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HIV/AIDS: 25 years of press coverage.

Abstract

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, 38 million people are infected with the virus and this figure could double by 2020. And closer to home, the National AIDS Council in Papua New Guinea (PNG) announced in May 2006 that there were at least 100,000 cases within the country. So, how has the press in PNG and in other parts of the world responded to such an overwhelming public health crisis? This article looks at the current state of the global HIV/AIDS epidemic and then summarizes the findings of three studies that tracked press coverage of the disease in the United States, Southern Africa and PNG from the 1980s.

Introduction: The global epidemic

The 2006 United Nations report on the global spread of AIDS (Acquired Immune Deficiency Syndrome) asserts that the AIDS epidemic is slowing down globally but new infections are continuing to increase in certain regions and countries. However, the report, based on data from 126 countries and more than 30 civil organizations, stresses that the disease remains an exceptional threat. The overall response is diverse with some countries doing well on treatment but poorly on HIV prevention and sustained leadership (UNAIDS, 2006, p. 2).

Since doctors in the United States first described the disease in 1981, AIDS and the HIV virus that causes it, has spread relentlessly to virtually every country in the world, infecting 65 million people and killing 25 million (UNAIDS, 2006, p. 3). In 2006, 38.6 million people worldwide were living with the virus. More than four million people were infected with HIV (Human Immunodeficiency virus) in 2005 and 2.8 million died from AIDS-related illnesses. These figures are slightly lower than in the previous year when 4.9 million people were infected and 3.1 million died. Figures, however, vary from country to country and many governments are falling short of the anti-AIDS initiatives set in a landmark United Nations General Assembly meeting on the global AIDS epidemic in June 2001. This meeting set six global targets in the *United Nations Declaration of Commitment on HIV/AIDS* (2001) and these were adopted by the 189 member States of the United Nations. These targets included funding, leadership, HIV prevention, treatment, reducing vulnerability, and future commitments. Since then resources for the AIDS response have grown from US\$1.6 billion in 2001 to US\$ 8.3 billion in 2005. This is a significant increase and just under US\$9 billion is expected to be available in 2006 to combat HIV/AIDS in developing countries, although US\$15 billion is the real target. Access to anti-retroviral treatment has expanded significantly from 240,000 people in 2001 to 1.3 million people in 2005. But the availability of drug treatment varies considerably and ranges from three per cent in the Central African Republic to 85 per cent in Botswana.

The 2006 UNAIDS report also draws attention to the fact that Asia could surpass Southern Africa in the number of people with HIV. Currently, 8.3 million people live with the virus but nearly 85 per cent of those infected have no access to anti-retroviral treatment (UNAIDS, 2006, p. 5). The seriousness of the situation is evident when you consider India which already has the highest number of AIDS cases in the world with more than 5.7 million people infected, and where a one per cent increase translates 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. But as vast parts of Southern Africa have shown, the AIDS epidemic, if allowed to spread unchecked, will ultimately cripple a country's health service and workforce, while at the same time devastating social and economic life. For example, HIV infections in South Africa have risen sharply in the past five years and now

account for nearly 19 per cent of the adult population. This situation presents a real challenge for the press, especially about how to find an appropriate response to the current AIDS pandemic.

Press coverage of HIV/AIDS

One major reason for the focus on press reports of HIV/AIDS 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. And the press can keep issues and debates in the public forum and move items onto and up the political agenda. This section briefly summarises the findings of two studies that reviewed coverage of the disease in the U.S. and in eight Southern African countries. The main reason for their selection is that they are the most extensive to date and they cover a longer period of press coverage than any previous report or survey.

A study of print coverage of HIV/AIDS in the United States from 1981-2002 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 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.

A study 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/AIDS 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. And there were more stories of hope with a flurry of reports when anti-retroviral drugs (ARVs) were introduced. Most importantly, 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. Despite the dramatic rise in the number of stories on HIV – Botswana saw an increase from three stories in 1995 to 402 in 2003 – the quality of reporting is still in question with greater emphasis placed on statistics, speeches, workshops and conferences (Panos, 2004, p. 28). For example, in Malawi, the survey revealed that 59 per cent of stories on HIV/AIDS sampled in 2003 were event-driven and tended to focus more on the personalities who organised the event or delivered the speech at the expense of in-depth analysis of the epidemic (Panos, 2004, p. 55).

The study states that the failure of the press to report the disease as a multi-dimensional story has created a lack of creativity in the way the press covers HIV/AIDS, and has turned off readers because they are tired of hearing the same recycled news. Moreover, newspapers generate hardly any stories from their own inquiry, making HIV information colourless and too official, and editors, for the most part, tend to omit the voices of those most affected by the pandemic (Panos, 2004, p. 34). This was the same argument used by editors for not publishing more stories on HIV, saying that the subject was becoming monotonous and less appealing to readers.

