

**Summary of key data from the findings of the HIV and AIDS and Gender Baseline Study in Tanzania**

QUANTITY OF COVERAGE	% TANZANIA	% REGION
HIV coverage compared to total	2	3
HIV mentioned	31	36
HIV central focus	69	64
<b>WHO SPEAKS</b>		
Women and men - all topics	32 (F) / 68 (M)	39 (F) / 61 (M)
Person affected by HIV	6	4
Women and men affected by HIV	25 (F) / 75 (M)	59 (F) / 41 (M)
People with HIV	7	4
Women and men with HIV	50 (F) / 50 (M)	44 (F) / 56 (M)
Traditional & religious groups	5	5
Women and men traditional and religious groups	0 (F) / 100 (M)	18 (F) / 82 (M)
Civil society, NGOs, INGOs	40	28
Women and men in civil society, NGOs and INGOs	49 (F) / 51 (M)	47 (F) / 53 (M)
Experts	14	12
Women and men experts	25 (F) / 75 (M)	36 (F) / 64 (M)
Officials/UN agencies	26	42
Women and men officials/UN agencies	11 (F) / 89 (M)	31 (F) / 69 (M)
Other	1	5
Women and men other	100 (F) / 0 (M)	40 (F) / 60 (M)
<b>TOPICS</b>		
Prevention	48	41
Who speaks on prevention?	33 (F) / 67 (M)	42 (F) / 58 (M)
Treatment	11	16
Who speaks on treatment?	25 (F) / 75 (M)	37 (F) / 63 (M)
Care	20	13
Who speaks on care?	47 (F) / 53 (M)	52 (F) / 48 (M)
General	12	19
Who speaks on general?	20 (F) / 80 (M)	27 (F) / 73 (M)
Impact	1	5
Who speaks on impact?	0 (F) / 100 (M)	35 (F) / 65 (M)
<b>TYPES OF STORIES</b>		
News & briefs	70	78
Cartoons, images, graphics	5	2
Editorial & opinion	0	4
Feature & analysis	19	10
Feedback	2	3
Interview, profile & human interest	5	3
<b>WHERE DO STORIES COME FROM?</b>		
International	17	13
Regional	6	8
National	49	54
Provincial	0	6
Local	28	19
<b>WHO TELLS THE STORIES?</b>		
Original story	91	77
Guest writer	2	5
Agency	7	18
<b>WHO REPORTS ON HIV and AIDS?</b>		
Overall	33 (F) / 67 (M)	45 (F) / 55 (M)
<b>Who reports on what?</b>		
Prevention	30 (F) / 70 (M)	39 (F) / 61 (M)
Treatment	38 (F) / 63 (M)	56 (F) / 44 (M)
Care	38 (F) / 63 (M)	57 (F) / 43 (M)
General	20 (F) / 80 (M)	39 (F) / 61 (M)
Impact	43 (F) / 57 (M)	39 (F) / 61 (M)
Other	33 (F) / 67 (M)	50 (F) / 50 (M)

# TANZANIA

## HIV and AIDS and GENDER BASELINE STUDY



The Southern African Media Action Plan



on HIV and AIDS & Gender

The Tanzania HIV and AIDS and Gender Baseline Study is part of the Media Action Plan (MAP) on HIV and AIDS and Gender, led by the Southern African Editors Forum (SAEF). A team of local consultants led by Rose Haji, Director of the Media Institute of Southern Africa (MISA) conducted the monitoring. The MMP, which leads the monitoring sub-sector of MAP analysed the data and produced the quantitative results. Gender Links (GL), which leads the policy sub-sector of MAP, edited the qualitative research and wrote the report.

The percentage of the population infected by HIV in Tanzania ranges from less than three percent across most of the country to more than 44.4 percent in certain sub populations. Population based surveys in 2003-2004, showed a prevalence of 7% in the sexually active adult population from the age of 15-49 years, the most economically active group. The epidemic has rapidly spread into rural areas.

There have been various national efforts to control the spread of HIV. The Ministry of Health drove the initial efforts. Over time there has been a gradual involvement of other public sectors, NGOs and community-based organizations. This multi-sector response has involved public education for the prevention of HIV transmission, care for AIDS patients in hospitals and at home, family life education, budgetary allocations for AIDS activities, condom procurement and distribution and STD management activities.

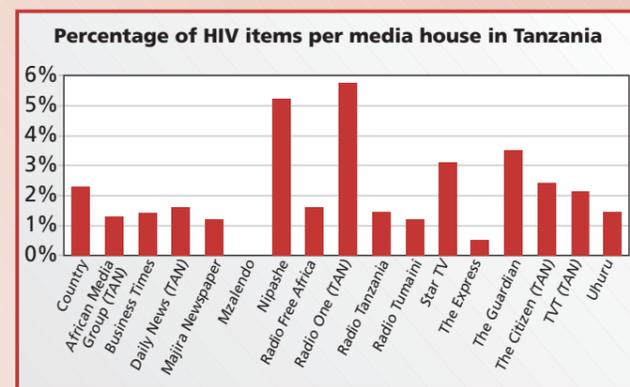
The monitoring covered 118 media houses in eleven Southern Africa countries for a total of 15 days staggered over one month in October and November 2005. Monitoring in Tanzania covered 16 media houses. The key findings are summarised in the table at the back of this pamphlet.

## KEY FINDINGS

**The coverage of HIV very low:** In Tanzania, only 2% of stories in all media monitored focused on or mentioned HIV, compared to the regional average of 3%. Lesotho was the highest with 19% of the stories monitored mentioning or focusing on HIV and AIDS and Mauritius the lowest at 1%.

