

HIV/AIDS: 20 years of press coverage

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More than 40 million people live with HIV/AIDS. Developing countries are worst affected with sub-Saharan Africa accounting for more than 22 million infections. The pandemic is still in its infancy and Asia, with more than 60 percent of the world's population, is destined to become the new epicentre. The disease was first identified as HIV in July 1983 and this paper examines particular areas of academic debate in regard to HIV/AIDS during the past 20 years. These include the overall pattern of reporting and how the disease was constructed and then represented through metaphors. Newsroom practices on reporting the disease are examined together with possible ways to improve coverage. 'HIV/AIDS' is used to include the two different stages of infection and the term 'Western press' covers Britain, France, US and Australia.

HIV/AIDS hit the headlines in 1981 as a new and mysterious illness. By July 1983 the disease was identified as the human immunodeficiency virus (HIV). This virus eventually weakens the body's immune system and results in acquired immunodeficiency syndrome (AIDS). Now, more than 20 years later, it is the number-one killer in sub-Saharan Africa and the disease threatens to engulf and decimate large stretches of Eastern Europe and the Asian continent. United Nations AIDS program (UNAIDS) executive director Dr Peter Piot stated on World AIDS Day (1 December 2002) that more than 40 million people were already infected with HIV and that this number could double by 2020 (Piot 2002). Developing countries are worst affected with sub-Saharan Africa accounting for more than 22 million HIV infections. The pandemic is still in its infancy and Asia, with more than 60 percent of the world's population, is destined to become the new epicentre of the disease.

Interest in the threat of HIV/AIDS depends on where you live. Admittedly the worst of the HIV/AIDS epidemic, especially in Western world seems to have peaked. As a result many people today believe it has faded away and virtually disappeared. Moreover, why should journalists be bothered about drawing attention to a disease that is acknowledged as nothing like the deadly plague it was predicted to be in the 1980s and '90s. Sadly, this is not true for developing countries in Africa, Asia and the Pacific where more than 90 percent of those infected with HIV/AIDS live. It is in these countries where infection rates are rising rapidly that journalists need to uphold the fundamental tenets of journalism which involve informing and educating people with fair, accurate and balanced reporting. Faced with such a potentially huge and devastating public health crisis, what lessons can journalists in the Asia and Pacific region learn from coverage of the disease in countries that have already experienced its impact. Research into reporting patterns has uncovered definite shortcomings

Cyclical Pattern of Reporting

The findings from quantitative content analysis of press coverage of HIV/AIDS in Australia, US, France and Britain during the 1980s and '90s revealed a common pattern: initially a slow response to evidence of the infection in which certain high-risk groups such as homosexuals and drug addicts were targeted as the main offenders and sufferers. This was followed by increased coverage of HIV/AIDS with the acknowledged risk of HIV infection in the wider heterosexual population. Finally, the disease was 'routinised' and treated as just another health story. These three distinct stages of reporting resulted in various degrees of stereotyping, sensationalism and complacency and proved to be an inadequate way to report HIV/AIDS, especially since the increasing rate of HIV infections in many countries did not correspond to the type and frequency of news items (Cullen 2000: 227).

This pattern of reporting HIV/AIDS in the Western press closely resembled what Downs (1972) described as the 'issue-attention cycle' – the rise, peak and decline of interest by the media in a well-established health issue. It seems likely that access to the media in order to highlight

a particular issue may depend on where a precipitating event or story falls in a cyclic media attention span. Downs identified a well-ordered 'issue-attention cycle' for long-term health problems such as alcohol and drug abuse. The first level is the 'pre-problem stage' when the health problem fully exists and can be serious, but is yet to be discovered and seen as a problem by the broader public. The second stage is 'alarmed discovery and euphoric enthusiasm' by the media and mainstream public where the issue is discovered along with a treatment strategy. The third phase involves a realisation that change may be necessary to make significant progress and this will require sacrifice (Downs 1972: 42).