The study revealed that press organizations 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.

HIV/AIDS in PNG

The third study on press coverage of HIV involves PNG and covers the period from 1987-2005. But first some background details. PNG is Australia's nearest foreign neighbour and it is facing an AIDS epidemic that could rival what has happened in Southern Africa. If this occurs, then Australia will have to cope with the short-term economic consequences of PNG people seeking further financial assistance and the long-term political problem of increased insecurity in an already unstable country. Current HIV infection figures show a continual upward surge. HIV infections rates in PNG have increased by around 30 per cent annually since 1997 and an estimated 60,000 Papua New Guineans are living with the virus. This amounts to a prevalence rate of 1.8 per cent. A report by the PNG National AIDS Council

Secretariat (NAC) in May 2006 points to an infection rate of over 100,000 people. It predicts that the current HIV/AIDS epidemic sweeping the country will eventually match the massive infection rates seen in some African countries.

Clement Malau, a medical doctor and former director of NAC, insists the massive epidemic of HIV/AIDS in many Sub-Saharan African countries, such as Zambia, Malawi and Zimbabwe — where HIV infection rates are as high as 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 which challenges not only politicians but also business, religious, medical, media, legal and civil leaders to find an appropriate response. So how has the press in PNG responded to the epidemic?

Press coverage of the disease in PNG

PNG has only two daily newspapers and they provided the data for this study. The first, the *Post-Courier*, started in 1969 and is currently the largest-selling South Pacific daily with a circulation of 26,262 (*Post-Courier*, 2006). 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 and is owned by a Malaysian firm, Monarch Investments, a subsidiary of timber company Rimbunan Hijau (Robie, 2005, p. 57).

The first content analysis of press reports of HIV/AIDS in the Pacific (covering 1987-1999) was conducted by Cullen (2000) who focused mainly on PNG because it had more than 90 per cent of all HIV/AIDS cases in the southern Pacific region. Findings from this research 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). This section deals primarily with the response of the press in 2005 and, in particular, whether reporting of the disease in the PNG press increased or decreased since the previous study by Cullen (2000). It also tries to discover 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.

In health research, the methodology used to document media representations of disease is generally a quantitative approach. This study, however, opted for both a quantitative and qualitative analysis of all HIV/AIDS stories in PNG's two daily newspapers, *The National* and the *Post-Courier* in early 2005. 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. 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. 'Foreign story' refers to news items about HIV/AIDS in foreign countries while 'local story' refers to news items on HIV/AIDS within PNG. 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

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. Workshops, the latest figures for HIV/AIDS 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 (PLWAs) and four human interest stories about people caring for those living with the disease. News items on prevention and protection, however, did not appear in the 2005 study and only one such item appeared in the corresponding period in the first three months of 2000 (Cullen, 2005, p. 144). This is a significant finding – that none of the news items contained direct educational messages about ways to avoid infection. This is particularly worrying when considering that the number of HIV infections in PNG continues to show large increases in all 20 provinces and figures could reach Sub-Saharan African proportions in a few years. There were no feature articles in either daily newspaper, not even in the weekend magazine editions.

While current and former editors and journalists from the *Post-Courier* and *The National* newspapers should be highly commended for consistently tracking and reporting the spread of the disease for the past decade, it may be time to shift focus and 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, achieving a common consensus on the role and duties of the press in regards to reporting HIV/AIDS is still problematic.

Obstacles to Press Coverage

Since the mid-1980s, academic research on journalism's roles and responsibilities, news selection processes and new vales 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).

McIlwaine (2001) emphasizes 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 (McIlwaine, 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 recognized 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 ten 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 ten 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.

Challenges

It is evident from the data on press coverage of the disease in PNG and Southern Africa, 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 the AIDS, there is a need to widen coverage and report AIDS as a story with medical, political, social, economic, cultural, religious and relationship aspects, and report the story in a way that lessens fear and stigma, two key factors that act as major barriers to promoting openness and debate. In stark contrast, 36 per cent of all news items in the US press were allocated to educational messages on prevention (Kaiser Foundation, 2004, p. 8). This was the most prominent category among 13 other categories (over the 21-year study period from 1981-2002)) that included testing, political issues, research, transmission, social issues, government funding, public figures, reviews, fundraising, effects and epidemiology.

One element, common to all three studies, was the emphasis on finding fresh angles and new ways to tell the story. Anna Solomon, a highly respected former PNG journalist whose reporting career in the Pacific spanned more than thirty years, declared that “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 and urged her fellow journalists to use imagination, initiative and sensitivity to cover the disease. And there are calls for a wider and more positive contribution to the content of current press coverage of HIV. Bill Gates (2004) speaking at the United Nations launch of the Global Media Initiative (GMI) to educate people on how to protect themselves from HIV/AIDS, urged news editors to 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).

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