

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

QUANTITY OF COVERAGE	% ZIMBABWE	% REGION
HIV coverage compared to total	3	3
HIV mentioned	38	36
HIV central focus	62	64
WHO SPEAKS		
Women and men - all topics	41 (F) / 59 (M)	39 (F) / 61 (M)
Person affected by HIV	6	4
Women and men affected by HIV	90 (F) / 10 (M)	59 (F) / 41 (M)
People with HIV	4	4
Women and men with HIV	29 (F) / 71 (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	31	28
Women and men in civil society, NGOs and INGOs	58 (F) / 42 (M)	47 (F) / 53 (M)
Experts	9	12
Women and men experts	43 (F) / 57 (M)	36 (F) / 64 (M)
Officials/UN agencies	42	42
Women and men officials/UN agencies	24 (F) / 76 (M)	31 (F) / 69 (M)
Other	5	5
Women and men other	44 (F) / 56 (M)	40 (F) / 60 (M)
TOPICS		
Prevention	36	41
Who speaks on prevention?	57 (F) / 43 (M)	42 (F) / 58 (M)
Treatment	13	16
Who speaks on treatment?	45 (F) / 55 (M)	37 (F) / 63 (M)
Care	20	13
Who speaks on care?	36 (F) / 64 (M)	52 (F) / 48 (M)
General	14	19
Who speaks on general?	32 (F) / 68 (M)	27 (F) / 73 (M)
Impact	4	5
Who speaks on impact?	17 (F) / 83 (M)	35 (F) / 65 (M)
TYPES OF STORIES		
News & briefs	65	78
Cartoons, images, graphics	1	2
Editorial & opinion	6	4
Feature & analysis	22	10
Feedback	3	3
Interview, profile & human interest	3	3
WHERE DO STORIES COME FROM?		
International	11	13
Regional	10	8
National	50	54
Provincial	8	6
Local	21	19
WHO TELLS THE STORIES?		
Original story	77	77
Guest writer	14	5
Agency	9	18
WHO REPORTS ON HIV and AIDS?		
Overall	33 (F) / 67 (M)	45 (F) / 55 (M)
Who reports on what?		
Prevention	75 (F) / 25 (M)	39 (F) / 61 (M)
Treatment	75 (F) / 25 (M)	56 (F) / 44 (M)
Care	75 (F) / 25 (M)	57 (F) / 43 (M)
General	67 (F) / 33 (M)	39 (F) / 61 (M)
Impact	33 (F) / 67 (M)	39 (F) / 61 (M)
Other	33 (F) / 67 (M)	50 (F) / 50 (M)

ZIMBABWE

HIV and AIDS and GENDER BASELINE STUDY



The Southern African Media Action Plan



on HIV and AIDS & Gender

The Zimbabwe HIV and AIDS and Gender 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 Patricia Made, an independent media consultant, and Loveness Jambaya of GEMZi, conducted the monitoring. The MMP, which leads the monitoring sub-sector of MAP analysed the data and produced the quantitative results for the research. Gender Links (GL), which leads the policy sub-sector of MAP edited the qualitative research and wrote the report.

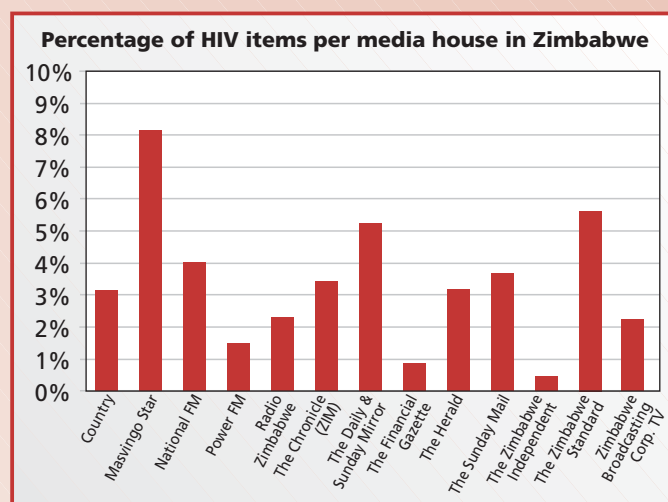
Zimbabwe has one of the world's most severe HIV epidemics and has the second highest prevalence after Botswana. The country's first HIV case was reported in 1985 and by the end of 2002, according to UNAIDS estimates, some 2.3 million people had been infected. The adult prevalence rate stood at 34%. Life expectancy has fallen to 43 years. HIV prevention in Zimbabwe has centred largely on the use of condoms. In May 2002, Zimbabwe declared AIDS a national emergency creating the conditions for the import of low-cost generic antiretroviral drugs. A National Emergency Taskforce on AIDS was formed to coordinate comprehensive care for AIDS patients.

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 Zimbabwe covered 12 media houses. The key findings are summarised in the table at the back of this pamphlet.

KEY FINDINGS

The coverage of HIV is extremely low: In Zimbabwe, as in the region, only 3% of stories in all media monitored focused on or mentioned HIV; only slightly higher than the country with the lowest proportion of HIV coverage in the region (Mauritius at 1%). By contrast 19% of the stories monitored in Lesotho mentioned or focused on HIV and AIDS.

