



A patient consults a doctor in Zimbabwe in February, 2008.

Photo: Gender Links

COVERAGE OF HIV AND AIDS

Other than gender, another major cross-cutting concern for the media in the region is the HIV and AIDS pandemic. Internally, this has had devastating consequences for many media houses whose staff have been directly and indirectly affected. The media also has a major role to play in educating the public on HIV and AIDS as well as its gender dimensions.

This chapter explores the extent of HIV and AIDS coverage as opposed to the coverage of other news stories. This includes looking at topics, genres, origin, geographic scope, function, sources and who reports on HIV and AIDS. The topics are broken down into different sub-topics to give insight into the most reported categories.

The MAP HIV and AIDS policy roll-out process in Zimbabwe failed to start due to the socio-economic and political situation that drew a poor response from publishers and managers of media houses. GL had targeted 12 media houses, including the state-controlled public broadcaster (radio and television), the Zimpapers stable and mainstream private newspapers.

Volume of HIV and AIDS coverage

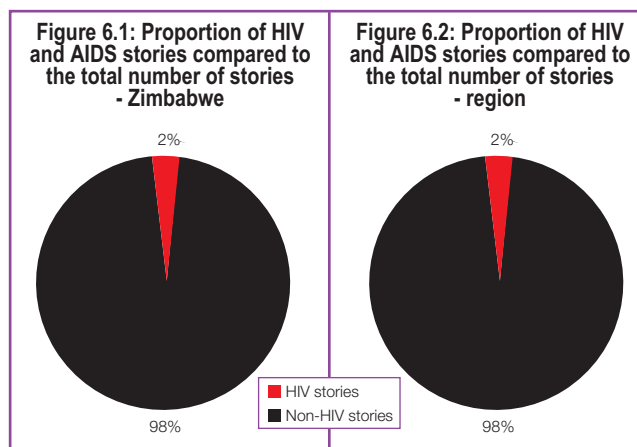


Figure 6.1 shows that HIV and AIDS stories and stories that mention HIV and AIDS account for 2% out of all topics covered by the Zimbabwean media, which is the same as the regional average (figure 6.2). The low coverage may be cause for concern, given the high rates of infection in the country and in Southern Africa.

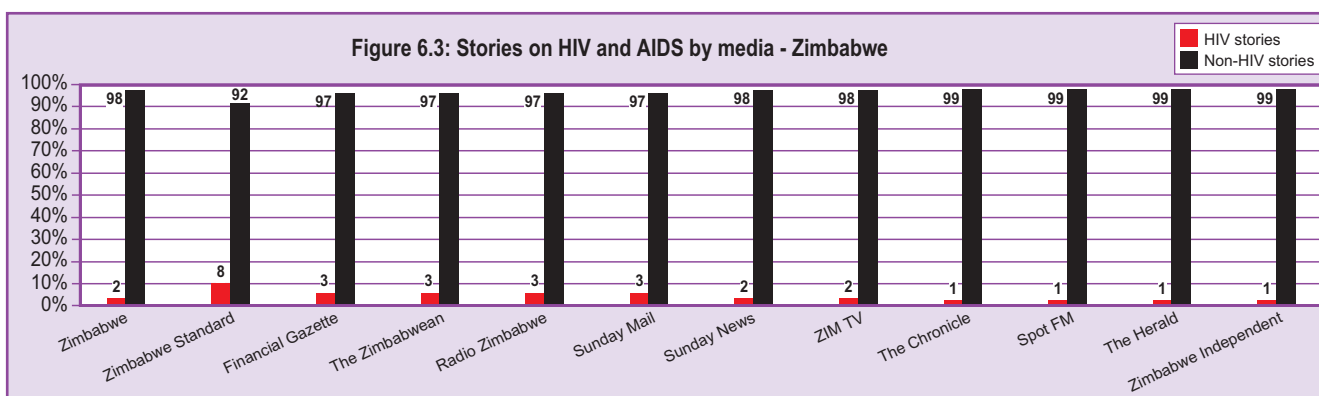


Figure 6.3 shows that there are variations in the coverage of HIV and AIDS across different media in Zimbabwe. The *Zimbabwe Standard* has the highest coverage at 8% followed by *Financial Gazette*, *The Zimbabwean*, *Radio Zimbabwe* and *Sunday Mail* all at 3%. The two public daily newspapers, *The Herald* and *The Chronicle*, have the lowest proportion of coverage, each with 1%. This may be cause for concern, since greater coverage could be expected from daily papers.



Dr Lawton Hikwa and Blessing Jona of the National University of Science and Technology (NUST) Zimbabwe. Photo: Gender Links

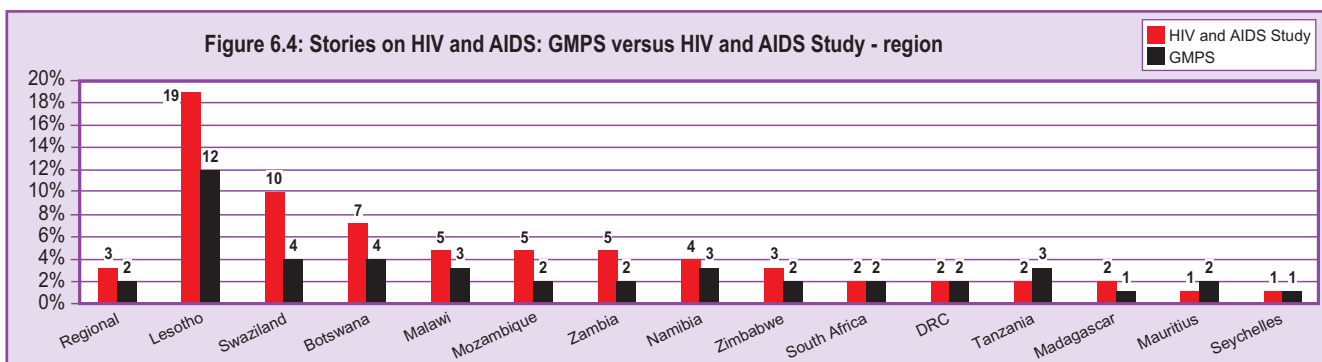


Figure 6.4 shows that there has been a slight decline in the coverage of HIV and AIDS in the region since the GMBS, with the average dropping from 3% to 2%. Tanzania and Mauritius are the only two countries which registered increases in coverage. The coverage in Zimbabwe fell from 3% in 2006 to 2% in the GMPS. The biggest decreases are in Lesotho (19% to 12%) and Swaziland (10% to 4%).