From this, Downs concedes that it does not take long before there is a decline in public interest, and pessimism about whether change can take place at all. The final part, 'the post-problem' stage, is a kind of twilight zone in which the problem continues to exist but receives little media attention. When the media spotlight fades, attention recedes. The results in issues gradually falling out of public discussion and losing a sense of legitimacy and urgency (Downs 1972: 46). Downs' 'issue-attention cycle' theory evidently corresponds closely to what happened with press coverage of HIV/AIDS in many western countries. It also links in with Neumann's 'spiral of silence' theory. Since the HIV/AIDS reporting cycle has come full circle (and is unlikely to be repeated) only sensational stories such as new vaccine trails or wonder drugs hit the headlines.

To test whether this same pattern of reporting could exist in countries that were not considered developed or 'Western', the author chose Papua New Guinea, Australia's nearest neighbour which has the highest number of HIV/AIDS in the Pacific region. Currently there are 15,000-22,000 people infected with the disease out of a population of five million and a recent AusAid report entitled, *Potential economic impacts of an HIV/AIDS epidemic in PNG*, paints a depressing future for PNG:

If PNG follows the low scenario, the working age population will be 13 percent smaller than it would otherwise have been by 2020. If PNG follows the medium pathway, the working age cohort will be smaller than 34 percent. If it follows the big scenario, it will be smaller by almost 38 percent ... The current measured HIV/AIDS prevalence places PNG in either the low level or concentrated phase (AusAid 2002: 14).

Previous research that examined press coverage of HIV/AIDS in

developing countries concentrated purely on a qualitative analysis such as in Zimbabwe (Pitts & Jackson 1993) and Zambia (Kasoma 1995). The focus was on the content of the news items rather their frequency. There was no attempt to establish an emerging pattern of coverage. A quantitative study of all news items on HIV/AIDS in PNG's two national newspapers, the *Post-Courier* and the *National* from 1987 – when the first HIV case was discovered until the end of 1999 when the National AIDS Council was officially installed – revealed a similar pattern of reporting to that of the Western press. The early phase targeted foreigners, drug addicts and prostitutes as the main carriers of the virus. Then, with official pronouncements that HIV/AIDS was spreading through the wider heterosexual community, there was a significant increase in local news items about the disease. But by late 1999 there was a noticeable decline in coverage, and this at a time when the epidemic was becoming more visible and widespread (Cullen 2000: 228). Recent interview with newspapers editors in PNG revealed that there are no plans to increase coverage of the disease (Cullen 2002a).

It is evident that this pattern of reporting – the rise-peak-and-decline approach – although not a deliberately conscious decision on the part of newspaper editors and a pattern that is common with coverage of other long-term illnesses – has proved inadequate in reflecting the real situation in terms of infection rates and actual risk. Less coverage does not necessarily equate to less risk or a downsizing of the problem (Ainsworth & Teokul 2000: 57). For example, press coverage of HIV/AIDS in PNG's two national daily newspapers the *National* and the *Post Courier*, peaked in late 1999. Yet, according to a “worst case scenario” in a recent AUSAID report, PNG is now (in 2003) on the verge of an epidemic on the scale of many sub-Saharan African countries where infection rates are as high as 25 percent of the population (AusAID 2002: 14). Australia is not immune from increasing infection rates. Health ministers in Victoria and New South Wales reported an increase in HIV transmission in 2001 and 2002.

Likewise, limited press coverage in the early stages of reporting on HIV/AIDS in the Western press (1982-85) and a disproportionate level of coverage in the second stage (1986-87) did not coincide or represent the actual spread of HIV/AIDS in the Western world. It is unfair, however,

to condemn the press for this uneven coverage and for under-estimating the wider ramifications of HIV/AIDS when it first appeared; and to write as if a consensus that a new virus, HIV, was the cause of AIDS, and that this conclusion was instantly and painlessly reached. In fact that it took several years to achieve agreement among scientists about the cause of this emerging syndrome and the routes of transmission.

Metaphorical representations of HIV/AIDS

One problem regarding the communication of news information on HIV/AIDS is the cyclical pattern of reporting; another is language. Hopson (2000: 46–53) suggests that selective use of language can trivialise an event or render it important; marginalise some groups and empower others; define an issue as an urgent problem or reduce it to a routine one. An example of this is the use of metaphors which have been extensively employed to make sense of HIV/AIDS during its construction as a new disease in the public consciousness (Ross & Carson 1988; Sontag 1989).

