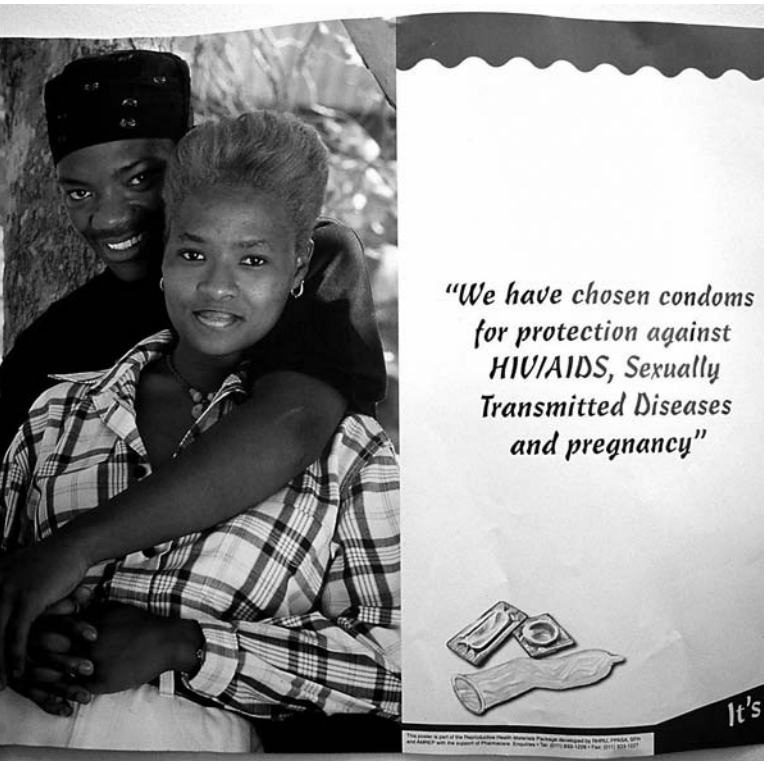

Shaun Harris/ iAfrika Photos

The Good, the Bad and the Ugly

A Highly Personal View of AIDS in the Media in Southern Africa

By Mercedes **Sayagues**

"Have you had sex with this lady?" screamed the headline splashed across a newspaper in Botswana. The photograph showed a woman in a short skirt, a souvenir from happier times, in 1994, before getting sick, "when she was sexually active", said the caption. She told the reporter that she was dying of AIDS – one of the first Motswana to be open about being HIV+. The story – far more sensitive than its title – was published one week after her death.

That was a few years ago. Both the headline and the caption are a microcosm of how the media reported AIDS then: horror, stigma and death. And sex. Commercial sex. Secret sex. Illegal sex. Same-sex sex. Death through sex.

Today, Beata Kasale, the journalist who wrote the article, is the publisher of a weekly in Gaborone, a consultant and a media trainer specialised on – surprise, surprise – HIV and AIDS. Kasale works with the newsrooms of the daily newspaper *Mmegi* and of Botswana TV and Radio to produce better stories on AIDS, TB and malaria. She is a trainer with Maisha Yetu (Our Lives, in Kiswahili), a project to improve health reporting in Africa. She teaches reporters how to spot prejudice and stigma in their copy; to diversify sources, instead of being fixated on government officials, and to seek the voices of HIV+ people.

Like Kasale, the media in Southern Africa has come a long way in reporting AIDS.

Hits and misses

There are, however, big differences in the region. Countries with old epidemics, like Zambia and Zimbabwe, have been dealing with AIDS for 15 years. Their coverage reflects a familiarity with the topic, an adequate grasp of issues, and a sense of the magnitude of the problem. In other countries, AIDS is a newer issue. In Angola, with a younger epidemic, AIDS emerged as a topic only after the civil war ended in 2001. The coverage reflects this. In many stories there is a whiff of complacency, even gloating: at four per cent, our HIV prevalence is much lower than our neighbors, we are so lucky.

Another trait is passing the blame to others for spreading the virus. It is the Congolese traders, the returnees from Zambia, the peacekeepers from Zimbabwe, the European gay aid workers, the sex workers, the oil workers, anybody but ordinary Angolans. An example from a story about AIDS in Moxico province, bordering Zambia and the DRC reads: "There is plenty of movement of Angolan refugees coming home and immigrants from DRC into Angola. This fact explains why Moxico has one of the highest HIV rates of infection." Besides being inaccurate (the border zones with Namibia have the highest infection rates), the statement is biased against foreigners and refugees. AIDS belongs to "the other."