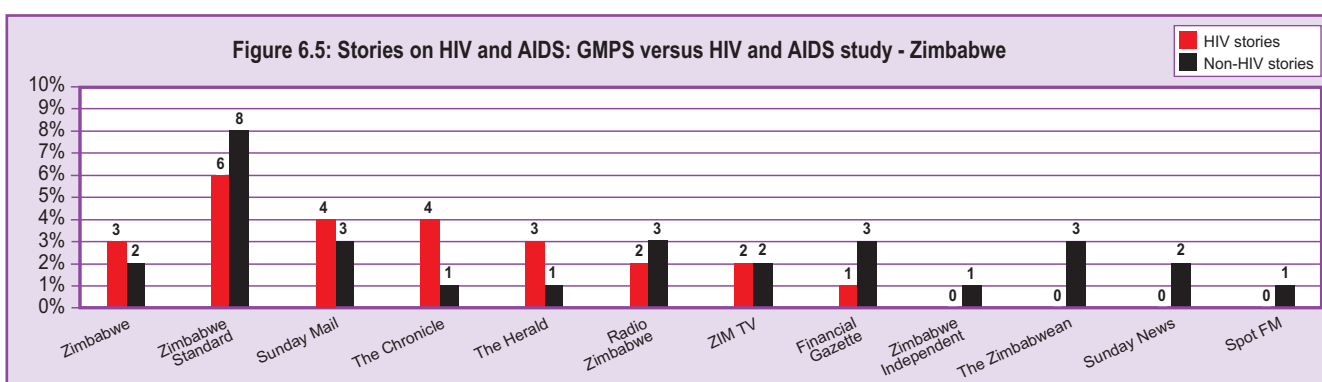


Figure 6.5 shows that there has been a decline in HIV and AIDS coverage by most media in Zimbabwe, with the exception of *Zimbabwe Standard*, *Radio Zimbabwe* and *Financial Gazette*, where there were progresses. It was noted that the *Zimbabwe Standard* has a health desk, explaining the high number of HIV and AIDS articles.

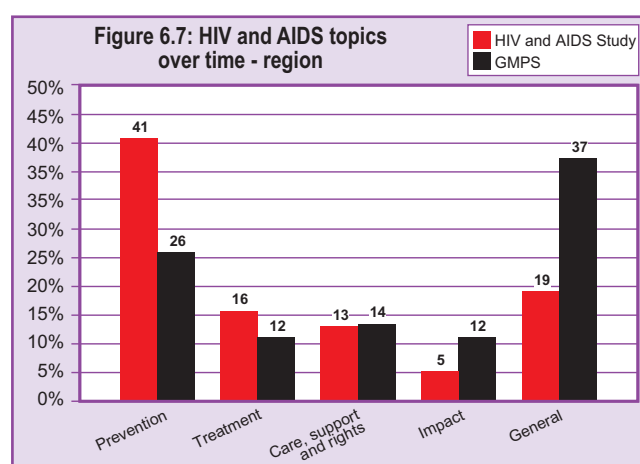
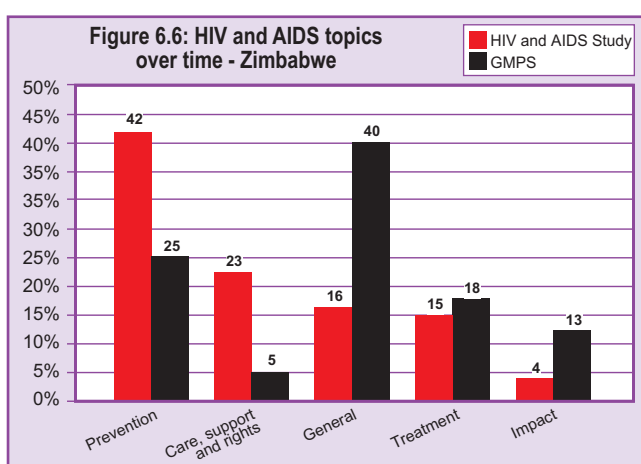


Figure 6.6 shows that over time there has been a shift on HIV and AIDS topics covered with general stories in increasing from 16% in HIV and AIDS study to 40% in GMPS in Zimbabwe. The key to the graphs provides details on what is covered under "general" including people living with or affected by HIV and profiles of people in the HIV field or people affected by HIV. Linking the finding on the increase in general coverage, with a substantial increase in the proportion of those directly and indirectly affected by HIV speaking out.

A conclusion that can be drawn is that there is now far more coverage of the everyday reality of HIV and AIDS. This is very important for de-stigmatising the pandemic.

Zimbabwe and the region have seen a decline in stories on prevention, from 42% to 25% in Zimbabwe and from 41% to 26% in the region. The number of stories on the pandemic's impact has risen from 4% to 13% in Zimbabwe and from 5% to 12% in the region. Although the declining coverage on prevention is a cause for concern, the increase in impact stories is expected as the pandemic progresses.

HIV and AIDS Topics

Prevention

- Prevention strategies, methods, techniques to prevent HIV;
- The role of gender power relations in fuelling the pandemic;
- The intersection between gender violence and HIV/AIDS;
- Cultural practices (such as virginity testing) and HIV;

- Research into preventative methods and technologies;
- Harm reduction programmes.