Sontag (1989) was one of the first researchers to record the influence that metaphors exert on cancer and HIV/AIDS discourses, and highlights the use of military metaphors in the media such as ‘fight’, ‘struggle’, ‘battle’, ‘invasion’, ‘enemy’ and ‘war’ (Sontag 1989: 10). HIV/AIDS was framed as a foreign invader that people needed to be protected against. Sontag argues against the negative effects of these metaphors and adds that her book, *AIDS and its Metaphors*, is written “not to confer meaning ... but to deprive something of meaning” (Sontag 1989: 10). Sontag states that metaphors do not adequately sum up a situation: often they are too simple and sensational, increasing stigmatisation of the sufferers and exacerbating fear in the general population (Sontag 1989: 6).

The military metaphor, Sontag claims, cements the way in which particularly dreaded diseases are envisaged as an alien ‘other’ or as ‘enemies’ in modern war. She describes how the move from demonisation of the illness to attribution of fault to the patient is an inevitable one. Subsequently, the idea of ‘innocent’ versus ‘guilty’ is introduced into the

HIV/AIDS discourses where the innocent are labelled 'victims', strongly suggesting others are guilty (Sontag 1989: 11). In fact, with the use of the term 'victim', implicit and explicit moral judgments became tied to the disease.

Despite this criticism, Strong and Berridge (1990) see some value in using the military metaphors if they are used not in a spirit of militarism but to make the analytic statement that HIV/AIDS points to a time of emergency (Strong & Berridge 1990: 249). Altman (2001) argues that it is difficult to stop the powerful push for metaphorical images and their frequent connection to sexuality, blood and semen: "I have some sympathy with Susan Sontag's warning against seeing AIDS as a metaphor but the demands for rationality runs counter to some very powerful voices which imbue AIDS with its link to the exotic (Altman 2001: 81). Manning (2001) highlights the inevitability of constructing meaning through the use of language: "A slightly larger proportion of journalists agree that as we select aspects of the complex social world for discussion and further select vocabularies to describe it, we are in a certain way constructing reality" (Manning 2001: 20).

Lupton (1994), however, re-emphasises the negative impact of metaphors. In order to make sense of HIV/AIDS, the press in Australia seized upon the concepts of blame and guilt especially when comparing people with medically acquired HIV and infected gay men. The latter were singled out by some commentators for negative treatment as implicit in the use of metaphors such as 'AIDS as punishment', 'AIDS is a moral reformer', 'AIDS as crime' and 'Sex is danger' (Lupton 1994: 136). Lupton describes how people living with HIV/AIDS were labelled with one or a number of the following adjectives: 'deviants', 'victims', 'innocent', 'promiscuous', 'survivors', 'battlers', 'homosexuals', or 'drug addicts'. Each choice of term attempts to influence the way in which readers construct their knowledge and attitudes about HIV/AIDS in general and the specific case in particular.

In Australia, the most striking metaphor used by the media was that of the 'Grim Reaper', an image that was used in an educational advertising campaign where HIV/AIDS became "the replacement for nuclear death as the ultimate threat to human existence" (Aroni 1992: 135). The term 'Grim Reaper' has been traditionally designated to refer to

a personification of Death in Western cultures. In Australian newspapers and television advertisements, the reaper's powerless victims were bowled over at random by this ruthless evil disease. This metaphor introduced a strong sense of powerlessness against the disease and inevitability for its victims.

Metaphors were also widely used in other countries. For example, according to Ross and Carson's study of HIV/AIDS in the US press during the early 1980s, the disease was explained using four main metaphors: 'AIDS is a plague', 'AIDS is death', 'AIDS is a punishment for sin', and 'AIDS is a crime' (Ross & Carson 1988: 240). Early links between HIV/AIDS and the gay community in the United States, together with a media focus on possible transmission routes, led to the gradual 'sexualisation' of HIV/AIDS (Alcorn 1988: 89). The metaphor 'gay plague' became synonymous with alternative, permissive sexual behaviour and implied moral judgement. Karpf (1988) states that for long periods in the United States media, the reality of HIV/AIDS was almost entirely buried beneath metaphorical meaning. The US media's characterisation of the virus included the 'gay plague' concept, the differentiation of innocent and guilty and the promotion of sexual abstinence. It was, however, the 'plague' metaphor, depicting HIV/AIDS as a contagious disease, that helped, more than any other to fuel fear and stigma among the public (Karpf 1988: 146).

