

# AIDS Brief

for professionals

## Media Personnel



This Brief examines the responsibilities of media personnel in the areas of mass communication, social responsibility and employment. It highlights the importance of ethical, effective and sensitive coverage of a complex and constantly changing subject and the level of detailed understanding and coverage which demands professional commitment and skills.

As an additional source, the Brief for the Media Sector provides useful background information.

### BACKGROUND

#### Definition of the Media

The media is the collective term for the main means of mass communication within a society. The conventional channels of the media industry are print, radio, television and the Internet. Other means of mass communication include

popular and small media, such as theatre, posters, leaflets, booklets and utility items. These items are often generated in a separate context, for example as part of advertising and communications campaigns, and do not alone comprise the media industry.

The media professionals who staff these industries are journalists, editors, production teams, researchers/librarians, technical staff for the printing, broadcasting or IT applications and administrative and support staff.



The HIV/AIDS epidemic is of specific concern to the mass media because of its scale. Media audiences will have a direct interest in a subject likely to affect so many of their lives. Media employees are as subject to the risks and trauma of HIV/AIDS as those they observe; there is as much need for media houses to fulfil their social responsibilities as there is for any other key business sector.

AIDS affects every country in the world, industrial countries included, but it poses the greatest threat in developing countries. By 1999, for example, more than 150 million people in Sub-Saharan Africa, a quarter of the population, had been affected. Over 23

million Africans were living with HIV/AIDS. Nine million had already died of AIDS. The region also contained 90% of the world's 11 million AIDS orphans. In South and South East Asia there were more than 6,7 million people living with HIV/AIDS; in Latin America, more than 1,4 million. The numbers continue to grow, with 16 000 new infections occurring every day.

An epidemic of this scale shapes the environment that the media reflects in its mass communications. Because HIV/AIDS affects so many facets of life, it demands a rigorously professional response from media personnel in its mass communications. Over the past twenty years media coverage of the

HIV/AIDS epidemic has been criticised for communicating a collective sense of fear, mistrust, helplessness, confusion and distress. Though this problem is still common, it is not absolute. Media treatment of HIV/AIDS in notable cases is fundamentally more informed.

Reporting HIV/AIDS challenges the profession, because of the profoundly intimate nature of the epidemic. The main mode of transmission – sex, and its ultimate result – wasting illness and death – are contained within interpersonal relationships. They are not easily accessible to eyewitness reports.

The tragedy is most felt within families,

but is cumulatively destructive to an entire community: HIV/AIDS is now regarded as the greatest danger to social security in Africa. In 1998 the epidemic killed ten times more people than war on the continent, but a journalist cannot always hear guns, see bodies, or find eyewitnesses to relate the drama. Reporting is made even more difficult because publicly identifying those affected can kill them, either through increasing stress levels or by triggering a process of social rejection. This means the media must describe, analyse and question the individual agony of premature illness and death, and the social disaster that lies behind it, without compromising the individual or minimising the public impact.

The need for media personnel to master this situation is pressing. It is now clear that mass communications create the backdrop for individual communications. Interpersonal communications, within relationships, families and the workplace, are crucial to the process of changing behaviour with respect to prevention and care. The mechanisms of this behaviour change are still being researched. But the media's role in mitigating the impact of the epidemic is potentially enormous. Research in South Africa is indicating that communities with the highest penetration of media show strongest signs of behavioural change and advocacy within social networks. Poor rural communities show lowest media penetration and are lower

on all prevention indices.

Media personnel are also actors in the process of changing social structures. Health agendas can no longer be set by government officials, or NGOs, or corporates, but by a participatory process in which the communities and individuals who use a health service have a say in its design and management. Media offers a channel for the public to become involved in determining the structures to support their own health. The growth of community media, and niched media products, can support this participation even further. Understanding this role should shape the corporate vision and mission of media organisations.

## KEY PERFORMANCE AREAS

### Media personnel as communicators

The professional challenge facing an independent media is to explore all the ways in which HIV/AIDS impacts on the environment that it seeks to reflect.

Informed mass communication enables informed individual communication. Intimate, interpersonal relationships are what best influence behaviour change, and care and support of people with HIV and AIDS. Offering a forum for debate enables the public to participate in shaping its own health and other support structures.

There is a steady stream of material about HIV/AIDS, for news and other formats of media. Competent coverage, however, demands a high degree of 'AIDS literacy' from the editorial heads and reporting staff of all forms of mass media. This will enable them to select news items for their audience, and to explain its relevance. It also enables them to deal ethically, effectively and sensitively with individual concerns about privacy, disclosure and discrimination. The depth and breadth of issues surrounding HIV/AIDS is seldom explored.