Treatment

- Treatment and/or care of people affected by HIV;
- Access or roll-out of anti-retrovirals, their use, and efficacy;

Care, support and environment

- HIV and human rights-related issues;
- Legal rights of people living with HIV;
- Care work and its gendered dimension;
- Orphans and vulnerable children affected by HIV.

Impact of the pandemic

- Macro-economic impact of HIV;
- Micro-economic impact of HIV on the work place or the community;
- Impact of HIV on different sectors, for example, the media, agriculture, mining, the environment, civil society;
- Impact of HIV on an individual level.

General

- People living with or affected by HIV;
- Profiles of people in the HIV field or people affected by HIV;
- Government policies on HIV;
- The role of regional and international bodies in HIV/AIDS;
- Research and statistical findings on HIV, the impact of the pandemic, mortality rates, infection rates, etc.
- HIV/AIDS and the economy, poverty;
- Drugs and needle exchange.

HIV and AIDS sub topics

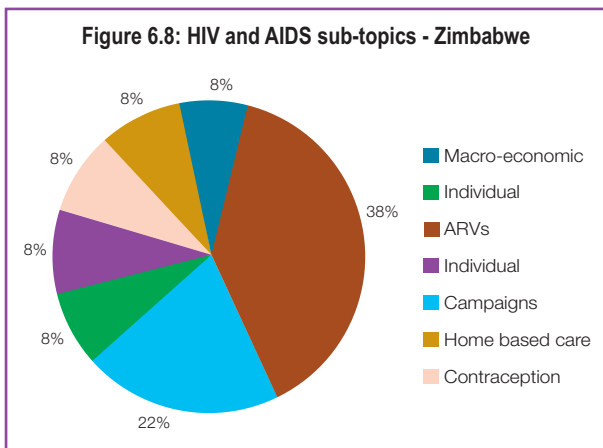


Figure 6.8 illustrates a breakdown of HIV and AIDS sub-topics. ARV treatment has the highest proportion at 38%. This could be attributed to the free ARV-rollout programme introduced by the government. Campaign stories come second at 22% while the rest of the subtopics account for 8% each. The relatively high proportion of campaign stories could be attributed to various advocacy strategies used by NGOs and government departments in Zimbabwe.

Genre

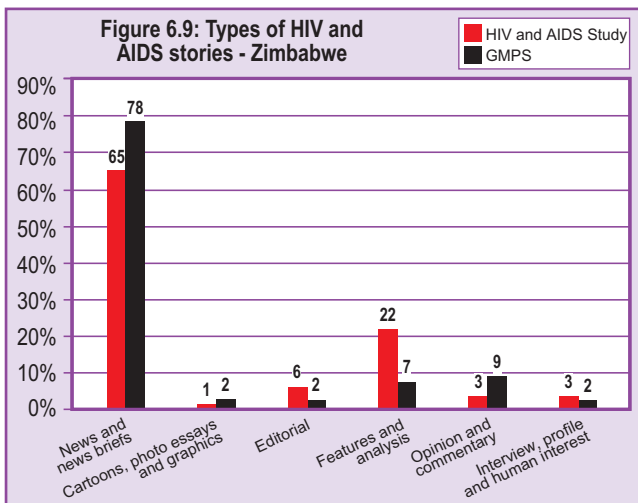
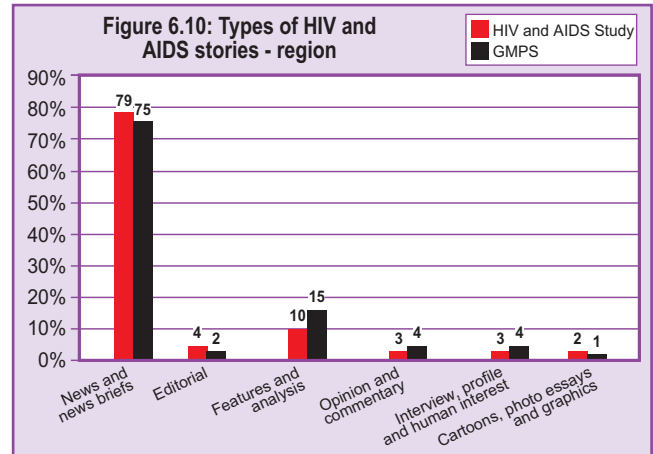
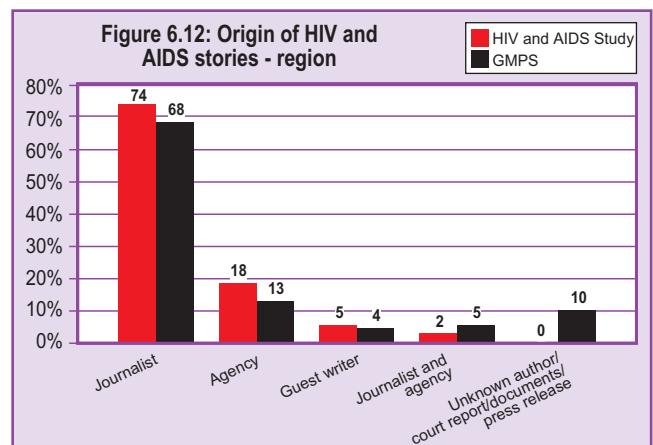
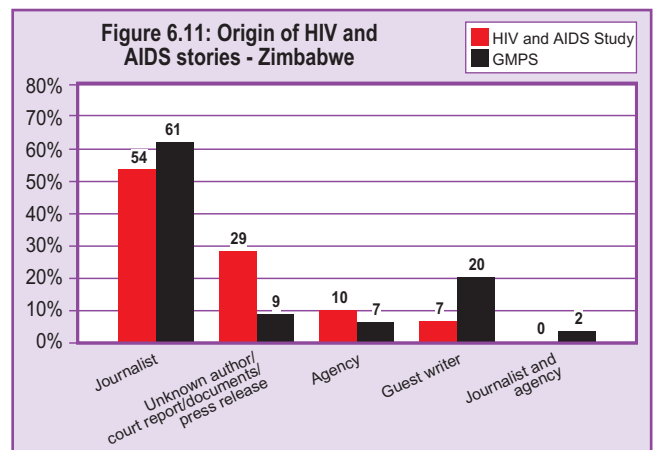