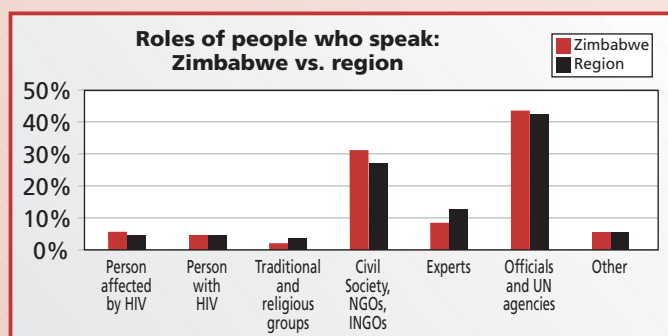
But there is considerable difference between media houses, with weekly newspapers (the *Masvingo Star* with 9% and the *Zimbabwe Standard* with 6%) having the highest coverage of HIV and AIDS stories. *The Daily* and *Sunday Mirror* newspapers had 5% coverage of HIV and AIDS stories, while the coverage of other daily papers ranged between 3.5% and 3.1% and radio and TV 4% to 1.5%.



HIV and AIDS is not being adequately mainstreamed into coverage: In a trend similar to that of the rest of the region, of all the items monitored, 62% had HIV as the central focus of the story while 38% mentioned the issue. This suggests that HIV is not being adequately mainstreamed in all coverage, although the figure presents possibilities of this happening.

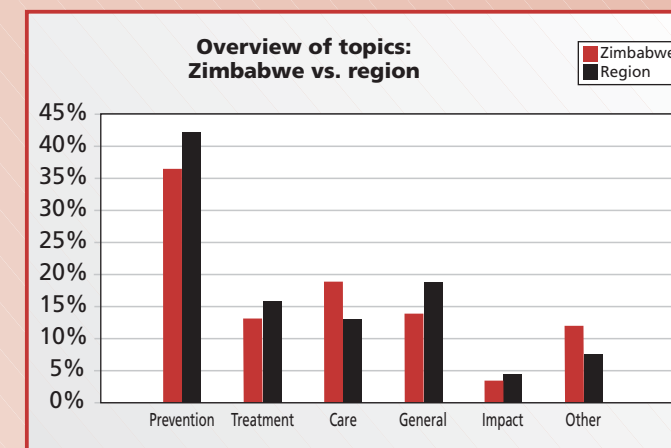
Male voices still predominate: Although there is a higher proportion of women sources in the HIV topic category (41% than in general coverage (22% in the latest Global Media Monitoring Project) male voices predominate in all areas of HIV coverage except prevention where 57% of the sources were women and 43% men.

People Living with HIV are hardly heard: People living with HIV or with AIDS constituted 4% of all sources (compared to 5% in the region) with officials, UN agencies and experts constituting the majority of sources.



Women living with HIV are still not vocal: The research found that of the people living with HIV or AIDS interviewed, women comprised 29% of the total in Zimbabwe, compared to 44% of the total in the region. This suggests that a conducive environment has yet to be created for all People with HIV, but especially women, to speak out.

Prevention and care are the main topics of coverage in Zimbabwe: As in the rest of the region, prevention (36%) received the highest proportion of coverage in Zimbabwe. However, at 20%, care received greater attention than in the region (13%). The focus on care in Zimbabwe is due to the media's focus on the collapse of the health care system in the context of the AIDS epidemic and the shifting of the burden of care to families and communities. The impact of this on women (especially older and younger women) needs to be further explored in reportage.



But treatment and impact get short shrift: However, the topic category of treatment (13%) and impact (4%) received low coverage, despite the significance of these two topics especially for women.

There is a higher proportion of in-depth coverage in Zimbabwe than in the region: Although most coverage of HIV and AIDS in Zimbabwe (65%, compared to 78% in the region) is in the form of news stories, features and news analysis (22% of the stories, compared to 10% in the region) consisted of features and news analysis.

There is a relatively high level of original stories: The majority of stories on the pandemic in Zimbabwe (77%, the same as in the region) are original stories reported by journalists (as compared to being obtained from agencies and guest writers). This shows that resources are being invested by newsrooms in this beat.

There is a good geographical spread: Some 50% of all stories emanated nationally, with 21% coming from local sources (compared to the regional averages of 54% and 19% respectively).

More male journalists cover the beat, but women journalists are more likely to access women as sources: In Zimbabwe, men accounted for 67% of those who reported on HIV/AIDS, compared to 33% (lower than the regional average of 39%). In most countries in Southern Africa, including in Zimbabwe, women journalists are more likely to access women sources. This underscores the importance of continuing to strive for gender parity in all areas and in all beats of the media.

Gender dimensions of the epidemic are not receiving sufficient coverage: Gender is not well integrated into HIV and AIDS coverage, most of which monitors classified as gender blind. Closer analysis of topics showed that:

- ◆ In prevention, the sub-topics that examined cross-generational sex, and barrier methods received no coverage, while gender based violence, sex work and the role of men and boys, received less than 5% each of the coverage. Exploitative sex between generations in Zimbabwe, for example, was cited in the *UN Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa* as a major reason for the spread of HIV. Since the period of the monitoring however, there has been more coverage in the media of sexual violence against young girls and the spread of HIV.
- ◆ In treatment, the prevention of mother to child transmission received no coverage at all.
- ◆ In care, the role of men and boys received no coverage in Zimbabwe. And only 5% of the coverage addressed the issue of healthcare from a human rights perspective.

Policies, training and access to information can help to improve the quantity and 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 Gender Links (GL) and the Media Institute of Southern Africa (MISA).