Amongst other issues, media personnel are required to understand:

- Scientific principles of transmission of HIV, diagnosis, treatment and disease profiling of HIV infection and AIDS defining illnesses
- The need for clear language – blood and semen rather than body fluids
- Developments and ethical protocols in drug and vaccine research

- Gender issues in transmission and care
- Statistics and the value and meaning of available figures
- State and private health systems
- Health economics and the cost of ill-health
- Health and its impact on development
- The HIV/AIDS epidemiological profile and risk factors which might alter that epidemiological profile
- How that classic profile is played out in the specific local environments in which the media operate and their audiences live – for example the impact on local industries, sporting teams and educational facilities
- Managing the impact of the epidemic, for example through care and support of people living with HIV and AIDS
- Provincial and national government responsibilities in an epidemic
- Legal rights of individuals with HIV and AIDS, and other national and international legal guidelines
- Individual rights and responsibilities, for example to confidentiality and counselling
- The impact of a widespread epidemic on infected and affected children
- Employer rights and responsibilities towards chronic illness and premature death among staff
- Community rights and responsibilities for care and support
- The agendas of local advocacy groups
- Ethical reporting within the context of the

epidemic

- The impact of their own reporting on the path of the epidemic and the limits of this impact.
- The need critically to assess information sources.

This level of detailed understanding and coverage demands professional commitment and skills. It is justified because of the number of people infected with HIV, and affected by it. For most media – but especially those in countries with a widespread epidemic – a significant portion of their audience will have an interest in quality reporting on the subject.

Required professional skills and insights can be gained by having media workers attend regular on-the-job training courses on reporting AIDS. Media managers need to seek thoughtful angling of reporting, and informed editing. This is justified because the epidemic so deeply affects the market in which they operate.

In many instances, advocacy and information networks are willing to feed items to media contacts so that coverage occurs that might not otherwise have been possible because of staff financial constraints. There is also a need for editorial policies on HIV/AIDS, in which a particular medium's approach is formalised, and regularly reviewed.

Lastly, HIV/AIDS is too important and its impact too large for this knowledge and approach to be vested in any single "AIDS" or Health reporter. This realisation is

common to any sector beginning to grapple with the impact of the epidemic. What is required is an overall increase in the level of understanding, from as many staff as possible, about the ramifications of the epidemic on their field of expertise.

### The media professional as a responsible citizen

Media personnel, particularly those operating in the epicentre of the epidemic, have an additional responsibility. As informed agents of communication in society, it is their social responsibility to step into communication gaps that are allowing the epidemic to spread and its impact to heighten. This means each channel of mass communication should set a social agenda, and examine the information they carry for other organisations. They should also actively seek out communications which are not being aired.



For example, in areas where the epidemic is at an advanced stage, starting to air messages around

preparing for death, supporting affected families, and orphaned children, gathering material assistance, or directing caregivers to where they might reach assistance, will create a valuable backdrop to on-the-ground

interventions. Another aspect would be to support development processes that build communication networks – of mass media or other informal means of communication – in underserved areas. These allow media penetration into a community. Research is indicating that high media penetration increases general prevention indices within a community. A third would be consistently to monitor the content and effectiveness of communication campaigns conducted by other interest groups through the media to specific target audiences. A media person's specialised knowledge could direct or inform these processes. It is important however to separate out professional and social responsibilities within the sector around these campaigns. For example: it would be a social responsibility to support a media campaign to induce people to seek hospice rather than hospital care. This could be fulfilled by giving a hospice group or health care service free air time or space. However the media retains its professional responsibility to question the effectiveness of the campaign, and its value in the overall epidemic.

### Media personnel as employers

The media world wide employs significant numbers of staff. These may range in skills from professional news gatherers and presenters to distribution staff involved with delivering printed media. Staff turnover in areas such as news gathering and editing is high.

Media managers have a corporate responsibility to implement effective and supportive internal AIDS workplace programmes. This involves analysing the risk profile of their company, and the impact of the epidemic on its operations, and employee benefits such as retirement and medical benefits. The second step is to create a supportive work environment to minimise the risk of infection, and maximise the productive life of infected and affected people. The third is to intervene to reduce infection rates within the staff body.

Support also means providing support to media staff consistently exposed to the HIV/AIDS debate. Feelings of helplessness and panic are common among people working closely with the HIV/AIDS epidemic, such as health or media workers. Without acknowledgement of this stress, and access to support networks, personnel are unlikely to be able to maintain an intense and informed focus on the epidemic. The media, as a standard bearer of non-discriminatory behaviour, can lead by example, reporting on its own progress with in-house support programmes. Internal programmes will, in turn, give media workers themselves the insights needed for quality reporting on the subject.