Figure 6.9 shows changes in genres of HIV and AIDS coverage in Zimbabwe while figure 6.10 does the same for the region. In Zimbabwe, the coverage in news and news briefs, opinion and commentary, cartoons, photo essays and graphics has increased. While the increase in opinion and commentary is

a welcome development, the decline in features and analysis, interviews, profiles and human-interest stories may be cause for concern. The coverage in news and news briefs, features and analysis, opinion and commentary, interviews, profiles and human-interest stories has increased.



Origin



Figures 6.11 and 6.12 illustrate changes in the origin of HIV and AIDS stories in Zimbabwe and in the region respectively. In Zimbabwe there has been an increase in the proportion of stories written by journalists and those written by agencies. This may be seen as a positive development, as it shows an effort to produce local content. The significant decline in the proportion of stories by unknown authors in Zimbabwe, from 29% to 9%, may also be considered a positive development, as it enhances the credibility of stories and the media. Regionally, the number of stories written by staff journalists declined, from 74% to 68%.

Geographical scope

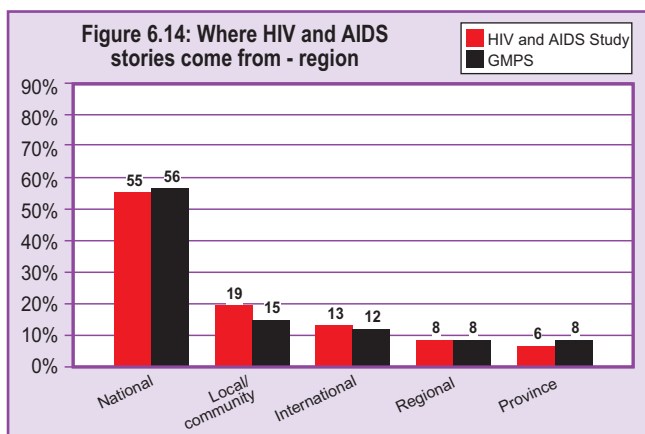
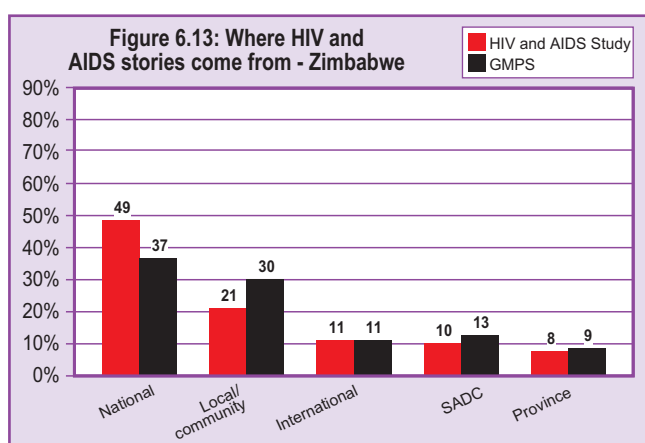


Figure 6.13 shows the geographical origin of stories in Zimbabwe and figure 6.14 illustrated the region. In Zimbabwe, there has been an increase in local/community, province and (Zimbabwean) regional coverage, while in the Southern African region the increase has been national and provincial. The focus on local/community is seen as a positive development, as it means that most stories are coming from staff journalists instead of news agencies.

Function

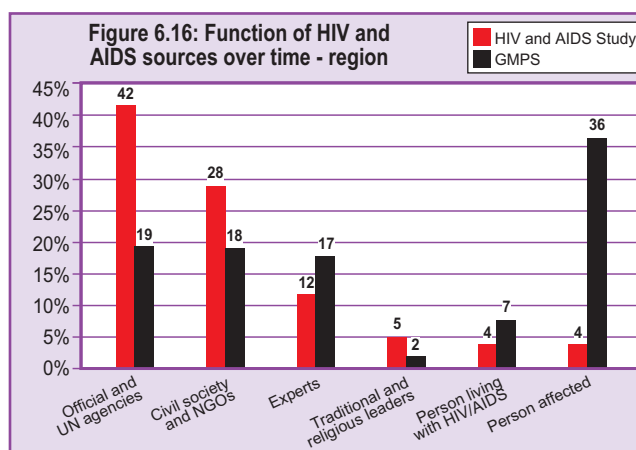
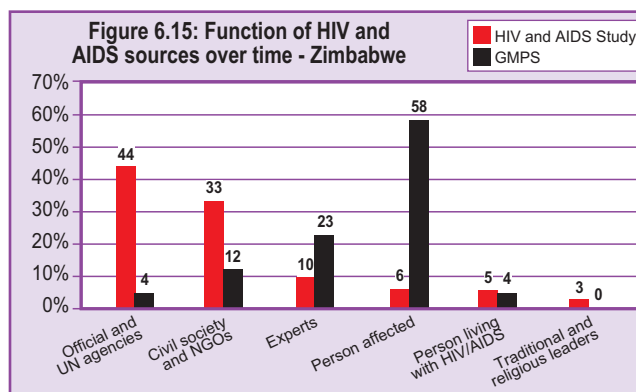
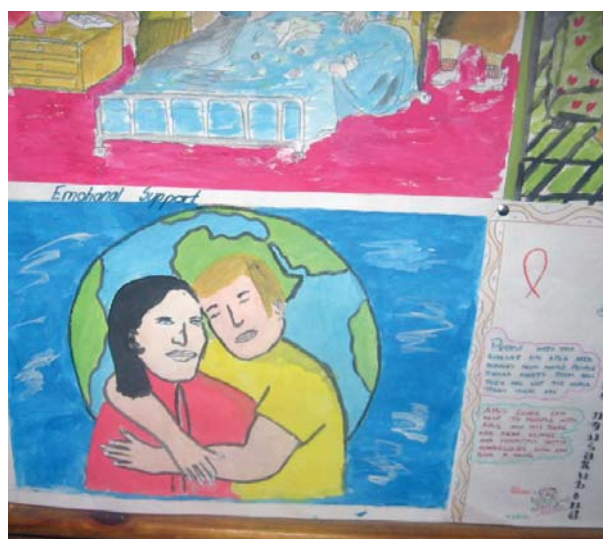