According to Aroni (1992), the negative impact in the US of the 'plague' metaphor had a prolonged polarising effect on the public's understanding of HIV/AIDS, instilling a false sense of security in 'non-plague' populations when confronted with the dangers of the disease.

The construction of the image of an HIV/AIDS patient has evolved over the last nine years (1981-1990). The dominant image of a person living with AIDS is still that of a male homosexual suffering from a sexually transmitted disease as a direct result of his sexual practices. This runs the risk of focusing on risk-groups rather than risk-behaviours and sexual practices (Aroni 1992: 137).

In place of these negative constructions of the disease – and those infected – Sontag's view is that language should be used to communicate a more reaffirming message, whereas HIV/AIDS 'victims' and HIV/AIDS 'sufferers' suggest a passive or helpless response to the illness. People with HIV/AIDS are often healthy active people getting on with life. The

phrases 'people with AIDS' (PWA) or 'people with HIV' are consequently preferred. Some suggest people 'living with AIDS' to emphasise life rather than death. On the other hand, 'HIV infected' and 'HIV carrier' are disliked because they place more emphasis on the virus than the individual (Sontag 1989: 13).

This construction of HIV/AIDS as linked to 'deviant groups' led several commentators to criticise the media for creating a moral panic which exacerbated sensationalist reporting, inaccurate and confusing language, and led to the consistent linking of the epidemic to deviant groups (Patton 1990; Altman 2001). The expression 'moral panic' was first coined by Cohen (1972) and refers to a situation where an episode, person or group of persons emerges to become defined as a threat to societal values and interests (Cohen 1972: 24). Altman (2001) argues that the moral panic played out in the media was intended as means to create AIDS as:

The domain of the other through the demonization of 'foreigners,' of the bisexual man, of the promiscuous black stud, of the sex worker. Examples of all these abound in the 20-year history of the epidemic, when it has been common for particular individuals who could be defined as 'AIDS carriers' to become convenient scapegoats for a whole set of unexamined fears and phobias (Altman 2001: 145).

Seale (2002: 83) argues that another aspect linked to the moral panic surrounding coverage of HIV/AIDS concerns the fact that sex in general is reported by the media as a danger-free zone. This, however, is sharply reversed with negative and unsympathetic stories about people living with sexually transmitted diseases and infections. Gilman (1988) links the imagery used to report HIV/AIDS and that of media representations of syphilis in the nineteenth century. Seale (2002) also analysed media interest in herpes shortly before the explosion of interest in HIV/AIDS concluded that both herpes and AIDS have been effective symbols of the dangerousness of sexual promiscuity. However, with the arrival of HIV/AIDS the herpes story disappeared and "the subsequent absence of media coverage would seem to indicate a disease (herpes) that was once so devastating no longer exists" (Seale 2002: 85).

In summary, academic debate surrounding the rhetoric used to report HIV/AIDS in the late 1980s and early 1990s claims that the Western press

initially framed and constructed HIV/AIDS as a disease of deviance mainly restricted to 'gays' and that this misinformation was reinforced with the use of negative language and images, most notably the constant use of the 'gay plague' metaphor which suggested that both homosexuality and homosexuals were the cause of HIV/AIDS. This social construction of the disease left a lasting impression. Many still view HIV/AIDS as a predominantly gay-related disease.

It is, however, important to note that the aims and requirements of journalists changed during the different phases of the HIV/AIDS epidemic and consequently, the supply of information has differed greatly. The media did eventually correct its earlier over-emphasis on risk groups instead of risk behaviours. Other areas, however, that still need attention are the continued use of military metaphors and the careless use of words such as 'victim' 'innocent' or 'guilty' which imply moral judgment. Also, the incorrect use of the terms HIV and AIDS. For example, a person infected with the HIV virus does not have AIDS. This occurs at a much later stage, sometimes after 10-15 years.

Representation of HIV/AIDS as a gay disease

Some researchers suggest that the prominence and frequency of the 'gay plague' metaphor from 1982-86 revealed a deeper ideological struggle that was openly homophobic. One reason for this was that the connection of gay men with HIV/AIDS resulted in a slippage between the idea that gay men caused 'the plague' to the idea that homosexuality itself was a plague (Weeks 1989; Lupton 1994; Watney 1997).