Another trait is hyper-dramatic, flamboyant language. From a weekly paper, a piece read: "In an act of pure irresponsibility, the father infected the mother with HIV, and

she innocently transmitted the deadly agent that spreads AIDS to her daughter. They, father and mother have since died. The daughter, aged seven, struggles between life and death, while her brothers fight to survive such an early orphanhood." The name of a radio program on AIDS at Radio Nacional de Angola was *Mel que Mata* (Honey that Kills), until HIV+ people complained that the name reinforced stigma.

This is where training is crucial; not the typical once-off workshops by a variety of NGOs, trainers and donors, but long-term coaching and on-the-job training. A good example is *Maisha Yetu*, funded by the Bill and Melinda Gates Foundation through the International Women's Media Foundation. Its strategy is to improve the coverage of AIDS, tuberculosis and malaria by working intensively with the editors and reporters in media houses in Botswana, Senegal and Kenya, by assigning a local trainer to each. After undertaking a needs assessment exercise, the trainer designed a plan, which included workshops to improve technical skills and learn from experts, personal mentoring, widening access to sources, and persuading mid-level editors to assign more space to health. Two years later, the quantity and the quality of health stories has grown significantly, with several participating journalists receiving awards for their work.

Meanwhile, the NGO Internews has been improving the capacity of radio journalists in Kenya to report on HIV and AIDS. In 2004, it set up a digital radio studio and media resource centre in downtown Nairobi as part of its Local Voices project, where radio producers have free access to all facilities, telephone and Internet. They are coached in scriptwriting and research by a full-time trainer and producer, and can put together programmes for broadcast by their own radio stations. Practical training workshops with a curriculum of 70 percent technical skills and 30 percent information on HIV and AIDS are open to all radio producers. In the first year of Local Voices, non-sponsored news stories on HIV increased by 225 percent, and more of them were aired on prime time.

Grinding my teeth

AIDS coverage reflects the standards of journalism in each country. Where journalists have good reporting skills and the media is varied, coverage is better. Predictably, in South Africa, where the media are quite sophisticated, varied, and richer, AIDS coverage reflects this. There are splendid examples of reportage, like *The Star* newspaper's series "A Fall of Sparrows", in 2004, which chronicled the last months of two women with AIDS. I grind my teeth, though, like, once a week. Take, for instance, the coverage of the trial of a South African peacekeeper in Burundi, accused of raping and murdering a girl. *The Star* always referred to her as the "14-year-old prostitute." I was angry. This is what I wrote to the paper:

> Dear editor,
> I have been following your newspaper's coverage of the rape and murder of a 14-year-old girl in Burundi, allegedly by a South African peacekeeper. Your correspondent always refers to the girl as "the 14-year-old prostitute." A 14-year-old is, first and foremost, a child. This one is also an orphan. If she is selling her body, in a country racked by war, AIDS and poverty, it is for those very reasons. She is still a child. Calling her a prostitute implies a moral judgment and a devaluation of her life. Even if she did sell her body, an adult peacekeeper had no business buying it. If we are going to pass moral judgment, then the soldier should be referred to as "a married adulterer."AIDS robbed that girl of her parent's love and protection. Journalists should not rob her of her dignity after death.

I never got an answer. The accused returned to South Africa, where he promptly shot and killed his two young children and seriously wounded his wife. This man now faces two murder trials in two countries. *The Star* refers to him as Sergeant so and so. He is never referred to as "the 37-year-old pathological woman-hating monster." She is still the 14-year-old prostitute. I am still angry.

Rewards

Another recent media production that has me grinding my teeth is the slick and hyper-cool *Scoop* magazine that promotes Virgin Mobile cellphone service. On pages 14/15, a pleased-as-Punch, Hugh Hefner type (aka, an old guy) sits next to a ravishing, sexy, dark-haired beauty, with thick red pouting lips, a plunging décolleté, and a totally bored air. On the piano next to them, one word: "Rewards." Is he the reward for her beauty? Is she the reward for his money? "Yuck, that's disgusting," said my 15-year-old daughter. Yes, says I.

In a country where intergenerational and transactional sex (sugar daddies and sugar mommies) is a key driver of AIDS, this photo is one big, sick dollop of corporate social irresponsibility. It is also dumb. Virgin Active – whose gyms and airline I love – should try to keep its customers free of AIDS, alive and healthy. So they can buy more airtime.

One can be cool, creative and socially conscious. Look at *Colors*, the cult magazine produced by Italian fashion empire Benetton. Every issue of *Colors* carries a cool advert against AIDS. Periodically, *Colors* devotes one issue of its mad creativity to topics like AIDS, TB and press freedom. *Colors* uses design to titillate your mind, not your sexual drive.