**There is not much difference between media houses:** There is not much difference to this pattern among media houses, with the exception of Radio

One and the daily newspaper *Nipashe* that exceeded the 5% mark in their coverage of the topic.

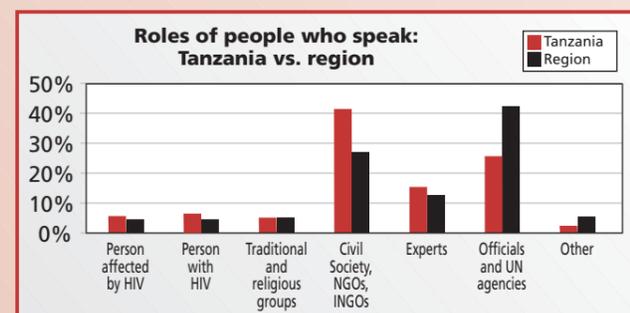


**HIV and AIDS are not being mainstreamed into coverage.** As is the finding in most countries in the study, the majority of items monitored (69%) had HIV as the central focus of the story compared to those in which it was mentioned (31%). This suggests that HIV is being covered mainly as a stand alone issue and that it is not being adequately mainstreamed in all coverage.

**Male voices still predominate:** Although there is a higher proportion of women sources in the HIV topic category (32%) than in general coverage (18% in the latest Global Media Monitoring Project) male voices predominate in all areas of HIV coverage in Tanzania.

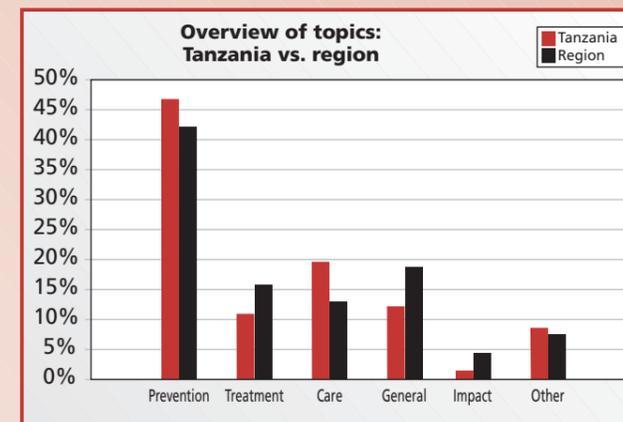
**Voices of People with HIV are hardly heard in the media:** People with HIV constituted 7% of all sources, a figure higher than the 4% for the region, but still low when considering the importance of these voices in reflecting the realities of the pandemic.

**But there is gender balance of people with HIV accessed for comment:** On the positive side, the research found that the media approached equal numbers of women and men with HIV for comment.



**Civil society sources predominate:** In Tanzania, civil society sources constitute the highest proportion of sources on HIV and AIDS (compared to the rest of the region where UN and official sources constitute the highest such proportion). This is a positive reflection on the state of democracy in Tanzania. However, it is also a challenge to civil society organisations to do more to facilitate the voices of those most affected being heard.

**Most coverage of HIV and AIDS is on prevention:** Similar to the majority of countries in the study, most coverage of HIV and AIDS is on prevention (48% of the items monitored.) Unlike other countries in the region, where the general category scored second highest, care received the second highest coverage in Tanzania at 20%. This is a positive sign, since this topic, that has a particular significance for women, is often marginalised. On the other hand impact received a mere 1% of coverage. This suggests that the long term consequences of the pandemic, at the macroeconomic, microeconomic and community level are not receiving sufficient coverage.



**There are healthy signs of more in-depth coverage:** Although the majority of coverage both in region (77%) and Tanzania (70%) is in the form of news stories, features comprised 28% of the items monitored in Tanzania, compared to 10% in the region. This is the highest such proportion of all the eleven countries monitored, and suggests that although the quantity of coverage in Tanzania is low, HIV coverage is more in-depth in nature than in other countries.

**A higher proportion of stories have local origins than in other countries:** Although as in other countries most of the stories in Tanzania (49%) emanated nationally, 28% originated from local areas (compared to a regional average of 19%.) This is a positive trend that should be encouraged.

**A higher proportion of all the stories were original:** The vast majority (91%) of stories on HIV and AIDS in Tanzania are original stories reported by journalists within, as opposed to those obtained from agencies and guest writers. This proportion is considerably higher than the regional average of 77%. It suggests that newsrooms are investing resources to obtain original stories on the pandemic.

**There is lack of gender balance in reporting:** Women reporters comprised 33% of the total (compared to the regional average of 44%). Male reporters dominate in all topic categories, with no women reporting at all on the impact of the epidemic in Tanzania. The research also shows that in most countries in Southern Africa, including Tanzania, female journalists are more likely to access female sources. This underscores the importance of increasing efforts to ensure gender balance at all levels and in all beats of newsrooms.

**The gender dimensions of the epidemic are not receiving sufficient coverage:** Gender is not well integrated into HIV and AIDS coverage, much of which was classified in the study as either gender blind or unclear. Closer analysis of topics showed that:

- ◆ In stories on prevention, the sub-topics that examined cross-generational sex, Prevention of Mother to Child Transmission (PMTCT) - all significant drivers of the epidemic in the country and the region - received no coverage in Tanzania. Gender-based violence, cultural practices and sex work and HIV received less than 5% each of the coverage;
- ◆ The role of men and boys in care was not addressed while home-based care, which is a concern given the serious implications that the provision of care has on women and girls, received 7% of coverage in this topic category.
- ◆ Under stories on general issues, sexual orientation and poverty received no coverage.

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