Figure 6.15 (Zimbabwe) and 6.16 (regional) provide a comparative look at the functions of sources in the HIV and AIDS category. They show a drastic increase in certain categories of people who speak on HIV and AIDS. In Zimbabwe persons affected now account for 58% of sources, from 6% in the 2006 HIV and AIDS study, while in the region the proportion increased from 4% to 36%.



Who speaks on HIV and AIDS?

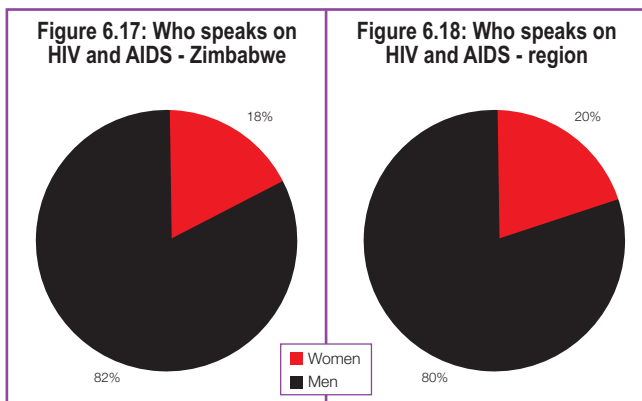


Figure 6.17 shows that, at 18%, women constitute less than a fifth of the sources on HIV and AIDS in Zimbabwe. That is less than the regional average of 20%.

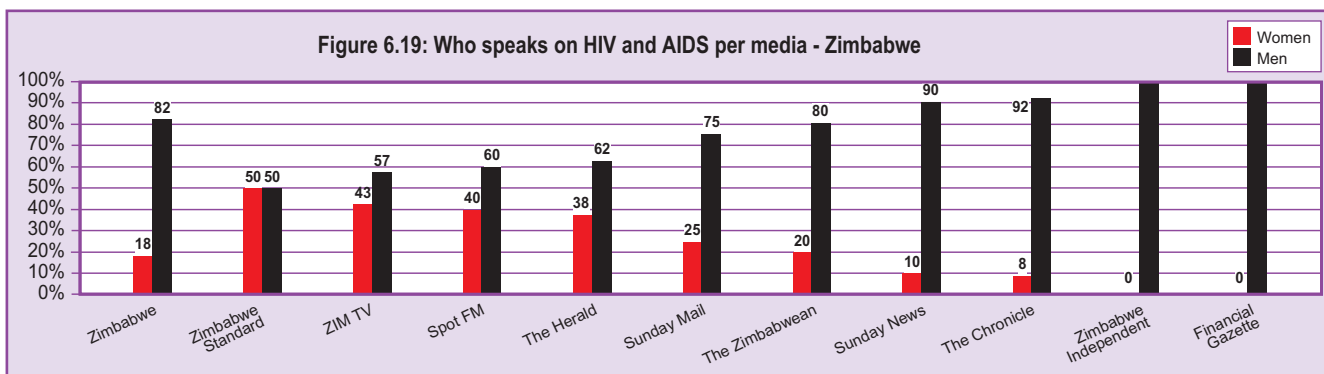


Figure 6.19 shows that there are variations across the media on the proportion of women and men sources on HIV and AIDS. There are higher proportions on *Zimbabwe Standard* (50%), *ZTV* (43%), *Spot FM* (40%), *The Herald* (38%) and *Sunday Mail* (25%) than in other media. Voices of women are not heard at all in *Zimbabwe Independent* and *Financial Gazette*.

Sources over time

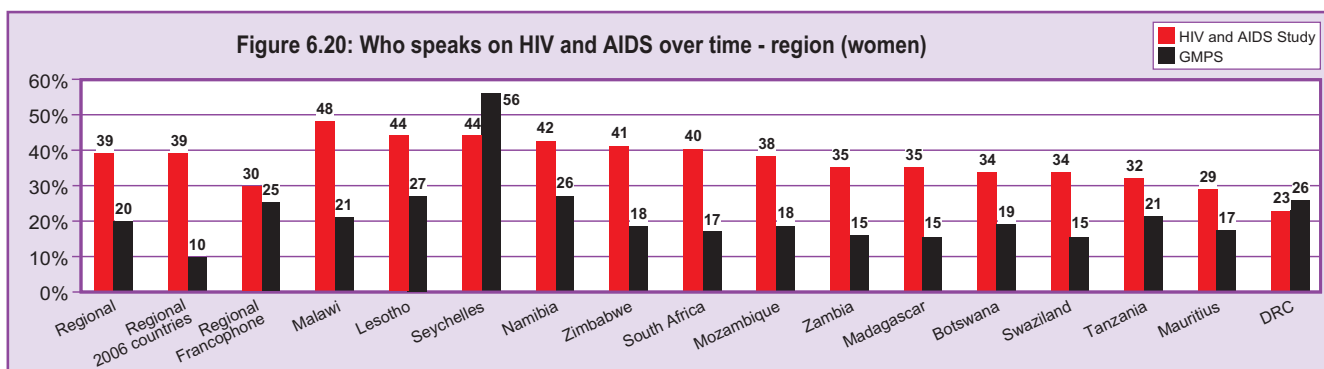


Figure 6.20 illustrates a decline over time in the proportion of women sources in the GMPS, compared with the 2006 HIV and AIDS study. The regional average dropped from 39% to 20%, and

Zimbabwe from 41% to 18%. Seychelles and DRC are the only countries which recorded increases, with Seychelles going up from 44% to 56% and DRC from 23% to 26%.