Weeks (1988) finds it unfortunate that the HIV/AIDS epidemic first appeared in medical and press circles when it affected gay men in the US: "This historical accident – as if HIV/AIDS was a peculiar property of gay men when most transmissions have probably been heterosexual – narrowed the focus of reporting" (Weeks 1989: 18). Shilts (1987) claimed the news media in the US regarded HIV/AIDS in the early 1980s as a homosexual problem and did not like covering such stories: "It was especially skittish about stories that involved gay sexuality. Newspapers

and television largely avoided discussion of the disease until the death toll was too high” (Shilts 1987: 22). Check (1987) and Klaidman (1991) argue that US media coverage of HIV/AIDS in the early years of the epidemic increased substantially with fear of a potential heterosexual spread. The implication was that the mainstream media could ignore coverage of HIV/AIDS if it was contained in an already stigmatised group, however deadly the disease might be.

Analysis of press coverage of HIV/AIDS in Britain revealed that from 1982-84 term ‘gay plague’ was widely used. Stories of heterosexual transmission only began to appear in the British tabloids in March 1985 (Wellings 1989). Wellings found that deaths of heterosexuals were reported in much greater individual detail than the deaths of homosexuals in the early stages of the disease (Wellings 1988: 87). In France it was a similar situation. Herzlich and Pierret (1989) conducted an analysis HIV/AIDS in six national French daily newspapers from 1982-86 and identified an early phase in which the cause of the disease was a ‘mystery’. It was at this time that terms like ‘homosexual pneumonia’ and ‘gay cancer’ began to emerge. HIV/AIDS came to be represented as the outcome of belonging to high-risk groups (Herzlich & Pierret 1989: 1239).

Treatment of HIV/AIDS in the Australian press has been well documented: Lupton (1994); Brown, Chapman and Lupton (1996); Tulloch and Lupton (1997); Seale (2002). Lupton (1994) suggests that the dominant framework for AIDS reporting had been established early on: “AIDS had been socially constructed as a disease of deviance” (Lupton 1994: 125). Lupton argues that homosexuals in the Australian press were rarely given sympathetic attention. One example Lupton provided concerned how greater sympathy was extended to people with medically acquired HIV/AIDS when compared with the representation of gay men living with HIV/AIDS.

This imbalance, Lupton believes, was symptomatic of ‘overt homophobia’, more blatantly prevalent in the early years of press coverage of HIV/AIDS in the Australian press. What remains, according to Lupton, is “an equally discriminatory silence about the mounting number of deaths of gay men while a small number of children are publicly mourned” (Lupton 1994: 124). Lupton describes the media in the early 1980s as willingly supporters of official attempts “to engender a new morality” and

“a continuing ideology of homophobia in the continued marginalisation of the plight of gay men compared with other people living with AIDS” (Lupton 1994: 124). Lupton refers to conservative moral values underlying anti-gay HIV/AIDS discourses:

One of the strongest threads running through the sub textual layer of meaning in AIDS discourses in the news media has been the State’s attempt to control sexual expression in any form not conforming to heterosexual monogamy (Lupton 1994: 125).

On a positive note, Lupton (1994) stresses that from 1990 onwards there was a change in Australia with press coverage of HIV/AIDS. Lupton described a shift from reporting only about reviled deviant risk-groups to a discourse which extended the risk wholesale to every individual regardless of sexual activities. The emphasis moved to promoting individual behavioural change (Lupton 1994: 316). This, Lupton argues, has continued with a ‘toning down’ of reporting with less sensationalism and less emphasis on sexual preferences.

The impact of newsroom practices

Journalism has a threefold role: to inform, educate and entertain. Academic debate concerning the role of journalists in reporting HIV/AIDS has focused primarily on their performance rather than analyse their role and the amount of involvement in reporting HIV/AIDS in regard to other health issues. Questions such as whether journalists should treat HIV/AIDS just like any other health story or provide both information and education about the disease were not tackled. These questions are no longer a concern for journalists in many parts of Western Europe and Australia because swift and decisive interventions on the part of their respective governments led to effective containment of the disease. This is not the case in Africa and Asia where HIV/AIDS is set to reach worryingly high levels of infection that threaten to destabilise the social and economic fabric of numerous countries in the region. It would seem that the role of the journalist, especially in the Asia and the Pacific region where the epidemic has just begun, is to uphold the basic tenets of journalism: to inform and (where possible) educate people about the extent of the problem and ways to prevent infection. There are, however, newsroom

practices that are common to journalists wherever they work and which affect press coverage of HIV/AIDS.

