC as “based on a belief that urgency of the epidemic necessitates a high degree of focus on behaviour. It tries to encourage people to make informed choices” (Deane, 2002, p.1). BCC theory involves the development of tailored messages and approaches in order to develop, promote and sustain primarily individual behaviour change. However, BCC theory has come under increasing criticism as being inadequate to respond to the challenges of the pandemic. The theory assumes an individual can take control of his or her behaviour and action, and that people are rational creatures who consider the costs and benefits of alternative actions and make careful use of information available to them (Mckee, Bertrand and Becker-Benton, 2004, p. 43).

In recent years social scientists have come to realise that socio-cultural factors influence complex health behaviours, including sexual behaviour related to HIV infections. Beyond an individual’s own social network, there are larger structural and environment determinants that affect sexual behaviour such as living conditions related to one’s employment. For example, mining camps that require men to spend long periods away from home, the cost of condoms, the lack of sexually transmissible diseases services, pressures on some sex workers to act in

unsafe ways to keep customers satisfied - all these work against people adopting safer behaviours.

Social scientist, Kippax (2007), argues that individual behaviour and “choice” is always mediated and structured by social relationships, which are in turn influenced by important differences of community, social status, class and other structural differences such as gender and age. In other words, individual behaviour is always contextual, always socially embedded (Kippax, 2007, p.5). This social communication approach to understanding HIV, and the need to highlight the context in which the pandemic is embedded, has wide support (McKee, Bertrand and Becker-Benton, 2004, p.41). Indeed, this is not a new insight. The United Nations Educational, Scientific and Cultural Organization (UNESCO) echoed this view several years ago:

This epidemic has become a major developmental challenge that goes beyond the realm of public health. The emerging complexity of the epidemic has made it an issue that touches all aspects of human life. And the perspectives are diverse: medical, human rights ethical, legal religious, cultural and political (UNESCO, 2001, p.20).

This shift in thinking forms a key part of SCC theory where the focus is on seeing people and communities as agents of their own change. It is based on a belief that behaviour change is dependent on social change and is a long-term process (Deane 2002, p.1). The implications of this theory, if adopted by editors and journalists, would widen the predominant framing of HIV stories from primarily a focus on health to one that covers related issues such as gender equality, domestic violence, inadequate access to treatment, poor health facilities, complex sexual networking and challenge governments on their policies towards treatment, human rights and overall strategies. Indeed, this perspective on the disease provides a new and extensive list of news and feature stories for print journalists and an equal amount for broadcast journalism.

Take the issue of gender equality. This reflects the complexity of the situation and exposes how difficult it is to prevent and slow the spread of HIV. For example, sexual relations lie at the heart of the HIV epidemic in Papua New Guinea (PNG). Women’s lack of social or

economic authority is underwritten by the sexual economy and enforced largely by violence. Current attitudes to sex pose serious barriers to the effectiveness of HIV interventions. Women in general, and those involved in sex work in particular, are blamed for HIV infection in PNG. A public scapegoating of sex workers has further entrenched the view that HIV can be attributed to dirty and immoral women. And yet, it is estimated that almost half of PNG men pay for sex at some time each year. This is confirmed by the large number of women who trade sex (Smith & Cohen, 2000, p. 6).

The vulnerability caused by adverse gender bias and the low socio-economic status of women makes them compromised in all aspects of the epidemic: prevention, treatment, stigma and discrimination and human rights violation. Women's choices are often restricted by their inability to insist on safe sex, society's acceptance of different standards of behaviour for women and men and economic dependence on men. For the same reasons, married women are the largest group of women at the risk of HIV infection. Since most infected women are of childbearing age, they also carry the risk of infecting their children. These issues are directly linked to HIV and yet there is rarely a news story or feature article on the topic in the PNG newspapers.

In-depth articles could expose the serious gender inequality in PNG and argue that if married women are to be able to protect themselves and their children in such circumstances, they need precisely the same things as women need in general – access to education and training, removal of restrictions on employment, access to banking services and credit on their own surety. In addition, what they require are drastic shifts in laws on property rights, rights of divorced and widowed women, child custody rights and protection against physical violence. The HIV epidemic is not simply about public health –it is about basic human rights. There is a need, therefore, to ensure that when reporting on HIV epidemic, the wider links such as poverty reduction and gender equality are part of the coverage.

Others issues include the fact that with increasing health care costs in countries hard hit by HIV, there is immense pressure to generate more income through mining, forestry and other environmentally degrading sources will increase. Increased exploitation of natural resources will mean further degradation of water and eco systems on which people depend for survival, so poverty increases, and the whole cycle of poverty fuels HIV transmission. Also, when family members in urban areas fall sick they often return to their villages, putting additional pressure on scarce resources and fragile environments. But how many journalists would think of reporting these issues. This is not due to unwillingness to report but rather a lack of awareness about the wider links to HIV. Unfortunately, their narrow conception and understanding of HIV has led to missed opportunities for wider coverage and debate.

## **Conclusion**

This article reviewed the findings and recommendations of three surveys on the reporting of HIV and highlighted both the strengths and omissions of the coverage. One major problem was the narrow framing of the disease. In an attempt to overcome this impasse and inject fresh story ideas and news angles, the author argues that HIV communication theories can help broaden the current scope and content of HIV reporting, which in some countries is still largely limited to the coverage of workshops, together with official statistics and statements. One theory in particular – Social Change Communication (SCC) - challenges the media to extend coverage of HIV from primarily a health story to one that is linked to social, economic, cultural and political factors. In contrast, Behaviour Change Communication theory (BCC) was found to be less effective because it was limited mainly to promoting the knowledge and skills of individuals without taking into account the wider social and economic contexts. Nevertheless, both SCC and BCC theories challenge the media to rethink their approach to reporting HIV.

The most challenging aspect for editors and journalists in Asia and the Pacific region, and elsewhere in the world, is to appreciate the complexity and interconnectedness of the web of

issues linked to the HIV pandemic. HIV is not merely a medical problem but operates like a magnifying glass that magnifies the exploitation of women; domestic violence; gender inequality, illiteracy, the lack of health facilities and the kind of rampant poverty that forces people to migrate. These connections have important implications for political and financial reporters, editorial page writers, television producers and radio journalists, especially if they want to engage in meaningful coverage of the crisis and its broad ramifications.

Words 6300

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## BIO

**Dr Trevor Cullen** is Head of Journalism at Edith Cowan University in Perth, Western Australia. His doctoral thesis focused on press coverage of HIV/AIDS and for the past ten years he has delivered papers on the topic at international health and media conferences in Fiji, Papua New Guinea, Singapore, Malaysia, Hong Kong, Hawaii, Australia and New Zealand. Since 1998, he has conducted several workshops for journalists on 'Reporting HIV/AIDS' in Fiji, Papua New Guinea, Samoa, Tonga and Australia.

Dr Cullen has taught at universities in Australia, Africa and the Pacific and has won many teaching and research awards. For example, in 2006, Dr Cullen was part of a research team that won a prestigious ARC Linkage Grant for improved communication with heart patients in the context of the gift economy. Then in 2007 he won the Vice-Chancellor's Award for Excellence in Teaching and was selected as the university nominee for the national 2007 CARRICK Institute for Excellence in Teaching Award. The Journalism program that he coordinates won five national tertiary student journalism awards in 2007, four in 2006 and two in 2005. He was elected as convenor and syndicate team leader for 'The Status of Journalism Education in the Academy' at the First World Congress of Journalism Educators held at The Grand Copthorne Waterfront Hotel, Singapore, 25th-29th June.

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