

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

| QUANTITY OF COVERAGE | % BOTSWANA | % REGION |
|--|-----------------|-----------------|
| HIV coverage compared to total | 7 | 3 |
| HIV mentioned | 64 | 36 |
| HIV central focus | 36 | 64 |
| WHO SPEAKS | | |
| Women and men - all topics | 34 (F) / 66 (M) | 39 (F) / 61 (M) |
| Person affected by HIV | 4 | 4 |
| Women and men affected by HIV | 33 (F) / 66 (M) | 59 (F) / 41 (M) |
| People with HIV | 4 | 4 |
| Women and men with HIV | 75 (F) / 25 (M) | 44 (F) / 56 (M) |
| Traditional & religious groups | 2 | 5 |
| Women and men traditional and religious groups | 0 (F) / 100 (M) | 18 (F) / 82 (M) |
| Civil society, NGOs, INGOs | 20 | 28 |
| Women and men in civil society, NGOs and INGOs | 40 (F) / 60 (M) | 47 (F) / 53 (M) |
| Experts | 13 | 12 |
| Women and men experts | 33 (F) / 67 (M) | 36 (F) / 64 (M) |
| Officials/UN agencies | 55 | 42 |
| Women and men officials/UN agencies | 27 (F) / 73 (M) | 31 (F) / 69 (M) |
| Other | 3 | 5 |
| Women and men other | 0 (F) / 100 (M) | 40 (F) / 60 (M) |
| TOPICS | | |
| Prevention | 47 | 41 |
| Who speaks on prevention? | 24 (F) / 76 (M) | 42 (F) / 58 (M) |
| Treatment | 9 | 16 |
| Who speaks on treatment? | 14 (F) / 86 (M) | 37 (F) / 63 (M) |
| Care | 14 | 13 |
| Who speaks on care? | 81 (F) / 19 (M) | 52 (F) / 48 (M) |
| General | 15 | 19 |
| Who speaks on general? | 25 (F) / 75 (M) | 27 (F) / 73 (M) |
| Impact | 14 | 5 |
| Who speaks on impact? | 31 (F) / 69 (M) | 35 (F) / 65 (M) |
| TYPES OF STORIES | | |
| News & briefs | 83 | 78 |
| Cartoons, images, graphics | 0 | 2 |
| Editorial & opinion | 4 | 4 |
| Feature & analysis | 4 | 10 |
| Feedback | 6 | 3 |
| Interview, profile & human interest | 2 | 3 |
| WHERE DO STORIES COME FROM? | | |
| International | 12 | 13 |
| Regional | 8 | 8 |
| National | 48 | 54 |
| Provincial | 7 | 6 |
| Local | 25 | 19 |
| WHO TELLS THE STORIES? | | |
| Original story | 59 | 77 |
| Guest writer | 13 | 5 |
| Agency | 28 | 18 |
| WHO REPORTS ON HIV and AIDS? | | |
| Overall | 34 (F) / 66 (M) | 45 (F) / 55 (M) |
| Who reports on what? | | |
| Prevention | 30 (F) / 0 (M) | 39 (F) / 61 (M) |
| Treatment | 50 (F) / 50 (M) | 56 (F) / 44 (M) |
| Care | 58 (F) / 42 (M) | 57 (F) / 43 (M) |
| General | 22 (F) / 78 (M) | 39 (F) / 61 (M) |
| Impact | 0 (F) / 100 (M) | 39 (F) / 61 (M) |
| Other | 0 (F) / 0 (M) | 50 (F) / 50 (M) |

BOTSWANA

HIV and AIDS and GENDER BASELINE STUDY



The Southern African Media Action Plan



on HIV and AIDS & Gender

The Botswana HIV and AIDS and Gender Baseline Study is part of the Media Action Plan (MAP) on HIV and AIDS & Gender, led by the Southern African Editors' Forum (SAEF). The monitoring was conducted by a team of local consultants led by Sechele Sechele. 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.

Botswana is second only to Swaziland in having the highest HIV and AIDS prevalence in the world, making HIV and AIDS the greatest challenge facing the country today. In a country of about 1.7 million people, the UN estimates that 33,000 Botswana died of AIDS in 2003, according to a 2004 UN Report on the Global AIDS epidemic.

The latest overall incidence for the whole population (mainly amongst those between 15-49 years of age), is 25.3%. The high HIV prevalence rate is reversing the developmental gains made in the past decades and is posing the greatest threat to sustainable development in Botswana.

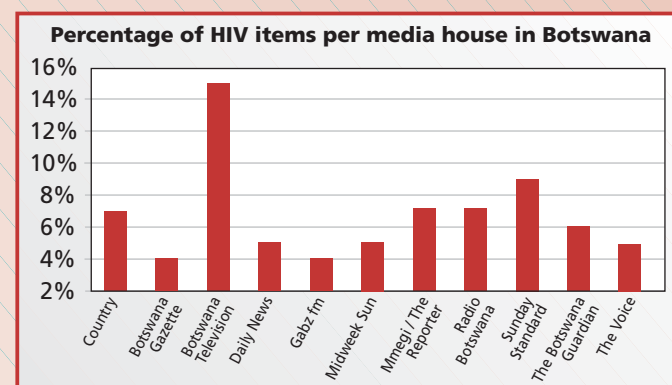
The monitoring included 118 media houses in eleven Southern Africa countries, for a total of 15 days staggered over a period of one month between October and November 2005. Monitoring in Botswana covered 10 media houses. The key findings are summarised in the table at the back of this pamphlet.