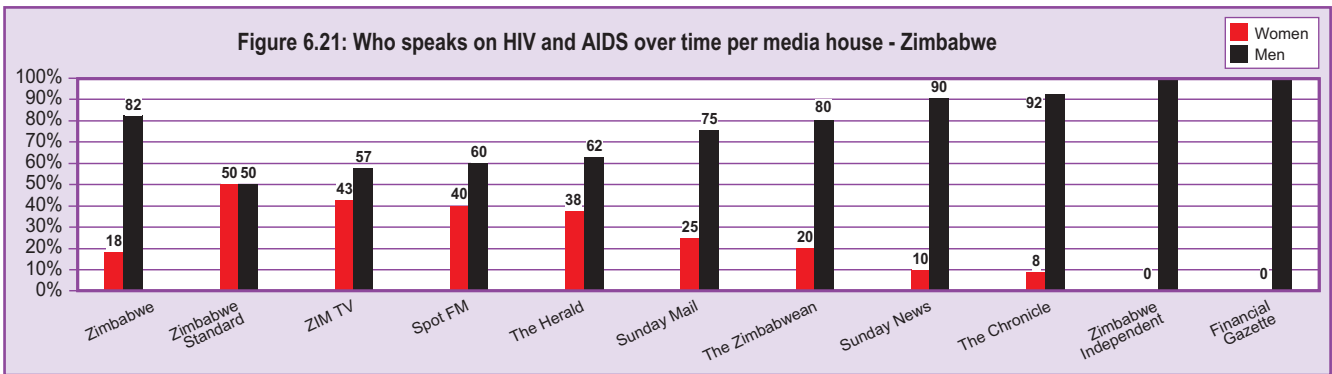


Figure 6.21 shows that *Zimbabwe Standard* is the only media with equal proportions of women and men sources. Following close behind are ZTV and Spot FM while *Zimbabwe Independent* and *Financial Gazette* do not have women sources on HIV and

AIDS. While the results are based on a very small sample, they may be a cause for concern and point to the need for media houses to develop gender and HIV and AIDS policies, which is the thrust of GL's policy work in the region.

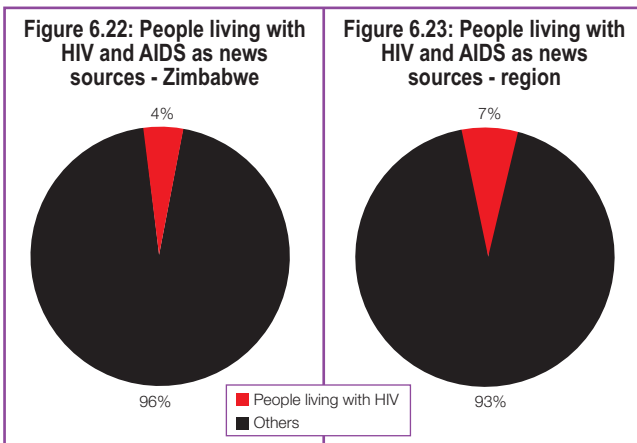


Figure 6.22 and figure 6.23 reflect the proportion of people living with HIV and AIDS accessed by the media in Zimbabwe and region respectively (see also function of sources). The findings show that the proportion of people living with HIV and AIDS accessed as sources in Zimbabwe at 4% is higher than the regional average of 3%.

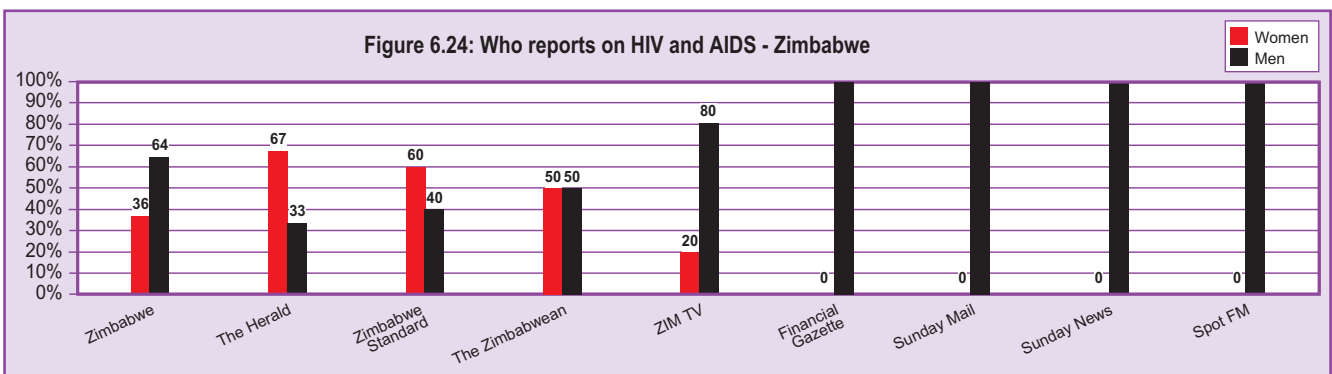


Figure 6.24 shows that women make up 36% of HIV and AIDS reporters in Zimbabwe. *The Herald* at 67% has the highest proportion of women reporters, followed by *Zimbabwe Standard*. *The Zimbabwean* has an equal proportion, while ZTV has 20%. There are no women reporters on HIV and AIDS in *Financial Gazette*, *Sunday Mail* and *Spot FM*.