## CHECKLIST

### As media professionals

- ✓ Are all staff, including production staff, briefed on the impact of HIV/AIDS on their fields of expertise?
- ✓ Are language guides used and understood?
- ✓ Is the legal framework of the country of operation understood and adhered to?
- ✓ Do staff, including management, regularly attend HIV/AIDS skills training?
- ✓ Does the media house use material from advocacy or NGO groups on areas not usually accessed due to resource constraints?

- ✓ Is there an understanding and application of ethical responsibilities, that is, of the responsibility to weigh up the harm that a public communication can cause with its benefits, and a commitment to shape material accordingly?
- ✓ Is there a considered editorial policy on how to respond to an epidemic that affects the market in which it operates?
- ✓ Are there support systems for professional staff regularly dealing with the epidemic (debriefing, counselling and management support)?

### As social citizens

- ✓ Is management briefed on the current status of the local epidemic and its impact on the operating environment?
- ✓ Is management aware of the role of mass communication backdrops?
- ✓ Has management set a social agenda with respect of HIV/AIDS?
- ✓ Is management seeking out opportunities to create communication backdrops appropriate to reducing susceptibility and managing the impact of the epidemic?
- ✓ Is the sector seeking opportunities to support the development of communication tools in underserved communities?

### As employers

- ✓ Has the risk profile of staff for HIV/AIDS been analysed?
- ✓ Has the impact of this risk profile on employee benefits, such as medical aid, pensions, full death benefits, group life insurance, disability and ill health retirement and funeral benefits been analysed?
- ✓ Has the risk profile for HIV/AIDS been compared with an analysis of employees crucial to the sector's

output and continued survival?

- ✓ Has the cost of retraining and replacing staff that become ill or die been accounted and anticipated?
- ✓ Does the sector have a plan to cope with requests for compassionate leave, sick leave and funeral attendance?
- ✓ Is there an optimal HIV/AIDS/STD and TB workplace prevention and management programme to limit HIV infections and mitigate the impact of the epidemic?

- ✓ Does the sector have support networks in place for infected and affected individuals, such as access to care, and social support, such as spiritual counselling for bereaved individuals?
- ✓ Is the sector aware of the impact of the epidemic on the children of its staff, and have means been identified to assist – where possible - the protection and support of those children?



## INTERNATIONAL NORMS

There are some useful guidelines to operating as mass media within an HIV/AIDS epidemic focus. These relate to language and communicating HIV/AIDS. However it is

difficult to hold media personnel accountable to the recommendations within these reports. Relatively little work has been done on defining the role and responsibilities of media

personnel as social citizens, and there is a need further to develop this field. Workplace interventions are a well-researched field and there are several guidelines available.

## SUMMARY

Media personnel in an HIV/AIDS epidemic have a demanding professional task. Reporting on HIV/AIDS requires skill, training, commitment and support. But the sector

is also one of several key players that have the potential to help change the development and impact of the worldwide epidemic. Understanding that, and acting on it, is the media

person's social responsibility. And, as a major employer, media managers and owners need to examine their employment practices and workplace environments.

## REFERENCES

- UNAIDS: *Communication Framework on HIV/AIDS* (1999).
- UNAIDS: *International Guidelines on HIV/AIDS and Human Rights* (1996).
- Parker W, Dalrymple L, Durden E: *Communicating Beyond AIDS Awareness - A Manual for South Africa* (1998).

Social Research Africa: *Communicating for Action: a contextual evaluation of factors influencing youth response to HIV/AIDS in South Africa (2000)*. Available from *Beyond Awareness Campaign, HIV/AIDS and STD Directorate*, Department of Health, South Africa.

Gecau K, Zhuwarara R, Musa D, Mutere A; *The AIDS Media Training Module*; sponsored by Family Health International, Zimbabwe (1996).

## Useful Contacts

HEARD: <http://www.und.ac.za/und/heard>  
HIV/AIDS information on the Internet, provided by AEGIS - <http://www.aegis.com>  
Institute for the Advancement of Journalism (IAJ):  
Reporting AIDS Course,  
P O Box 2544, Houghton, 2041.  
SAfAIDS: <http://www.safaid.org>  
UNAIDS: <http://www.unaids.org>

Prepared by: Janine Simon-Meyer, Meshmedia (researcher/writer on health-related topics)

Series Editor: Rose Smart

Commissioning Editor: Professor Alan Whiteside, Health Economics and HIV/AIDS Research Division, University of Natal, Durban, South Africa

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