KEY FINDINGS

The coverage of HIV is higher than the regional average: In Botswana 7% of stories in all media monitored focused on or mentioned HIV, compared to the regional average of 3%. This compares with 1% in Mauritius, the country with the lowest, and 19% in Lesotho, the country with the highest proportion of HIV coverage.

But there is considerable difference between media houses, with Botswana Television, at 15%, almost double that of any other media

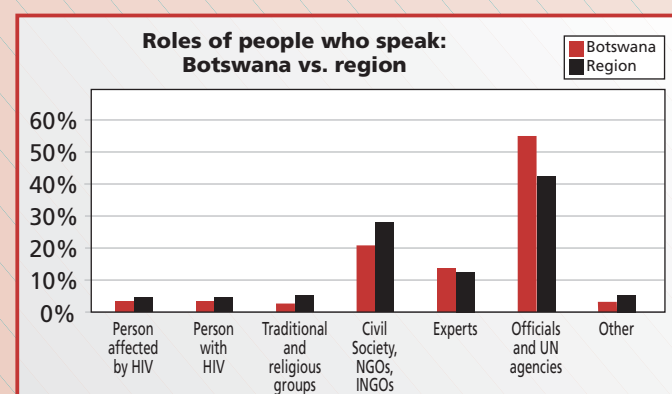
monitored. On average, the print media, with between 5% and 6%, scored better than radio, with between 4% and 5%.



HIV and AIDS is better mainstreamed into coverage than in other countries: 36% of all stories monitored had HIV and AIDS as the focus of the story, while the rest (64%) mentioned HIV and AIDS. This figure suggests a good balance between mainstreaming HIV and AIDS into all coverage and covering it as a stand alone topic.

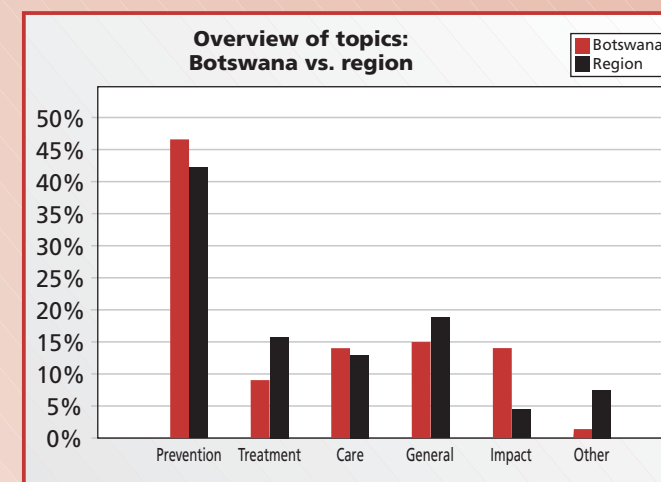
Male voices still predominate: Despite the gender dimensions of HIV and AIDS, women constitute only 34% of sources on this subject, lower than the regional average of 39%. Male voices predominated in all topic categories, except care work, where the vast majority (81%) were female sources.

People with HIV and AIDS are hardly heard: People with HIV and AIDS constituted 4% of all sources (same as the region) with officials, UN agencies and experts constituting the majority of sources on HIV and AIDS. However, of these, women constituted 75% of the total, suggesting that women with HIV and AIDS in Botswana are more open about their status.



Coverage in Botswana tends to focus on prevention: 47% of all coverage in Botswana focuses on prevention compared to the regional average of 41%.

Treatment, care and support get short shrift: Care and impact both received only 14% each of coverage, despite the significance of the topics for women. Despite Botswana's progressive stance on treatment and the roll out plan currently under way this only received 9% of coverage.



Stories lack depth and grounding: In Botswana, even more so than in the region (83% compared to 78%), the vast majority of HIV coverage is through news stories. Most stories (48%) are national in origin, with 25% from local areas and 7% from provinces.

Newsrooms are not investing as much as in the rest of the region on obtaining original stories: With 59% of stories written by journalists (compared to 28% obtained from agencies and 13% from guest writers) Botswana media rely on outside sources for information on HIV and AIDS more so than in the region where the comparative figures are 77% for original stories; 18% agency and 5% guest writers. This shows that despite the Botswana media being on a firmer financial footing than in many countries in the region, media houses are not investing as much in ensuring original and in-depth local coverage of the pandemic.

Stories on HIV and AIDS are still largely reported by men: In Botswana, women reported on only 30% of the items monitored (compared to 45% in the rest of the region).

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

- ◆ In prevention, the subtopics that examined cross-generational sex, gender based violence and gender power relations, significant drivers of the epidemic, received less than 6% each of the total coverage. Cultural practices received no coverage at all during the monitoring period and the role of boys and men only 3%.

- ◆ In care, support and the environment, home based care received only 5% of the coverage, which is a concern given the serious implications that the provision of care has on women and girls, while the role of men and boys in the provision of care received no coverage. Orphans and vulnerable children received 40% of the total coverage in this topic.

- ◆ However, in the treatment topic category, coverage focused on positive living (23%) and nutrition (14%), both of which have important implications for women.

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 the Media Institute of Southern Africa (MISA).