Figure 6.25: Who reports on HIV and AIDS - region

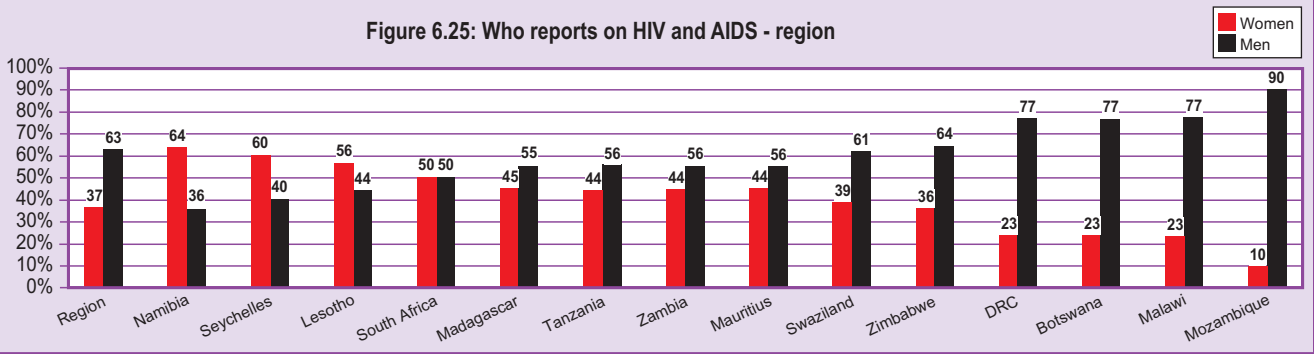


Figure 6.25 shows that the proportion of women reporters on HIV and AIDS is high in Namibia (64%), Seychelles (60%) and Lesotho (56%). Zimbabwe at 36% women reporters on HIV and AIDS is 1% lower than the regional average and ranks among the countries with the lowest proportions.

How media deliberately ignore women as news sources

‘It is time to fight the virus, not the condom’

By Kuda Bwiti

WHEN Reverend Gideon Byamugisha of Uganda announced to a stunned congregation in 1992 that he was HIV positive, there was an uproar in the church.

The Anglican Church cell which he led was soon depleted as members defected in protest against his status.

Rev Byamugisha said the worst experience he suffered after disclosing his status was when he was denied a chance to pursue his religious studies.

His experience came under the spotlight at a workshop in Harare last week, which discussed “positive and comprehensive responses to HIV and Aids”.

The workshop was attended by religious leaders and youths from all over the country and Rev Byamugisha was one of the participants.

Rev Byamugisha said although he does not know how he got the virus, chances of getting it without using a condom are high.

The statement by Rev Byamugisha raises the following questions: What role should religious leaders play in combating HIV and Aids and should faith leaders support the use of condoms by members of their congregations?

This issue has been topical in most churches in recent years, with very few managing to come up with satisfactory answers.

“There are two ways of addressing the issue,” said Rev Byamugisha. “It’s either you abstain or you use condoms.”

“Sexual sin is common among people and the use of condoms can be done for immorality or fornication purposes. It is, therefore, difficult to discourage or encourage people in the church to use condoms.”

“But the fact is that condoms are useful gadgets in controlling HIV and Aids. It should be a person’s individual choice and I support it if it means it will reduce the spread of HIV.”

Most people would consider a union between HIV and Aids and Christianity as an unholy combination because they expect Christians not to lead promiscuous lives.

However, church leaders are now slowly opening up to the reality that HIV and Aids is a threat to their existence.

Rev Byamugisha said it was time the church accepted the reality that their members should consider using condoms to contain the virus from spreading.

Rev Byamugisha said he made history by becoming the first African clergyman to announce his HIV and Aids status.

He said the promotion of the use of condoms was a big challenge for religious leaders who risked being viewed as promoting promiscuity.

On the other hand, those who discourage the use of condoms are said to be insensitive to the plight of their members.

The 50-year-old Rev Byamugisha said he felt no shame when he disclosed his status because his confession had helped him to personally manage the infection.

He said the confession had also helped many other people living with HIV and Aids around the world.

Rev Byamugisha said he was not sure how he got infected, but he went on to have two children who are both negative after he contracted the virus.

He said Aids was not a killer disease, but a manageable condition.

“My pastors have an important role to play in educating the people and controlling the spread of HIV and Aids,” he said.

Africa and spread to Latin America, Asia and Europe.

Zimbabwean Pastor Maxwell Kapachawo, a member of INFERELA who was inspired by Rev Byamugisha, said local pastors are also realizing the benefits of coming out in the open about their HIV status.

“He said since he went public about his status in 2004, more than 300 local pastors have also joined the organisation and gone public about their status.

“Everyday I receive a call from an HIV-positive pastor who wants advice on whether or not to disclose his or her status to his or her congregation,” said Pastor Kapachawo.

“Pastors that are HIV positive face a lot of stigma because members of the public do not expect them to be HIV positive.”

Pastor Kapachawo said he was thrown out of his first congregation in 2001 after the senior members of the church suspected that he was HIV positive when he became ill.

He said between 2001 and 2005, he did not get any support from the church as he was isolated and stigmatised.

Rev Byamugisha said it was time the church accepted the reality that their members must use condoms to contain the virus from spreading.

“People have to get the right information about HIV and Aids,” said Pastor Kapachawo. “It is not a deadly disease. Death from Aids is inevitable, but you can postpone it and it is preventable.”

A Muslim clergy, Sheikh Mustapha Wasili Muslin, said it was a sin in Islam to infect someone with a disease.