For journalist George Negus HIV/AIDS was the dream story”

The AIDS problem ...is seen as a bloody good story. It's got about everything: It's got sex: it's got drugs; it's probably got rock 'n' roll too ... As a journalist there are few issues I've ever covered which have had as many things going for them as a story (Negus quoted in Altman 2001: 164).

Research tends to oppose this view and points to organisational constraints and traditional newsgathering practices as major obstacles to improving the content of health-related news stories including HIV/AIDS (Colby & Cook 1992). Nelkin (1989) refers to the pressure that journalists are under from their newsroom editors. They want definitive answers. Further, the quest for certainty leads journalists to convey the idea that science is a solution to the problem of complicated issues (Nelkin 1989: 60). Also, 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: 61).

McIlwaine (2001: 168) emphasises how 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. 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: 6). It is, moreover, generally recognised that educating the public about HIV/AIDS is not solely the responsibility of media. Further, 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: 136).

The lack of knowledge of medical issues among journalists led researchers Galvin and Pearson to expose a tendency among medical writers in Australia to rely heavily on single source material, which was evident when doctors were consulted for stories and comments. This frequently led to “negotiation rather than confrontation” (Galvin & Pearson 1994: 110). They found the *Medical Journal of Australia (MJA)* so highly rated that “in most cases the *MJA* was used alone without clarification or follow up from other sources” (ibid: 114). The researchers revealed that journalists were unable to link medical stories to wider issues and that journalists often failed to make obvious the distinction in coverage between “the original research which was peer reviewed and opinion pieces which were published as letters” (ibid: 119). The mainstream press, they argue, showed an over-reliance on news agency copy, a tendency to confuse medical research with individual doctors’ opinions, a deference to doctors as the primary authorities on health-related matters, an unqualified acceptance of their findings and a reluctance to provide readers with background information (ibid: 109).

In summary, academic debate on newsroom practice has focused on the role of the press, especially its capacity to define an event and keep it in the public domain. Despite evident organisational constraints and traditional newsgathering practices – most notably a lack of knowledge and adequate training on medical issues among journalists – there is a consensus that, regardless of these limitations and the difficulty of effecting behavioural change, the press is able to improve awareness, knowledge and understanding of the disease. Research shows that lessons can be learned from a closer attention to the use of language; improving the educational content of news stories; avoiding the frequent practice of relying on general rather than trained medical reporters; highlighting risk-behaviour instead of over-emphasising risk-groups, and framing HIV/AIDS as a current instead of a past event so as to avoid complacency and the resurfacing of denial. Throughout the late 1980s and early 1990s news reports changed in tone and content from the initial phase of panic reporting and dramatic headlines to routine news stories.

Possible Solutions

The lack of accurate and up-to-date information on the scientific, sociological, developmental or human rights aspects of the disease among editors and journalists continues to affect press coverage of HIV/AIDS. Dixit (2001) argues that one way to influence sceptical editors is to show them that HIV/AIDS is not merely a medical problem but a social, cultural and economic one. Referring to the AIDS epidemic in South East Asia, Dixit states:

The disease is a magnifying glass which puts the roots of regional public health crisis in to sharp focus: it brings out the exploitation of women; their low status in the country, community and even within families; the trafficking of young girls; poverty that forces young men to migrate and the chronic lack of health facilities. The media should open its eyes to these connections (Dixit 2000: 3).

Putting a human face on the disease is slowly being recognised as an important ingredient in press coverage of HIV/AIDS. For example, informal interviews with ten current and former newspaper editors in PNG during 1999 revealed a lack of awareness and urgency about the potential consequences of an emerging HIV/AIDS epidemic within the country. Coverage was mainly limited to the latest figures, workshops and donations. In September 2002, a series of formal interviews with the same editors revealed a definite shift in thinking and a desire to put a human face on the problem (Cullen 2002a). One possible reason for this change of attitude lies in the fact that in 1999 only one of the editors knew someone living with the disease; now all of them know people living with HIV. It is unclear whether this change in attitude will result in coverage of people within the country living and coping with the disease.