Scoop follows the creative design trail blazed by *Colors*, but not its values. As I read through *Scoop* at the

gym, I got sidetracked into thinking about the sexualisation of our lives, amplified by the media: you know, the sexy videos, sexy rappers, sexy singers, sexy billboards, sexy piercing, sexy fashion, sexy everything! Listen, sex is OK. I am no prude. But, I wonder, how can our teenage sons and daughters internalise the messages of delay sex, zero grazing, wait-until-you-are-sure, and pick partners of your age, when the media bombards them with sex all the time? It must be so hard. School tells me to abstain; mommy says to use a condom; but nobody in "Desperate Housewives" ever pulls out a condom.

Sitcoms in Africa, however, are getting real. The sweetie of the popular South African soap "Isidingo," Nandipha Matabane, is starting antiretrovirals. A "Sesame Street" muppet is HIV+. Angola's radio drama "Camatondo" is getting an HIV+ character.

Puzzled

Now, something from the Gloom-and-Doom end of the spectrum. A full-page advert for South African Oil company (Sasol), in *Time* magazine of 19 June, puzzles me. And not only because eight people at the office cannot agree on whether it portrays a man or a woman. Nonetheless, clearly this is the conventional image of an "AIDS VICTIM: an emaciated, wide-eyed person, alone in a miserable shack. The photo is in dreary russet and black, a ramshackle night table with a candle. The word "Medicine" is superimposed on a bare shelf. The text reads: "… (Sasol is) providing HIV treatment and support for our staff…. and orphan care for the broader community." Lofty words and goal, but such a poor choice of image! Is this sad person a Sasol employee or a member of the broader community? In any case, not enjoying any Sasol benefits. No electricity, not even a petrol lamp. No medicine. No sheets. No hope. It reinforces the stereotype of AIDS as a death sentence; AIDS as the disease of the poor, the black, the other. How about portraying a Sasol manager who is HIV+, at the wheel of his or her BMW? Now that would be a change.

So where does all this leave us? Far from those blaming headlines but still short of giving AIDS its due. The voices of people living with HIV are hardly heard in Southern Africa. Only four percent of sources in AIDS stories are HIV+ people, four percent are people affected by AIDS, and a whooping 42 percent are officials and United Nations agencies, as revealed earlier this year by a Gender Links study.

This is why *PlusNews* in Portuguese started a blog, called "CoraçãoAberto" (OpenHeart), written by HIV+ women from Angola and Mozambique. (http://www.plusnews.org/pt/CoracaoAberto.asp). The blog adds to diversity in the media by bringing the voices of HIV+ women from Lusophone Africa.

Neusa and Carolina

Trying to find writers for *PlusNews* and the blog brought me face to face with the reality of AIDS in the newsrooms. This is one issue we need to tackle urgently. We have lost enough colleagues across the continent. We know that journalists roam and take risks. We like bars and beer and the unexpected. At *Mmegi*, health reporter Tuduetso Setsiba persuaded several of her colleagues to test for HIV. She led by example. I wish I had insisted more on the importance of testing for HIV in every training I have run.

In 2001, I taught the first ever course in Angola on reporting on HIV and AIDS. By far, my best student was a radio journalist I will call Neusa; bright, articulate, passionate about her profession, and fun. Another passionate young woman at my workshop was Carolina Pinto, 19, HIV+ at a time when AIDS was a taboo topic and antiretroviral (ARV) treatment a dream in Angola.

Carolina had to fly to South Africa every three months to get her pills. The Angolan government paid for it – irregularly. She missed medical appointments and remained without pills, waiting for a bureaucrat to process the airfare. She was very sick. Fearful neighbours and friends shunned her. She pleaded with the journalists to understand and describe the plight of HIV+ people. Neusa was moved by her story and wrote a good piece.

In 2006, when I became editor of *PlusNews* in Portuguese, a Web-based information service on HIV and AIDS in the five Portuguese-speaking African countries, I immediately thought of Neusa as a stringer. Other trainers had told me she remained committed to reporting AIDS, and as fun as ever.

I arrived in Luanda in February and looked her up. She had died a week earlier – of AIDS. Her husband had died eight months earlier. They both knew he was HIV+, yet Neusa never went for an HIV test. She was in denial even as she started getting sick. When finally a friend dragged her to have a test, it was too late. One infection after the other took her life. She left four young children.

Carolina, instead, has bloomed into a remarkable woman. She gets ARVs in Luanda and is healthy. She married an HIV-negative man, had a baby, and became one of Angola's strongest AIDS activists. She writes about her life with HIV for our blog. Obviously, all the training failed to break Neusa's barrier of denial, starting with mine.

This is why I think that Tuduetso did the right thing. We have got to get our colleagues and our editors to deal with AIDS among us. It is not somebody else's problem. It is ours. What we write, and what we do, can make a difference in people's lives. ◘

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