“Therefore as Muslims, at times we have no choice but to encourage the use of condoms,” he said.

Another pastor at the workshop, who only identified himself as Pastor Confidence, said he tested positive in 2005 after he had one sexual encounter with his girlfriend.

“During that period, I was experiencing accommodation problems so I was forced to move in with my girlfriend and I had intercourse with her and tested positive in 2007,” he said.

Pastor Confidence said because of his encounter, it would be advisable to encourage the use of condoms among church members.

He said he was always open to discussing the use of condoms in the church despite belief from some quarters that the move was taboo.

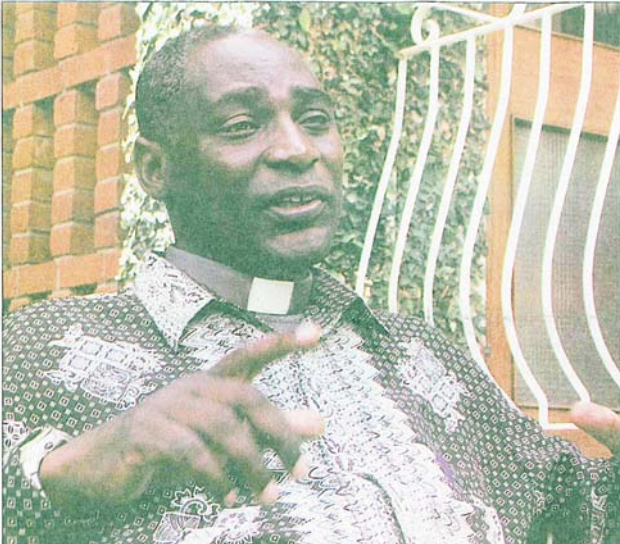
Pastor Confidence said he had also inspired 19 pastors from his church to come out in the open about their HIV-positive status.

A consultant in theology, Professor Ezra Chitando, said it was important for religious leaders not to spend time “fighting the condom, but fighting the virus”.

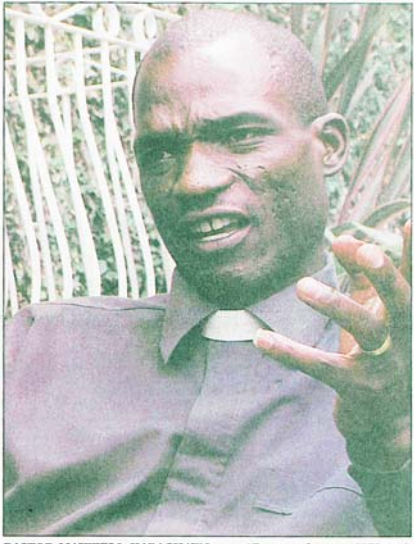
“Religious leaders should concentrate on the comparative advantage that they have in promoting abstinence,” he said. “But they cannot ignore the use of condoms. Other organisations that are also involved in the fight against HIV and Aids should concentrate on promoting the use of condoms, if it is their area of concern.”

“At the end of the day, faith-based organisations should have a common agreement that helps to reduce the spread of the virus.”

Some churches have made it clear that they will never support the use of condoms. These churches believe that those who are not yet married should abstain, while those who are married are encouraged to stick to one partner.



Rev Gideon Byamugisha says: “There are two ways of addressing the issue, it’s either you abstain or you use condoms.”



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“People have to get the right information about HIV and Aids,” said Pastor Kapachawo. “It is not a deadly disease. Death from Aids is inevitable, but you can postpone it and it is preventable.”

Most people would consider a union between HIV and Aids and Christianity as an unholy combination because they expect Christians not to lead promiscuous lives.

There are several examples of stories which show the media not accessing women as sources of news on HIV and AIDS. The article “It is time to fight the virus, not the condom” published by The Sunday Mail of 25-31 October 2009, is one good example. It is about how the church can actively participate in the fight against the spread of HIV and AIDS. It is based mainly on the experiences of pastors living with HIV who highlight the church's initial discomfort about condom use.

While the story highlights the role that religion has played in the spread of HIV and AIDS, it is mainly told from the point of view of men pastors living with HIV. It does not solicit the opinions of women pastors or other members of the church who do not have the virus. This article could have opened up debate and discussion in the church on the subject of HIV and AIDS, a topic which has been largely ignored by the religious community.

The article is gender blind in its sourcing as it is told entirely from a men's perspective. Four people are quoted and these include two men pastors, male Muslim clergy and a male theology consultant. Women's views would have been especially important. With such omissions, the writer misses the opportunity to find out how women pastors living with HIV are treated. While it appears that the church has eventually accepted men pastors living with HIV, it does not necessarily follow that women pastors are getting the same treatment. This article falls into the same trap as most media representations that portray men as the voice of authority.

The absence of women's voices could also be indicative of the place of women in the church. The reporter fails to realise that the problem of HIV and AIDS in the church affects men and women alike.

Conclusion

During the consultative workshop editors and journalists argued that HIV and AIDS stories did not sell papers. They also cited HIV and AIDS fatigue as an important reason for the decline in coverage. However, other participants felt that HIV and AIDS could boost newspaper sales if they were better presented with fresh angles. There were suggestions of more personal or first-person related stories and in-depth coverage which would give readers more information on the pandemic as opposed to news and news briefs. Journalists were also encouraged to gather news from the communities rather than chasing events and waiting for official announcements.

A media consultant, Jealous Mawarire cited lack of specialised reporting as one major reasons why HIV and AIDS is a forgotten topic in the newsroom. It was noted during discussions that very few media organisations had health reporters or health columnists who could write on the pandemic. Even in radio and television there were few programmes on HIV and AIDS.

Participants agree that there was a need for gender and HIV and AIDS policies in newsrooms. A visit to media houses also revealed that many did not have gender or HIV and AIDS policies, but some expressed interest in developing and implementing them.