Twenty-four journalists from 13 South Pacific countries attended a workshop, sponsored by the South Pacific Community (SPC), in October 2002 on reporting reproductive health care. They drew up a declaration that urged their editors to devise an editorial policy that encouraged the use of human-interest stories instead of an over reliance on government statistics (Cullen 2002b). The journalists stated that the disease should be linked to an analysis of wider social issues such as sex education, unwanted teenage pregnancies, rape, domestic violence and gender

equality. Examining underlying causes and consequences was considered as important as reporting official statements and documentation.

It is unhelpful to focus only on the latest figures for HIV/AIDS. Often they are incorrect and misleading. They provide a false sense of security and can promote complacency ... Concentrate more on people living with the disease. Let them tell their story. This puts a human face on the story and has proved to be more effective in educating people (Suva, 2002).

Dixit (2001) is confident, however, that the press is still a potentially influential vehicle with which to spread basic, yet accurate, and educationally responsible information about HIV/AIDS. By helping to keep the issue in the public domain, the press can assist health promoters to maintain HIV/AIDS awareness and keep it on the political and cultural agenda. It is likely that accurate and well-informed news coverage of the epidemic could lead to a reduction in the stereotyping, misinformation and sensationalising surrounding popular understandings of HIV/AIDS (Dixit 2001: 31)

Prevention is still promoted by the World Health Organisation and UNAIDS as the most effective form of defence against the emerging HIV/AIDS epidemics especially in poor developing countries where there is little political will or financial support to tackle the problem. As a response to this, editors and journalists could make a significant contribution to promoting prevention by using 'Mobilising Information' (MI). Kristiansen and Harding developed this concept in the mid-1980s after their research into the standard of health reporting in Britain and HIV/AIDS in particular. The researchers define MI as information that mobilises people into considering behavioural adjustments in the face of serious harmful threats. MI differs from 'Mobilisation theory' which places more emphasis upon the capacity of news media to intervene in the public interest by drawing public attention to issues of concern and encouraging public campaigning for reform (Manning 2001: 3).

Kristiansen and Harding (1984) argue that the press is commonly used as a source of information about health issues because the public rarely refers to specialised medical journals. Manning (2001) is more explicit: "As our knowledge of health has grown, it has become feasible to make the public more knowledgeable regarding personal health than ever before"

(Manning 2001: 13). The press, therefore, can play an important role in alerting the public to health issues. The effectiveness of the press in this regard depends on how health issues and means of prevention are discussed. Often they are omitted and this leaves the public ignorant of ongoing health concerns. Journalists do this because they confuse mobilising information with mobilising messages and regard the latter as clearly partisan. While journalists see their role as providing information rather than motivation, the inclusion of MI when reporting on health issues fosters feelings of greater control and the possibility of behavioural change in the face of serious health hazards such as HIV/AIDS.

Mobilising information communications are likely to promote a given behaviour when specific details about actions that will counteract or prevent the health threat are explicitly and precisely described (Kristiansen & Harding 1984: 365).

Conclusion

Informing the public about HIV/AIDS is not the sole responsibility of the press and other media. It demands a multi-sectoral approach that includes political, social, economic and religious leaders. Moreover, in many developing countries there are more immediate health diseases to deal with such as malaria, malnutrition and heart disease. This is a short-term view of a long-time problem. The wider picture shows that while all diseases need to be treated appropriately, ignoring HIV/AIDS, as happened initially in many sub-Saharan African countries, leads to the eventual breakdown of social and economic life. Why wait for a repeat performance in Asia and the Pacific region? The press is still a potentially influential vehicle with which to spread basic, yet accurate and responsible information about HIV/AIDS. For this reason it is necessary to review and assess academic research on press coverage of HIV/AIDS such as emerging reporting patterns, the use of metaphorical language and the impact newsroom practices in an attempt to improve coverage for those countries in the Asia and Pacific region that face the onslaught of an extensive HIV/AIDS epidemic.

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